

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:  
 District of Delaware  
 \_\_\_\_\_ (State) \_\_\_\_\_  
 Case number (if known): \_\_\_\_\_ Chapter 11

Check if this is an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Tentrr, Inc.

2. All other names debtor used in the last 8 years  
 Include any assumed names, trade names, and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN) 47 - 3054018

4. Debtor's address	<b>Principal place of business</b>	<b>Mailing address, if different from principal place of business</b>
	<u>25 West 39th Street</u>	_____
	Number Street <u>Suite No. 7007</u>	Number Street _____
	<u>New York NY 10018</u>	P.O. Box <u>New York</u>
	City State ZIP Code City State ZIP Code	City State ZIP Code City State ZIP Code
	<b>Location of principal assets, if different from principal place of business</b>	
	<u>USA</u>	
	County _____	Number Street _____
		City State ZIP Code City State ZIP Code

5. Debtor's website (URL) www.tentrr.com

Debtor Tentrr, Inc.  
Name

Case number (if known) \_\_\_\_\_

**6. Type of debtor**

- Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- Partnership (excluding LLP)
- Other. Specify: \_\_\_\_\_

**7. Describe debtor's business***A. Check one:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

*B. Check all that apply:*

- Tax-exempt entity (as described in 26 U.S.C. § 501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

*C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.*

454110 \_ \_ \_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?***Check one:*

- Chapter 7
- Chapter 9
- Chapter 11. *Check all that apply:*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

 Chapter 12

Debtor Tentrr, Inc.  
Name

Case number (if known) \_\_\_\_\_

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

No

Yes. District \_\_\_\_\_ When        /        /        Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When        /        /        Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

No

Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

List all cases. If more than 1, attach a separate list.

District \_\_\_\_\_ When        /        /         
MM / DD / YYYY

Case number, if known \_\_\_\_\_

**11. Why is the case filed in this district?**

*Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?**

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State ZIP Code \_\_\_\_\_

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information**

Debtor Tentrr, Inc.  
Name

Case number (if known) \_\_\_\_\_

**13. Debtor's estimation of available funds**

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49               | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99              | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999            |  |  |

**15. Estimated assets**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**16. Estimated liabilities**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 1/2/2023  
MM / DD / YYYY

**X** /s/Anand Subramanian

Signature of authorized representative of debtor

Anand Subramanian

Printed name

Title CEO

Debtor Tentrr, Inc.  
Name

Case number (if known) \_\_\_\_\_

**18. Signature of attorney**

**X** /s/ Frederick B. Rosner  
Signature of attorney for debtor

Date 1/2/2023  
MM / DD / YYYY

Frederick B. Rosner

Printed name  
The Rosner Law Group LLC

Firm name  
824 N. Market Street, Suite 810

Number Street  
Wilmington

City

(302) 777-1111

Contact phone

DE 19801

State ZIP Code

rosner@teamrosner.com

Email address

3995

Bar number

DE

State

RESOLUTION

TENTRR, INC.

DECEMBER 30, 2022

At a duly noticed telephonic meeting of the Board of Directors of Tentrr, Inc. (“Tentrr” or the “Company” at which all directors were present held on December 30, 2022, the following resolution was passed unanimously:

WHEREAS, the Company expanded quickly due to increased demand during the coronavirus pandemic;

WHEREAS, demand has not kept up with the Company’s rapid expansion, causing a cash flow problem;

WHEREAS, many of the Company’s cash flow problems are attributable to its equipment lease with Farnam, the terms of which the Board considers to be unfair and inappropriate and not reflective of the market;

WHEREAS, the Company has made sustained efforts to bring the Farnam equipment lease into market terms, but has not succeeded in doing so;

WHEREAS, the Board believes the Company will be best positioned to deal with the Farnam equipment lease problem in a Chapter 11 proceeding by utilizing the tools available through the United States Bankruptcy Code, 11 U.S.C. §§ 101 *et seq.* (the “Bankruptcy Code”);

WHEREAS, the Board has a good faith belief that the Company can successfully reorganize and provide greater value to all constituencies through a Chapter 11 reorganization proceeding than by any other action;

WHEREAS, the Board has reviewed and considered materials presented by legal and financial advisors of the Company regarding the liabilities and liquidity situation of Tentrr, the strategic alternatives available to it, and the impact of the foregoing, the availability of financing both in and outside of chapter 11, as well as the impact of the proposed filing on the business of Tentrr;

WHEREAS, the Board has received advice from the legal and financial advisors of Tentrr regarding the possible need to wind up, liquidate or to restructure its debt, and especially options to resolve the situation with Farnam, and has fully considered each of the strategic alternatives available to Tentrr, and the impact of the foregoing on the business, the assets and the stakeholders of Tentrr;

WHEREAS, the Board has previously approved the terms of a debtor-in-possession financing in the case of a Chapter 11 filing, and believes that the Company has arranged sufficient financing for a successful reorganization through Chapter 11;

WHEREAS, the Board, based on advice from legal and financial advisors, has determined that in order to preserve the assets and going concern value of Tentr, it is in the best interests of Tentr and all of its stakeholders for Tentr to file a petition under chapter 11, title 11, of the United States Code and to elect treatment pursuant to subchapter V;

WHEREAS, the Board has further reviewed and considered the recommendations of the legal advisors to and management of Tentr regarding the relief that would be necessary and advisable to obtain from a Bankruptcy Court to allow Tentr to effectively transition into a chapter 11 under title 11 of the United States Code (collectively, the “First Day Relief”);

WHEREAS, the Board has determined in a proper exercise of its business judgment, and after numerous opportunities to question the Company’s legal advisors and management, that it is fair, appropriate, advisable, necessary, and in the best interests of Tentr, its secured and unsecured creditors, equity holder, employees, and other stakeholders that Tentr file or cause to be filed a voluntary petition for relief under the provisions of chapter 11, subchapter V, of the Bankruptcy Code and to seek the First Day Relief;

WHEREFORE, the Board desires to hereby adopt the following resolutions:

RESOLVED, it is desirable and in the best interests of Tentr, its secured and unsecured creditors, equity holders, employees, and other stakeholders, that Tentr (i) file or cause to be filed a voluntary petition for relief pursuant to the provisions of chapter 11 of the Bankruptcy Code, (ii) elect treatment pursuant to subchapter V of the Bankruptcy Code, and (iii) seek the First Day Relief;

RESOLVED, that Anand Subramanian (“Subramanian”), acting alone, be, and hereby is, authorized and empowered to execute and file on behalf of Tentr all petitions, schedules, lists and other motions, papers or documents which he deems to be necessary or advisable, and to take any and all actions that he deems necessary or proper to obtain relief pursuant to chapter 11 of the Bankruptcy Code, subchapter V, and to obtain the First Day Relief;

RESOLVED that Subramanian be, and hereby is, authorized and directed to serve as an Authorized Signatory on behalf of the Company, and to take any actions which he deems necessary or advisable in connection with, any case commenced by Tentr under the Bankruptcy Code, and all related matters, including, without limitation, appointing additional Authorized Signatories as he sees fit without further resolution and determining venue without further resolution, and any such prior actions taken by Subramanian or any other party in furtherance of the resolutions herein are hereby ratified in their entirety;

RESOLVED, that the Authorized Signatory be, and hereby is, authorized and directed in the name and on behalf of Tentr to employ the law firm of Mayerson & Hartheimer, PLLC (“M & H”), as general bankruptcy counsel to represent and assist Tentr in carrying out its duties under the Bankruptcy Code upon such terms and conditions as the Authorized Signatory deems appropriate, and any prior actions in connection with the employment of Mayerson & Hartheimer, PLLC, are hereby ratified in their entirety;

RESOLVED, that the Authorized Signatory be, and hereby is, authorized and directed in the name and on behalf of of Tentr to employ the law firm of The Rosner Law Group LLC (“Rosner”), as its local Delaware bankruptcy counsel to assist M&H in carrying out its duties as general bankruptcy counsel and to advise the Company with respect to Delaware law and custom upon such terms and conditions as the Authorized Signatory deems appropriate, and any prior actions in connection with the employment of Rosner are hereby ratified in their entirety;

RESOLVED, that the Authorized Signatory be, and hereby is, authorized and directed in the name and on behalf of Tentr to employ Aaron Feldon and Johnny Chau as its financial advisors to continue with their present responsibilities and to represent and assist Tentr in carrying out its financial duties under the Bankruptcy Code upon similar terms to their present employment and upon such terms and conditions as the Authorized Party deems appropriate, and any prior actions in connection with the employment of Mr. Feldon and Mr. Chau are hereby ratified in their entirety;

RESOLVED, that the Authorized Signatory be, and hereby is, authorized and directed in the name and on behalf of Tentr to employ the firm of Omni Agent Solutions (“Omni”) to assist with preparation of the chapter 11 petition, the schedules, and the Statement of Financial Affairs and to assist with service, claims, noticing and solicitation to the extent the Authorized Signatory deems necessary, upon such terms and conditions as the Authorized Party deems appropriate, and any prior actions in connection with the employment of Omni are hereby ratified in their entirety;

RESOLVED, that the Authorized Signatory be, and hereby is, authorized and directed in the name and on behalf of Tentr to employ any other professionals to assist Tentr in carrying out its duties under the Bankruptcy Code and to take any and all actions to advance the rights, duties and obligations of Tentr, including, without limitation, counsel, accountants, financial advisors, and appraisers, upon such terms and such conditions as the Authorized Party deems appropriate;

RESOLVED, that the Authorized Signatory is hereby authorized and directed in the name and on behalf of Tentr to execute appropriate retention agreements, pay appropriate retainers, and cause



to be filed all appropriate applications for authority to retain the services of the foregoing professionals as necessary or appropriate;

RESOLVED, that in addition to the specific authorizations heretofore conferred upon the Authorized Signatory, each and every member of senior management of Tentr, whether now existing or subsequently appointed, and their designees, shall be, and each of them, acting alone, hereby is, authorized, directed, and empowered in the name of and on behalf of Tentr to take or cause to be taken any and all such further actions, to execute and deliver any and all agreements, certificates, instruments, and other documents, and to pay all expenses, including filing fees, in each case as in such officer's judgment shall be necessary or desirable to fully carry out the intent and accomplish the purposes of the Resolutions adopted herein;

RESOLVED, that the Authorized Signatory be, and hereby is, authorized and directed on behalf of and in the name of Tentr to negotiate, finalize, and execute, in his sole discretion, all documents relating to the debtor-in-possession financing and use of cash collateral previously approved by this Board, and all actions previously taken with respect to such debtor-in-possession financing and use of cash collateral are hereby ratified and approved;

RESOLVED, that the Authorized Party is hereby authorized and directed to open such debtor-in-possession bank account or accounts in the name of Tentr at such bank as he deems appropriate and with such signatories as he deems appropriate, and to transfer any or all funds currently in bank accounts of Tentr to the debtor-in-possession bank account (s) in accordance with any orders entered by the Bankruptcy Court with respect to the Company's cash management;

RESOLVED that all acts, actions and transactions relating to the matters contemplated by the foregoing Resolutions done in the name of and on behalf of Tentr, which acts would have been approved by the foregoing Resolutions except that such acts were taken before these Resolutions were adopted, are hereby in all respects approved and ratified in their entirety; and

RESOLVED, that any member of senior management of Tentr may certify a copy of these Resolutions as being in full force and effect until they are withdrawn in writing by the Authorized Signatory, and a copy of these Resolutions shall be filed in the records of Tentr.

\* \*

I, Anand Subramanian, the chief Executive Officer of Tentr, Inc., hereby certify under penalty of perjury that the foregoing resolution was duly adopted on December 30, 2022, and remains in

full force and effect without any new amendments or substitutions as of this 2nd day of January, 2023.

/s/ Anand Subramanian

Anand Subramanian

**Fill in this information to identify the case:**

Debtor name Tentrr, Inc.  
 United States Bankruptcy Court for the: DISTRICT OF DELAWARE  
 Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 2, 2023

X /s/ Anand Subramanian  
 Signature of individual signing on behalf of debtor

Anand Subramanian  
 Printed name

CEO  
 Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name Tentrr, Inc

United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)

Case number (If known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Farnam Street Financial Inc. 5850 Opus Pkwy, Ste 240 Minnetonka, MN 55343	952-908-0850 accounting@farnamstreet.net	Trade Debt	C,U,D			\$1,373,459.31
2	Celtic Bank 268 South State St. Suite 300 Salt Lake City, Utah 84111	800-509-6191 help@celticbank.com	Loan				\$250,000.00
3	RealDecoy US Inc. 1000 N West St, Ste 1200 Wilmington, DE 19801	(613) 234-9330	Services				\$78,180.00
4	IPFS of New York, LLC 170 Northpointe Pkwy, Ste 300 Amherst, NY 14228	800-888-3050	Loan				\$59,565.14
5	Brex Inc. 12832 Fronrunner Blvd, Ste 500 Draper, UT 84020	833-228-2044 notices@brex.com	Trade Debt				\$51,000.00
6	NP Accel, LLC 750 B St, Ste 1400 San Diego, CA 92101	ar@npaccel.com	Services	C,U,D			\$49,440.00
7	Finn Dixon & Herling LLP 6 Landmark Sq, Ste 600 Stamford, CT 06901	203-325-5000 ktroy@fdh.com	Legal Services				\$32,360.70
8	Ansel Jason Sears 110 Florence Avenue Rye, NY 10580	917-750-1826 jaysears@jaysears.com	Professional				\$20,214.58

Debtor Tentrr, Inc  
Name

Case number (if known) \_\_\_\_\_

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Finn Partners 301 East 57th Street New York NY, 10022	Evelyn Yap 212-715-1600 evelyn.yap@finnpartners.com	Professional Services	C,U,D.			\$13,000.00
10	James Berger 505 West 37th St, Ste 211 New York, NY 10018	James Berger 917-449-2846 jamesberger2001@gmail.com	Legal Services				\$12,037.50
11	Clique Affiliate Marketing 760 Aspen Drive Park City, UT 84098	435-252-3955 bboyd@cliqueaffiliate.com	Professional Services	C,U,D.			\$8,581.44
12	Grimes Professional Dirt Busters 17 Hollycrest Blvd Covington, LA 70433	985-788-8201 grimescleaning@yahoo.com	Professional Services	C,U,D.			\$7,700.00
13	Impact Tech, Inc. 223 E. De La Guerra Street Santa Barbara, CA 93101	805-324-6021 privacy@impact.com	IT Services	C,U,D			\$4,221.88
14	Gutterson & Cohen Tax Specialists, LLC 445 Broadhollow Rd, Ste 230 Melville, NY 11747	631-629-4344 mmccarthy@ajccpapc.com	Professional Services	C,U,D.			\$3,750.00
15	Sensible Weather Co. 730 Arizona Avenue Santa Monica, CA 90401	424-367-1964 accounting@sensibleweather.com	Insurance				\$3,458.99
16	UPS PO Box 809488 Chicago, IL 60680		Shipping Services				\$2,563.28
17	Pax Builders 156 Reid Watson Rd Deer Lodge, TN 37726	(715) 664-8307	Construction Services				\$1,800.00
18	Uline Ship Supplies PO Box 88741 Chicago, IL 60680	262-612-4200	Supplier				\$1,591.89
19	Aspira Connected Experiences PO Box 840480 Dallas, TX 75284	ar@AspiraConnect.com	Professional Services				\$1,094.80
20	Robert Daniel 319 Congressional Drive Morganville, NJ 07751	robertdaniel824@gmail.com	Consulting Services				\$1,000.00

**United States Bankruptcy Court  
District of Delaware**

In re Tentrr, Inc. Debtor(s) Case No. \_\_\_\_\_  
Chapter 11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Tentrr, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

1. West Venture Partners, L.P.
2. Tribeca Venture Partners, LLC

**January 2, 2023**

Date

/s/ Anand Subramanian

Anand Subramanian  
CEO

**United States Bankruptcy Court  
District of Delaware**

In re Tentrr, Inc. Debtor(s) Case No. Chapter 11

**VERIFICATION OF CREDITOR MATRIX**

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: January 2, 2023

/s/ Anand Subramanian  
**Anand Subramanian/CEO**  
Signer/Title

Aboudi Kabbani  
29325 CA-41  
Coarsegold CA 93614  
USA

Adam Kessler  
3516 Sunbelt Dr  
Clarksville TN 37042  
USA

Adobe Inc.  
345 Park Ave  
San Jose CA 95110  
USA

AgileBits, Inc.  
4711 Yonge St Fl 10  
Toronto Ontario M2N 6K8  
Canada

Aircall.io, Inc  
233 Park Ave S Fl 11  
New York NY 10003  
USA

Alexandria Dowdy  
446 Hill Rd  
Birdsboro PA 19508  
USA

Algolia, Inc.  
301 Howard St Ste 300  
San Francisco CA 94105  
USA

Alli AI LLC.  
5810 Shelby Oaks Dr Ste B  
Memphis TN 38134  
USA

Allison Madziar  
711 Oak St  
Essexville MI 48732-1526  
USA

Alyson Eastman  
75 Mt Independence Rd  
Orwell VT 05760  
USA

Amazon Web Services, Inc.  
410 Terry Avenue North ATTN: AWS Legal  
Seattle WA 98109-5210  
USA

Amy Randolph  
1431 Hye Albert Rd  
Hye TX 78635  
USA

Anand Subramanian  
54 Cranbury Neck Road  
Cranbury NJ 08512  
USA

Andrew Ranck  
2367 Groninger Valley Rd  
Mifflin PA 17058  
USA

Angela Timmons  
7917 Hunters valley rd  
Mariposa Ca 95338  
USA

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Catskill NY 12414  
USA

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2106 nw 90th street  
Seattle WA 98117  
USA

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Rye NY 10580  
USA

AppHub LLC  
PO Box 953  
Cheshire CT 06410  
USA

Apple, Inc.  
1 Apple Park Way  
Cupertino CA 95014  
USA

Asana, Inc.  
633 Folsom St Ste 100  
San Francisco CA 94107  
USA

Autumn Sepulveda  
10672 Ridgetop Rd  
Whitmore CA 96096  
USA

Avalara, Inc.  
255 S King St Ste 1800  
Seattle WA 98104  
USA

BEAR LAKE MONSTER STORAGE  
85 North 395 West Highway 89  
Garden City UT 84028  
USA

Ben Glenn  
36000 US-101  
Willits CA 95490  
USA

Bitly, Inc.  
139 5th Ave Fl 5  
New York NY 10010  
USA

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Adamana Road  
Adamana AZ 86028  
USA

Brex  
12832 Frontrunner Blvd  
Suite 500  
Draper UT 84020  
USA

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452 North Rd.  
Stroudsburg PA 18360  
USA

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Lowell MI 49331  
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Claremont NH 03743  
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Pamplin VA 23958  
USA

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Apt 6S  
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CELONIS, INC  
One World Trade Center  
87th Floor NY 10007  
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9089 Valley Rd  
Berkeley Springs WV 25411  
USA

Checkr, Inc.  
1 Montgomery St Ste 2400  
San Francisco CA 94104  
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Marble NC 28905  
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Clemmons NC 27012-8693  
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Lenoir NC 28645  
USA

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Walling TN 38587  
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Portola CA 96122  
USA

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2618 County Road  
Guffey CO  
USA

Datadog, Inc.  
620 8th Ave Fl 45  
New York City NY 10018  
USA

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308 High Ridge Rd  
Delta PA 17314  
USA

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PO Box 229  
Davenport NY 13750  
USA

DAVENPORT LAND AND GARDEN  
PO BOX 229  
DAVENPORT NY 13750  
USA

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Effort PA 18330  
USA

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Coeur d'Alene ID 83814  
USA

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Southampton Township NJ 08088  
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Julian CA 92036  
USA

Dillard Waring  
331 Talerico Rd  
Ghent NY 12075  
USA

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Levittown NY 11756  
USA

Dropbox, Inc.  
301 Howard Ste 200  
San Francisco CA 94105  
USA

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Boulder Creek Area  
Boulder Creek CA 95006  
USA

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San Luis CO 81152  
USA

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USA

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Central Islip NY 11722  
USA

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35 Bell hollow rd  
Putnam Valley NY 10579  
USA

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1601 Willow Rd  
Menlo Park CA 94025  
USA

Farnam Street Financial Inc.  
5850 Opus Parkway  
Suite 240  
Minnetonka MN 55343  
USA

Feedback Group LLC  
St Nicholas Pl  
Leicester Leicester LE1 4LD  
United Kingdom

Figma, Inc.  
760 Market St Fl 5  
San Francisco CA 94102  
USA

Finn Dixon & Herling LLP  
6 Landmark Square  
Suite 600  
Stamford CT 06901-2704  
USA

Finn Partners  
301 East 57th Street  
New York NY 10022  
USA

Florence Behavin  
15984 County Rd 75.1  
Trinidad CO 81082  
USA

Freightwise, LLC  
214 Centerview Dr  
#100  
Brentwood TN 37027  
USA

FullStory, Inc.  
1745 Peachtree Rd NW Ste G  
Atlanta GA 30309  
USA

Gareth Chisholm  
250 Seeley St  
16  
Brooklyn NY 11218  
USA

Getwebcraft Limited  
Klimentos 41-43  
Klimentos Tower  
Flat/Office 25  
Nicosia 1061

Ghost Foundation Ltd  
160 Robinson Road #14-04  
Sbf Ctr Singapore 68914  
Singapore

GitHub, Inc.  
88 Colin P Kelly Jr St  
San Francisco CA 94107  
USA

Google LLC  
1600 Amphitheatre Parkway  
Mountain View CA 94043  
USA

Google Workspace  
1600 Amphitheatre Parkway  
Mountain View CA 94043  
USA

Greg Haugen  
5th Ave  
Deer Park WI 54007  
USA

Grimes Professional Dirt Busters  
17 Hollycrest Blvd  
Covington LA 70433  
USA

GrubHub Holdings, Inc.  
PO Box 71649  
Chicago IL 60694-1649  
USA

Guesty, Inc.  
2 Eliezer Kaplan St  
Tel Aviv Tel Aviv  
Israel

Gutterson & Cohen Tax Specialists, LLC  
445 Broadhollow Road  
Ste 230  
Melville NY 11747  
USA

House of Hope (Bryan Braddock)  
404 Freight Rd.  
Florence SC 29505  
USA

Hubspot Inc.  
25 1st St Fl 2  
Cambridge MA 02141  
USA

Impact Tech, Inc.  
223 E. De La Guerra Street  
Santa Barbara CA 93101  
USA

INDUSTRIOUS  
25 W 39TH STREET  
NEW YORK NY 10018  
USA

Intuit Limited  
8046 S Shawnee St  
Aurora CT 80016  
USA

IPFS of New York, LLC  
170 Northpointe Pkwy  
Ste 300  
Amherst NY 14228  
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Golden CO 80403  
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Baconton GA 31716  
USA

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Phoenicia NY 12464  
USA

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Victoria TX 77905  
USA

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101 Simpson St  
Carrboro NC 27510-1235  
USA

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1081 old barn road  
Seeley lake MT 59868  
USA

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17668 Colony Rd,  
Bow WA 98232  
USA

NP Accel, LLC  
750 B St  
Suite 1400  
San Diego CA 92101  
USA

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5034 Cowart Ct  
Murrells Inlet SC 29576-5437  
USA

Paul George  
673 Red Hill Knolls Rd  
Grahamsville NY 12740  
USA

Paul Robert Weber  
304 W 117th Street  
Apt 5F  
New York NY 10026  
USA

Pax Builders  
156 Reid Watson Rd  
Deer Lodge TN 37726  
USA

Pearse Marschner  
314 Wenger Lane  
Woodstock VA 22664  
USA

Postman, Inc.  
55 2nd St Ste 300  
San Francisco CA 94105  
USA

R Software Inc.  
2 Shaw Alley  
San Francisco CA 94105  
USA

RA Outdoors, LLC dba Aspira  
PO Box 840480  
Dallas TX 75284  
USA

RealDecoy US  
1000 N West St  
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Wilmington DE 19801  
USA

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Franklin NC 28734  
USA

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Sioux Falls SD 57103  
USA

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540 North Fishtrap Rd  
Easley SC 29640  
USA

Sean Fassett  
13 Raymond Ave  
Oneonta NY 13820-1151  
USA

Semrush, Inc.  
800 Boylston St Ste 2475  
Boston MA 02199  
USA

Sensible Weather Co.  
730 Arizona Avenue  
Santa Monica CA 90401  
USA

Shelby Ortenzio  
14200 Avalon Rd Apt 420  
Winter Garden FL 34787-8600  
USA

SHLEPPERS MOVING AND STORAGE  
434 EAST 165TH ST  
BRONX NY 10456  
USA

Shopify, Inc.  
16150 Aviation Loop 15429  
Brooksville FL 34604  
USA

Slab, Inc.  
340 S Lemon Ave #8017  
Walnut CA 91789  
USA

Slack Technologies, LLC  
500 Howard St  
San Francisco CA 94105  
USA

SmartBear Software, Inc.  
450 Artisan Way  
Somerville MA 02145  
USA

Stephen Schembari  
948 Peekskill Hollow Rd  
Putnam Valley NY 10579  
USA

Stripe  
185 Berry St  
#550  
San Francisco CA 94107  
USA

Stripe, Inc.  
510 Townsend St  
San Francisco CA 94103  
USA

Susan Engel  
2390 West Lake Road  
Penn Yan NY 14527  
USA

Talon.One, GmbH  
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Boston MA 02108  
USA

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Sedley VA 23878  
USA

TC Simmons  
37 Eddings Point Rd. St.  
Helena Island SC 29920  
USA

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Stanardsville VA 22973  
USA

Tiffani Koschitzki  
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Catskill NY 12414  
USA

Treewolf West  
236 County Road 19  
Norwich NY 13815  
USA

Twilio Inc.  
101 Spear St Fl 1  
San Francisco CA 94105  
USA

Uline Ship Supplies  
PO Box 88741  
Chicago IL 60680-1741  
USA

UPS  
PO Box 809488  
Chicago IL 60680-9488  
USA

Wanda Preece  
3030 NC-102 West  
Chocowinity NC 27817  
USA

Webflow, Inc.  
398 11th St 2nd Floor  
San Francisco CA 94103  
USA

Wesley Swee  
21880 Maramec Spring Drive  
St. James MO 65559  
USA

Willoughby Marketing, LLC  
44 Berry Street, Apt 4F  
Brooklyn NY 11249  
USA

Zapier, Inc.  
243 Buena Vista Ave  
Sunnyvale CA 94086  
USA

Zavier (D'Andrea) Boykin  
800 U.S. 191 suite 76  
Chambers AZ 86502  
USA

Zebrafish Labs, Inc.  
423 Tehama St  
San Francisco CA 94103  
USA

Zebulon Jensen  
230 N Arrowhead Ln  
Mesquite NV 89027  
USA

Zendesk, Inc.  
989 Market St  
San Francisco CA 94103  
USA

Zowie, Inc.  
8 The Grn  
Dover DE 19901  
USA

## Tentrr, Inc.

## Profit and Loss

January - October, 2022

	TOTAL
Income	
40000 Booking Revenues	
Signature Booking Revenue - OTA	
40020 3rd Party Site Rental Fees	753,801.08
40022 3rd Party Cleaning Fees	65.00
40023 3rd Party Late Cancel Fees	15,237.75
<b>Total Signature Booking Revenue - OTA</b>	<b>769,103.83</b>
Signature Booking Revenue - Tentrr.com	
40001 Tentrr.com Rental Fees	1,246,605.45
40002 Tentrr.com Extras	64,325.63
40003 Tentrr.com Cleaning Fees	895.00
40004 Tentrr.com Late Cancel Fees	24,492.07
40005 Tentrr.com Discounts	-10,754.39
40007 Tentrr.com Booking Fees	196,507.22
<b>Total Signature Booking Revenue - Tentrr.com</b>	<b>1,522,070.98</b>
State Park Revenue	
40100 State Park Booking Fee - Tentrr.com	35,949.95
40101 Maine State Parks Rental Fees	
40101b Tentrr.com Maine Revenue	17,051.00
40101c OTA Maine Revenue	23,730.80
<b>Total 40101 Maine State Parks Rental Fees</b>	<b>40,781.80</b>
40102 Michigan State Parks Rental Fees	
40102a State Site Michigan Revenue	132,411.00
<b>Total 40102 Michigan State Parks Rental Fees</b>	<b>132,411.00</b>
40104 Louisiana State Parks Rental Fees	
40104b Tentrr.com Louisiana Revenue	67,470.00
40104c OTA Louisiana Revenue	10,012.80
<b>Total 40104 Louisiana State Parks Rental Fees</b>	<b>77,482.80</b>
40105 West Virginia State Parks Rental Fees	
40105a State Site West Virginia Revenue	62,529.00
40105b Tentrr.com West Virginia Revenue	21,736.00
40105c OTA West Virginia Revenue	27,046.36

## Tentrr, Inc.

## Profit and Loss

January - October, 2022

	TOTAL
<b>Total 40105 West Virginia State Parks Rental Fees</b>	<b>111,311.36</b>
40106 New York State Parks Rental Fees	
40106b Tentrr.com New York Revenue	42,836.00
40106c OTA New York Revenue	8,985.79
<b>Total 40106 New York State Parks Rental Fees</b>	<b>51,821.79</b>
40108 Mississippi State Park Rental Fees	
40108b Tentrr.com Mississippi Revenue	72,376.00
40108c OTA Mississippi Revenue	27,865.10
<b>Total 40108 Mississippi State Park Rental Fees</b>	<b>100,241.10</b>
40109 Nebraska State Park Rental Fees	
40109b Tentrr.com Nebraska Revenue	13,596.00
40109c OTA Nebraska Revenue	3,674.00
<b>Total 40109 Nebraska State Park Rental Fees</b>	<b>17,270.00</b>
<b>Total State Park Revenue</b>	<b>567,269.80</b>
<b>Total 40000 Booking Revenues</b>	<b>2,858,444.61</b>
40200 Site Sales Revenue	
40205 Moose Membership	1,310,059.18
40215 Rabbit Subscriptions	-622.00
<b>Total 40200 Site Sales Revenue</b>	<b>1,309,437.18</b>
40260 Tentrr Pass Revenue	15,000.00
40300 Mercantile Sales	64,076.23
40300a Mercantile Shipping Income	3,892.29
40300b Mercantile Refunds	-1,121.21
<b>Total 40300 Mercantile Sales</b>	<b>66,847.31</b>
40350 Partnership Revenue	59,400.00
40360 Sensible Weather Revenue	15,865.05
<b>Total Income</b>	<b>\$4,324,994.15</b>
Cost of Goods Sold	
50000 CampKeeper Payouts	
50001 CampKeeper Payouts - Tentrr.com	939,871.21
50002 CampKeeper Payouts - 3rd Party	482,167.44
<b>Total 50000 CampKeeper Payouts</b>	<b>1,422,038.65</b>



## Tentrr, Inc.

## Profit and Loss

January - October, 2022

	TOTAL
50005 State Parks Cost of Sales	
50010 State Parks Payouts	
50013 SP Payouts - MI State Parks	
50013a SP Payouts - MI State Parks - State Site	13,843.10
<b>Total 50013 SP Payouts - MI State Parks</b>	<b>13,843.10</b>
50015 SP Payouts - ME State Parks	
50015b SP Payouts - ME State Parks - Tentrr.com	33,488.80
<b>Total 50015 SP Payouts - ME State Parks</b>	<b>33,488.80</b>
50016 SP Payouts - LA State Parks	1,918.48
50016b SP Payouts - LA State Parks - Tentrr.com	5,790.11
<b>Total 50016 SP Payouts - LA State Parks</b>	<b>7,708.59</b>
50017 SP Payouts - WV State Parks	390.22
50017a SP Payouts - WV State Parks - State Site	12,505.80
50017b SP Payouts - WV State Parks - Tentrr.com	8,680.71
<b>Total 50017 SP Payouts - WV State Parks</b>	<b>21,576.73</b>
50018 SP Payouts - NY State Parks	358.15
50018b SP Payouts - NY State Parks - Tentrr.com	5,801.46
<b>Total 50018 SP Payouts - NY State Parks</b>	<b>6,159.61</b>
50021 SP Payouts - MS State Parks	4,449.41
50021b SP Payouts - MS State Parks - Tentrr.com	6,047.65
<b>Total 50021 SP Payouts - MS State Parks</b>	<b>10,497.06</b>
50022 SP Payouts - NE State Parks	
50022b SP Payouts - NE State Parks - Tentrr.com	2,190.63
<b>Total 50022 SP Payouts - NE State Parks</b>	<b>2,190.63</b>
50032 SP Payouts - TX State Parks	40.40
<b>Total 50010 State Parks Payouts</b>	<b>95,504.92</b>
50020 State Park Maintenance Costs	
50024 SP Maintenance Costs - UT State Parks	2,688.90
50026 SP Maintenance Costs - LA State Parks	76.29
50028 SP Maintenance Costs - NY State Parks	5,000.00
<b>Total 50020 State Park Maintenance Costs</b>	<b>7,765.19</b>
<b>Total 50005 State Parks Cost of Sales</b>	<b>103,270.11</b>
50100 3rd Party Channel Fees	
50103 Guesty Fees	107,145.15
50104 Homeaway Fees	9,249.60
50106 Sensible Weather Fees	16,974.63
50107 Misc. OTA Fees	39,594.65
<b>Total 50100 3rd Party Channel Fees</b>	<b>172,964.03</b>

## Tentrr, Inc.

## Profit and Loss

January - October, 2022

	TOTAL
50200 Mercantile COGS	32,688.79
50200a Mercantile Shipping, Freight & Delivery	3,242.98
<b>Total 50200 Mercantile COGS</b>	<b>35,931.77</b>
Other Costs - COS	
50400 Stripe Transaction Fees	87,009.65
50410 Quickbooks Transaction Fees	31,001.17
50420 US Credit Merchant Fee	1,867.67
<b>Total Other Costs - COS</b>	<b>119,878.49</b>
<b>Total Cost of Goods Sold</b>	<b>\$1,854,083.05</b>
<b>GROSS PROFIT</b>	<b>\$2,470,911.10</b>
Expenses	
60050 Charitable Donations	1,000.00
60090 Design Services	900.00
Advertising & Marketing Roll-Up	
60000 Advertising and Marketing	
60001 SEO	145,230.48
60002 Google Ads	252,448.38
60003 Facebook Ads	134,560.45
60004 Digital Ad Spending	0.00
60006 Marketing	28,500.00
60007 Content Production	1,000.00
60009 Print Media	1,991.36
60011 Promotional Spending & SWAG	3,670.58
60012 PR & Events	47,737.44
60013 Branding & Materials	2,641.60
60014 Photography / Video	6,421.27
60015 Lead Generation Expenses	3,350.00
60018 Promotional Gift Cards Issued	46,466.71
60019 3rd Party Software & Tools	12,000.00
60020 Partnership Expenses	8,900.00
60021 Affiliate Marketing	40,608.17
<b>Total 60000 Advertising and Marketing</b>	<b>735,526.44</b>
<b>Total Advertising &amp; Marketing Roll-Up</b>	<b>735,526.44</b>
Equipment and Machinery Lease & Rental Rollup	
60390 Equipment and Machinery Lease & Rental	
60390a Equipment	1,867,268.76
<b>Total 60390 Equipment and Machinery Lease &amp; Rental</b>	<b>1,867,268.76</b>
<b>Total Equipment and Machinery Lease &amp; Rental Rollup</b>	<b>1,867,268.76</b>

## Tentrr, Inc.

## Profit and Loss

January - October, 2022

	TOTAL
G&A Overhead Roll-Up	
60300 G&A Overhead	
60303 Insurance	
60303a General Liability	107,980.10
60303c D&O	7,329.48
60303d Cyber	29,510.26
60303e EPL	5,906.66
60303f Auto Insurance	3,110.52
<b>Total 60303 Insurance</b>	<b>153,837.02</b>
60304 Dues & Subscriptions	9,524.27
60305 Filing Fees	8,573.51
60306 Bank Fees & Interest Expense	
60306a Bank Service Charges	506.73
60306b Financing Fees	2,705.97
60306c Shopify Fees	1,192.82
<b>Total 60306 Bank Fees &amp; Interest Expense</b>	<b>4,405.52</b>
60308 Conferences and Seminars	6,630.92
<b>Total 60300 G&amp;A Overhead</b>	<b>182,971.24</b>
<b>Total G&amp;A Overhead Roll-Up</b>	<b>182,971.24</b>
HR & Personnel Roll-Up	
60100 HR & Personnel	
60101 Payroll	
60102 Corporate	370,833.40
60103 Marketing	
60103a Marketing (W2)	411,437.50
60103b Marketing (1099)	8,421.17
<b>Total 60103 Marketing</b>	<b>419,858.67</b>
60104 Platform	377,823.79
60105 Demand	112,287.88
60106 Supply and Logistics	
60106a Logistics (W-2)	160,450.53
60106b Logistics (1099)	91,444.73
60106c Supply CDR (W-2)	258,416.58
60106d Supply CSS (W-2)	203,745.64
60106e CDR/CSS (1099)	31,749.07
60106k Sales (W2)	102,833.33
60106l Sales (1099)	68,866.39

## Tentrr, Inc.

## Profit and Loss

January - October, 2022

	TOTAL
<b>Total 60106 Supply and Logistics</b>	<b>917,506.27</b>
60107 Customer Service	
60107a Customer Service (W-2)	320,106.00
60107b Customer Service (1099)	82,630.78
<b>Total 60107 Customer Service</b>	<b>402,736.78</b>
60108 CampGuides	
60108a CampGuide (W-2)	93,037.44
60108b CampGuide (1099)	212,299.39
<b>Total 60108 CampGuides</b>	<b>305,336.83</b>
60109 Talent Acquisition	77,638.94
60123 Commissions	130,000.00
60124 Employee Bonuses	52,000.00
<b>Total 60101 Payroll</b>	<b>3,166,022.56</b>
60125 Payroll Benefits	
60126 Healthcare Premium	144,567.00
60127 Dental Premium	10,852.99
60128 Vision Premium	1,785.16
60129 Life Insurance	335.49
<b>Total 60125 Payroll Benefits</b>	<b>157,540.64</b>
60130 Payroll Taxes	
60131 Social Security	145,976.76
60132 Medicare	37,559.79
60133 FUTA	2,225.90
60134 SUI	16,076.78
60135 NY MCTMT	-14.67
<b>Total 60130 Payroll Taxes</b>	<b>201,824.56</b>
60140 HR and Payroll Processing Fees	
60141 TriNet PEO	49,951.17
60142 Gusto	9,388.64
<b>Total 60140 HR and Payroll Processing Fees</b>	<b>59,339.81</b>
60150 Other Payroll Expenses	
60152 Workers Comp	7,168.70
60153 COBRA Admin	750.00
<b>Total 60150 Other Payroll Expenses</b>	<b>7,918.70</b>
<b>Total 60100 HR &amp; Personnel</b>	<b>3,592,646.27</b>
<b>Total HR &amp; Personnel Roll-Up</b>	<b>3,592,646.27</b>
Materials & Install	
60190 Materials & Install (Non-CapEx)	12,867.86
<b>Total Materials &amp; Install</b>	<b>12,867.86</b>

## Tentrr, Inc.

## Profit and Loss

January - October, 2022

	TOTAL
Office & Other Roll-Up	
60200 Office & Other	
60210 NYC Office	
60210a Rent - NYC Office	4,795.00
60210b Telecom - NYC Office	18,823.59
60210d Office Supplies - NYC Office	4,608.38
60210g Postage & Delivery - NYC Office	732.21
60210h Moving & Storage - NYC Office	11,437.50
<b>Total 60210 NYC Office</b>	<b>40,396.68</b>
60220 Oneonta, NY	
60220a Rent - Oneonta, NY	22,000.00
60220c Telecom - Oneonta, NY	2,264.60
60220d Utilities - Oneonta, NY	8,224.75
60220e Office Supplies - Oneonta, NY	509.49
60220f Repairs & Maintenance - Oneonta, NY	543.05
60220g Garbage Removal - Oneonta, NY	10,080.78
<b>Total 60220 Oneonta, NY</b>	<b>43,622.67</b>
60240 Auto Expense	
60243 Repairs and Maintenance	2,254.91
60245 Other	319.75
60247 Parking and Tolls	66.99
<b>Total 60240 Auto Expense</b>	<b>2,641.65</b>
60250 Travel & Entertainment	
60251 Travel (Airfare & Hotels)	37,413.64
60252 Entertainment & Meals	22,329.55
60253 Transportation	53,215.66
60254 Office Outings	617.68
60255 Travel Meals	5,446.89
60256 Employee Tentrr Trips	10,523.74
<b>Total 60250 Travel &amp; Entertainment</b>	<b>129,547.16</b>
<b>Total 60200 Office &amp; Other</b>	<b>216,208.16</b>
Other OpEx Roll-Up	
60900 Other OpEx	
60990 Test Transactions	510.05
<b>Total 60900 Other OpEx</b>	<b>510.05</b>
<b>Total Other OpEx Roll-Up</b>	<b>510.05</b>
<b>Total Office &amp; Other Roll-Up</b>	<b>216,718.21</b>

## Tentrr, Inc.

## Profit and Loss

January - October, 2022

	TOTAL
Professional Services Roll-Up	
60500 Professional Services	
60501 Accounting   Finance	155,581.24
60502 Legal & iBanking	69,518.00
60503 Recruiting	80,576.24
60504 Technology Consultants	7,800.00
60505 Tech Outsourcing	164,560.00
60507 Advertising & Marketing Consultants	4,150.00
60508 Sales Consultants	130,872.91
60509 Misc Consultants	36,730.00
<b>Total 60500 Professional Services</b>	<b>649,788.39</b>
<b>Total Professional Services Roll-Up</b>	<b>649,788.39</b>
Research and Development	188,420.00
Tech & Product Roll-Up	
60400 Tech & Product	
60401 Technology	
Google Cloud	30,685.90
Tech Software and Services	186,634.18
Web Hosting	48,714.01
<b>Total 60401 Technology</b>	<b>266,034.09</b>
60402 Website	
e-commerce Website	923.36
Website Domain	725.49
<b>Total 60402 Website</b>	<b>1,648.85</b>
<b>Total 60400 Tech &amp; Product</b>	<b>267,682.94</b>
<b>Total Tech &amp; Product Roll-Up</b>	<b>267,682.94</b>
<b>Total Expenses</b>	<b>\$7,715,790.11</b>
NET OPERATING INCOME	<b>\$ -5,244,879.01</b>
Other Income	
80000 Other Income	1,416.58
80001 Sales Tax Vendor Credit	57.26
<b>Total Other Income</b>	<b>\$1,473.84</b>
Other Expenses	
70000 Taxes	1,069.00
70002 New York State	2,775.00
70004 Utah Taxes	100.00
70005 Louisiana Taxes	550.00
70006 Mississippi Taxes	25.00
70007 North Carolina Taxes	200.00
<b>Total 70000 Taxes</b>	<b>4,719.00</b>

## Tentrr, Inc.

## Profit and Loss

January - October, 2022

	TOTAL
70010 Sales Tax Paid	132,403.29
70050 Interest Expense	387,229.64
70100 Depreciation Expense	
70101 Vehicles	1,944.40
70102 Tools / Equipment	1,587.34
70104 Computers	15,914.47
70106 Farnam Capitalized Materials	1,688,789.55
<b>Total 70100 Depreciation Expense</b>	<b>1,708,235.76</b>
70200 Amortization Expense	
70202 Domain	333.30
70203 Farnam Capitalized Install	476,215.10
<b>Total 70200 Amortization Expense</b>	<b>476,548.40</b>
79000 Other Expense Writeoffs	79.00
Reconciliation Discrepancies	-14.82
<b>Total Other Expenses</b>	<b>\$2,709,200.27</b>
NET OTHER INCOME	<b>\$ -2,707,726.43</b>
NET INCOME	<b>\$ -7,952,605.44</b>

## Tentr, Inc.

## Statement of Cash Flows

January - October, 2022

	TOTAL
<b>OPERATING ACTIVITIES</b>	
Net Income	-7,960,895.99
Adjustments to reconcile Net Income to Net Cash provided by operations:	
11002 CampKeeper Receivables:Moose Sales (A/R)	-78,820.00
11011 CampKeeper Receivables:Michigan State Parks (A/R)	-10,008.90
11014 CampKeeper Receivables:Louisiana State Parks (A/R)	-7,329.00
11015 CampKeeper Receivables:West Virginia State Parks (A/R)	-36,685.98
11200 Accounts Receivable	17,900.00
11210 OTA Receivables	-53,530.03
12050 Inventory Asset:Inventory Asset - Mercantile	0.00
12060 Inventory Asset:Farnam Capitalized Materials	-2,325,903.19
12060a Inventory Asset:Farnam Capitalized Materials:Accumulated Depreciation	1,688,789.55
12070 Farnam Capitalized Install	-899,405.43
12070a Farnam Capitalized Install:Accumulated Amortization	476,215.10
12500 Prepaid Expenses	-54,010.72
12510 Lowes Escrow	-22,349.81
12602 Deferred CK Expense:Deferred CK Expense - Tentr	-97,775.65
12603 Deferred CK Expense:Deferred CK Expense - 3rd Party	-46,418.89
12604 Deferred Discounts	932.01
12605 Deferred 3rd Party Channel Fees	-5,736.54
12607 Shopify Account	-401.10
12608 Deferred Shopify Fees	-24.91
12612 Temporary Clearing Account	0.00
12614 QB Site Sales Clearing Account	8,932.45
101 Vehicles:Trailers:Depreciation	1,944.40
12701 Computers:Accumulated Depreciation - Computers	15,914.47
12702a Domain Name:Accumulated Amortization - Domain Name	333.30
12703a Equipment:Accumulated Depreciation - Equipment	254.04
Tools & Machinery:Tools & Machinery - Oneonta, NY (CapEx):Accumulated Depreciation - T&M Oneonta, NY	1,333.30
12710 Accounts Payable OpEx	663,652.44
12752 Brex	6,132.22
20001 Accrued Expenses:Accrued Employee Reimb Payable	-2,707.63
20002 Accrued Expenses:Accrued Legal Fees	32,326.40
20004 Accrued Expenses:Accrued Expenses Misc	-162,800.00
20005 Accrued Bonuses	-26,991.95
20006 Accrued Commissions	-37,963.48
20026 National Partners PFco of NY	7,477.83
20027 IPFS of New York	32,859.44
20032 Deferred Revenue:Deferred Booking Fees	-9,061.40
20034 Deferred Revenue:Deferred Tentr Site Rental Fees	-12,644.80
20035 Deferred Revenue:Deferred 3rd Party Site Rental Fees	1,829.69
20036 Deferred Revenue:Deferred Extras	-522.80
20038 Deferred Revenue:Deferred Cleaning Fees	-295.00
20039 Deferred Revenue:Deferred 3rd Party Cleaning Fees	0.00



## Tentrr, Inc.

## Statement of Cash Flows

January - October, 2022

	TOTAL
20057 Gift Cards	13,276.09
20058 Deferred Mercantile Sales	1,473.91
20071 Partner Fees Owed:CK Fees Owed	-15,731.69
20072a Partner Fees Owed:State Park Fees Owed:State Park Fees Owed - MI	5,102.60
20072c Partner Fees Owed:State Park Fees Owed:State Park Fees Owed - ME	-8,265.35
20072d Partner Fees Owed:State Park Fees Owed:State Park Fees Owed - LA	9,549.56
20072e Partner Fees Owed:State Park Fees Owed:State Park Fees Owed - WV	9,956.82
20072f Partner Fees Owed:State Park Fees Owed:State Park Fees Owed - NY	2,048.37
20072h Partner Fees Owed:State Park Fees Owed:State Park Fees Owed - MS	-562.08
20072i Partner Fees Owed:State Park Fees Owed:State Park Fees Owed - NE	1,808.13
20072j Partner Fees Owed:State Park Fees Owed:State Park Fees Owed - TX	268.60
20073 Partner Fees Owed:OTA Fees Owed	14,030.09
20082a Farnam Lease Liability:Farnam Lease TE123118-001	-323,835.96
20082b Farnam Lease Liability:Farnam Lease TE123118-002	-687,276.30
20082d Farnam Lease Liability:Farnam Lease TE123118-004	3,225,308.67
20090 Sales Tax Payable	-497.79
Payroll Liabilities:Wages Payable	-25,042.15
<b>Total Adjustments to reconcile Net Income to Net Cash provided by operations:</b>	<b>1,287,050.95</b>
<b>Net cash provided by operating activities</b>	<b>\$ -6,673,845.04</b>
<b>INVESTING ACTIVITIES</b>	
100 Vehicles:Trailers:Original cost	0.01
12080i TentKits:TentKits Deployed (Combined Tentkits)	26,140.46
12700 Computers:Computers - CapEx	-26,753.11
12703 Equipment:Equipment - CapEx	-1,524.21
Computers	-0.01
Equipment	-0.01
Tools & Machinery	0.00
Tools & Machinery:Tools & Machinery - Oneonta, NY (CapEx)	0.03
Vehicles:Trailers	0.03
Security Deposits:Farnam Financial Inc.:Lease TE123118-005	-260,637.99
<b>Net cash provided by investing activities</b>	<b>\$ -262,774.80</b>
<b>FINANCING ACTIVITIES</b>	
Decathlon Loan	216,075.23
Preferred Stock:Claude Wasserstein	332.80
<b>Net cash provided by financing activities</b>	<b>\$216,408.03</b>
<b>NET CASH INCREASE FOR PERIOD</b>	<b>\$ -6,720,211.81</b>
Cash at beginning of period	6,873,088.33
<b>CASH AT END OF PERIOD</b>	<b>\$152,876.52</b>

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

|||||.....|

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

Direct Deposit/Debit Report

Name: **TENTRR, INC.**

Employer Identification Number: **47-3054018**

Unit	Form	Name of Financial Institution	Account Type	Routing Number	Account Number	Debit/Deposit Date	Amount
MS	83-105	SILICON VALLEY BANK	CHECKING	121140399	3302551386	DEBIT 10/11/22	25.
NC	CD-405	SILICON VALLEY BANK	CHECKING	121140399	3302551386	DEBIT 10/11/22	200.
NJ	CBT-100	SILICON VALLEY BANK	CHECKING	121140399	3302551386	DEBIT 10/11/22	769.
NY	CT-3	SILICON VALLEY BANK	CHECKING	121140399	3302551386	DEBIT 10/11/22	997.
NY	CT-3M	SILICON VALLEY BANK	CHECKING	121140399	3302551386	DEBIT 10/11/22	253.
VT	CO-411	SILICON VALLEY BANK	CHECKING	121140399	3302551386	DEBIT 10/11/22	300.

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747  
631-629-4344

October 11, 2022

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

S T A T E M E N T

PREPARATION OF 2021 CORPORATION RETURN(S).....	\$ 2250.00
ADDITIONAL STATES	1500.00
	<hr/>
AMOUNT DUE	\$ 3750.00

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747  
631-629-4344

OCTOBER 11, 2022

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

TENTRR, INC.:

WE HAVE PREPARED AND ENCLOSED YOUR 2021 CORPORATION INCOME TAX RETURNS FOR THE YEAR ENDED DECEMBER 31, 2021.

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

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE CALIFORNIA FORM 100 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE FTB.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE CALIFORNIA ESTIMATED INCOME TAX DUE DATES AND REQUIRED PAYMENTS ARE AS FOLLOWS:

INSTALLMENT NO. 4 BY 12/15/22 . . . . . \$800

THESE PAYMENTS MUST BE FILED AND PAID ELECTRONICALLY VIA THE FRANCHISE TAX BOARD WEBSITE AT:

[WWW.FTB.CA.GOV/PAY](http://WWW.FTB.CA.GOV/PAY)

THE FLORIDA FORM F-1120 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FLORIDA DOR, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE FLORIDA DOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FLORIDA DOR.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE GEORGIA FORM 600 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE GA DOR, PLEASE SIGN, DATE AND RETURN FORM 8453-C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE GA DOR. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE GA DOR.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE LOUISIANA FORM CIFT-620 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE LDR, PLEASE SIGN, DATE AND RETURN FORM LA8453C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE LDR. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE LDR.

NO PAYMENT IS REQUIRED AS YOU ARE TO RECEIVE A REFUND IN THE AMOUNT OF \$550.

THE MAINE FORM 1120ME RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE ME DOR, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE ME DOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE ME DOR.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE MISSISSIPPI FORM 83-105 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE MS DOR, PLEASE SIGN, DATE AND RETURN FORM 8453-C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE MS DOR. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE MS DOR.

YOUR BALANCE DUE OF \$25 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM 83-105 BALANCE DUE. REFER TO FORM 83-105 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

THE NH BUSINESS ENTERPRISE/PROFITS TAX FORM BT-SUMMARY RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE NH DRA, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE NH DRA. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NH DRA.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE NEW JERSEY FORM CBT-100 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE NEW JERSEY DOR, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE NEW JERSEY DOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NEW JERSEY DOR.

YOUR BALANCE DUE OF \$769 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CBT-100 BALANCE DUE. REFER TO FORM CBT-100 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

THIS RETURN INCLUDES A PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX OF \$19.

THE NEW YORK FORM CT-3 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE NYSDTF, PLEASE SIGN, DATE AND RETURN FORM TR-579-CT TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE NYSDTF. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE NYSDTF.

YOUR BALANCE DUE OF \$997 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CT-3 BALANCE DUE. REFER TO FORM CT-3 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

THIS RETURN INCLUDES A PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX OF \$78.

THE NEW YORK ESTIMATED INCOME TAX DUE DATES AND REQUIRED PAYMENTS ARE AS FOLLOWS:

INSTALLMENT NO. 4 BY 12/15/22 . . . . . \$2,670

THESE PAYMENTS MUST BE FILED AND PAID ELECTRONICALLY VIA THE NEW YORK STATE CORPORATION TAX WEBSITE AT:

[HTTPS://WWW.TAX.NY.GOV/ONLINE/](https://www.tax.ny.gov/online/)

THE NORTH CAROLINA FORM CD-405 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE NCDOR, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE NCDOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NCDOR.

YOUR BALANCE DUE OF \$200 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CD-405 BALANCE DUE. REFER TO FORM CD-405 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

THE NORTH CAROLINA BUSINESS CORPORATION ANNUAL REPORT SHOULD BE MAILED AS SOON AS POSSIBLE TO:

SECRETARY OF STATE  
BUSINESS REGISTRATION DIVISION  
POST OFFICE BOX 29525  
RALEIGH, NC 27626-0525

ENCLOSE A CHECK OR MONEY ORDER FOR \$25, PAYABLE TO SECRETARY OF STATE.

THE PENNSYLVANIA FORM RCT-101 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE PADOR, PLEASE SIGN, DATE AND RETURN FORM PA-8879-C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE PADOR. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE PADOR.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE TENNESSEE FORM FAE 170 SHOULD BE MAILED ON OR BEFORE DECEMBER 15, 2022 TO:

TENNESSEE DEPT. OF REVENUE  
ANDREW JACKSON STATE OFFICE BLDG.  
500 DEADERICK STREET  
NASHVILLE, TN 37242

YOU HAVE A BALANCE DUE OF \$240.

PAYMENT MUST BE MADE ELECTRONICALLY VIA THE TENNESSEE DEPT. OF REVENUE WEBSITE AT:

[HTTPS://TNTAP.TN.GOV/ESERVICES/\\_/](https://tntap.tn.gov/eservices/_/)

THE UTAH FORM TC-20 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE USTC, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE USTC. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE USTC.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.



THE VERMONT FORM CO-411 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE VT DOT, PLEASE SIGN, DATE AND RETURN FORM 8879-VT-C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE VT DOT. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE VT DOT.

YOUR BALANCE DUE OF \$300 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CO-411 BALANCE DUE. REFER TO FORM CO-411 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

THE NEW YORK CITY FORM NYC-2 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE NYC DOF, PLEASE SIGN, DATE AND RETURN NYC-579-COR TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE NYC DOF. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE NYC DOF.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE NEW YORK FORM CT-3M RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE NYSDTF, PLEASE SIGN, DATE AND RETURN FORM TR-579-CT TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE NYSDTF. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE NYSDTF.

YOUR BALANCE DUE OF \$253 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CT-3M BALANCE DUE. REFER TO FORM CT-3M ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

THIS RETURN INCLUDES A PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX OF \$10.

COPIES OF THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

ALAN J. COHEN

**2021 TAX RETURN FILING INSTRUCTIONS**

U.S. CORPORATION INCOME TAX RETURN

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

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**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

---

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

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**TO BE SIGNED AND DATED BY:**

THE APPROPRIATE CORPORATE OFFICER(S).

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**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

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**OVERPAYMENT:**

NOT APPLICABLE

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-C TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN.

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**



Form **8879-C**

**IRS e-file Signature Authorization for Form 1120**

OMB No. 1545-0123

For calendar year 2021, or tax year beginning \_\_\_\_\_, 2021, ending \_\_\_\_\_, 20\_\_

**2021**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879C](http://www.irs.gov/Form8879C) for the latest information.**

Name of corporation

**TENTRR, INC.**

Employer identification number

**47-3054018**

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

1	Total income (Form 1120, line 11)	1	2,510,860.
2	Taxable income (Form 1120, line 30)	2	-6,113,971.
3	Total tax (Form 1120, line 31)	3	
4	Amount owed (Form 1120, line 35)	4	
5	Overpayment (Form 1120, line 36)	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 2021 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 **GUTTERSON & COHEN TAX SPECIALISTS LLC** to enter my PIN **12345**  
ERO firm name do not enter all zeros

as my signature on the corporation's 2021 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2021 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. **11357722752**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 **10/11/22**

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

For Paperwork Reduction Act Notice, see instructions.

Form **8879-C** (2021)

LHA

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

OMB No. 1545-0123

Form **1120**

For calendar year 2021 or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

**EXTENSION GRANTED TO 10/15/22**

**2021**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

<b>A</b> Check if: 1a 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 instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input checked="" type="checkbox"/>	<b>TYPE OR PRINT</b>	Name <b>TENTRR, INC.</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>25 W. 39TH STREET, 7TH FLOOR</b>  City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10018</b>	<b>B</b> Employer identification number <b>47-3054018</b>  <b>C</b> Date incorporated <b>02/03/2015</b>  <b>D</b> Total assets (see instructions) <b>\$ 12,332,543.</b>
<b>E</b> 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			

<b>Income</b>	1a	Gross receipts or sales	1a	4,846,290.	
	b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a	1c	4,846,290.	
	2	Cost of goods sold (attach Form 1125-A)	2	2,339,836.	
	3	Gross profit. Subtract line 2 from line 1c	3	2,506,454.	
	4	Dividends and inclusions (Schedule C, line 23)	4		
	5	Interest	5		
	6	Gross rents	6		
	7	Gross royalties	7		
	8	Capital gain net income (attach Schedule D (Form 1120))	8		
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	-1,415.	
10	Other income (attach statement) <b>SEE STATEMENT 1</b>	10	5,821.		
11	<b>Total income.</b> Add lines 3 through 10	11	2,510,860.		

<b>Deductions (See instructions for limitations on deductions.)</b>	12	Compensation of officers (attach Form 1125-E)		490,555.	
	13	Salaries and wages (less employment credits)	13		
	14	Repairs and maintenance	14		
	15	Bad debts	15	181,742.	
	16	Rents	16	18,333.	
	17	Taxes and licenses <b>SEE STATEMENT 2</b>	17	178,932.	
	18	Interest (see instructions)	18	353,565.	
	19	Charitable contributions <b>SEE STATEMENT 3 AND SEE STATEMENT 4</b>	19	0.	
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	1,853,197.	
	21	Depletion	21		
	22	Advertising	22	568,851.	
	23	Pension, profit-sharing, etc., plans	23		
	24	Employee benefit programs	24	156,376.	
	25	Reserved for future use	25		
	26	Other deductions (attach statement) <b>SEE STATEMENT 5</b>	26	4,823,280.	
	27	<b>Total deductions.</b> Add lines 12 through 26	27	8,624,831.	
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	-6,113,971.	
	29a	Net operating loss deduction (see instructions) <b>STATEMENT 6</b>	29a	0.	
b	Special deductions (Schedule C, line 24)	29b			
c	Add lines 29a and 29b	29c			

<b>Tax, Refundable Credits, and Payments</b>	30	Taxable income. Subtract line 29c from line 28. See instructions		-6,113,971.	
	31	Total tax (Schedule J, Part I, line 11)	31	0.	
	32	Reserved for future use	32		
	33	Total payments and credits (Schedule J, Part III, line 23)	33		
	34	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34		
	35	<b>Amount owed.</b> If line 33 is smaller than the total of lines 31 and 34, enter amount owed	35	0.	
	36	<b>Overpayment.</b> If line 33 is larger than the total of lines 31 and 34, enter amount overpaid	36		
37	Enter amount from line 36 you want: <b>Credited to 2022 estimated tax</b> <input checked="" type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	37			

**Sign Here**

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

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

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

<b>Paid</b>	Print/Type preparer's name <b>ALAN J. COHEN</b>	Preparer's signature	Date <b>10/11/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00185030</b>
<b>Preparer</b>	Firm's name <b>GUTTERSON &amp; COHEN TAX SPECIALISTS LLC</b>			Firm's EIN <b>81-3215466</b>	
<b>Use Only</b>	Firm's address <b>445 BROADHOLLOW ROAD STE 230 MELVILLE, NY 11747</b>			Phone no. <b>631-629-4344</b>	

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

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

**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>		
2	Income tax. See instructions		2	0.
3	Base erosion minimum tax amount (attach Form 8991)		3	
4	Add lines 2 and 3		4	0.
5a	Foreign tax credit (attach Form 1118)	5a		
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	<b>Total credits.</b> Add lines 5a through 5e		6	
7	Subtract line 6 from line 4		7	0.
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method-completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method-income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Interest/tax due under Section 453A(c) and/or Section 453(l)	9f		
g	Other (see instructions - attach statement)	9g		
10	<b>Total.</b> Add lines 9a through 9g		10	
11	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31		11	0.

**Part II - Reserved For Future Use**

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

13	2020 overpayment credited to 2021		13	
14	2021 estimated tax payments		14	
15	2021 refund applied for on Form 4466		15	( )
16	Combine lines 13, 14, and 15		16	
17	Tax deposited with Form 7004		17	
18	Withholding (see instructions)		18	
19	<b>Total payments.</b> Add lines 16, 17, and 18		19	
20	Refundable credits from:			
a	Form 2439	20a		
b	Form 4136	20b		
c	Reserved for future use	20c		
d	Other (attach statement - see instructions)	20d		
21	<b>Total credits.</b> Add lines 20a through 20d		21	
22	Reserved for future use		22	
23	<b>Total payments and credits.</b> Add lines 19 and 21. Enter here and on page 1, line 33		23	

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

1 Check accounting method: a  Cash b  Accrual c  Other (specify) ▶ \_\_\_\_\_

2 See the instructions and enter the:

a Business activity code no. ▶ 454110

b Business activity ▶ CAMPING ONLINE MARKE

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**

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 ..... **X**  
 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 ..... **X**  
 If "Yes," complete (i) through (iv) below.

(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 ..... **X**  
 If "Yes," file **Form 5452**, Corporate Report of Nondividend Distributions. See the instructions for Form 5452.  
 If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? .....  
 For rules of attribution, see section 318. If "Yes," enter:  
 (a) Percentage owned ▶ \_\_\_\_\_ and (b) 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) ▶ 18

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

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) ..... ▶ \$ 19,842,836.



**Schedule K Other Information** (continued from page 4)

	Yes	No
<b>13</b> Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year <b>and</b> its total assets at the end of the tax year less than \$250,000? ..... If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ► \$ _____		<b>X</b>
<b>14</b> Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions ..... If "Yes," complete and attach Schedule UTP.		<b>X</b>
<b>15a</b> Did the corporation make any payments in 2021 that would require it to file Form(s) 1099? .....		<b>X</b>
<b>b</b> If "Yes," did or will the corporation file required Form(s) 1099? .....		
<b>16</b> 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? .....		<b>X</b>
<b>17</b> 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? .....		<b>X</b>
<b>18</b> 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? .....		<b>X</b>
<b>19</b> During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code? .....		<b>X</b>
<b>20</b> Is the corporation operating on a cooperative basis? .....		<b>X</b>
<b>21</b> During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ..... If "Yes," enter the total amount of the disallowed deductions ► \$ _____		<b>X</b>
<b>22</b> Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3)) ..... If "Yes," complete and attach Form 8991.		<b>X</b>
<b>23</b> Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions .....		<b>X</b>
<b>24</b> Does the corporation satisfy one or more of the following? See instructions .....		<b>X</b>
<b>a</b> The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
<b>b</b> The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.		
<b>c</b> The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990.		
<b>25</b> Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? .....		<b>X</b>
If "Yes," enter amount from Form 8996, line 15 ..... ► \$ _____		
<b>26</b> Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions .....		<b>X</b>
Percentage: By Vote		
By Value		

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash .....		1,794,642.		6,873,088.
2a	Trade notes and accounts receivable .....	271,095.		434,439.	
b	Less allowance for bad debts .....	( )	271,095.	( )	434,439.
3	Inventories .....		16,864.		0.
4	U.S. government obligations .....				
5	Tax-exempt securities .....				
6	Other current assets (att. stmt.) <b>STMT 7</b> .....		224,410.		400,798.
7	Loans to shareholders .....				
8	Mortgage and real estate loans .....				
9	Other investments (att. stmt.) .....				
10a	Buildings and other depreciable assets .....	4,959,727.		7,248,470.	
b	Less accumulated depreciation .....	( 2,685,661.)	2,274,066.	( 4,135,912.)	3,112,558.
11a	Depletable assets .....				
b	Less accumulated depletion .....	( )		( )	
12	Land (net of any amortization) .....				
13a	Intangible assets (amortizable only) .....	290,109.		1,261,596.	
b	Less accumulated amortization .....	( 24,765.)	265,344.	( 297,405.)	964,191.
14	Other assets (att. stmt.) <b>STMT 8</b> .....		381,371.		547,469.
15	<b>Total assets</b> .....		5,227,792.		12,332,543.
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable .....		122,066.		292,189.
17	Mortgages, notes, bonds payable in less than 1 year .....				
18	Other current liabilities (att. stmt.) <b>STMT 9</b> .....		2,956,742.		5,460,191.
19	Loans from shareholders .....				
20	Mortgages, notes, bonds payable in 1 year or more .....				
21	Other liabilities (att. stmt.) <b>STMT 10</b> .....		1,187,020.		1,685,120.
22	Capital stock: a Preferred stock .....	229.		229.	
b	Common stock .....	800.	1,029.	800.	1,029.
23	Additional paid-in capital .....		21,764,062.		31,053,045.
24	Retained earnings - Appropriated (attach statement) .....				
25	Retained earnings - Unappropriated .....		-20,803,127.		-26,159,031.
26	Adjustments to shareholders' equity (attach statement) .....				
27	Less cost of treasury stock .....		( )		( )
28	<b>Total liabilities and shareholders' equity</b> .....		5,227,792.		12,332,543.

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

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

1	Net income (loss) per books .....	-5,355,904.	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 .....			<b>STMT 12</b> 401,400.	
4	Income subject to tax not recorded on books this year (itemize): .....				401,400.
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 .....	\$ 390,323.
b	Charitable contributions .....	\$ 5,050.	b	Charitable contributions .....	\$ .....
c	Travel and entertainment .....				390,323.
<b>STMT 11</b>	<b>28,606.</b>	<b>33,656.</b>	9	Add lines 7 and 8 .....	791,723.
6	Add lines 1 through 5 .....	-5,322,248.	10	Income (page 1, line 28) - line 6 less line 9 .....	-6,113,971.

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

1	Balance at beginning of year .....	-20,803,127.	5	Distributions: a Cash .....	
2	Net income (loss) per books .....	-5,355,904.		b Stock .....	
3	Other increases (itemize): .....			c Property .....	
			6	Other decreases (itemize): .....	
			7	Add lines 5 and 6 .....	
4	Add lines 1, 2, and 3 .....	-26,159,031.	8	Balance at end of year (line 4 less line 7) .....	-26,159,031.

Form **1125-A**

**Cost of Goods Sold**

(Rev. November 2018)

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

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

▶ **Go to [www.irs.gov/Form1125A](http://www.irs.gov/Form1125A) for the latest information.**

Name <b>TENTRR, INC.</b>		Employer identification number <b>47-3054018</b>
<b>1</b>	Inventory at beginning of year .....	<b>1</b>
<b>2</b>	Purchases .....	<b>2</b>
<b>3</b>	Cost of labor .....	<b>3</b>
<b>4</b>	Additional section 263A costs (attach schedule) .....	<b>4</b>
<b>5</b>	Other costs (attach schedule) ..... <b>SEE STATEMENT 13</b>	<b>5</b> <b>2,339,836.</b>
<b>6</b>	<b>Total.</b> Add lines 1 through 5 .....	<b>6</b> <b>2,339,836.</b>
<b>7</b>	Inventory at end of year .....	<b>7</b>
<b>8</b>	<b>Cost of goods sold.</b> 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 .....	<b>8</b> <b>2,339,836.</b>

- 9 a** Check all methods used for valuing closing inventory:
- (i)  Cost
  - (ii)  Lower of cost or market
  - (iii)  Other (Specify method used and attach explanation) ▶ \_\_\_\_\_
- b** Check if there was a writedown of subnormal goods ..... ▶
- c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ..... ▶
- d** If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO ..... **9d** \_\_\_\_\_
- e** If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions .....  Yes  No
- f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? .....  Yes  No  
If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 11-2018)

**SCHEDULE G  
(Form 1120)**  
(Rev. December 2011)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0123

▶ Attach to Form 1120.

Name  <b>TENTRR, INC.</b>	Employer identification number (EIN)  <b>47-3054018</b>
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**Part I Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock

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

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
<b>MICHAEL D'AGOSTINO</b>	<b>041-82-6873</b>		<b>62.16%</b>

**SCHEDULE M-3**  
**(Form 1120)**  
(Rev. December 2019)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0123

▶ Attach to Form 1120 or 1120-C.

▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

Name of corporation (common parent, if consolidated return)  <b>TENTRR, INC.</b>	<b>Employer identification number</b>  <b>47-3054018</b>
Check applicable box(es): (1) <input checked="" type="checkbox"/> Non-consolidated return (2) <input type="checkbox"/> Consolidated return (Form 1120 only) (3) <input type="checkbox"/> Mixed 1120/L/PC group (4) <input type="checkbox"/> Dormant subsidiaries schedule attached	

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

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

- Yes. Skip lines 1b and 1c and complete lines 2a through 11 with respect to that SEC Form 10-K.
- No. Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared.

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

- Yes. Skip line 1c and complete lines 2a through 11 with respect to that income statement.
- No. Go to line 1c.

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

- Yes. Complete lines 2a through 11 with respect to that income statement.
- No. Skip lines 2a through 3c and enter the corporation's net income (loss) per its books and records on line 4a.

**2 a** Enter the income statement period: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

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

- Yes. (If "Yes," attach an explanation and the amount of each item restated.)
- No.

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

- Yes. (If "Yes," attach an explanation and the amount of each item restated.)
- No.

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

- Yes.
- No. If "No," go to line 4a.

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

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

<b>4 a</b> Worldwide consolidated net income (loss) from income statement source identified in Part I, line 1 .....	<b>4a</b>	<b>-5,355,904.</b>
<b>b</b> Indicate accounting standard used for line 4a (see instructions): (1) <input type="checkbox"/> GAAP (2) <input type="checkbox"/> IFRS (3) <input type="checkbox"/> Statutory (4) <input type="checkbox"/> Tax-basis (5) <input type="checkbox"/> Other (specify) _____		
<b>5 a</b> Net income from nonincludible foreign entities (attach statement) .....	<b>5a</b>	( )
<b>b</b> Net loss from nonincludible foreign entities (attach statement and enter as a positive amount) .....	<b>5b</b>	
<b>6 a</b> Net income from nonincludible U.S. entities (attach statement) .....	<b>6a</b>	( )
<b>b</b> Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount) .....	<b>6b</b>	
<b>7 a</b> Net income (loss) of other includible foreign disregarded entities (attach statement) .....	<b>7a</b>	
<b>b</b> Net income (loss) of other includible U.S. disregarded entities (attach statement) .....	<b>7b</b>	
<b>c</b> Net income (loss) of other includible entities (attach statement) .....	<b>7c</b>	
<b>8</b> Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach stmt.) .....	<b>8</b>	
<b>9</b> Adjustment to reconcile income statement period to tax year (attach statement) .....	<b>9</b>	
<b>10 a</b> Intercompany dividend adjustments to reconcile to line 11 (attach statement) .....	<b>10a</b>	
<b>b</b> Other statutory accounting adjustments to reconcile to line 11 (attach statement) .....	<b>10b</b>	
<b>c</b> Other adjustments to reconcile to amount on line 11 (attach statement) .....	<b>10c</b>	
<b>11 Net income (loss) per income statement of includible corporations.</b> Combine lines 4 through 10 .....	<b>11</b>	<b>-5,355,904.</b>

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

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

	Total Assets	Total Liabilities
<b>a</b> Included on Part I, line 4 .....	<b>12,332,543.</b>	<b>7,437,500.</b>
<b>b</b> Removed on Part I, line 5 .....		
<b>c</b> Removed on Part I, line 6 .....		
<b>d</b> Included on Part I, line 7 .....		

Form **1125-E**

# Compensation of Officers

(Rev. October 2016)

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

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

► **Information about Form 1125-E and its separate instructions is at [www.irs.gov/form1125e](http://www.irs.gov/form1125e).**

Name <b>TENTRR, INC.</b>	Employer Identification number <b>47-3054018</b>
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**Note:** Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
ANAND SUBRAMANIAN	185-76-7731	100%	.85%		490,555.

2 Total compensation of officers .....	<b>2</b>	<b>490,555.</b>
3 Compensation of officers claimed on Form 1125-A or elsewhere on return .....	<b>3</b>	
4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return .....	<b>4</b>	<b>490,555.</b>

For Paperwork Reduction Act Notice, see separate instructions. Form 1125-E (Rev. 10-2016)

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property) OTHER

OMB No. 1545-0172

**2021**

Attachment Sequence No. 179

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>TENTRR, INC.</b>	Business or activity to which this form relates <b>OTHER DEPRECIATION</b>	Identifying number <b>47-3054018</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	<b>1</b>	
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 .....	<b>13</b>	

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

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

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

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

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2021 .....	<b>17</b>	<b>1,027,009.</b>
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property		<b>2,462,612.</b>	<b>3 YRS.</b>	<b>HY</b>	<b>200DB</b>	<b>820,788.</b>
<b>b</b> 5-year property		<b>21,286.</b>	<b>5 YRS.</b>	<b>HY</b>	<b>200DB</b>	<b>4,257.</b>
<b>c</b> 7-year property		<b>8,000.</b>	<b>7 YRS.</b>	<b>HY</b>	<b>200DB</b>	<b>1,143.</b>
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	<b>1,853,197.</b>
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

Form 4562 (2021)

TENTRR, INC.

47-3054018 Page 2

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... **25**

**26** Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L -		
		%				S/L -		
		%				S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) .....												
<b>31</b> Total commuting miles driven during the year .....												
<b>32</b> Total other personal (noncommuting) miles driven .....												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 .....												
<b>34</b> Was the vehicle available for personal use during off-duty hours? .....												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .....												
<b>36</b> Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2021 tax year:

SEE STATEMENT 14					148,932.
------------------	--	--	--	--	----------

**43** Amortization of costs that began before your 2021 tax year ..... **43** 95,102.

**44 Total.** Add amounts in column (f). See the instructions for where to report ..... **44** 244,034.



## 2021 DEPRECIATION AND AMORTIZATION REPORT

## OTHER DEPRECIATION

## OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE & FIXTURES	06/30/15	200DB	7.00	HY17	6,418.			3,209.	3,209.	2,741.		287.	3,028.
2	COMPUTERS	06/30/15	200DB	5.00	HY17	5,677.			2,839.	2,838.	2,790.		0.	2,790.
3	EQUIPMENT	06/30/15	200DB	5.00	HY17	5,412.			2,706.	2,706.	2,662.		0.	2,662.
4	CAMPSITES	06/30/15	SL	39.00	MM17	169,941.				169,941.	24,145.		4,357.	28,502.
5	CAMPSITES	06/30/16	SL	39.00	MM17	276,720.				276,720.	32,229.		7,095.	39,324.
6	COMPUTERS	06/30/16	200DB	5.00	HY17	11,995.				11,995.	11,304.		691.	11,995.
7	EQUIPMENT	06/30/16	200DB	7.00	HY17	1,736.				1,736.	1,349.		155.	1,504.
8	FURNITURE & FIXTURES	06/30/16	200DB	7.00	HY17	21,876.				21,876.	16,995.		1,951.	18,946.
9	COMPUTERS	06/30/17	200DB	5.00	HY17	11,531.				11,531.	9,538.		1,328.	10,866.
10	CAMPSITES	06/30/17	SL	39.00	MM17	28,955.				28,955.	2,629.		742.	3,371.
11	COMPUTERS	06/30/18	200DB	5.00	HY17	28,074.				28,074.	19,989.		3,234.	23,223.
12	DOMAIN NAME	01/16/18		180M	43	6,000.				6,000.	1,167.		400.	1,567.
13	CAMPSITES	06/30/18	SL	39.00	MM17	1,228,736.				1,228,736.	83,395.		31,505.	114,900.
14	FURNITURE & FIXTURES	06/30/18	200DB	7.00	HY17	25,987.				25,987.	14,623.		3,246.	17,869.
15	(D)TRAILERS	06/15/18	200DB	5.00	HY17	21,038.				21,038.	14,979.		1,212.	16,191.
16	FARNAM CAP INSTALL	01/31/19		36M	43	123.				123.	79.		41.	120.
17	FARNAM CAP INSTALL	03/31/19		36M	43	2,745.				2,745.	1,601.		915.	2,516.
18	FARNAM CAP INSTALL	04/30/19		36M	43	12,314.				12,314.	6,841.		4,105.	10,946.

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	FARNAM CAP INSTALL	05/31/19		36M		43	42,834.				42,834.	22,607.		14,278.	36,885.
20	FARNAM CAP INSTALL	06/30/19		36M		43	45,069.				45,069.	22,535.		15,023.	37,558.
21	FARNAM CAP INSTALL	07/31/19		36M		43	68,283.				68,283.	32,245.		22,761.	55,006.
22	FARNAM CAP INSTALL	08/31/19		36M		43	25,783.				25,783.	11,459.		8,594.	20,053.
23	FARNAM CAP INSTALL	09/30/19		36M		43	11,011.				11,011.	4,588.		3,670.	8,258.
24	FARNAM CAP INSTALL	10/31/19		36M		43	10,756.				10,756.	4,183.		3,585.	7,768.
25	FARNAM CAP INSTALL	11/30/19		36M		43	5,818.				5,818.	2,101.		1,939.	4,040.
26	TENTKITS	04/30/19	200DB	3.00		HY17	54,258.				54,258.	42,202.		8,036.	50,238.
27	TENTKITS	05/31/19	200DB	3.00		HY17	59,190.				59,190.	46,038.		8,766.	54,804.
28	TENTKITS	06/30/19	200DB	3.00		HY17	64,122.				64,122.	49,874.		9,496.	59,370.
29	FARNAM CAP MATERIALS	01/30/19	200DB	3.00		HY17	690,820.				690,820.	537,319.		102,310.	639,629.
30	FARNAM CAP MATERIALS	02/28/19	200DB	3.00		HY17	3,012.				3,012.	2,343.		446.	2,789.
31	FARNAM CAP MATERIALS	03/31/19	200DB	3.00		HY17	1,601.				1,601.	1,246.		237.	1,483.
32	FARNAM CAP MATERIALS	04/30/19	200DB	3.00		HY17	4,219.				4,219.	3,281.		625.	3,906.
33	FARNAM CAP MATERIALS	05/31/19	200DB	3.00		HY17	9,586.				9,586.	7,456.		1,420.	8,876.
34	FARNAM CAP MATERIALS	06/30/19	200DB	3.00		HY17	29,395.				29,395.	22,863.		4,353.	27,216.
35	FARNAM CAP MATERIALS	07/31/19	200DB	3.00		HY17	62,879.				62,879.	48,908.		9,312.	58,220.
36	FARNAM CAP MATERIALS	08/31/19	200DB	3.00		HY17	14,751.				14,751.	11,474.		2,185.	13,659.

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	FARNAM CAP MATERIALS	09/30/19	200DB	3.00		HY17	17,989.				17,989.	13,992.		2,664.	16,656.
38	FARNAM CAP MATERIALS	10/31/19	200DB	3.00		HY17	11,320.				11,320.	8,805.		1,676.	10,481.
39	FARNAM CAP MATERIALS	11/30/19	200DB	3.00		HY17	853.				853.	663.		126.	789.
40	FARNAM CAP MATERIALS	12/31/19	200DB	3.00		HY17	467.				467.	364.		69.	433.
41	COMPUTERS	06/01/19	200DB	5.00		HY17	21,609.				21,609.	11,237.		4,149.	15,386.
42	EQUIPMENT	06/15/18	200DB	7.00		HY17	23,110.				23,110.	13,101.		2,886.	15,987.
43	COMPUTERS	06/01/20	200DB	5.00		HY17	8,797.				8,797.	1,759.		2,815.	4,574.
44	FARNAM CAP MATERIALS	06/01/20	200DB	3.00		HY17	1,650,543.				1,650,543.	550,126.		733,666.	1,283,792.
45	FARNAM CAP INSTALL	01/01/20		36M		43	59,374.				59,374.	19,791.		19,791.	39,582.
46	TENTKITS	06/01/20	200DB	3.00		HY17	204,992.				204,992.	129,023.		75,969.	204,992.
47	TRAILERS	04/01/21	200DB	5.00		HY19B	7,000.				7,000.			1,400.	1,400.
48	EQUIPMENT	09/23/21	200DB	7.00		HY19C	8,000.				8,000.			1,143.	1,143.
49	COMPUTERS	06/01/21	200DB	5.00		HY19B	14,286.				14,286.			2,857.	2,857.
50	FARNAM CAP INSTALL	01/31/21		36M		42	145,077.				145,077.			44,329.	44,329.
51	FARNAM CAP INSTALL	02/28/21		36M		42	27,550.				27,550.			7,653.	7,653.
52	FARNAM CAP INSTALL	03/31/21		36M		42	21,051.				21,051.			5,263.	5,263.
53	FARNAM CAP INSTALL	04/30/21		36M		42	64,533.				64,533.			14,341.	14,341.
54	FARNAM CAP INSTALL	05/31/21		36M		42	203,188.				203,188.			39,509.	39,509.

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	FARNAM CAP INSTALL	06/30/21		36M		42	29,530.				29,530.			4,922.	4,922.
56	FARNAM CAP INSTALL	07/31/21		36M		42	48,952.				48,952.			6,799.	6,799.
57	FARNAM CAP INSTALL	08/31/21		36M		42	116,226.				116,226.			12,914.	12,914.
58	FARNAM CAP INSTALL	09/30/21		36M		42	104,244.				104,244.			8,687.	8,687.
59	FARNAM CAP INSTALL	10/31/21		36M		42	32,804.				32,804.			1,822.	1,822.
60	FARNAM CAP INSTALL	11/30/21		36M		42	96,932.				96,932.			2,693.	2,693.
61	FARNAM CAP INSTALL	12/31/21		36M		42	81,400.				81,400.			0.	
62	FARNAM CAP MATERIALS	01/31/21	200DB	3.00		HY19A	895,771.				895,771.			298,560.	298,560.
63	FARNAM CAP MATERIALS	02/28/21	200DB	3.00		HY19A	171,058.				171,058.			57,014.	57,014.
64	FARNAM CAP MATERIALS	03/31/21	200DB	3.00		HY19A	91,149.				91,149.			30,380.	30,380.
65	FARNAM CAP MATERIALS	04/30/21	200DB	3.00		HY19A	27,151.				27,151.			9,049.	9,049.
66	FARNAM CAP MATERIALS	05/31/21	200DB	3.00		HY19A	306,166.				306,166.			102,045.	102,045.
67	FARNAM CAP MATERIALS	06/30/21	200DB	3.00		HY19A	323,703.				323,703.			107,890.	107,890.
68	FARNAM CAP MATERIALS	07/30/21	200DB	3.00		HY19A	383,356.				383,356.			127,773.	127,773.
69	FARNAM CAP MATERIALS	08/31/21	200DB	3.00		HY19A	210,100.				210,100.			70,026.	70,026.
70	FARNAM CAP MATERIALS	09/30/21	200DB	3.00		HY19A	1,912.				1,912.			637.	637.
71	FARNAM CAP MATERIALS	10/31/21	200DB	3.00		HY19A	44,305.				44,305.			14,767.	14,767.
72	FARNAM CAP MATERIALS	11/30/21	200DB	3.00		HY19A	7,941.				7,941.			2,647.	2,647.

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* TOTAL OTHER DEPRECIATION & AMORT						8,531,104.			8,754.	8,522,350.1	1,870,639.		2,097,231.8	8,967,870.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						5,067,719.		0.	8,754.	5,058,965.1	1,870,639.			2,992,750.
	ACQUISITIONS						3,463,385.		0.	0.	3,463,385.	0.			975,120.
	DISPOSITIONS/RETIRED						21,038.		0.	0.	21,038.	14,979.			16,191.
	ENDING BALANCE						8,510,066.		0.	8,754.	8,501,312.1	1,855,660.			8,951,679.

Form **4797**  
 Department of the Treasury  
 Internal Revenue Service

**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

**2021**

Attachment  
 Sequence No. **27**

▶ Attach to your tax return.  
 ▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return: **TENTRR, INC.** Identifying number: **47-3054018**

**1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 ..... **1a**

**b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets ..... **1b**

**c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets ..... **1c**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>DISPOSITION OF TRAILER</b>	<b>061518</b>	<b>040121</b>	<b>3,432.</b>	<b>16,191.</b>	<b>21,038.</b>	<b>-1,415.</b>

**3** Gain, if any, from Form 4684, line 39 ..... **3**

**4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 ..... **4**

**5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 ..... **5**

**6** Gain, if any, from line 32, from other than casualty or theft ..... **6**

**7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows ..... **7** **-1,415.**

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

**8** Nonrecaptured net section 1231 losses from prior years. See instructions ..... **8**

**9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions ..... **9**

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


**11** Loss, if any, from line 7 ..... **11** (**1,415.**)

**12** Gain, if any, from line 7 or amount from line 8, if applicable ..... **12**

**13** Gain, if any, from line 31 ..... **13**

**14** Net gain or (loss) from Form 4684, lines 31 and 38a ..... **14**

**15** Ordinary gain from installment sales from Form 6252, line 25 or 36 ..... **15**

**16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 ..... **16**

**17** Combine lines 10 through 16 ..... **17** **-1,415.**

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions ..... **18a**

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 ..... **18b**

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired	(c) Date sold
	(mo., day, yr.)	(mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion	28a			
b	Enter the smaller of line 24 or 28a	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126	29a			
b	Enter the smaller of line 24 or 29a	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

TENTRR, INC.47-3054018

FORM 1120	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
MISCELLANEOUS		5,821.
TOTAL TO FORM 1120, LINE 10		5,821.

FORM 1120	TAXES AND LICENSES	STATEMENT 2
DESCRIPTION		AMOUNT
PAYROLL TAXES		176,432.
LOUISIANA TAXES - BASED ON INCOME		549.
NEW YORK TAXES - BASED ON INCOME		1,826.
NEW YORK CITY TAXES - BASED ON INCOME		25.
UTAH TAXES - BASED ON INCOME		100.
TOTAL TO FORM 1120, LINE 17		178,932.

	CURRENT YEAR CONTRIBUTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
VARIOUS		5,050.
TOTAL CURRENT YEAR CONTRIBUTIONS		5,050.



TENTRR, INC.47-3054018

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CONTRIBUTIONS

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STATEMENT 4

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## CURRENT YEAR CONTRIBUTIONS:

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT	
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT	
FOOD INVENTORY CONTRIBUTIONS SUBJECT TO 25% LIMIT	
FOOD INVENTORY CONTRIBUTIONS SUBJECT TO 15% LIMIT	
QUALIFIED CONTRIBUTIONS SUBJECT TO 10% LIMIT	5,050

## CONTRIBUTION SUBJECT TO LIMITATION:

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2016	
FOR TAX YEAR 2017	
FOR TAX YEAR 2018	328
FOR TAX YEAR 2019	
FOR TAX YEAR 2020	

TOTAL CARRYOVER	328
CURRENT YEAR CONTRIBUTIONS	5,050

TOTAL CONTRIBUTIONS AVAILABLE	5,378
TAXABLE INCOME LIMITATION AS ADJUSTED	0

EXCESS CONTRIBUTIONS	5,378
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ALLOWABLE CONTRIBUTIONS DEDUCTION		0
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TOTAL CONTRIBUTION DEDUCTION		0
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TENTRR, INC.

47-3054018

FORM 1120

OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION	AMOUNT
AMORTIZATION	244,034.
AUTO AND TRUCK EXPENSE	15,338.
BANK CHARGES	789.
CARTING	10,214.
CONFERENCES AND SEMINARS	13,547.
CONSULTING SERVICES	549,755.
DUES & SUBSCRIPTIONS	5,854.
EQUIPMENT RENTAL	696,134.
INSURANCE	213,099.
IT SOFTWARE & SERVICES	196,434.
LEGAL AND PROFESSIONAL	237,561.
LICENSES AND PERMITS	8,744.
MEALS NOT SUBJECT TO LIMITATION	30,028.
MERCHANT ACCOUNT FEES	1,103.
MOVING EXPENSES	12,971.
OFFICE EXPENSES	7,577.
PAYROLL SERVICES FEE	46,464.
POSTAGE & DELIVERY	936.
SALARIES - PEO	2,372,606.
TELEPHONE EXPENSE	23,147.
TEST TRANSACTIONS	1,133.
TRAVEL	71,391.
UTILITIES	8,901.
WEB/DOMAIN HOSTING AND MAINT	55,520.
TOTAL TO FORM 1120, LINE 26	4,823,280.

## NET OPERATING LOSS DEDUCTION

STATEMENT 6

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	657,519.		657,519.	657,519.
12/31/16	1,773,694.		1,773,694.	1,773,694.
12/31/17	2,409,099.		2,409,099.	2,409,099.
12/31/18	6,838,116.		6,838,116.	6,838,116.
12/31/19	3,972,452.		3,972,452.	3,972,452.
12/31/20	4,191,956.		4,191,956.	4,191,956.
NOL AVAILABLE THIS YEAR			19,842,836.	19,842,836.

TENTRR, INC.

47-3054018

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT 7	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
DEFERRED EXPENSES		117,595.	312,775.
LOWES ESCROW		53,197.	22,981.
PREPAID EXPENSES		53,618.	65,042.
TOTAL TO SCHEDULE L, LINE 6		224,410.	400,798.

SCHEDULE L	OTHER ASSETS	STATEMENT 8	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS		381,371.	547,469.
TOTAL TO SCHEDULE L, LINE 14		381,371.	547,469.

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT 9	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED EXPENSES		333,355.	689,171.
CREDIT CARDS PAYABLE		3,599.	4,124.
DEFERRED KEEPER EXPENSE			
DEFERRED REVENUE		61,173.	173,080.
FARNAM LEASE LIABILITY		2,507,290.	4,486,749.
GAP ACCOUNT		5,705.	
GIFT CARDS		27,801.	71,392.
OTHER PAYABLES			
PAYROLL LIABILITIES		15,292.	20,786.
SALES TAX PAYABLE		2,527.	1,318.
TENTKIT DEPLOYED			13,571.
TOTAL TO SCHEDULE L, LINE 18		2,956,742.	5,460,191.

TENTRR, INC.

47-3054018

SCHEDULE L	OTHER LIABILITIES	STATEMENT 10	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
DECATHLON LOAN		755,635.	1,642,792.
IPFS			36,901.
LINE OF CREDIT		29,985.	0.
LOAN PAYABLE - PPP		401,400.	0.
NATIONAL PARTNERS			5,427.
TOTAL TO SCHEDULE L, LINE 21		1,187,020.	1,685,120.

SCHEDULE M-1	OTHER EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN THIS RETURN	STATEMENT 11	
DESCRIPTION		AMOUNT	
AMORTIZATION		28,606.	
TOTAL TO SCHEDULE M-1, LINE 5		28,606.	

SCHEDULE M-1	OTHER INCOME RECORDED ON BOOKS NOT INCLUDED IN THIS RETURN	STATEMENT 12	
DESCRIPTION		AMOUNT	
PPP LOANS, EIDL AND OTHER COVID GRANTS OR SUBSIDIES		401,400.	
TOTAL TO SCHEDULE M-1, LINE 7		401,400.	

FORM 1125-A	OTHER COSTS	STATEMENT 13	
DESCRIPTION		AMOUNT	
CAMPKEEPER PAYOUTS		1,867,250.	
MERCANTILE		36,483.	
SHIPPING LABELS		4,367.	
SITE BOOKING FEES		164,932.	
STATE PARK PAYOUTS		138,057.	
TRANSACTION FEES		128,747.	
TOTAL TO LINE 5		2,339,836.	

TENTRR, INC.

47-3054018

FORM 4562

PART VI - AMORTIZATION

STATEMENT 14

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORTIZABLE AMOUNT	(D) CODE SECTION	(E) PERIOD/ PERCENT	(F) AMORTIZATION THIS YEAR
FARNAM CAP INSTALL	01/31/21	145,077.		36M	44,329.
FARNAM CAP INSTALL	02/28/21	27,550.		36M	7,653.
FARNAM CAP INSTALL	03/31/21	21,051.		36M	5,263.
FARNAM CAP INSTALL	04/30/21	64,533.		36M	14,341.
FARNAM CAP INSTALL	05/31/21	203,188.		36M	39,509.
FARNAM CAP INSTALL	06/30/21	29,530.		36M	4,922.
FARNAM CAP INSTALL	07/31/21	48,952.		36M	6,799.
FARNAM CAP INSTALL	08/31/21	116,226.		36M	12,914.
FARNAM CAP INSTALL	09/30/21	104,244.		36M	8,687.
FARNAM CAP INSTALL	10/31/21	32,804.		36M	1,822.
FARNAM CAP INSTALL	11/30/21	96,932.		36M	2,693.
FARNAM CAP INSTALL	12/31/21	81,400.		36M	
TOTAL TO FORM 4562, LINE 42					148,932.

**2021 TAX RETURN FILING INSTRUCTIONS**

CALIFORNIA FORM 100

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

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**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

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**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

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**TO BE SIGNED AND DATED BY:**

THE APPROPRIATE CORPORATE OFFICER(S).

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**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

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**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-C TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE FTB. DO NOT MAIL A PAPER COPY OF THE RETURN.

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

PAYMENT OF TAX MUST BE MADE ELECTRONICALLY VIA THE FRANCHISE TAX BOARD WEBSITE AT:

WWW.FTB.CA.GOV/PAY

**2022 ESTIMATED TAX FILING INSTRUCTIONS**

CALIFORNIA FORM 100-ES

**FOR THE YEAR ENDING**

DECEMBER 31, 2022

**PREPARED FOR:**

TENTRR, INC.  
 25 W. 39TH STREET, 7TH FLOOR  
 NEW YORK, NY 10018

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
 445 BROADHOLLOW ROAD STE 230  
 MELVILLE, NY 11747

**AMOUNT OF TAX:**

TOTAL ESTIMATED TAX	\$	800
LESS CREDIT FROM PRIOR YEAR	\$	0
LESS AMOUNT ALREADY PAID ON 2022 ESTIMATE	\$	0
BALANCE DUE	\$	800

**PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:**

VOUCHER	AMOUNT	DUE DATE
NO. 1	\$ 0	APRIL 18, 2022
NO. 2	\$ 0	JUNE 15, 2022
NO. 3	\$ 0	SEPTEMBER 15, 2022
NO. 4	\$ 800	DECEMBER 15, 2022

**MAIL CHECK PAYABLE TO:**

NOT APPLICABLE

**MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:**

PAYMENTS MUST BE FILED AND PAID ELECTRONICALLY VIA THE FRANCHISE  
 TAX BOARD WEBSITE AT:  
[WWW.FTB.CA.GOV/PAY](http://WWW.FTB.CA.GOV/PAY)

**SPECIAL INSTRUCTIONS:**

Form at bottom of page.

Installment 1 - File and Pay by the 15th day of the 4th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day. If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2022 Form 100-ES" on the check or money order. Detach form below. Enclose, but do not staple, the payment with this form and mail to: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531 Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

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

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

Table with 2 columns: Description and Amount. Rows include: 1. Estimated Income, 2. Tax - Amount on line 1 X, 3. Tax Credits, 4. Balance (subtract line 3 from line 2) (not less than minimum tax, if applicable), 5. Other taxes, 6. Total estimated tax - Add lines 4 and 5 (not less than minimum tax, if applicable), 7. Overpayment on prior year return designated to be credited to this estimate, 8. Amount already paid towards estimated tax, 9. Net estimated tax. A MINIMUM TAX LIABILITY of 800 is indicated.

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

TAXABLE YEAR

2022

Corporation Estimated Tax

Installment 1

CALIFORNIA FORM

100-ES

000000000000 TENT 47-3054018 000000000000 22 FORM 1 TYB 01-01-2022 TYE 12-31-2022 TENTRR INC

25 W 39TH STREET 7TH FLOOR NEW YORK NY 10018

EST TAX AMT

QSUB TAX AMT

Amount of Payment





**Form at bottom of page.**

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

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

**WHERE TO FILE:** Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2022 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

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

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

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

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

TAXABLE YEAR

**2022**

**Corporation Estimated Tax**

**Installment 2**

CALIFORNIA FORM

**100-ES**

000000000000 TENT 47-3054018 000000000000 22 FORM 1  
 TYB 01-01-2022 TYE 12-31-2022  
 TENTRR INC

25 W 39TH STREET 7TH FLOOR  
 NEW YORK NY 10018

EST TAX AMT QSUB TAX AMT  
 Amount of Payment



**Form at bottom of page.**

**Installment 3 -** File and Pay by the 15th day of the 9th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.  
**If no payment is due, do not mail this form.**

**WHERE TO FILE:** Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2022 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:  
**FRANCHISE TAX BOARD  
 PO BOX 942857  
 SACRAMENTO CA 94257-0531**  
 Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

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

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

TAXABLE YEAR

**Installment 3**  
CALIFORNIA FORM

**2022 Corporation Estimated Tax**

**100-ES**

000000000000 TENT 47-3054018 000000000000 22 FORM 1  
 TYB 01-01-2022 TYE 12-31-2022  
 TENTRR INC

25 W 39TH STREET 7TH FLOOR  
 NEW YORK NY 10018

EST TAX AMT QSUB TAX AMT  
 Amount of Payment 0.



**Form at bottom of page.**

**Installment 4 -** File and Pay by the 15th day of the 12th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.  
**If no payment is due, do not mail this form.**

**WHERE TO FILE:** Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2022 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:  
**FRANCHISE TAX BOARD  
 PO BOX 942857  
 SACRAMENTO CA 94257-0531**  
 Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

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

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

TAXABLE YEAR

**2022**

**Corporation Estimated Tax**

**Installment 4**

CALIFORNIA FORM

**100-ES**

000000000000 TENT 47-3054018 000000000000 22 FORM 1  
 TYB 01-01-2022 TYE 12-31-2022  
 TENTRR INC

25 W 39TH STREET 7TH FLOOR  
 NEW YORK NY 10018

EST TAX AMT 800. QSUB TAX AMT  
 Amount of Payment 800.

TAXABLE YEAR  
**2021**

**California Corporation  
Franchise or Income Tax Return**

FORM  
**100**

TENT 47-3054018 000000000000 21  
TYB 01-01-2021 TYE 12-31-2021  
TENTRR INC

25 W 39TH STREET 7TH FLOOR  
NEW YORK NY 10018

**Schedule Q Questions** (continued on Side 2)

**A FINAL RETURN?** •  Dissolved  Surrendered (withdrawn)  Merged/Reorganized  IRC Section 338 sale  QSub election  
Enter date (mm/dd/yyyy) • \_\_\_\_\_

**B 1.** Is income included in a combined report of a unitary group? ..... •  Yes  No

If "Yes," indicate:  Wholly within CA (R&TC 25101.15)  
 Within and outside of CA

**2.** Is there a change in the members listed in Schedule R-7 from the prior year? ..... •  Yes  No

**3.** Enter the number of members (including parent or key corporation) listed in the Schedule R-7, Part I, Section A, subject to income or franchise tax ..... • \_\_\_\_\_

**4.** Is form FTB 3544 attached to the return? ..... •  Yes  No

**C 1.** During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? ..... •  Yes  No

**2.** During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? ..... •  Yes  No

**3.** During this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under R&TC Section 62 (a)(2) and it was not reported on a previous year's tax return? ..... •  Yes  No

(Yes requires filing of statement, penalties may apply - see instructions.)

<b>State Adjustments</b>	1 Net income (loss) before state adjustments. See instructions .....	• 1	-6,113,971	00
	2 Amount deducted for foreign or domestic tax based on income or profits from Schedule A .....	• 2	2,500	00
	3 Amount deducted for tax under the provisions of the Corporation Tax Law from Schedule A .....	• 3		00
	4 Interest on government obligations .....	• 4		00
	5 Net California capital gain from Side 6, Schedule D, line 11 .....	• 5		00
	6 Depreciation and amortization in excess of amount allowed under California law. Attach form FTB 3885 .....	• 6		00
	7 Net income from corporations not included in federal consolidated return. See instructions .....	• 7		00
	8 Other additions. Attach schedule(s) ..... <b>SEE STATEMENT 1</b>	• 8	15,014	00
	9 Total. Add line 1 through line 8 .....	• 9	-6,096,457	00

State Adjustments (cont)	10	Intercompany dividend elimination. Attach Schedule H (100)	•	10		00	
	11	Dividends received deduction. Attach Schedule H (100)	•	11		00	
	12	Additional depreciation allowed under CA law. Attach form FTB 3885	•	12		00	
	13	Capital gain from federal Form 1120, line 8	•	13		00	
	14	Charitable Contributions <b>SEE STATEMENT 2</b>	•	14		00	
	15	Other deductions. Attach schedule(s)	•	15		00	
	16	Total. Add line 10 through line 15	•	16			00
CA Net Income	17	Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9	•	17	-6,096,457	00	
	18	Net income (loss) for state purposes. Complete Sch. R if apportioning or allocating income. See instructions	•	18	-158,258	00	
	19	Net operating loss (NOL) deduction. See instructions	•	19		00	
	20	EZ, TTA, or LAMBRA NOL carryover deduction. See instructions	•	20		00	
	21	Disaster loss deduction. See instructions	•	21		00	
22	Net income for tax purposes. Combine line 19 through line 21. Then, subtract from line 18	•	22	-158,258	00		
Taxes	23	Tax. <u>8.8400</u> % x line 22 (at least minimum franchise tax, if applicable). See instructions	•	23		0	00
	24	Credit name _____ code • _____ amount ▶	•	24		00	
	25	Credit name _____ code • _____ amount ▶	•	25		00	
	26	To claim more than two credits, see instructions	•	26		00	
	27	Add line 24 through line 26	•	27			00
	28	<b>Balance.</b> Subtract line 27 from line 23 (at least minimum franchise tax, if applicable)	•	28		0	00
	29	Alternative minimum tax. Attach Schedule P (100). See instructions	•	29			00
30	<b>Total tax.</b> Add line 28 and line 29	•	30			00	
Payments	31	Overpayment from prior year allowed as a credit	•	31		00	
	32	<b>2021 Estimated tax payments.</b> See instructions	•	32		00	
	33	2021 Withholding (Form 592-B and/or 593). See instructions	•	33		00	
	34	Amount paid with extension of time to file tax return	•	34		00	
	35	Total payments. Add line 31 through line 34	•	35			00
Refund or Amount Due	36	<b>Use tax. This is not a total line.</b> See instructions	•	36		00	
	37	Payments balance. If line 35 is more than line 36, subtract line 36 from line 35	•	37			00
	38	<b>Use tax balance.</b> If line 36 is more than line 35, subtract line 35 from line 36	•	38			00
	39	<b>Franchise or income tax due.</b> If line 30 is more than line 37, subtract line 37 from line 30	•	39		0	00
	40	<b>Overpayment.</b> If line 37 is more than line 30, subtract line 30 from line 37	•	40			00
	41	Amount of line 40 to be credited to 2022 estimated tax	•	41			00
	42	<b>Refund.</b> Subtract line 41 from line 40 See instructions to have the refund directly deposited. <input type="checkbox"/> Checking <input type="checkbox"/> Savings	•	42			00
	42a.	• Routing number	42b.	• Type	42c.	• Account number	
	43 a	Penalties and interest	•	43a			00
	b	• <input type="checkbox"/> Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.					
44	<b>Total amount due.</b> Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result	•	44			00	

**Schedule Q Questions** (continued from Side 1)

- D If the corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 in previous years, enter the date the water's-edge election ended (mm/dd/yyyy) • \_\_\_\_\_
- E Was the corporation's income included in a consolidated federal return? •  Yes  No
- F Principal business activity code. (Do not leave blank): • 454110  
 Business activity CAMPING ONLINE MARKETPL  
 Product or service SERVICE

Schedule Q Questions (continued on Side 3)

G Date incorporated (mm/dd/yyyy): 02/03/2015 Where: • State DE Country UNITED STATES

H Date business began in California or date income was first derived from California sources ..... (mm/dd/yyyy) • 02/03/2015

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

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

J "Doing business as" name. See instructions: ..... • \_\_\_\_\_

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

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

If 1 or 3 is "Yes," enter the country of the ultimate parent ..... • \_\_\_\_\_

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

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

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

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

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

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

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

P Location of principal accounting records: 411 W 39TH ST 4TH FL, NEW YORK, NY 10018

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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	Title <b>PRESIDENT</b>	Date	• Telephone <b>646-230-1040</b>
	Officer's email address (optional) <b>ANAND@TENTRR.COM</b>			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date <b>10/11/22</b>	Check if self-employed <input type="checkbox"/>	• PTIN <b>P00185030</b>
	Firm's name (or yours, if self-employed) and address	<b>GUTTERSON &amp; COHEN TAX SPECIALISTS LLC 445 BROADHOLLOW ROAD STE 230 MELVILLE, NY 11747</b>		• Firm's FEIN <b>81-3215466</b>
				• Telephone <b>631-629-4344</b>
May the FTB discuss this return with the preparer shown above? See instructions				• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Table with 4 columns: (a) Nature of tax, (b) Taxing authority, (c) Total amount, (d) Nondeductible amount. Includes 'SEE STATEMENT 3' and a Total row with values 178,932 and 2,500.

Schedule F Computation of Net Income. See instructions.

Table for Schedule F Computation of Net Income. Includes sections for Income (lines 1-11) and Deductions (lines 12-30). Total income is 2,510,860 and total deductions are 8,624,831, resulting in a net income before state adjustments of -6,113,971.

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

Table for Schedule J Add-On Taxes and Recapture of Tax Credits. Includes 6 rows for various recapture and interest calculations, with a total amount of 00.

**Schedule V Cost of Goods Sold**

1	Inventory at beginning of year	<input checked="" type="radio"/>	1		00
2	Purchases	<input checked="" type="radio"/>	2		00
3	Cost of labor	<input type="radio"/>	3		00
4	a Additional IRC Section 263A costs. Attach schedule	<input type="radio"/>	4a		00
	b Other costs. Attach schedule	<input type="radio"/>	4b	2,339,836	00
				<b>SEE STATEMENT 11</b>	
5	Total. Add line 1 through line 4b		5	2,339,836	00
6	Inventory at end of year	<input checked="" type="radio"/>	6		00
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and on Side 4, Schedule F, line 2		7	2,339,836	00

Method of inventory valuation    
 Was there any change in determining quantities, costs of valuations between opening and closing inventory? If "Yes," attach an explanation.  Yes  No   
 Enter California seller's permit number, if any    
 Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970    
 If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory under LIFO    
 Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation?  Yes  No

The corporation may not be required to complete Schedules L, M-1, and M-2. See Schedule M-1 instructions for reporting requirements.

**Schedule L Balance Sheet**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash	<input checked="" type="radio"/>	1,794,642	<input type="radio"/>	6,873,088
2 a Trade notes and accounts receivable		271,095	<input type="radio"/>	434,439
b Less allowance for bad debts		( )	<input type="radio"/>	434,439
3 Inventories	<input checked="" type="radio"/>	16,864	<input type="radio"/>	
4 Federal and state government obligations	<input checked="" type="radio"/>		<input type="radio"/>	
5 Other current assets. Attach sch(s) <b>STMT 7</b>		224,410	<input type="radio"/>	400,798
6 Loans to stockholders/officers. Att sch	<input checked="" type="radio"/>		<input type="radio"/>	
7 Mortgage and real estate loans	<input checked="" type="radio"/>		<input type="radio"/>	
8 Other investments. Attach sch(s)	<input checked="" type="radio"/>		<input type="radio"/>	
9 a Buildings and other fixed depreciable assets		4,959,727	<input type="radio"/>	7,248,470
b Less accumulated depreciation		( 2,685,661)	<input type="radio"/>	( 4,135,912)
10 a Depletable assets			<input type="radio"/>	
b Less accumulated depletion		( )	<input type="radio"/>	
11 Land (net of any amortization)	<input checked="" type="radio"/>		<input type="radio"/>	
12 a Intangible assets (amortizable only)	<input checked="" type="radio"/>	290,109	<input type="radio"/>	1,261,596
b Less accumulated amortization	<input checked="" type="radio"/>	( 24,765)	<input checked="" type="radio"/>	( 297,405)
13 Other assets. Attach sch(s) <b>STMT 8</b>		381,371	<input type="radio"/>	547,469
14 <b>Total assets</b>		<b>5,227,792</b>		<b>12,332,543</b>
<b>Liabilities and Stockholders' Equity</b>				
15 Accounts payable	<input checked="" type="radio"/>	122,066	<input type="radio"/>	292,189
16 Mortgages, notes, bonds payable in less than 1 year	<input checked="" type="radio"/>		<input type="radio"/>	
17 Other current liabilities. Att. sch(s) <b>STMT 9</b>		2,956,742	<input type="radio"/>	5,460,191
18 Loans from stockholders. Att. sch(s)	<input checked="" type="radio"/>		<input type="radio"/>	
19 Mortgages, notes, bonds payable in 1 year or more	<input checked="" type="radio"/>		<input type="radio"/>	
20 Other liabilities. Attach sch(s) <b>STMT 10</b>		1,187,020	<input type="radio"/>	1,685,120
21 Capital stock: a Preferred stock	<input checked="" type="radio"/>	229	<input type="radio"/>	229
b Common stock	<input checked="" type="radio"/>	800	<input type="radio"/>	800
22 Paid-in or capital surplus. Attach reconciliation	<input checked="" type="radio"/>	21,764,062	<input type="radio"/>	31,053,045
23 Retained earnings - Appropriated. Att. sch.			<input type="radio"/>	
24 Retained earnings - Unappropriated		-20,803,127	<input type="radio"/>	-26,159,031
25 Adjustments to shareholders' equity. Att. sch.			<input type="radio"/>	
26 Less cost of treasury stock		( )	<input type="radio"/>	( )
27 <b>Total liabilities and stockholders' equity</b>		<b>5,227,792</b>		<b>12,332,543</b>



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

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

1 Net income per books	-5,355,904	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 Other \$ 401,400	STMT 13
4 Taxable income not recorded on books this year (itemize)		c Total. Add line 7a and line 7b	401,400
5 Expenses recorded on books this year not deducted in this return (itemize)		8 Deductions in this return not charged against book income this year (itemize)	
a Depreciation \$		a Depreciation \$ 390,323	
b State taxes \$		b State tax refunds \$	
c Travel and entertainment \$		c Other \$	
d Other \$ 28,606	STMT 12	d Total. Add line 8a through line 8c	390,323
CONTR C/O 5,050		9 Total. Add line 7c and line 8d	791,723
e Total. Add line 5a through line 5d	33,656	10 Net income per return. Subtract line 9 from line 6	-6,113,971
6 Total. Add line 1 through line 5e	-5,322,248		

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

1 Balance at beginning of year	-20,803,127	5 Distributions: a Cash	
2 Net income per books	-5,355,904	b Stock	
3 Other increases (itemize)		c Property	
		6 Other decreases (itemize)	
		7 Total. Add line 5 and line 6	
4 Total. Add line 1 through line 3	-26,159,031	8 Balance at end of year. Subtract line 7 from line 4	-26,159,031

**Schedule D California Capital Gains and Losses**

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

(a) Kind of property and description (Example, 100 shares of Z Co.)	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain (loss) (d) less (e)
1					00
2 Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37					00
3 Unused capital loss carryover from 2020					00
4 Net short-term capital gain (loss). Combine line 1 through line 3					00

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

5					00
6 Enter gain from Schedule D-1, line 9 and/or any capital gain distributions					00
7 Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37					00
8 Net long-term capital gain (loss). Combine line 5 through line 7					00
9 Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8)					00
10 Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4)					00
11 Total lines 9 and 10. Enter here and on Form 100, Side 1, line 5. If losses exceed gains, carry forward losses to 2022					00

TAXABLE YEAR

2021

**Sales of Business Property**

(Also Involuntary Conversions and Recapture Amounts Under IRC Sections 179 and 280F(b)(2))

139241 12-23-21 CALIFORNIA SCHEDULE

**D-1**

Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.

Name(s) as shown on tax return

SSN, ITIN, CA SOS file no., California Corp. no., or FEIN

TENTRR INC

47-3054018

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year.** Use federal Form 4684, Casualties and Thefts, to report involuntary conversions from casualty and theft.

- 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on federal Form 1099-B or federal Form 1099-S (or a substitute statement), that you are including on line 2 or line 10, column (d), or line 23  1a
- b Enter the total amount of gain that you are including on lines 2, 10, and 27 due to the partial dispositions of MACRS assets. See instructions  1b
- c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets. See instructions  1c

2	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (Loss) Subtract (f) from the sum of (d) and (e)
<input type="radio"/>							
<input type="radio"/>							
<input checked="" type="radio"/>	STATEMENT 14			3,432	16,191	21,038	-1,415

- 3 Gain, if any, from federal Form 4684, line 39  3
- 4 IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37  4
- 5 IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)  5
- 6 Gain, if any, from line 35, from other than casualty and theft  6
- 7 Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows:  7 **-1,415**

**IRC Section 179 Assets:** For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instr. **Partnerships or LLCs (classified as partnerships):** Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. **S corporations:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. **All others:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: **Forms 540 and 540NR filers,** enter the gain on Schedule D (540 or 540NR), line 1, and skip lines 8, 9, and 12 below; **Forms 100 and 100W filers,** enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6, and skip lines 8, 9, and 12 below.

- 8 Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions  8
- 9 Subtract line 8 from line 7. If zero or less, enter -0-  9 **0**

**S corporations:** If line 9 is more than zero, enter this amount on Schedule D (100S), Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. **All others:** If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: **Forms 540 and 540NR filers,** enter as a capital gain on Schedule D (540 or 540NR), line 1; **Forms 100 and 100W filers,** enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions.

**Part II Section A - Ordinary Gains and Losses**

10 Ordinary gains and losses not included on line 11 through line 16 (include property held 1 year or less):

	(a)	(b)	(c)	(d)	(e)	(f)
<input type="radio"/>						
<input type="radio"/>						
<input type="radio"/>						

- 11 Loss, if any, from line 7  11 **(1,415)**
- 12 Gain, if any, from line 7, or amount from line 8, if applicable. See instructions  12
- 13 Gain, if any, from line 34  13
- 14 Net gain or (loss) from federal Form 4684, line 31 and line 38a (completed using California amounts)  14
- 15 Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions  15
- 16 Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)  16
- 17 Combine line 10 through line 16  17 **-1,415**

18 For all except individual tax returns, enter the amount from line 17 on the appropriate line of your tax return and skip line a and line b below. For individual tax returns, complete line a and line b below; see instructions.

- a If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii) of line 30 or line 35, enter that part of the loss here. See instructions  18a
- b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20  18b

Part II Section B - Adjusting California Ordinary Gain or Loss For individual tax returns (Forms 540 and 540NR) only.

Table with 3 columns: Line number, Description, and Amount. Lines 19-21 for adjusting California ordinary gain or loss.

Part III Gain from Disposition of Property Under IRC Sections 1245, 1250, 1252, 1254, and 1255

Table with 3 columns: Description of IRC Sections 1245, 1250, 1252, 1254, and 1255 property; Date acquired (mm/dd/yyyy); Date sold (mm/dd/yyyy). Lines 22 A-D.

Main table for Part III with columns: Property A, Property B, Property C, Property D. Rows 23-32 detailing various property types and their associated costs and gains.

Summary of Part III Gains. Complete property column A through column D for line 23 through line 32b before going to line 33.

Summary table with 3 columns: Line number, Description, and Amount. Lines 33-35 for total gains and adjustments.

Part IV Recapture Amounts Under IRC Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less

Table with 3 columns: Line number, (a) Expense deductions, (b) Recovery deductions. Lines 36-38 for recapture amounts.

TAXABLE YEAR

CALIFORNIA SCHEDULE

2021

Apportionment and Allocation of Income

R

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

For calendar year 2021 or fiscal year beginning month (mm/dd/yyyy), and ending (mm/dd/yyyy)

Name as shown on your California tax return

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

TENTRR INC

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

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

1 a	Net income (loss) after state adjustments from Form 100 or Form 100W, Side 2, line 17; Form 100S, Side 2, line 14; Form 100X, line 4. Form 565 and Form 568 filers: Enter the total of line 1 through line 11c from Schedule K (565 or 568) less the total of line 12 through line 13e from Schedule K (565 or 568)	•	1a	-6,096,457	00
b	Water's-edge foreign investment interest offset from form FTB 2424, line 17	•	1b		00
c	Total. Combine line 1a and line 1b	•	1c	-6,096,457	00
<b>Nonbusiness Income (Loss) from All Sources.</b> See General Information A for definitions and examples.					
2	Dividends included on line 1a and not deducted on Form 100, Side 2, line 11; Form 100W, Side 2, lines 11a/b; or Form 100S, Side 2, lines 9 and 10	•	2		00
3	Interest. Attach schedule	•	3		00
4	Net income (loss) from the rental of property from Schedule R-3, line 3, column (c)	•	4		00
5	Royalties. Attach schedule	•	5		00
6	Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e)	•	6		00
7	Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach sch	•	7		00
8	Miscellaneous nonbusiness income (loss). Attach schedule	•	8		00
9	Total nonbusiness income (loss). Combine line 2 through line 8	•	9		00
<b>Business Income (Loss) before Apportionment</b> (subject to a separate apportionment formula)					
10	Nonunitary partnership or LLC business income (loss)	•	10		00
11	Income (loss) from a separate trade or business. Attach supplemental Schedule R	•	11		00
12	Business income (loss) deferred from prior years. See General Information L	•	12		00
13	Capital gain (loss) netting subject to separate apportionment. See Gen Information M	•	13		00
14	Total separately apportionable business income (loss). Combine line 10 through line 13	•	14		00
15	Tot business inc (loss) subject to apportionment for this trade or business, subtract the sum of ln 9 and ln 14 from ln 1c	•	15	-6,096,457	00
16	Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only)	•	16		00
17	Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16	•	17	-6,096,457	00
18 a	Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5	•	18a	2.5959	%
b	Business income (loss) apportioned to California. Multiply line 17 by line 18a	•	18b	-158,258	00
<b>Nonbusiness Income (Loss) Allocable to California.</b> If no income (loss) is allocable to California, do not complete line 19 through line 26, enter -0- on line 27 and go to Side 2, line 28.					
19	Dividends and interest income (if taxpayer's commercial domicile is in California):				
a	Dividends included in line 2 above	•	19a		00
b	Interest included in line 3 above	•	19b		00
20	Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b)	•	20		00
21	Royalties. Attach schedule	•	21		00
22	Gain (loss) from the sale of assets within California from Schedule R-4, line 2, total of column (b) and column (d). Combined reporting groups, see General Information M	•	22		00
23	Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule	•	23		00
24	Miscellaneous nonbusiness income (loss). Attach schedule	•	24		00
25	Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24	•	25		00
26	Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J	•	26		00
27	Net nonbusiness income (loss) allocable to California. Subtract line 26 from line 25	•	27		00

Name as shown on your California tax return

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

**TENTRR INC**

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

28	California business income (loss) from a nonunitary partnership or LLC	•	28		00	
29	California income (loss) from a separate trade or business. Attach supplemental schedule R.	•	29		00	
30	California business income (loss) deferred from prior yrs. See General Information L	•	30		00	
31	Total business income (loss) separately apportioned to California. Combine line 28 through line 30	•	31			00
<b>Net Income (Loss) for California Purpose</b>						
32	Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M	•	32			00
33	Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32	•	33	-158,258		00
34	Contributions adjustment from Schedule R-6, line 15	•	34			00
35	Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15	•	35	-158,258		00

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

Name as shown on your California tax return	SSN, ITIN, FEIN, CA corp no., or CA SOS file no.
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**TENTRR INC**

**Schedule R-1 Apportionment Formula.**

**Part A Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California ((b) ÷ (a)) x 100
See General Information G and Specific Instructions.			
<b>1 Sales:</b> Gross receipts, less returns, and allowances	4,846,290		
<b>a Sales delivered or shipped to California purchasers.</b>			
(i) Shipped from outside California		125,954	
(ii) Shipped from within California		0	
<b>b Sales shipped from California to:</b>			
(i) The United States Government		0	
(ii) Purchasers in a state where the taxpayer is not taxable		0	
<b>c Total other gross receipts</b>	5,821		
(i) Sales from services			
(ii) Sales or other income from intangibles			
(iii) Sales from rental, leasing or licensing of tangible or real property			
(iv) Sales from other gross receipts		0	
<b>d Sales from partnerships or LLCs treated as partnerships</b>			
<b>Total sales</b>	4,852,111	125,954	
<b>2 Apportionment percentage.</b> Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Schedule R, Side 1, line 18a. See General Information H			2.5959%

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

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

Name as shown on your California tax return **TENTRR INC** SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

**Schedule R-2 Sales and General Questionnaire.** Attach additional sheets if necessary.

- 1 Describe briefly the nature and location(s) of the California business activities. **CAMPING ONLINE MARKETPLACE**
- 2 State the exact title and principal business activity of all joint ventures, partnerships, or LLCs in which the corporation has an interest. **N/A**
- 3 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California where the purchaser is the U.S. Government?  Yes  No If "No," explain.
- 4 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California to states in which the taxpayer is not subject to tax? See General Information G and Specific Instructions.  Yes  No If "No," explain.
- 5 a Did the taxpayer use reasonable approximation to assign sales under Schedule R-1, Part A, line 1c (i)-(iv)?  Yes  No If "Yes," provide a brief description.
- b Did the taxpayer change reasonable approximation method to assign sales from the last tax return filed? See Specific Instructions  Yes  No If "Yes," provide a brief description of the new method.
- 6 Are the nonbusiness items reported on Schedule R, Side 1, line 2 through line 8, and the apportionment factor items reported on Schedule R-1 treated consistently on all state tax returns filed by the taxpayer?  Yes  No If "No," explain.
- 7 Has this corporation or any member of its combined unitary group changed the way income is apportioned or allocated to California from prior year tax returns? See General Information I.  Yes  No If "Yes," explain.
- 8 Does the California sales figure on Schedule R-1 (or comparable sch in a combined report) include all sales shipped to California destinations?  Yes  No If "No," indicate the name of the selling member and the nature of the sales activity believed to be immune.
- 9 Does the California sales figure on Schedule R-1 (or comparable schedule in a combined report) include all sales delivered to customers outside California which have an ultimate destination in California?  Yes  No If "No," explain.

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

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

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

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

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

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

Name as shown on your California tax return SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

**TENTRR INC**

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

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

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

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

1 Total contributions paid (current year and carryover amount) .....	1	5,050	
2 Net income (loss) after state adjustments from Side 1, line 1c .....	2	-6,096,457	
3 Portion of dividends deductible under R&TC Sections 24410 and 24411 (from Form 100, Side 2, line 11; Form 100W, lines 11a/b; or Form 100S, lines 9 and 10), and other adjustments. See General Information N .....	3		
4 Contributions deducted on Form 100, Form 100W, or Form 100S .....	4		
5 Total. Add line 2 through line 4. If zero or less, enter -0- .....	5	0	
6 Multiply line 5 by 10% (.10) .....	6		
7 Net income (loss) for state purposes before contributions adjustment from Side 2, line 33 .....	7	-158,258	
8 Business dividends deductible on line 3 multiplied by the average apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5 .....	8		
9 Amount of line 3 attributable to nonbusiness dividends reported on Side 1, line 19a .....	9		
10 Contributions deducted (from line 4 above) multiplied by the average apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5 .....	10		
11 Total. Add line 7 through line 10. If zero or less, enter -0- .....	11	0	
12 Multiply line 11 by 10% (.10) .....	12		
<b>Contributions Adjustment</b>			
13 Enter the amount shown on line 10 .....	13		
14 Amount of contributions allowable:			
a If line 1 equals or exceeds line 6, enter the lesser of line 1 or line 12 .....	14a		
b If line 1 is less than line 6, divide line 11 by line 5. Then multiply line 1 by the result and enter here .....	14b		
15 Contributions adjustment. Subtract line 14a or line 14b from line 13. Enter here and on Side 2, line 34. If the result is a negative amount, enter in brackets <input checked="" type="radio"/> .....	15		



TAXABLE YEAR

2021

**Net Operating Loss (NOL) Computation and  
NOL and Disaster Loss Limitations - Corporations**

CALIFORNIA FORM

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

**TENTRR INC**

During the taxable year the corporation incurred the NOL, the corporation was a(n):  C corporation  
 S corporation  Exempt organization  Limited liability company (electing to be taxed as a corporation)

FEIN  
47-3054018

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

**If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.**

**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	158,258	00
2	2021 disaster loss included in line 1. Enter as a positive number	2		00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	158,258	00
4	a Enter the amount of the loss incurred by a new business included in line 3	4a		00
	b Enter the amount of the loss incurred by an eligible small business included in line 3	4b		00
	c Add line 4a and line 4b	4c		00
5	General NOL. Subtract line 4c from line 3	5	158,258	00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	158,258	00

**Part II NOL carryover and disaster loss carryover limitations.** See instructions.

1	Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). If the corporation taxable income is \$1,000,000 or more, see inst	(g) Available balance	0
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**Prior Year NOLs**

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2020	(f) Amount used in 2021	(g) Available balance	(h) Carryover to 2022 col. (e) minus col. (f)
2							

**Current Year NOLs**

Year	Type of NOL	Initial loss	Carryover from 2020	Amount used in 2021	Available balance	Carryover to 2022
3 2021	DIS					col. (d) minus col. (f) See instructions.
4 2021	GEN	158,258				158,258
2021						
2021						
2021						

\* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

**Part III 2021 NOL deduction**

1	Total the amounts in Part II, line 2, column (f)	1		00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2		00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3		00

TAXABLE YEAR  
**2021**

**Corporation Depreciation  
and Amortization**

Attach to Form 100 or Form 100W.

Corporation name <b>TENTRR INC</b>	California corporation number
---------------------------------------	-------------------------------

**Part I Election To Expense Certain Property Under IRC Section 179**

1 Maximum deduction under IRC Section 179 for California .....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service .....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation .....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	
<b>(a) Description of property (b) Cost (business use only) (c) Elected cost</b>		
6		
7 Listed property (elected IRC Section 179 cost) .....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from prior taxable years .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12 .....	13	

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

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 <b>SEE STATEMENT 15</b>							
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....						15	1,853,197

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) <b>or</b> Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) <b>or</b> Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	1,853,197
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	1,853,197
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) .....	18	0

**Part IV Amortization**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19 <b>SEE STATEMENT 16</b>							
20 Total. Add the amounts in column (g) .....						20	244,034
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 .....						21	244,034
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 .....						22	0

022

DO NOT MAIL THIS FORM TO THE FTB

Date Accepted \_\_\_\_\_

TAXABLE YEAR  
**2021**

**California e-file Return Authorization for Corporations**

FORM  
**8453-C**

Corporation name

California Corporation No.,  
CA SOS file no., or FEIN  
**47-3054018**

**TENTRR, INC.**

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

<b>1</b> Total income (Form 100, line 9; Form 100S, line 8; Form 100W, line 9 or Form 100X, line 6)	<b>1</b>	<b>- 6,096,457</b>
<b>2</b> Taxable income (Form 100, line 22; Form 100S, line 20; Form 100W, line 22 or Form 100X, line 10)	<b>2</b>	<b>-158,258</b>
<b>3</b> Total tax (Form 100, line 30; Form 100S, line 30; Form 100W, line 30 or Form 100X, line 18)	<b>3</b>	
<b>4</b> Tax due (Form 100, line 39; Form 100S, line 40; Form 100W, line 36 or Form 100X, line 20)	<b>4</b>	
<b>5</b> Overpayment (Form 100, line 40; Form 100S, line 41; Form 100W, line 37 or Form 100X, line 27)	<b>5</b>	

**Part II Settle the Account Electronically for Taxable Year 2021**

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

**Part III Schedule of Estimated Tax Payments for Taxable Year 2022** (These are NOT installment payments for the current amount the corporation owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
<b>8</b> Amount				<b>800.</b>
<b>9</b> Withdrawal Date				<b>12/15/2022</b>

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

- 10** Routing number \_\_\_\_\_
- 11** Account number \_\_\_\_\_ **12** Type of account:  Checking  Savings

**Part V Declaration of Officer**

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

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2021 California income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. If the corporation is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the corporation's tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize the corporation return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the corporation's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign Here** \_\_\_\_\_ **PRESIDENT**  
Signature of officer Date Title

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

I declare that I have reviewed the above corporation's return and that the entries on form FTB 8453-C are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the corporation's return. I declare, however, that form FTB 8453-C accurately reflects the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-C on file for **four** years from the due date of the return or **four** years from the date the corporation return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO** ERO's signature \_\_\_\_\_ Date **10/11/22** Check if also paid preparer  Check if self-employed  ERO's PTIN **P00185030**

**Must Sign** Firm's name (or yours if self-employed) and address **GUTTERSON & COHEN TAX SPECIALISTS LLC** Firm's FEIN **81-3215466**  
**445 BROADHOLLOW ROAD STE 230** ZIP code **11747**  
**MELVILLE, NY**

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

**Paid Preparer** Paid preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Paid preparer's PTIN \_\_\_\_\_

**Must Sign** Firm's name (or yours if self-employed) and address \_\_\_\_\_ Firm's FEIN \_\_\_\_\_  
ZIP code \_\_\_\_\_

TENTRR, INC.47-3054018

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FORM 100/100W

OTHER ADDITIONS

STATEMENT 1

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DESCRIPTIONAMOUNT

DISALLOWED AMOUNT OF IRS 100% BUSINESS MEALS EXPENSE

15,014.

TOTAL TO FORM 100/100W, OTHER ADDITIONS

15,014.

TENTRR, INC.

47-3054018

FORM 100/100W	CONTRIBUTIONS	STATEMENT 2
NET INCOME AFTER STATE ADJUSTMENTS	-6,096,457	
DEDUCTION FOR DIVIDENDS RECEIVED	0	
NET INCOME ADJUSTED FOR CONTRIBUTION PURPOSES		-6,096,457
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS:		
5TH PRECEDING TAX YEAR	0	
4TH PRECEDING TAX YEAR	0	
3RD PRECEDING TAX YEAR	0	
2ND PRECEDING TAX YEAR	0	
1ST PRECEDING TAX YEAR	0	
TOTAL OF UNUSED CARRYOVER CONTRIBUTIONS		0
CURRENT YEAR CONTRIBUTIONS		5,050
COLLEGE ACCESS ADDBACK		0
TOTAL AVAILABLE CONTRIBUTIONS LESS COLLEGE ACCESS ADDBACK		5,050
10% OF NET INCOME AS ADJUSTED		0
EXCESS CONTRIBUTIONS		5,050
ALLOWABLE CONTRIBUTIONS DEDUCTION		0

FORM 100/100W, SCHEDULE A	TAXES DEDUCTED	STATEMENT 3
(A) NATURE OF TAX AND (B) TAXING AUTHORITY	(C) TOTAL TAXES	(D) NONDED AMOUNT
PAYROLL TAXES	176,432.	
BASED ON INCOME LOUISIANA	549.	549.
BASED ON INCOME NEW YORK	1,826.	1,826.
BASED ON INCOME UTAH	100.	100.
BASED ON INCOME CITY TAXES	25.	25.
TOTAL TO FORM 100/100W, SCHEDULE A	178,932.	2,500.

TENTRR, INC.

47-3054018

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FORM 100/100W, SCHEDULE F      COMPENSATION OF OFFICERS      STATEMENT 4

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(A) NAME OF OFFICER	(B) SOCIAL SECURITY NUMBER	(C) PCT OF TIME DEVOTED	PCT OF STK (D) COM	(E) PFD	(F) AMOUNT OF COMPENSATION
ANAND SUBRAMANIAN	185-76-7731	100%	.85%		490,555.
TOTAL COMPENSATION OF OFFICERS					490,555.
LESS: COMPENSATION OF OFFICERS CLAIMED ELSEWHERE ON RETURN					
TOTAL TO FORM 100/100W, SCHEDULE F					490,555.

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FORM 100/100W, SCHEDULE F      OTHER INCOME      STATEMENT 5

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DESCRIPTION	AMOUNT
MISCELLANEOUS	5,821.
TOTAL TO FORM 100/100W, SCHEDULE F	5,821.

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TENTRR, INC.

47-3054018

FORM 100/100W, SCHEDULE F

OTHER DEDUCTIONS

STATEMENT 6

DESCRIPTION	AMOUNT
AMORTIZATION	244,034.
AUTO AND TRUCK EXPENSE	15,338.
BANK CHARGES	789.
CARTING	10,214.
CONFERENCES AND SEMINARS	13,547.
CONSULTING SERVICES	549,755.
DUES & SUBSCRIPTIONS	5,854.
EQUIPMENT RENTAL	696,134.
INSURANCE	213,099.
IT SOFTWARE & SERVICES	196,434.
LEGAL AND PROFESSIONAL	237,561.
LICENSES AND PERMITS	8,744.
MEALS NOT SUBJECT TO LIMITATION	30,028.
MERCHANT ACCOUNT FEES	1,103.
MOVING EXPENSES	12,971.
OFFICE EXPENSES	7,577.
PAYROLL SERVICES FEE	46,464.
POSTAGE & DELIVERY	936.
SALARIES - PEO	2,372,606.
TELEPHONE EXPENSE	23,147.
TEST TRANSACTIONS	1,133.
UTILITIES	8,901.
WEB/DOMAIN HOSTING AND MAINT	55,520.
TOTAL TO FORM 100/100W, SCHEDULE F	4,751,889.

FORM 100/100W, SCHEDULE L

OTHER CURRENT ASSETS

STATEMENT 7

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DEFERRED EXPENSES	117,595.	312,775.
LOWES ESCROW	53,197.	22,981.
PREPAID EXPENSES	53,618.	65,042.
TOTAL TO FORM 100/100W, SCHEDULE L	224,410.	400,798.

TENTRR, INC.

47-3054018

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FORM 100/100W, SCHEDULE L	OTHER ASSETS	STATEMENT 8
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS	381,371.	547,469.
TOTAL TO FORM 100/100W, SCHEDULE L	381,371.	547,469.

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FORM 100/100W, SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT 9
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED EXPENSES	333,355.	689,171.
CREDIT CARDS PAYABLE	3,599.	4,124.
DEFERRED KEEPER EXPENSE		
DEFERRED REVENUE	61,173.	173,080.
FARNAM LEASE LIABILITY	2,507,290.	4,486,749.
GAP ACCOUNT	5,705.	
GIFT CARDS	27,801.	71,392.
OTHER PAYABLES		
PAYROLL LIABILITIES	15,292.	20,786.
SALES TAX PAYABLE	2,527.	1,318.
TENTKIT DEPLOYED		13,571.
TOTAL TO FORM 100/100W, SCHEDULE L	2,956,742.	5,460,191.

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FORM 100/100W, SCHEDULE L	OTHER LIABILITIES	STATEMENT 10
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DECATHLON LOAN	755,635.	1,642,792.
IPFS		36,901.
LINE OF CREDIT	29,985.	0.
LOAN PAYABLE - PPP	401,400.	0.
NATIONAL PARTNERS		5,427.
TOTAL TO FORM 100/100W, SCHEDULE L	1,187,020.	1,685,120.



TENTRR, INC.47-3054018

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**FORM 100/100W, SCHEDULE V COST OF GOODS SOLD - OTHER COSTS STATEMENT 11**

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<u>DESCRIPTION</u>	<u>AMOUNT</u>
CAMPKEEPER PAYOUTS	1,867,250.
MERCANTILE	36,483.
SHIPPING LABELS	4,367.
SITE BOOKING FEES	164,932.
STATE PARK PAYOUTS	138,057.
TRANSACTION FEES	128,747.
TOTAL TO FORM 100/100W, SCHEDULE V	<u>2,339,836.</u>

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**FORM 100/100W, SCHEDULE M-1 EXPENSES RECORDED ON BOOKS STATEMENT 12**  
**NOT DEDUCTED ON RETURN**

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<u>DESCRIPTION</u>	<u>AMOUNT</u>
AMORTIZATION	28,606.
TOTAL TO FORM 100/100W, SCHEDULE M-1	<u>28,606.</u>

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**FORM 100/100W, SCHEDULE M-1 INCOME RECORDED ON BOOKS STATEMENT 13**  
**NOT INCLUDED ON RETURN**

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<u>DESCRIPTION</u>	<u>AMOUNT</u>
PPP LOANS, EIDL AND OTHER COVID GRANTS OR SUBSIDIES	401,400.
TOTAL TO FORM 100/100W, SCHEDULE M-1	<u>401,400.</u>

TENTRR, INC.47-3054018


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CA SCHEDULE D-1 PART I - SALES OR EXCHANGES OF PROPERTY USED STATEMENT 14  
IN A TRADE OR BUSINESS AND INVOLUNTARY CONVERSIONS

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(A) DESCRIPTION	(B) DATE ACQ	(C) DATE SOLD	(D) SALES PRICE	(E) DEPRE- CIATION ALLOWED	(F) COST OR BASIS	(G) GAIN OR LOSS
DISPOSITION OF TRAILER	06/15/18	04/01/21	3,432.	16,191.	21,038.	-1,415.
TOTAL			<u>3,432.</u>	<u>16,191.</u>	<u>21,038.</u>	<u>-1,415.</u>

TENTRR, INC.

47-3054018

FORM 3885

DEPRECIATION

STATEMENT 15

ASSET NO.	DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRECIATION	BONUS
1	FURNITURE & FIXTURES	06/30/15	6,418.	2,741.	200DB	7.00	287.	
4	CAMPSITES	06/30/15	169,941.	24,145.	SL	39.00	4,357.	
5	CAMPSITES	06/30/16	276,720.	32,229.	SL	39.00	7,095.	
6	COMPUTERS	06/30/16	11,995.	11,304.	200DB	5.00	691.	
7	EQUIPMENT	06/30/16	1,736.	1,349.	200DB	7.00	155.	
8	FURNITURE & FIXTURES	06/30/16	21,876.	16,995.	200DB	7.00	1,951.	
9	COMPUTERS	06/30/17	11,531.	9,538.	200DB	5.00	1,328.	
10	CAMPSITES	06/30/17	28,955.	2,629.	SL	39.00	742.	
11	COMPUTERS	06/30/18	28,074.	19,989.	200DB	5.00	3,234.	
13	CAMPSITES	06/30/18	1,228,736.	83,395.	SL	39.00	31,505.	
14	FURNITURE & FIXTURES	06/30/18	25,987.	14,623.	200DB	7.00	3,246.	
15	TRAILERS	06/15/18	21,038.	14,979.	200DB	5.00	1,212.	
26	TENTKITS	04/30/19	54,258.	42,202.	200DB	3.00	8,036.	
27	TENTKITS	05/31/19	59,190.	46,038.	200DB	3.00	8,766.	
28	TENTKITS	06/30/19	64,122.	49,874.	200DB	3.00	9,496.	
29	FARNAM CAP MATERIALS	01/30/19	690,820.	537,319.	200DB	3.00	102,310.	
30	FARNAM CAP MATERIALS	02/28/19	3,012.	2,343.	200DB	3.00	446.	
31	FARNAM CAP MATERIALS	03/31/19	1,601.	1,246.	200DB	3.00	237.	
32	FARNAM CAP MATERIALS	04/30/19	4,219.	3,281.	200DB	3.00	625.	
33	FARNAM CAP MATERIALS	05/31/19	9,586.	7,456.	200DB	3.00	1,420.	
34	FARNAM CAP MATERIALS	06/30/19	29,395.	22,863.	200DB	3.00	4,353.	
35	FARNAM CAP MATERIALS	07/31/19	62,879.	48,908.	200DB	3.00	9,312.	
36	FARNAM CAP MATERIALS	08/31/19	14,751.	11,474.	200DB	3.00	2,185.	
37	FARNAM CAP MATERIALS	09/30/19	17,989.	13,992.	200DB	3.00	2,664.	
38	FARNAM CAP MATERIALS	10/31/19	11,320.	8,805.	200DB	3.00	1,676.	
39	FARNAM CAP MATERIALS	11/30/19	853.	663.	200DB	3.00	126.	
40	FARNAM CAP MATERIALS	12/31/19	467.	364.	200DB	3.00	69.	

STATEMENT(S) 15

TENTRR, INC.47-3054018

41 COMPUTERS	06/01/19	21,609.	11,237.	200DB	5.00	4,149.
42 EQUIPMENT	06/15/18	23,110.	13,101.	200DB	7.00	2,886.
43 COMPUTERS	06/01/20	8,797.	1,759.	200DB	5.00	2,815.
44 FARNAM CAP MATERIALS	06/01/20	1,650,543.	550,126.	200DB	3.00	733,666.
46 TENTKITS	06/01/20	204,992.	129,023.	200DB	3.00	75,969.
47 TRAILERS	04/01/21	7,000.	0.	200DB	5.00	1,400.
48 EQUIPMENT	09/23/21	8,000.	0.	200DB	7.00	1,143.
49 COMPUTERS	06/01/21	14,286.	0.	200DB	5.00	2,857.
62 FARNAM CAP MATERIALS	01/31/21	895,771.	0.	200DB	3.00	298,560.
63 FARNAM CAP MATERIALS	02/28/21	171,058.	0.	200DB	3.00	57,014.
64 FARNAM CAP MATERIALS	03/31/21	91,149.	0.	200DB	3.00	30,380.
65 FARNAM CAP MATERIALS	04/30/21	27,151.	0.	200DB	3.00	9,049.
66 FARNAM CAP MATERIALS	05/31/21	306,166.	0.	200DB	3.00	102,045.
67 FARNAM CAP MATERIALS	06/30/21	323,703.	0.	200DB	3.00	107,890.
68 FARNAM CAP MATERIALS	07/30/21	383,356.	0.	200DB	3.00	127,773.
69 FARNAM CAP MATERIALS	08/31/21	210,100.	0.	200DB	3.00	70,026.
70 FARNAM CAP MATERIALS	09/30/21	1,912.	0.	200DB	3.00	637.
71 FARNAM CAP MATERIALS	10/31/21	44,305.	0.	200DB	3.00	14,767.
72 FARNAM CAP MATERIALS	11/30/21	7,941.	0.	200DB	3.00	2,647.
TOTAL TO FORM 3885		<u>7,258,418.</u>	<u>1,735,990.</u>			<u>1,853,197.</u>

TENTRR, INC.

47-3054018

FORM 3885

AMORTIZATION

STATEMENT 16

ASSET NO.	DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR AMORT	CODE SEC.	LIFE	AMOR- TIZATION
12	DOMAIN NAME	01/16/18	6,000.	1,167.		180M	400.
16	FARNAM CAP INSTALL	01/31/19	123.	79.		36M	41.
17	FARNAM CAP INSTALL	03/31/19	2,745.	1,601.		36M	915.
18	FARNAM CAP INSTALL	04/30/19	12,314.	6,841.		36M	4,105.
19	FARNAM CAP INSTALL	05/31/19	42,834.	22,607.		36M	14,278.
20	FARNAM CAP INSTALL	06/30/19	45,069.	22,535.		36M	15,023.
21	FARNAM CAP INSTALL	07/31/19	68,283.	32,245.		36M	22,761.
22	FARNAM CAP INSTALL	08/31/19	25,783.	11,459.		36M	8,594.
23	FARNAM CAP INSTALL	09/30/19	11,011.	4,588.		36M	3,670.
24	FARNAM CAP INSTALL	10/31/19	10,756.	4,183.		36M	3,585.
25	FARNAM CAP INSTALL	11/30/19	5,818.	2,101.		36M	1,939.
45	FARNAM CAP INSTALL	01/01/20	59,374.	19,791.		36M	19,791.
50	FARNAM CAP INSTALL	01/31/21	145,077.	0.		36M	44,329.
51	FARNAM CAP INSTALL	02/28/21	27,550.	0.		36M	7,653.
52	FARNAM CAP INSTALL	03/31/21	21,051.	0.		36M	5,263.
53	FARNAM CAP INSTALL	04/30/21	64,533.	0.		36M	14,341.
54	FARNAM CAP INSTALL	05/31/21	203,188.	0.		36M	39,509.
55	FARNAM CAP INSTALL	06/30/21	29,530.	0.		36M	4,922.
56	FARNAM CAP INSTALL	07/31/21	48,952.	0.		36M	6,799.
57	FARNAM CAP INSTALL	08/31/21	116,226.	0.		36M	12,914.
58	FARNAM CAP INSTALL	09/30/21	104,244.	0.		36M	8,687.
59	FARNAM CAP INSTALL	10/31/21	32,804.	0.		36M	1,822.
60	FARNAM CAP INSTALL	11/30/21	96,932.	0.		36M	2,693.
61	FARNAM CAP INSTALL	12/31/21	81,400.	0.		36M	0.
TOTAL AMORTIZATION TO FORM 3885			1,261,597.	129,197.			244,034.

**2021 TAX RETURN FILING INSTRUCTIONS**

FLORIDA FORM F-1120

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

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**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

---

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

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**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

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**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

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**OVERPAYMENT:**

NOT APPLICABLE

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE FLORIDA DOR, PLEASE CONTACT OUR OFFICE AND WE WILL SUBMIT YOUR ELECTRONIC RETURN. DO NOT MAIL THE PAPER COPY TO THE FLORIDA DOR.

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**



**Florida Corporate Income/Franchise Tax Return**

F-1120, R. 01/22 **1019**

FEIN 47-3054018

Rule 12C-1.051  
Florida Administrative Code  
Effective 01/22  
Page 1 of 6

For calendar year 2021 or tax year beginning \_\_\_\_\_, 2021 ending \_\_\_\_\_

823302021123100020050371347305401800001

Name **TENTRR, INC.**  
Address **25 W. 39TH STREET, 7TH FLOOR**  
City/State/ZIP **NEW YORK, NY 10018**

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

**Computation of Florida Net Income Tax**

1. Federal taxable income (see instructions) - <b>Attach pages 1-5 of federal return</b> Check here if negative <u>X</u> .....	-6,113,971.00
2. State income taxes deducted in computing federal taxable income <b>STATEMENT 1</b> (attach schedule) ..... Check here if negative _____ .....	2,475.00
3. Additions to federal taxable income (from Schedule I) ..... Check here if negative _____ .....	15,014.00
4. Total of Lines 1, 2 and 3 ..... Check here if negative <u>X</u> .....	-6,096,482.00
5. Subtractions from federal taxable income (from Schedule II) ..... Check here if negative _____ .....	
6. Adjusted federal income (Line 4 minus Line 5) ..... Check here if negative <u>X</u> .....	-6,096,482.00
7. Florida portion of adjusted federal income (see instructions) ..... Check here if negative <u>X</u> .....	-45,931.00
8. Nonbusiness income allocated to Florida (from Schedule R) ..... Check here if negative _____ .....	
9. <b>Florida exemption</b> .....	0.00
10. Florida net income (Line 7 plus Line 8 minus Line 9) .....	0.00
11. Tax due: 3.535% of Line 10 .....	0.00
12. Credits against the tax (from Schedule V) .....	
13. Total corporate income/franchise tax due (Line 11 minus Line 12) .....	0.00
14. a) Penalty: F-2220 _____ b) Other _____ c) Interest: F-2220 _____ d) Other _____ <b>Line 14 Total</b> ▶ .....	
15. Total of Lines 13 and 14 .....	
16. Payment credits: Estimated tax payments 16a \$ <input type="text"/> Tentative tax payment 16b \$ <input type="text"/>	
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19 .....	
18. Credit: Enter amount of overpayment <b>credited</b> to next year's estimated tax here and on payment coupon .....	
19. Refund: Enter amount of overpayment to be <b>refunded</b> here and on payment coupon .....	

144081 10-21-21

**Payment Coupon for Florida Corporate Income Tax Return**

**1019**  
F-1120  
R. 01/22

**Do Not Detach**

YEAR ENDING 12/31/21

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

Name **TENTRR, INC.**  
Address **25 W. 39TH STREET, 7TH FLOOR**  
City/State/ZIP **NEW YORK, NY 10018**

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

473054018	1501400	0	0
20210101	0	0	0
20211231	-609648200	0	0
00000000	0.007534	0	0
001	0	0	0
202	0	0	0
-611397100	0	0	0
247500	0	0	0

0

8233 0 20211231 0002005037 1 3473054018 0000 1



TENTRR, INC.

FEIN 47-3054018

1019  
F-1120  
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Page 2 of 6

**This return is considered incomplete unless a copy of the federal return is attached.**

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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

Sign here	Signature of officer (must be an original signature)	Date	Title	<b>PRESIDENT</b>
Paid preparers only	Preparer's signature	Date	Preparer check if self-employed <input type="checkbox"/>	Preparer's PTIN <b>P00185030</b>
	Firm's name (or yours if self-employed) and address	<b>GUTTERSON &amp; COHEN TAX SPECIALISTS LLC 445 BROADHOLLOW ROAD STE 230 MELVILLE, NY</b>		FEIN <b>81-3215466</b> ZIP <b>11747</b>

**All Taxpayers Must Answer Questions A through M Below - See Instructions**

- A. State of incorporation: DELAWARE
- B. Florida Secretary of State document number: \_\_\_\_\_
- C. Florida consolidated return? YES  NO
- D.  Initial return  Final return (final federal return filed)
- E. Principal Business Activity Code (as pertains to Florida)  
454110
- F. A Florida extension of time was timely filed? YES  NO
- G-1. Corporation is a member of a controlled group? YES  NO  If yes, attach list.
- G-2. Part of a federal consolidated return? YES  NO  If yes, provide:  
FEIN from federal consolidated return: \_\_\_\_\_  
Name of corporation: \_\_\_\_\_
- G-3. The federal common parent has sales, property, or payroll in Florida? YES  NO
- H. Location of corporate books:  
411 W 39TH ST 4TH FL  
City, State, ZIP: NEW YORK, NY 10018
- I. Taxpayer is a member of a Florida partnership or joint venture? YES  NO
- J. Enter date of latest IRS audit: \_\_\_\_\_  
a) List years examined: \_\_\_\_\_
- K. Contact person concerning this return: ANAND SUBRAMANIAN  
a) Contact person telephone number: 646-230-1040  
b) Contact person e-mail address: ANAND@TENTRR.COM
- L. Type of federal return filed  1120  1120S or \_\_\_\_\_



**Where to Send Payments and Returns**

Make check payable to and mail with return to:  
Florida Department of Revenue  
5050 W Tennessee Street  
Tallahassee FL 32399-0135

If you are requesting a **refund** (Line 19), send your return to:  
Florida Department of Revenue  
PO Box 6440  
Tallahassee FL 32314-6440

**Remember:**

- **Make your check payable to the Florida Department of Revenue.**
- **Write your FEIN on your check.**
- **Sign your check and return.**
- **Attach a copy of your federal return.**
- **Attach a copy of your Florida Form F-7004 (extension of time) if applicable.**





NAME TENTRR, INC.

FEIN 47-3054018

TAXABLE YEAR ENDING 12/31/21

Schedule I - Additions and/or Adjustments to Federal Taxable Income	
1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida Tax Credit Scholarship Program Credits (AKA credit for contributions for nonprofit scholarship-funding organizations)	12.
13. Florida Renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. s. 168(k) IRC special bonus depreciation	18.
19. Qualified Improvement Property Decoupling.	19.
20. Business Meal Expenses at a Restaurant.	20. 15,014.00
21. Film, Television, and Live theatrical production expenses.	21.
22. Other additions (attach schedule)	22.
23. Total Lines 1 through 22. Enter total on Line 23 and on Page 1, Line 3.	23. 15,014.00

Schedule II - Subtractions from Federal Taxable Income	
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	1. Total ▶
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	2. Total ▶
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3. Florida net operating loss carryover deduction (see instructions)	3.
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6. 0.00
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 179, IRC expense (see instructions)	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.
11. Depreciation of qualified improvement property	11.
12. Film, Television, and Live Theatrical Expenses.	12.
13. Other subtractions (attach statement)	13.
14. Total Lines 1 through 13. Enter total on Line 14 and on Page 1, Line 5.	14.



NAME TENTRR, INC.

FEIN 47-3054018

TAXABLE YEAR ENDING 12/31/21

<b>Schedule III - Apportionment of Adjusted Federal Income</b>					
<b>III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.</b>					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll	25,469.00	2,863,161.00	.008895	X 25% or 33.33%	.002965
3. Sales (Schedule III-C below)	33,256.00	4,852,111.00	.006854	X 50% or 66.67%	.004569
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.					.007534
<b>III-B For use in computing average value of property (use original cost).</b>	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) ..... 6a.	_____				
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) ..... 6b.	_____				
7. Rented property (8 times net annual rent)					
a. Rented property in Florida ..... 7a.	_____				
b. Rented property Everywhere ..... 7b.	_____				
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida ..... 8a.	_____				
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere ..... 8b.	_____				
<b>III-C Sales Factor</b>	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)			
1. Sales (gross receipts)	N/A	4,846,290.00			
2. Sales delivered or shipped to Florida purchasers	33,256.00	N/A			
3. Other gross receipts (rents, royalties, interest, etc. when applicable)	0.00	5,821.00			
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])	33,256.00	4,852,111.00			
<b>III-D Special Apportionment Fractions (see instructions)</b>	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places		
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

<b>Schedule IV - Computation of Florida Portion of Adjusted Federal Income</b>	
1. Apportionable adjusted federal income from Page 1, Line 6	1. -6096482.00
2. Florida apportionment fraction (Schedule III-A, Line 4)	2. .007534
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3. -45,931.00
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9. -45,931.00



NAME TENTRR, INC. FEIN 47-3054018 TAXABLE YEAR ENDING 12/31/21

Schedule V - Credits Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (AKA voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (AKA credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13. Florida renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. Other credits (attach schedule)	18.
19. Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	19.

**Schedule R - Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida ..... (Enter here and on Page 1, Line 8)	1. _____

**Line 2. Nonbusiness income (loss) allocated elsewhere**

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere .....		2. _____

**Line 3. Total nonbusiness income**

Grand total. Total of Lines 1 and 2 .....	3. _____
(Enter here and on Schedule II, Line 7)	



NAME TENTRR, INC. FEIN 47-3054018 TAXABLE YEAR ENDING 12/31/21

**Estimated Tax Worksheet  
For Taxable Years Beginning On or After January 1, 2022**

- |  |    |    |       |
|--|----|----|-------|
| 1. Florida income expected in taxable year .....   | 1. | \$ | _____ |
| 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) ..... | 2. | \$ | _____ |
| 3. Estimated Florida net income (Line 1 less Line 2) .....   | 3. | \$ | _____ |
| 4. Total Estimated Florida tax (5.5% of Line 3) .....  |    | \$ | _____ |
| Less: Credits against the tax .....  | 4. | \$ | _____ |
- 
5. Computation of installments:
- |                       |  |     |       |
|-----------------------|--|-----|-------|
| Payment due dates and | If 6/30 year end, last day of 4th month,                     | 5a. | _____ |
| payment amounts:      | otherwise last day of 5th month - Enter 0.25 of Line 4 ..... | 5b. | _____ |
|                       | Last day of 6th month - Enter 0.25 of Line 4 .....           | 5c. | _____ |
|                       | Last day of 9th month - Enter 0.25 of Line 4 .....           | 5d. | _____ |
|                       | Last day of fiscal year - Enter 0.25 of Line 4 .....         |     | _____ |

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

- |  |     |    |       |
|--|-----|----|-------|
| 1. Amended estimated tax .....   | 1.  | \$ | _____ |
| 2. Less:   |     |    |       |
| (a) Amount of overpayment from last year elected for credit to estimated tax and applied to date ..... | 2a. | \$ | _____ |
| (b) Payments made on estimated tax declaration (Florida Form F-1120ES) .....                           | 2b. | \$ | _____ |
| (c) Total of Lines 2(a) and 2(b) .....   | 2c. | \$ | _____ |
| 3. Unpaid balance (Line 1 less Line 2(c)) .....  | 3.  | \$ | _____ |
| 4. Amount to be paid (Line 3 divided by number of remaining installments) .....                        | 4.  | \$ | _____ |

**References**

*The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.*

*The forms are available online at [floridarevenue.com/forms](http://floridarevenue.com/forms).*

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.



TENTRR, INC.

1019  
F-1120  
R. 01/22

FEIN 47-3054018  
DATA Page 1 of 2

473054018	0	0	0
-609648200	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
2	0	1501400	0
2	0	0	0
2	0	0	0
2	0	0	0
00000000	0	0	0
0	0	0	0
0	0	0	2546900
0	0	0	3325600
0	0	0	0
0	0	0	286316100
0	0	0	485211100
0	0	0	0.007534



TENTRR, INC.

1019  
F-1120  
R. 01/22FEIN 47-3054018

DATA Page 2 of 2

473054018	3325600	0	0
0	0	0	0
0	484629000	0	0
0	582100	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0.000000	0	0
0	0.000000	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	-609648200	0	0
0	-4593100	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	-4593100	0	0

TENTRR, INC.47-3054018

FORM F-1120

STATE INCOME TAXES DEDUCTED

STATEMENT 1

DESCRIPTIONAMOUNT

LOUISIANA TAXES - BASED ON INCOME

549.00

NEW YORK TAXES - BASED ON INCOME

1,826.00

UTAH TAXES - BASED ON INCOME

100.00

TOTAL TO FORM F-1120, PAGE 1, LINE 2

2,475.00

**2021 TAX RETURN FILING INSTRUCTIONS**

GEORGIA FORM 600

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

---

**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

---

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

---

**TO BE SIGNED AND DATED BY:**

THE APPROPRIATE CORPORATE OFFICER(S).

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

---

**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE GA DOR, PLEASE SIGN, DATE AND RETURN FORM 8453-C TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE GA DOR. DO NOT MAIL A PAPER COPY OF THE RETURN.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**





**Georgia Form 600** (Rev. 08/02/21) **Page 1**

Corporation Tax Return (Approved software version)  
 Georgia Department of Revenue  
**2021** Income Tax Return

Beginning 01-01-2021

Ending 12-31-2021

**2022** Net Worth Tax Return

Beginning 01-01-2022

Ending 12-31-2022

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

- A. Federal Employer ID Number **47-3054018**
- B. Name (Corporate title) Please give former name if applicable. **TENTRR, INC.**
- C. GA Withholding Tax Account Number
- D. Business Address (Number and Street) **25 W. 39TH STREET, 7TH FLOOR**
- E. GA Sales Tax Registration Number
- F. City or Town **NEW YORK**
- G. State **NY**
- H. ZIP Code **10018**
- I. Foreign Country Name
- J. NAICS Code **454110**
- K. Date of Incorporation **02/03/2015**
- L. Incorporated under laws of what state **DE**
- M. Date admitted into GA **02/03/2015**
- N. Location of Records for Audit (City) & (State) **NEW YORK NY**
- O. Corporation's Telephone Number **646-230-1040**
- P. Type of Business **CAMPING ONLINE MARKETPL**
- Q. Indicate latest taxable year adjusted by IRS \_\_\_\_\_
- R. And when reported to Georgia \_\_\_\_\_

COMPUTATION OF GEORGIA TAXABLE INCOME AND TAX	(ROUND TO NEAREST DOLLAR)	SCHEDULE 1
1. Federal Taxable Income (Copy of Federal return and supporting schedules must be attached) .....	1.	-6113971
2. Additions to Federal Income (from Schedule 4) .....	2.	2500
3. Total (add Lines 1 and 2) .....	3.	-6111471
4. Subtractions from Federal Income (from Schedule 5) .....	4.	
5. Balance (Line 3 less Line 4) .....	5.	-6111471
6. Georgia Net Operating loss deduction (from Schedule 9; See IT-611 instructions for 80% limitation) .....	6.	
7. Georgia Taxable Income (Line 5 less Line 6 or Schedule 7, Line 9) .....	7.	-43721
8. Income Tax (5.75% x Line 7) .....	8.	0

COMPUTATION OF NET WORTH TAX	(ROUND TO NEAREST DOLLAR)	SCHEDULE 2
1. Total Capital stock issued .....	1.	1029
2. Paid in or Capital surplus .....	2.	31053045
3. Total Retained earnings .....	3.	-26159031
4. Net Worth (Total of Lines 1, 2, and 3) .....	4.	4895043
5. Ratio (GA. and Dom. For. Corp. - 100%) (Foreign Corp. - Line 4, Sch. 8) .....	5.	.002870
6. Net Worth Taxable by Georgia (Line 4 x Line 5) .....	6.	14049
7. Net Worth Tax (from table in instructions) .....	7.	



2201415023

(Corporation) Name TENTRR, INC.

FEIN 47-3054018

COMPUTATION OF TAX DUE OR OVERPAYMENT	(ROUND TO NEAREST DOLLAR)		SCHEDULE 3
	A. Income Tax	B. Net Worth Tax	C. Total
1. Total Tax (Schedule 1, Line 8, and Schedule 2, Line 7)			1.
2. Credits and payments of estimated tax			2.
3. Schedule 10* Credits (must be filed electronically)			3.
4. Withholding Credits (G2-A, G2-LP, and/or G2-RP)			4.
5. Schedule 10B Refundable tax credits (must be filed electronically)			5.
6. Balance of tax due (Line 1, less Lines 2, 3, 4, and 5)			6.
7. Amount of overpayment (Lines 2, 3, 4, and 5 less Line 1)			7.
8. Interest due (See Instructions)			8.
9. Form 600 UET (Estimated tax penalty)			9.
10. Other penalty due (See Instructions)			10.
11. Balance of tax, interest and penalty due with return			11.
12. Amount to be credited to 2022 estimated tax (Line 7 less Lines 8-10)		Refunded	12.

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

**SEE PAGE 3 SIGNATURE SECTION FOR DIRECT DEPOSIT OPTIONS**

ADDITIONS TO FEDERAL TAXABLE INCOME	(ROUND TO NEAREST DOLLAR)	SCHEDULE 4
1. State and municipal bond interest (other than Georgia or political subdivision thereof)		1.
2. Net income or net profits taxes imposed by taxing jurisdictions other than Georgia		2. 2500
3. Expense attributable to tax exempt income		3.
4. Net operating loss deducted on Federal return		4.
5. Reserved		5.
6. Intangible expenses and related interest cost		6.
7. Captive REIT expenses and costs		7.
8. Other Additions (Attach Schedule)		8.
9. TOTAL - Enter also on Line 2, Schedule 1		9. 2500

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME	(ROUND TO NEAREST DOLLAR)	SCHEDULE 5
1. Interest on obligations of United States (must be reduced by direct and indirect interest expense)		1.
2. Exception to intangible expenses and related interest cost (Attach IT-Addback)		2.
3. Exception to captive REIT expenses and costs (Attach IT-REIT)		3.
4. Other Subtractions (Must Attach Schedule)		4.
5. TOTAL - Enter also on Line 4, Schedule 1		5.

APPORTIONMENT OF INCOME	(ROUND TO NEAREST DOLLAR)		SCHEDULE 6
	A. WITHIN GEORGIA	B. EVERYWHERE	C. DO NOT ROUND COL (A) / COL (B) COMPUTE TO SIX DECIMALS
1. Gross receipts from business	1. 34710	4852111	
2. Georgia Ratio (Divide Column A by Column B)	2.		.007154

COMPUTATION OF GEORGIA NET INCOME	(ROUND TO NEAREST DOLLAR)	SCHEDULE 7
1. Net business income (Schedule 1, Line 5)		1. -6111471
2. Income allocated everywhere (Must Attach Schedule)		2.
3. Business income subject to apportionment (Line 1 less Line 2)		3. -6111471
4. Georgia Ratio (Schedule 6, Column C)	4. .007154	
5. Net business income apportioned to Georgia (Line 3 x Line 4)		5. -43721
6. Net income allocated to Georgia (Attach Schedule)		6.
7. Total of Lines 5 and 6		7. -43721
8. Less: Net operating loss apportioned to GA (from Schedule 9, see IT-611 80% instructions)		8.
9. Georgia taxable income (Enter also on Schedule 1, Line 7)		9. -43721

Georgia Form 600/2021

Page 3



2201415033

(Corporation) Name TENTRR, INC.

FEIN 47-3054018

**COMPUTATION OF GEORGIA NET WORTH RATIO**

(TO BE USED BY FOREIGN CORPS ONLY)

**SCHEDULE 8**

	A. WITHIN GEORGIA	B. TOTAL EVERYWHERE	C. GA Ratio (A/B) DO NOT ROUND COMPUTE TO SIX DECIMALS
1. Total value of property owned (Total assets from Federal balance sheet) .....	0	7248470	
2. Gross receipts from business .....	34710	4846290	
3. <b>Totals</b> (Line 1 plus Line 2) .....	34710	12094760	
4. Georgia Ratio (Divide Line 3A by 3B) .....			.002870

**A copy of the Federal Return and supporting Schedules must be attached if filing by paper. No extension of time for filing will be allowed unless a copy of the request for a Federal extension or Form IT-303 is attached to this return.**

**Make check payable to:** Georgia Department of Revenue

**Mail to:** Georgia Department of Revenue, Processing Center, PO Box 740397, Atlanta, Georgia 30374-0397

**DIRECT DEPOSIT OPTIONS**

**A. Direct Deposit (For U.S. Accounts Only)** See booklet for further instructions . **If Direct Deposit is not selected, a paper check will be issued.**

Type: <b>Checking</b>	<b>Savings</b>	<b>Routing Number</b>
		<b>Account Number</b>

**Declaration:** I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address: ANAND@TENTRR.COM

**Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with the named preparer.**

SIGNATURE OF OFFICER

PRESIDENT

TITLE

DATE

SIGNATURE OF INDIVIDUAL OR FIRM PREPARING THE RETURN

GUTTERSON & COHEN TAX SPECIALIS

FIRM PREPARING THE RETURN

P00185030

IDENTIFICATION OR SOCIAL SECURITY NUMBER



(Corporation) Name TENTRR, INC.

FEIN 47-3054018

**GA NOL Carry Forward Worksheet**

(ROUND TO NEAREST DOLLAR)

**SCHEDULE 9**

For calendar year or fiscal year beginning 01/01/2021 and ending 12/31/2021

	A Loss Year	B Loss Amount	C Income Year	D NOL Utilized	E Balance	F Remaining NOL
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
1.	NOL Carry Forward Available to Current Year .....					
2.	Current Year Income/(Loss) (Schedule 1, Line 5 or Schedule 7, Line 7) .....					-43721
3.	NOL from Taxable Years Beginning before 1/1/2018 Applied to Current Year .....					
4.	NOL from Taxable Years Beginning on or after 1/1/2018 Applied to Current Year .....					
	(Cannot exceed 80% of Line 2, see instructions for more information)					
5.	Total NOL applied .....					
	Add Lines 3 and 4, Enter on Schedule 1, Line 6 or Schedule 7, Line 8)*					
6.	NOL Carry Forward Available to Next Year .....					43721
	(Line 1 less Line 5 plus any loss amount on Line 2)					

**INSTRUCTIONS**

\* Cannot Exceed the Current Year Income Reported on Line 2.

**Column A:** List the loss year(s).

**Column B:** List the loss amount for the tax year listed in Column A.

**Columns C & D:** List the years in which the losses were utilized and the amount utilized each year.

**Column E:** List the balance of the NOL after each year has been applied.

**Column F:** List the remaining NOL applicable to each loss year.

Total the remaining NOL (Col. F) and enter in the space at the bottom of the worksheet for "NOL Carry Forward Available to Current Year". Then insert "Current Year Income/(Loss)" in the space provided and compute the remainder of the schedule. Create photocopies as needed. See example worksheet in 611 instructions.



(Corporation) Name **TENTRR, INC.**

FEIN **47-3054018**

**CREDIT USAGE AND CARRYOVER**

(ROUND TO NEAREST DOLLAR)

**SCHEDULE 10**

1. Complete a separate schedule for each Credit Code.
2. Total the amounts on Line 13 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover to this tax year, please complete a schedule even if the credit is not used for this tax year.
4. See the tax booklet for a list of credit codes.
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 14 carryover is applied to the next tax year, the amount must be reduced by any amounts elected to be applied to withholding for this tax year and by any carryovers that have expired.

**For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number if applicable. Purchased credits and credits received from an assignment should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.**

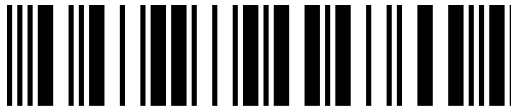
1. Credit Code	ID Number
2. Credit remaining from previous years (do not include amounts elected to be applied to withholding)	Credit Generated this Tax Year
3. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
4. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
5. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
6. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
7. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
8. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
9. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
10. Total available credit for this tax year. (sum of Lines 2 through 9)	10.
11. Enter the amount assigned to affiliated entities (see Schedule 11)	11.
12. Enter the amount of the credit sold (only certain credits can be sold; see instructions)	12.
13. Credit used for this tax year (enter here and on Schedule 3, Line 3)	13.
14. Potential carryover to next tax year. (Line 10 less Lines 11, 12, and 13)	14.

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY

Georgia Form 600/2021

Page 6  
SCHEDULE 10B



2201415063

(Corporation) Name **TENTRR, INC.**

FEIN **47-3054018**

**REFUNDABLE TAX CREDITS**

(ROUND TO NEAREST DOLLAR)

**SCHEDULE 10B**

1. Complete a separate schedule for each Credit Code.
2. Total the amounts on Line 13 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover to this tax year, please complete a schedule even if the credit is not used for this tax year.
4. See the tax booklet for a list of credit codes.
  - i. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners and, to determine when carryovers expire.
  - ii. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
  - iii. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
  - iv. Before the Line 14 carryover is applied to the next tax year, the amount must be reduced by any amounts elected to be applied to withholding for this tax year and by any carryovers that have expired.

For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number if applicable. Purchased credits and credits received from an assignment should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

Note: A purchased Timber Tax Credit is not a refundable tax credit. Use Schedule 10 if the Timber Tax Credit was purchased.

1. Credit Code	ID Number
2. Credit remaining from previous years (do not include amounts elected to be applied to withholding)	Credit Generated this Tax Year
3. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
4. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
5. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
6. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
7. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
8. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
9. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
10. Total available credit for this tax year. (sum of Lines 2 through 9)	10.
11. Enter the amount assigned to affiliated entities (see Schedule 11)	11.
12. Enter the amount of the credit sold (only certain credits can be sold; see instructions)	12.
13. Credit used for this tax year (enter here and on Schedule 3, Line 5)	13.
14. Potential carryover to next tax year. (Line 10 less Lines 11, 12, and 13)	14.

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY



2201415073

(Corporation) Name TENTRR, INC.

FEIN 47-3054018

**ASSIGNED TAX CREDITS**

(ROUND TO NEAREST DOLLAR)

**SCHEDULE 11**

Georgia Code Section 48-7-42 provides that in lieu of claiming any Georgia income tax credit for which a taxpayer otherwise is eligible for the taxable year, the taxpayer may elect to assign credits in whole or in part to one or more "affiliated entities". The term "affiliated entities" is defined as:

- 1. A corporation that is a member of the taxpayer's affiliated group within the meaning of Section 1504(a) of the Internal Revenue Code; or
- 2. An entity affiliated with a corporation, business, partnership, or limited liability company taxpayer, which entity:
  - (a) Owns or leases the land on which a project is constructed;
  - (b) Provides capital for construction of the project; and
  - (c) Is the grantor or owner under a management agreement with a managing company for the project.

no carryover attributable to the unused portion of any previously claimed or assigned credit may be assigned or reassigned, except if the assignor and the recipient of an assigned tax credit cease to be affiliated entities, then any carryover attributable to the unused portion of the credit is transferred back to the assignor of the credit. The assignor is permitted to use any such carryover and also shall be permitted to assign the carryover to one or more affiliated entities, as if such carryover were an income tax credit for which the assignor became eligible in the taxable year in which the carryover was transferred back to the assignor. In the case of any credit that must be claimed in installments in more than one taxable year, the election under this subsection may be made on an annual basis with respect to each such installment. For additional information, please refer to Georgia Code Section 48-7-42.

If the corporation filing this return is assigning tax credits to other affiliates, please provide detail below specifying where the tax credits are being assigned.

**III assignments of credits must be made before the statutory due date of the return (including extensions) per**

**O.C.G.A. § 48-7-42 (b).**

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

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY

PLEASE DO NOT MAIL!

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

IRS DCN OR SUBMISSION ID

Grid for IRS DCN or Submission ID

GA-8453C 2021

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

- GA Consolidated Subsidiary, Address Change, Final Return, Consolidated Parent FEIN, Name Change, Amended Due to IRS Audit

2021 Income Tax Return and 2022 Net Worth Return information including beginning and ending dates and various checkboxes.

Table with 3 columns: Federal Employer ID Number, Name (Corporate title), Date admitted into GA; Location of Records, Business Address, Incorporated under laws of what state; Corporation's Telephone Number, City or Town, State, ZIP Code, NAICS Code.

PART I TAX RETURN INFORMATION

Table with 2 columns: Description of tax return items (Federal taxable income, Georgia taxable income, Net Worth, etc.) and corresponding values.

PART II DECLARATION OF CORPORATE OFFICER

Under penalties of perjury, I declare that the information I have provided to the corporation's Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of the corporation's 2021 Georgia Corporate Income Tax Return.

Signature and Title information for the Corporate Officer: ANAND SUBRAMANIAN, ANAND@TENTRR.COM, PRESIDENT.

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

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

ERO's Signature information: FIRM'S NAME GUTTERSON & COHEN TAX SPECIALISTS LLC, ADDRESS 445 BROADHOLLOW ROAD STE 230, MELVILLE NY 11747.

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

Paid Preparer's Signature information: FIRM'S NAME GUTTERSON & COHEN TAX SPECIALISTS LLC, ADDRESS 445 BROADHOLLOW ROAD STE 230, MELVILLE NY 11747, FEIN/PTIN 81-3215466.

KEEP A COPY WITH YOUR RECORDS



**2021 TAX RETURN FILING INSTRUCTIONS**

LOUISIANA FORM CIFT-620

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

---

**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

---

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

---

**TO BE SIGNED AND DATED BY:**

THE APPROPRIATE CORPORATE OFFICER(S).

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	550
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
OVERPAYMENT	\$	550

---

**OVERPAYMENT:**

CREDIT TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	550

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE LDR, PLEASE SIGN, DATE AND RETURN FORM LA8453C TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE LDR. DO NOT MAIL A PAPER COPY OF THE RETURN.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

R-8453C (1/22) 2249

**LOUISIANA**  
DEPARTMENT of REVENUE**Louisiana Department of Revenue  
Corporation Income/Franchise Tax  
Declaration for Electronic Filing**

Do not file paper copies. This form must be maintained by the Electronic Return Originator (ERO).

For calendar year 2021, or tax year beginning \_\_\_\_\_, 2021, ending \_\_\_\_\_, 2022

**PLEASE PRINT OR TYPE.**

Name of Corporation <b>TENTRR, INC.</b>			
Louisiana Revenue Account Number <b>4376901-700</b>		Federal Employer Identification Number (FEIN) <b>47-3054018</b>	
Street Address of Corporation <b>25 W. 39TH STREET, 7TH FLOOR</b>		Unit Type	Unit Number
City <b>NEW YORK</b>	State <b>NY</b>	ZIP <b>10018</b>	Foreign Nation, if not United States (do not abbreviate)

**Part 1 - Tax Return Information** (whole dollars only)

1	Income & Franchise tax due after Priority 1 Credits (Form CIFT-620, Line 10, the sum of both columns 1 and 2)	1	.00
2	Refund (Form CIFT-620, Line 28, column 3)	2	550.00
3	Total amount due (Form CIFT-620, Line 25, column 3)	3	.00
4	Amount of payment remitted electronically	4	.00

**Part II - Declaration of Officer** (Sign only after Part I is completed.)

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information that I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part 1 above agree with the amounts on the corresponding lines of the Louisiana 2021 Income/2022 Franchise tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, accompanying schedules, and statements to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted, and, if rejected, the reason(s) for the rejection.

 I authorize a representative of the Louisiana Department of Revenue to discuss my return and attachments with my preparer.

Signature of Officer	Date (mm/dd/yyyy)	Title
		<b>PRESIDENT</b>

**Part III - Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above corporation's return and that the entries on LA8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Louisiana Department of Revenue, and have followed all other requirements in Pub. 3112, IRS E-file Application and Participation, and Pub. 4163, Modernized E-File Information for Authorized IRS E-Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's Use Only**

ERO's Signature <b>X</b>	Date (mm/dd/yyyy) <b>10/11/22</b>	<input checked="" type="checkbox"/> Check if also paid preparer	<input type="checkbox"/> Check if self-employed	ERO's SSN or PTIN <b>P00185030</b>
Firm's Name (or yours if self-employed) <b>GUTTERSON &amp; COHEN TAX SPECIALISTS LLC</b>				FEIN <b>81-3215466</b>
City <b>MELVILLE</b>	State <b>NY</b>	ZIP <b>11747</b>	Phone Number <b>631-629-4344</b>	

**Paid Preparer's Use only**

Preparer's Signature	Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed	Preparer's SSN or PTIN
Firm's Name (or yours if self-employed)			
City	State	ZIP	Phone Number

CIFT-620-2D (1/22) Page 1 of 4

**Louisiana Department of Revenue**  
 Post Office Box 91011  
 Baton Rouge, LA 70821-9011

**Enter your LA Revenue Account Number here (Not FEIN):**

**4376901-700**

**For office use only.**

**Mark box if:**

LA Corporation Income Tax Return for <b>2021</b>	LA Corporation Franchise Tax Return for <b>2022</b>
<b>Mark box if:</b>	
Calendar Year filer	<b>X</b>
Fiscal Year filer (Enter dates below)	
Short period return (Enter dates below)	
<b>Income (MMDDYY)</b>	<b>Franchise (MMDDYY)</b>
Ended Begun	Ended Begun

Name change.

Address change.

Amended return.

Entity is not required to file franchise tax.

Entity is not required to file income tax.

First time filing of this form.

Final return.

Legal Name <b>TENTRR INC</b>		
Trade Name		
Mailing Address <b>25 W 39TH STREET 7TH FLOOR</b>		
Unit Type	Unit Number	
City <b>NEW YORK</b>	State <b>NY</b>	ZIP <b>10018</b>
Foreign Nation, if not United States (do not abbreviate)		

A.	Federal Employer Identification Number		<b>473054018</b>
B.	Federal taxable income	<b>X</b>	<b>6113971</b>
C.	Federal income tax		<b>0</b>
D.	Income tax apportionment percentage		<b>2.57</b>
E.	Gross revenues		<b>4846290</b>
F.	Total assets		<b>12332543</b>
G.	NAICS code		<b>454110</b>
H.	Enter the state abbreviation for location of the principal place of business.		<b>NY</b>
I.	Does the income of this corporation include the income of any disregarded entities?	Yes	No <b>X</b>
J.	Was the income of this corporation included in a consolidated federal income tax return?	Yes	No <b>X</b>
K.	If answered yes to J, enter FEIN of consolidated federal income tax return.		
L.	Do the books of the corporation contain intercompany debt?	Yes	No <b>X</b>
M.	Enter the code for the federal form filed.		<b>1</b>
N.	Enter the code for the type of entity.		<b>1</b>
O.	Pass-through Entity Tax Election		

Computation of Income Tax - See instructions.			
1A.	Louisiana net income before loss adjustments and income tax deduction.	<b>X</b>	<b>157115</b>
1B.	Subchapter S corporation exclusion		<b>0</b>
	Loss carryforward		
	[\$ 0 .00]		
1C.	less federal tax refund applicable to loss		<b>0</b>
	[\$ 0 .00]		
	Attach schedule.		
1C1.	Loss carryforward utilized		<b>0</b>
1D.	Federal income tax deduction		<b>0</b>
1D1.	Federal Disaster Relief Credits		<b>0</b>
1E.	Louisiana taxable income	<b>X</b>	<b>157115</b>
2.	Louisiana income tax		<b>0</b>
3.	Nonrefundable income tax credits from Schedule NRC-P1		<b>0</b>
4.	Income tax after priority 1 credits		<b>0</b>

Computation of Franchise Tax - See instructions.		
5A.	Total capital stock, surplus, & undivided profits	<b>4895043</b>
5B.	Franchise tax apportionment percentage	<b>1.29</b>
5C.	Franchise taxable base	<b>63146</b>
6.	Amount of assessed value of real and personal property in Louisiana in 2021	<b>0</b>
7.	Louisiana franchise tax	<b>0</b>
8.	Nonrefundable franchise tax credits from Schedule NRC-P1	<b>0</b>
9.	Franchise tax after priority 1 credits	<b>0</b>

**IMPORTANT!**

All four (4) pages of this return **MUST** be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**



**FOR OFFICE USE ONLY**

Field Flag

154401  
04-14-22

DEV ID 2249

22241

Net Amount Due					
		Col. 1 - Income tax		Col. 2 - Franchise tax	Col. 3 - Total
10. Tax liability after priority 1 credits	10.	0	10.	0	
11. Refundable credits from Schedule RC-P2	11.	0	11.	0	
12. Tax liability after priority 2 credits	12.	0	12.	0	
13. Overpayment after priority 2 credits	13.	0	13.	0	
14. Nonrefundable credits from Schedule NRC-P3	14.	0	14.	0	
15. Tax liability after priority 3 credits	15.	0	15.	0	
16A. Overpayment after priority 2 credits	16A.	0	16A.	0	
16B. Refundable credits from Schedule RC-P4	16B.	0	16B.	0	
16C. Credit carryforward from prior year return	16C.	0	16C.	0	
16D. Estimated payments	16D.	0			
16E. Payment made with extension	16E.	550	16E.	0	
16F. Total refundable credits and payments	16F.	550	16F.	0	
17. Overpayment	17.	550	17.	0	
18. Tax due	18.	0	18.	0	
19. Amount of Income tax overpayment applied to franchise tax	19.		19.	0	
20. Net Tax due	20.		20.	0	
21. Interest	21.	0	21.	0	
22. Delinquent filing penalty	22.	0	22.	0	
23. Delinquent payment penalty	23.	0	23.	0	
24. Additional donation to The Military Family Assistance Fund	24.	0	24.	0	
25. Total amount due	25.	0	25.	0	

▼ PAY THIS AMOUNT ▼

**IMPORTANT!**

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**



Net Amount Due			
	Col. 1 - Income tax	Col. 2 - Franchise tax	Col. 3 - Total
26. Net overpayment		26. 0	26. 550
27. Amount of overpayment you want to donate to The Military Family Assistance Fund			27. 0
28. Amount of overpayment to be refunded			28. 550
29. Amount of overpayment to be credited to 2022			29. 0

Make payment to Louisiana Department of Revenue. DO NOT SEND CASH. You can pay your taxes online at: [www.revenue.louisiana.gov/LaTap](http://www.revenue.louisiana.gov/LaTap).

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, 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 he has any knowledge.

Signature of Officer	Title of Officer <b>PRESIDENT</b>	
Print Name of Officer <b>ANAND SUBRAMANIAN</b>	Telephone <b>646-230-1040</b>	Date (mm/dd/yyyy)

<b>PAID PREPARER USE ONLY</b>	Print Preparer's Name <b>ALAN J. COHEN</b>	Preparer's Signature	Date (mm/dd/yyyy) <b>10112022</b>	Check <input type="checkbox"/> if Self-employed
	Firm's Name ▶ <b>GUTTERSON &amp; COHEN TAX SPECIALIS</b>	Firm's FEIN ▶ <b>81-3215466</b>		
	Firm's Address ▶ <b>445 BROADHOLLOW ROAD STE 230,</b>	Telephone ▶ <b>631-629-4344</b>		

**IMPORTANT!**

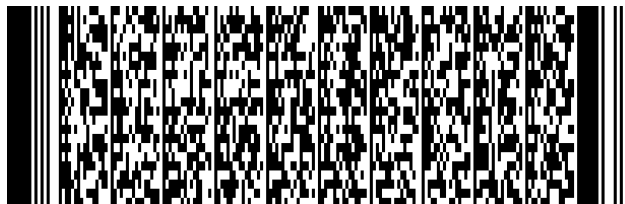
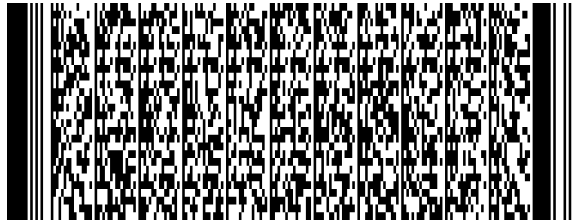
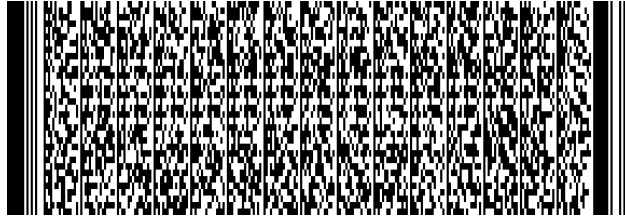
All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

**PTIN, FEIN, or LDR Account  
Number of Paid Preparer**

**P00185030**

For Office  
Use Only.





**IMPORTANT!**

All four (4) pages of this return **MUST** be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 26, Column 3. **Do not send cash.**



All applicable schedules must be completed.

Schedule A - Required Information			
1. At the end of the tax year, did you directly or indirectly own 50% or more of the voting stock of any corporation or an interest of any partnership, including any entity treated as a corporation or partnership?  If yes, list the FEIN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN and percentage owned of all entities.	Yes	<input type="checkbox"/>	
			1
			2
	No	<input checked="" type="checkbox"/>	3
			4
			5
2. At the end of the tax year, did any corporation, individual, partnership, trust, or association directly or indirectly own 50% or more of your voting stock?  If yes, list the FEIN or SSN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN or SSN and percentage owned of all entities.  <p style="text-align: center;"><b>SEE STATEMENT 1</b></p>	Yes	<input checked="" type="checkbox"/>	
			1
			2
	No	<input type="checkbox"/>	3
			4
			5
3. If you answered yes to Line 1 on CIFT-620, list the FEIN of five of those entities. Also, attach a schedule listing the names, addresses, and FEIN of all entities.	Yes	<input type="checkbox"/>	
			1
			2
	No	<input checked="" type="checkbox"/>	3
			4
			5

Schedule B - Computation of Income Tax Apportionment Percentage			
Description of items used as ratios	1. Total amount	2. Louisiana amount	3. Percent
1. Net sales of merchandise and/or charges for services			
A. Sales	4846290	124496	
B. Charges for services	0	0	
C. Other gross apportionable income	0	0	
D. Total - Add the amounts in Columns 1 and 2.	4846290	124496	2.57 %
2. For certain oil & gas businesses only. Wages, salaries, and other personal service compensation paid during the year (see instructions). If ratio not used, check box. <input checked="" type="checkbox"/>	0	0	%
3. For certain oil & gas businesses only (see instructions). Income tax property ratio - Enter percentage from Schedule C, Line 24. If ratio not used, check box. <input checked="" type="checkbox"/>			%
4. ONLY corporations primarily in the oil and gas business, enter ratio from Line 1D, Column 3 (see instructions).			%
5. Total of percents in Column 3			2.57 %
6. Average of percents - Divide Line 5 by applicable number of ratios. Enter here and on CIFT-620, Line D.			2.57 %



Schedule D - Computation of Louisiana Net Income					
See instructions if separate accounting method is used and check box. <input type="checkbox"/>					
	Totals			Totals	
1A. Gross receipts	4846290	.00	22. Other employee benefit plans	156376	.00
1B. Less returns and allowances	0	.00	23. Other deductions - Attach schedule.	4823280	.00
1C. Balance. Subtract Line 1B from Line 1A.	4846290	.00	<b>24. Total deductions - Add Lines 10 through 23.</b>	8624282	.00
2. Less: Cost of goods sold and/or operations - Attach schedule.	2339836	.00	<b>25. Net income from all sources - Subtract Line 24 from Line 9.</b>	-6113422	.00
3. Gross profit - Subtract Line 2 from Line 1C.	2506454	.00	26. Allocable income from all sources:		
4. Gross rents	0	.00	26A. Net rents and royalties from immovable or corporeal movable property	0	.00
5. Gross royalties	0	.00	26B. Royalties from the use of patents, trademarks, etc.	0	.00
6. Income from estates, trusts, partnerships	0	.00	26C. Income from estates, trusts, and partnerships	0	.00
7. Income from construction, repair, etc.	0	.00	26D. Income from construction, repair, etc.	0	.00
8. Other income - Attach schedule.	4406	.00	26E. Other allocable income	0	.00
<b>9. Total income - Add Lines 3 through 8.</b>	2510860	.00	26F. Allocable expenses	( 0 )	.00
10. Compensation of officers	490555	.00	26G. Net allocable income from all sources	0	.00
11. Salaries and wages (not deducted elsewhere)	0	.00	27. Net income subject to apportionment - Subtract Line 26G from Line 25.	-6113422	.00
12. Repairs	0	.00	28. Net income apportioned to Louisiana	-157115	.00
13. Bad debts	181742	.00	29. Allocable income from Louisiana sources:		
14. Rent	18333	.00	29A. Net rents and royalties from immovable or corporeal movable property	0	.00
15. Taxes and licenses - Attach schedule.	178383	.00	29B. Royalties from the use of patents, trademarks, etc.	0	.00
16. Interest	353565	.00	29C. Income from estates, trusts, and partnerships	0	.00
17. Charitable Contributions	0	.00	29D. Income from construction, repair, etc.	0	.00
18. Depreciation - Attach schedule.	1853197	.00	29E. Other allocable income	0	.00
19. Depletion - Attach schedule.	0	.00	29F. Allocable expenses	( 0 )	.00
20. Advertising	568851	.00	29G. Net allocable income from Louisiana sources	0	.00
21. Pension, profit sharing, stock bonus, and annuity plans	0	.00	<b>30. Louisiana net income before loss adjustments and federal income tax deduction - Add Line 28 and Line 29G.</b>	-157115	.00





**Schedule E - Reconciliation of Income Per Books with Income Per Return**

1. Net income per books	-5355904	6. Total - Add Lines 1 through 5c.	-5321699
2. Louisiana income tax	549	7. Income recorded on books this year, but not included in this return - Attach Schedule.	401400
3. Excess of capital loss over capital gains	0	8. Deductions in this tax return not charged against book income this year:	
4. Taxable income not recorded on books this year - Attach schedule	0	a. Depreciation	390323
5. Expenses recorded on books this year, but not deducted in this return:		b. Depletion	0
a. Depreciation	0	c. Other - Attach Schedule	0
b. Depletion	0	9. Total - Add Lines 7 through 8c.	791723
c. Other - Attach schedule. <b>STMT 5</b>	33656	10. Net income from all sources per return - Subtract Line 9 from Line 6.	-6113422

**Schedule G - Liabilities and Capital from Balance Sheet**

<b>Liabilities and Capital</b>	<b>1. Beginning of year</b>	<b>2. End of year</b>
1. Accounts payable	122066	292189
2. Mortgages, notes, and bonds payable one year old or less at balance sheet date and having a maturity of one year or less from original date incurred	0	0
3. Other current liabilities - Attach schedule. <b>SEE STATEMENT 7</b>	2956742	5460191
4. Loans from stockholders - Attach schedule.	0	0
5. Due to subsidiaries and affiliates	0	0
6. Mortgages, notes, and bonds payable more than one year old at balance sheet date or having a maturity of more than one year from original date incurred	0	0
7. Other liabilities - Attach schedule. <b>STMT 8</b>	1187020	1685120
8. Capital stock: a. Preferred stock	229	229
b. Common stock	800	800
9. Paid-in or capital surplus	21764062	31053045
10. Surplus reserves - Attach schedule.	0	0
11. Earned surplus and undivided profits	-20803127	-26159031
12. Excessive reserves or undervalued assets	0	0
<b>13. Totals - Add Lines 1 through 12.</b>	<b>5227792</b>	<b>12332543</b>



All applicable schedules must be completed.

<b>Schedule F - Reconciliation of Federal and Louisiana Net Income</b>	
See R.S. 47:287.71, R.S. 47:287.73, and R.S. 47:287.82 for information.	
	Column 1
1. Enter the total net income calculated under federal law before special deductions.	- 6113971
<b>2. Additions to federal net income:</b>	
a. Louisiana income tax	549
b. Related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
c. Donation to School Tuition Organization Credit (see instructions).	0
d. Other additions - Attach schedule.	0
e. Total additions - Add Lines 2a through 2d.	549
<b>3. Subtractions from federal net income:</b>	
a. Bank dividends (see instructions).	0
b. All other dividends	0
c. Interest	0
d. Road Home - The amount included in federal taxable income	0
e. Louisiana depletion in excess of federal depletion	0
f. Expenses not deducted on the federal return due to Internal Revenue Code Section 280C	0
g. Exempt amount of related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
h. Compensation for disaster services (see instructions).	0
i. Expenses not deducted on the federal return due to Internal Revenue Code Section 280E.	0
j. COVID-19 Relief Benefits	0
k. Other subtractions - Attach schedule.	0
l. Total subtractions - Add Lines 3a through 3k.	0
4. Louisiana net income from all sources - The amount should agree with Schedule D, Line 25.	- 6113422



CIFT-620-2D (1/22) Schedule G-1

Enter your LA Revenue Account Number here. ▶4376901-700

See Revenue Ruling 06-010 and Revenue Information Bulletin 13-006. **All applicable schedules must be completed.** Complete Lines 1 through 11 only if there is an end of year balance in the "Due to Subsidiaries and Affiliates" account or an **equivalent account** on the books of the corporation. All corporations must complete Lines 12 through 19.

<b>Schedule G-1 Computation of Franchise Tax Base</b>	
1. Capital Stock:	
1A. Common Stock - Include paid-in or Capital Surplus	0
1B. Preferred Stock - Include paid-in or Capital Surplus	0
2. Total Capital stock - Add Lines 1A and 1B.	0
3. Surplus and undivided profits	0
4. Surplus reserves - Include any excessive reserves or undervalued assets	0
5. Total - Add Lines 2, 3, and 4	0
6. Due to subsidiaries and affiliates (Do not net with receivables)	0
7. Deposit liabilities to affiliates - Included in the amount on Line 6	0
8. Accounts payable less than 180 days old - Included in the amount on Line 6	0
9. Adjusted debt to affiliates - Subtract Lines 7 and 8 from Line 6	0
10A. If Line 9 is greater than zero, AND Line 5 is greater than or equal to zero, subtract Line 5 from Line 9. If both conditions of this line do not apply, skip to Line 10B.	0
10B. If Line 9 is greater than zero, AND Line 5 is less than or equal to zero, subtract Line 5 from Line 9. Multiply the difference by 50 percent and enter the result here.	0
11. Additional Surplus and Undivided Profits - See instructions	0
<b>Total Franchise Taxable Base</b>	
12. Capital Stock: Common Stock	800
Preferred Stock	229
13. Paid-in or capital surplus - Include items of paid-in capital in excess of par value	31053045
14. Surplus reserves - Attach schedule	0
15. Earned surplus and undivided profits	-26159031
16. Excessive reserves or undervalued assets	0
17. Additional surplus and undivided profits - From Line 11 above	0
18. Allowable deductions - See instructions	0
<b>19. Total capital, surplus and undivided profits - Add Lines 12 through 17 and subtract Line 18. Also enter the total on CIFT-620, Line 5A. Round to the nearest dollar.</b>	<b>4895043</b>

**Note:** All accounts on the books of the corporation should be reviewed to determine if an account is an item of capital, surplus or undivided profits. All items of capital, surplus and undivided profits must be included in the franchise taxable base. See Revenue Information Bulletin 06-026.

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02-25-22

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<b>Schedule H - Computation of Corporate Franchise Tax Property Ratio</b>		
	<b>LOCATED EVERYWHERE</b>	<b>LOCATED IN LOUISIANA</b>
	<b>1. End of year</b>	<b>2. End of year</b>
1. Cash	6873088	0
2. Notes and accounts receivable	434439	0
3. Reserve for bad debts	( 0 )	( 0 )
4. Investment in U.S. gov. obligations	0	0
5. Stock and obligations of subsidiaries	0	0
6. Other investments - Attach schedule	0	0
7. Loans to stockholders	0	0
8. Other intangible assets - Attach schedule	1662394	0
9. Accumulated depreciation	( 297405 )	( 0 )
10. Total intangible assets - Add Lines 1-9	8672516	0
11. Inventories	0	0
12. Bldgs. and other depreciable assets	7248470	0
13. Accumulated depreciation	( 4135912 )	( 0 )
14. Depletable assets	0	0
15. Accumulated depletion	( 0 )	( 0 )
16. Land	0	0
17. Other real & tangible assets - Attach schedule	547469	0
18. Excessive reserves, assets not reflected on books, or undervalued assets	0	0
19. Total real and tangible assets - Add Lines 11 through 18	3660027	0
20. Total Assets - Add Lines 10 and 19	12332543	0
21. Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1)		.00 %



CIFT-620-2D (1/22) Schedule I

Enter your LA Revenue Account Number here. ▶4376901-700

<b>Schedule I - Computation of Corporate Franchise Tax Apportionment Percentage</b>			
<b>Description of items used as ratios</b>	<b>1. Total amount</b>	<b>2. Louisiana amount</b>	<b>3. Percent</b>
1. Net sales of merchandise, charges for services, and other revenues			
A. Sales	4846290	124496	
B. Charges for services	0	0	
C. Other Revenues:			
(i) Rents and royalties	0	0	
(ii) Dividends and interest from subsidiaries	0	0	
(iii) Other dividends and interest	0	0	
(iv) All other revenues	0	0	
D. Total - If the ratio is not used, check the box. <input type="checkbox"/>	4846290	124496	2.57 %
2. Franchise tax property ratio - Enter the percentage from Schedule H, Line 21. If the ratio is not used, check the box. <input type="checkbox"/>			.00 %
3. Total of applicable percents in Column 3			2.57 %
4. Average of percents - Divide Line 3 by applicable number of ratios. Enter here and on CIFT-620, Line 5B.			1.29 %

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<b>Schedule J - Calculation of Income Tax</b>			
1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box and see the instructions. <input type="checkbox"/>			0
2. Calculation of tax	<b>Column 1</b> Net income in each bracket	<b>Rate</b>	<b>Column 2</b> Tax
a. First \$25,000 of net taxable income	0	x 4% =	0
b. Next \$25,000	0	x 5% =	0
c. Next \$50,000	0	x 6% =	0
d. Next \$100,000	0	x 7% =	0
e. Over \$200,000	0	x 8% =	0
3. Add the amounts in Column 1, Lines 2a through 2e and enter the result.			0
4. Add the amounts in Column 2, Lines 2a through 2e. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			0

<b>Schedule J-1 - Pass-Through Entity Tax Election Calculation of Income Tax</b>			
1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box and see the instructions. <input type="checkbox"/>			
2. Calculation of Tax	<b>Column 1</b> Net income in each bracket	<b>Rate</b>	<b>Column 2</b> Tax
a. First \$25,000 of net taxable income		x 2% =	
b. Next \$75,000		x 4% =	
c. Over \$100,000		x 6% =	
3. Add the amounts in Column 1, Lines 2a through 2c and enter the result.			
4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			

<b>Schedule K - Summary of Estimated Tax Payments</b>			
	<b>Check number</b>	<b>Date</b>	<b>Amount</b>
1. Credit from prior year return			0
2. First quarter estimated payment			0
3. Second quarter estimated payment			0
4. Third quarter estimated payment			0
5. Fourth quarter estimated payment			0
6. Payment made with extension request		04152022	550



Schedule L - Calculation of Franchise Tax	
1. Enter the amount from CIFT-620, Line 5C or Line 6, whichever is greater. Short period filers mark this box and see the instructions. <input type="checkbox"/>	63146
2. Enter the amount of Line 1 or \$300,000, whichever is less.	63146
3. Multiply the amount on Line 2 by \$1.50 for each \$1,000 or major fraction and enter the result. See instructions for the suspension of the low tier of the tax.	0
4. Subtract Line 2 from Line 1 and enter the result.	0
5. Multiply the amount on Line 4 by \$3.00 for each \$1,000 or major fraction and enter the result.	0
6. Add Lines 3 and 5. Round to the nearest dollar. Enter the result here and on CIFT-620, Line 7.	0

Schedule M - Analysis of Schedule G, Line 11, Column 2 - Earned surplus and undivided profits per books			
1. Balance at beginning of year	-20803127	b. Stock	0
2. Net income per books	-5355904	c. Property	0
3. Other increases - Attach schedule.	0	6. Other decreases - Attach schedule.	0
4. Total - Add Lines 1, 2, and 3.	-26159031	7. Total - Add Lines 5a through 6.	0
5. Distributions: a. Cash	0	8. Balance at end of year - Subtract Line 7 from Line 4.	-26159031

Schedule N - Additional Information Required	
<p>1. Describe the nature of your business activity and specify your principal product or service, both in Louisiana and elsewhere.</p> <p>Louisiana:</p> <p><u>CAMPING ONLINE MARKETPL</u></p> <p><u>SERVICE</u></p> <hr/> <p>Elsewhere:</p> <p><u>CAMPING ONLINE MARKE</u></p> <p><u>SERVICE</u></p> <hr/>	<p>2. Indicate the date and state of incorporation. <u>02032015 DE</u></p> <p>3. Indicate parishes in which property is located.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>



## FEDERAL INCOME TAX DEDUCTION WORKSHEET

1A. Louisiana net income - From Form CIFT-620, Line 1A .....	\$	-157,115.
1B. Loss deductions - Enter the amount from Form CIFT-620, Line 1C1 .....	\$	_____
1C. Louisiana net income before federal income tax deduction - Subtract Line 1B from Line 1A .....	\$	-157,115.
2. Adjustments to convert Louisiana net income to a federal basis		
<b>LOUISIANA INCOME TAX</b> .....	\$	-14.
.....	\$	_____
.....	\$	_____
.....	\$	_____
.....	\$	_____
.....	\$	_____
.....	\$	_____
Net adjustment	\$	-14.
3. Louisiana net income on a federal basis - Subtract Line 2 from Line 1C .....	\$	-157,129.
4. Federal net income .....	\$	-6,113,971.
5. Less creditable expenses .....	\$	_____
6. Federal net income - Subtract Line 5 from Line 4 .....	\$	-6,113,971.
7. Ratio of Louisiana net income to federal net income - Divide Line 3 by Line 6 .....		2.5700 %
8. Federal income tax liability .....	\$	0.
9. Less base erosion minimum tax .....	\$	_____
10. Federal income tax - Subtract Line 9 from Line 8 .....	\$	0.
11. Federal income tax attributable to Louisiana income - Multiply Line 10 by Line 7 .....	\$	0.
12. Federal income tax disaster relief credits .....	\$	_____
12a. Federal income tax disaster relief credit attributable to Louisiana - Multiply Line 12 by Line 7 and enter the amount here and on Form CIFT-620, Line 1D1 .....	\$	_____
13. 2021 Net IRC Section 965 tax liability from the worksheet in the instructions .....	\$	_____
14. Add Lines 11, 12a, and 13 - Enter on Form CIFT-620, Line 1D .....	\$	_____

The amount of federal income tax to be deducted is that portion levied on the income derived from sources in this state. See R.S. 47:287.83 and 287.85 and Louisiana Administrative Code 61:I.1122 and 1123 for specific information regarding the computation of the federal income tax deduction.



TENTRR, INC.47-3054018


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LA FORM CIFT-620                      SCHEDULE A - STOCK OWNERSHIP BY OTHERS                      STATEMENT 1

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NAME, ADDRESS, AND FEIN	SHAREHOLDER'S PERCENTAGE OF STOCK
041-82-6873 MICHAEL D'AGOSTINO	62.16

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LA FORM CIFT-620                      SCHEDULE D - TAXES AND LICENSES                      STATEMENT 2

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DESCRIPTION	LA AMOUNT	TOTAL AMOUNT
TAXES DEDUCTED ON FEDERAL RETURN		178,932.
LESS: LOUISIANA INCOME TAX DEDUCTED ON FEDERAL RETURN		-549.
TOTALS TO CIFT-620, SCHEDULE D, LINE 15		178,383.

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LA FORM CIFT-620                      SCHEDULE D - OTHER INCOME                      STATEMENT 3

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DESCRIPTION	LOUISIANA	EVERYWHERE
MISCELLANEOUS		5,821.
NET GAIN/LOSS FROM FORM 4797		-1,415.
TOTALS TO CIFT-620, SCHEDULE D, LINE 8		4,406.

TENTRR, INC.

47-3054018

LA FORM CIFT-620

SCHEDULE D - OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION	LOUISIANA	EVERYWHERE
AMORTIZATION		244,034.
AUTO AND TRUCK EXPENSE		15,338.
BANK CHARGES		789.
CARTING		10,214.
CONFERENCES AND SEMINARS		13,547.
CONSULTING SERVICES		549,755.
DUES & SUBSCRIPTIONS		5,854.
EQUIPMENT RENTAL		696,134.
INSURANCE		213,099.
IT SOFTWARE & SERVICES		196,434.
LEGAL AND PROFESSIONAL		237,561.
LICENSES AND PERMITS		8,744.
MEALS NOT SUBJECT TO LIMITATION		30,028.
MERCHANT ACCOUNT FEES		1,103.
MOVING EXPENSES		12,971.
OFFICE EXPENSES		7,577.
PAYROLL SERVICES FEE		46,464.
POSTAGE & DELIVERY		936.
SALARIES - PEO		2,372,606.
TELEPHONE EXPENSE		23,147.
TEST TRANSACTIONS		1,133.
TRAVEL		71,391.
UTILITIES		8,901.
WEB/DOMAIN HOSTING AND MAINT		55,520.
TOTALS TO CIFT-620, SCHEDULE D, LINE 23		4,823,280.

LA FORM CIFT-620

SCHEDULE E - BOOKED EXPENSES NOT ON RETURN

STATEMENT 5

DESCRIPTION	AMOUNT
CONTRIBUTIONS CARRYOVER NOT ON RETURN	5,050.
AMORTIZATION	28,606.
TOTAL TO CIFT-620, SCHEDULE E, LINE 5C	33,656.

TENTRR, INC.

47-3054018

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LA FORM CIFT-620 SCHEDULE E - BOOKED INCOME NOT ON RETURN STATEMENT 6

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DESCRIPTION	AMOUNT
PPP LOANS, EIDL AND OTHER COVID GRANTS OR SUBSIDIES	401,400.
TOTAL TO CIFT-620, SCHEDULE E, LINE 7	401,400.

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LA FORM CIFT-620 SCHEDULE G - OTHER CURRENT LIABILITIES STATEMENT 7

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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PAYROLL LIABILITIES	15,292.	20,786.
CREDIT CARDS PAYABLE	3,599.	4,124.
ACCRUED EXPENSES	333,355.	689,171.
DEFERRED REVENUE	61,173.	173,080.
GIFT CARDS	27,801.	71,392.
SALES TAX PAYABLE	2,527.	1,318.
OTHER PAYABLES		
DEFERRED KEEPER EXPENSE		
GAP ACCOUNT	5,705.	
FARNAM LEASE LIABILITY	2,507,290.	4,486,749.
TENTKIT DEPLOYED		13,571.
TOTALS TO CIFT-620, SCHEDULE G, LINE 3	2,956,742.	5,460,191.

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LA FORM CIFT-620 SCHEDULE G - OTHER LIABILITIES STATEMENT 8

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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
LINE OF CREDIT	29,985.	0.
LOAN PAYABLE - PPP	401,400.	0.
DECATHLON LOAN	755,635.	1,642,792.
NATIONAL PARTNERS		5,427.
IPFS		36,901.
TOTALS TO CIFT-620, SCHEDULE G, LINE 7	1,187,020.	1,685,120.

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TENTRR, INC.

47-3054018

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LA FORM CIFT-620 SCHEDULES C AND H - OTHER INTANGIBLE ASSETS STATEMENT 9

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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSES	53,618.	65,042.
DEFERRED EXPENSES	117,595.	312,775.
LOWES ESCROW	53,197.	22,981.
INTANGIBLE ASSETS	290,109.	1,261,596.
TOTALS TO CIFT-620, SCHEDULE C, LINE 8 SCHEDULE H, LINE 8	514,519.	1,662,394.

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LA FORM CIFT-620 SCHEDULES C AND H - OTHER REAL AND TANGIBLE ASSETS LOCATED EVERYWHERE STATEMENT 10

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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS	381,371.	547,469.
TOTAL TO CIFT-620, SCHEDULE C, LINE 17 SCHEDULE H, LINE 17	381,371.	547,469.

**2021 TAX RETURN FILING INSTRUCTIONS**

MAINE FORM 1120ME

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

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**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

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**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

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**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

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**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

---

**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE ME DOR, PLEASE CONTACT OUR OFFICE AND WE WILL SUBMIT YOUR ELECTRONIC RETURN. DO NOT MAIL THE PAPER COPY TO THE ME DOR.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

**2021**

**Maine Corporate Income Tax Return  
Form 1120ME**



**04**

For calendar year  
2021 or tax year

2021 to  
MM DD YYYY MM DD YYYY

454110

Check if you filed  
federal Form 990-T,  
1120-C, or 1120-H

Federal Business Code

TENTRR INC

Name of Corporation

25 W 39TH STREET 7TH FLOOR

Address

NEW YORK

City, Town or Post Office

ANAND

Contact Person's First Name

SUBRAMANIAN

Contact Person's Last Name

47 3054018

Federal Employer ID Number

10018

State ZIP Code

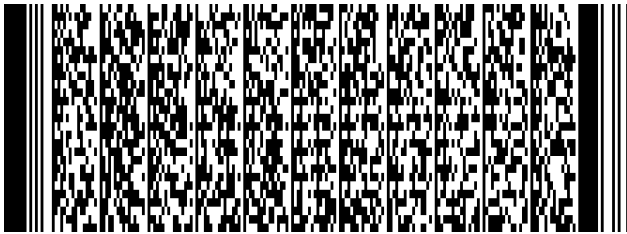
DE

State of  
Incorporation

Parent Company Employer ID Number

646 230 1040

Telephone Number



Check this box if the address has  
changed.

Check this box if claiming an  
exemption from the Maine corporate  
income tax pursuant to PL 86-272.

Check this box if during the tax year  
any member of the combined group  
owned or disposed of an interest  
in a pass-through entity doing  
business in Maine: If so, provide  
EIN of pass-through entity (use a  
separate sheet, if necessary):

**Check applicable boxes:**

- (1) Initial return (2) Amended return (3) Combined return (Attach Form CR)
- (4) Final return  
If final, indicate the final business date , and check the appropriate box below:
- (a) Ceased doing business in Maine (b) Dissolved (c) Merged, acquired or reorganized. Successor EIN:
- (5) Member of an affiliated group filing a separate return (6) Based on a pro forma federal return

**A. Federal consolidated income** (federal Form 1120, line 30) ..... A. .00

**B. Tentative total tax filed on federal Form 7004** ..... B. .00

**1. Federal taxable income** (federal Form 1120, line 30. If filing a combined report, enter amount from Form CR, line 11). If negative, enter a minus sign to the left of the number ..... 1. -6113971 .00

**Subtractions from federal taxable income:**

**2. a. Nontaxable interest** ..... 2a. .00

**b. Foreign dividend gross-up** ..... 2b. .00

**c. Work Opportunity Credit and Empowerment Zone Credit deductions**  
(attach federal Form 5884 and/or Form 8844, as appropriate) ..... 2c. .00

**d. Income not taxable under the Constitution of Maine or the United States** ..... 2d. .00

**e. Dividends from certain affiliated corporations**  
(limitations - see instructions) ..... 2e. .00

**f. Net operating loss recapture** (see instructions) ..... 2f. .00

**g. Income from ownership interest in pass-through entity financial institutions**  
(subject to Maine franchise tax) ..... 2g. .00

**h. State income tax refunds** (included in line 1 above) ..... 2h. .00

2021 Form 1120ME - Page 2

47 3054018

Federal EIN



04

**Subtractions, continued:**

i. Bonus depreciation/Section 179 expense recapture (see instructions)	2i.	.00
j. Medical marijuana business expenses (see instructions)	2j.	.00
k. 50% of apportionable subpart F income (see instructions)	2k.	.00
l. 80% of apportionable deferred foreign income (see instructions)	2l.	.00
m. 50% of Global Intangible Low-Taxed Income (GILTI) (see instructions)	2m.	.00
n. Northern Maine Transmission Corporation adjustment (see instructions)	2n.	.00
o. Gain on sale of multifamily affordable housing (see instructions)	2o.	.00
p. Seed capital investment tax credit (see instructions)	2p.	.00
q. Gains from sale of timberlands (see instructions)	2q.	.00
r. New markets capital investment credit (see instructions)	2r.	.00
s. Charitable contributions recapture (see instructions)	2s.	.00
t. Business interest deduction recapture (see instructions)	2t.	.00
u. Other	2u.	.00
v. Total subtractions (add lines 2a through 2u)	2v.	.00

**Additions to federal taxable income:**

3. a. Income taxes (imposed by Maine or any other state, attach schedule) <u>STMT</u>	13a.	2500	.00
b. Deferred foreign income (see instructions)	3b.		.00
c. Participation exemption deduction add-back (see instructions)	3c.		.00
d. Foreign-derived intangible income (FDII) deduction add-back (see instructions)	3d.		.00
e. Global Intangible Low-Taxed Income (GILTI) deduction add-back (see instructions)	3e.		.00
f. Interest from state and municipal bonds (other than Maine)	3f.		.00
g. Net operating loss adjustment (see instructions)	3g.		.00
h. Maine capital investment credit bonus depreciation add-back (see instructions)	3h.		.00
i. Bonus depreciation add-back (see instructions)	3i.		.00
j. Losses, expenses, or deductions from ownership interest in financial institutions (see instructions)	3j.		.00

Continue on page 3

2021 Form 1120ME - Page 3

47 3054018  
Federal EIN



04

**Additions, continued:**

k. <b>Wellness programs credit add-back</b> (see instructions) .....	3k.		.00
l. <b>Business meals deduction add-back</b> (see instructions) .....	3l.		.00
m. <b>Other</b> .....	3m.		.00
n. <b>Total additions</b> (add lines 3a through 3m) .....	3n.	2500	.00
<b>4. Adjusted federal taxable income</b> (line 1 minus line 2v plus line 3n) .....	4.	- 6111471	.00

**Tax:**

<b>5. Gross tax</b> (from rate schedule on page 8 of instructions) .....	5.	0	.00
<b>6. a. Maine corporate income tax</b> (from line 5 above or Schedule A, line 5) .....	6a.	0	.00
b. <b>Credit recapture</b> (see instructions) .....	6b.		.00
c. <b>Total tax</b> (add lines 6a and 6b) .....	6c.	0	.00

**Payments and credits:**

<b>7. a. Maine estimated tax paid</b> .....	7a.		.00
b. <b>Extension payment</b> (Form 1120EXT-ME) .....	7b.		.00
c. <b>Tax credits</b> (Schedule C, line 1u plus line 2e) .....	7c.		.00
d. <b>Income tax withheld</b> (from a pass-through entity or from gambling winnings. Enclose Form 1099ME, W-2G, or other supporting documentation) .....	7d.		.00
e. <b>If amended, enter payments</b> (see instructions) .....	7e.		.00
f. <b>If amended, enter overpayments</b> (see instructions) .....	7f.		.00
g. <b>Total payments and credits</b> (add lines 7a through 7e and subtract line 7f; if the result is negative, enter a minus sign to the left of the number) .....	7g.		.00

**Tax due or overpayment**

<b>8. a.</b> If line 6c is greater than line 7g, subtract line 7g from line 6c and enter the <b>TAX DUE</b> .....	8a.	.00	<b>Use EZ Pay at maine.gov/revenue</b>
b. If line 7g is greater than line 6c, subtract line 6c from line 7g and enter the <b>OVERPAYMENT</b> .....	8b.	.00	
<b>9. Penalty for underpayment of estimated tax</b> (attach Form 2220ME) Check here if Form 2220ME box 5a is checked .....	9.		.00
<b>10. TOTAL DUE</b> If you completed line 8a, OR line 8b is less than line 9, enter the total due. Pay in full with return. You may be required to make payments electronically. See instructions or Rule 102. Make check payable to <b>Treasurer, State of Maine</b> .....	10.		.00



2021 Form 1120ME - Page 4

47 3054018  
Federal EIN



04

Overpayment Carryforward/Refund

11. OVERPAYMENT If the amount on line 8b exceeds the amount on line 9, subtract the amount on line 9 from line 8b and complete line 12 ..... 11. .00

12. Amount of line 11 to be:

12a. CREDITED to next year's estimated tax .00 12b. REFUNDED .00

REFUND DEPOSITED DIRECTLY TO YOUR CHECKING ACCOUNT (\$20,000 or less). SEE INSTRUCTIONS.

Check this box if this refund will go to an account outside the United States

12c. Routing Number

12d. Checking Account Number

This return MUST BE ACCOMPANIED BY a legible copy of Federal Form 1120, pages 1-6, for the same tax period.

Please submit forms in the following order:

1. Pages 1 through 6 of Form 1120ME, as required.
2. Form CR, if required, including affiliation schedule.
3. Other statements for the Maine income tax return.
4. A copy of federal Form 1120, pages 1 through 6.

Paid Preparer Authorization (see instructions)

Check "Yes" to allow the paid preparer to discuss this return with Maine Revenue Services. Yes (complete the following). No.

Paid Preparer's Name

Paid Preparer's Phone Number

Personal Identification #

Corporation President's Name

Social Security Number

Treasurer's Name

Social Security Number

Company's Website Address

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

PRESIDENT

Date

Officer's Signature

Title

Social Security Number

101122

GUTTERSON & COH MELVILLE, NY 11747

P00185030

Date

Signature and Address of Preparer (Individual or Firm)

Preparer's SSN or PTIN

If enclosing a check, make check payable to:

Treasurer, State of Maine  
and MAIL WITH RETURN TO:  
MAINE REVENUE SERVICES  
P.O. BOX 1065  
AUGUSTA, ME 04332-1065

If not enclosing a check,

MAIL RETURN TO:  
MAINE REVENUE SERVICES  
P.O. BOX 1064  
AUGUSTA, ME 04332-1064



47 3054018  
Federal EIN

**Schedule A - Apportionment of Tax**

- Do not complete Schedule A if 100% of the business activity is attributable to Maine. Note that Schedules C and D may still be required.
- All others must complete Schedule A and enter amounts in columns A and B, even if those amounts are zero. If this schedule is left blank or excluded, the Maine apportionment factor will be set at 100%.
- Round all dollar amounts to whole numbers.

Check if using an alternate apportionment as provided by 36 M.R.S. § 5211(17).

	(A) Within Maine		(B) Everywhere		(C) Apportionment Factor Line 1, Col. (A)/Col. (B) Rounded to 6 Decimals
1. Total Sales*	421487	.00 ÷	4852111	.00 =	.086867
2. Total Payroll	2054	.00 ÷	2863161	.00	
3. Total Property		.00 ÷		.00	
4. <b>Gross tax</b> (Form 1120ME, line 5) .....					0 .00
5. <b>Maine corporate income tax</b> (line 4 x line 1 column c factor. Enter here and on Form 1120ME, line 6a) .....					0 .00
6. What amount of line 3, column A is <b>tangible personal property</b> ? .....					.00

**\*Note:** Total Sales must exclude income claimed as a deduction on Form 1120ME, lines 2e, 2k, 2l, and 2m. Other limitations apply. See Schedule A instructions for additional information.

**Schedule B - Alternative Minimum Tax  
Repealed for tax years beginning on or after January 1, 2018**

**Schedule C - See page 6**

**Schedule D - Minimum Tax Credit**

1. a. <b>Minimum tax credit carryover from 2020</b> (2020 Form 1120ME, Schedule D, line 1d) .....	1a.	.00
b. <b>Regular income tax liability for 2021</b> (Form 1120ME, line 6a minus all Schedule C credits except minimum tax credit) .....	1b.	.00
c. <b>Minimum tax credit:</b> enter the smaller of line 1a or line 1b here and on Schedule C, line 1i .....	1c.	.00
d. <b>Minimum tax credit carryover to 2022</b> (line 1a minus line 1c) .....	1d.	.00

2021 Form 1120ME - Page 6

47 3054018

Federal EIN

**Schedule C - Tax Credits**

(Attach worksheets. To get worksheets, see [www.maine.gov/revenue/tax-return-forms](http://www.maine.gov/revenue/tax-return-forms))



04

**Non-refundable Credits**

1. a.	Seed capital investment tax credit	1a.		.00
b.	Jobs and investment tax credit carryforward	1b.		.00
c.	Employer-assisted day care credit and Quality child care investment credit carryforward	1c.		.00
d.	Employer-provided long-term care benefits credit carryforward	1d.		.00
e.	Pine Tree Development Zone regular tax credit	1e.		.00
f.	Maine capital investment credit	1f.	0	.00
g.	Research expense tax credit	1g.		.00
h.	Super credit for substantially increased research and development carryforward	1h.		.00
i.	Minimum tax credit (from Schedule D, line 1c)	1i.		.00
j.	Employer family and medical leave credit	1j.		.00
k.	Credit for educational opportunity	1k.		.00
l.	Wellness program credit	1l.		.00
m.	Certified visual media production credit	1m.		.00
n.	Biofuel commercial production tax credit	1n.		.00
o.	Renewable chemicals tax credit	1o.		.00
p.	Credit for disability income protection plans	1p.		.00
q.	Maine Life and Health Insurance Guaranty Association credit (see instructions)	1q.		.00
r.	Other nonrefundable credits (see instructions)	1r.		.00
s.	Total nonrefundable credits (add lines 1a through 1r)	1s.		.00
t.	Total tax (from Form 1120ME, line 6c)	1t.		.00
u.	Allowable nonrefundable credits (Enter amount from line 1s or 1t, whichever is less. Also enter the sum of this line and line 2e below on Form 1120ME, line 7c)	1u.		.00

**Refundable Credits**

2. a.	Historic rehabilitation credit	2a.		.00
b.	New markets capital investment credit	2b.		.00
c.	Credit for affordable housing	2c.		.00
d.	Other refundable credits (see instructions)	2d.		.00
e.	Total refundable credits: (Add lines 2a through 2d. Also enter the sum of this line and line 1u above on Form 1120ME, line 7c)	2e.		.00

2021 Form 1120ME - Page 7

47 3054018  
Federal EIN



04

**Schedule X - Amended Return Adjustments**

1. Reason for change (check all applicable boxes):

- |                               |   |                                     |                       |
|-------------------------------|---|-------------------------------------|-----------------------|
| a. IRS change                 | b. Net operating loss                                     | c. Federal amended 1120X            | d. Accounting change  |
| e. Other (attach explanation) | f. Member of an affiliated group filing a separate return | g. Combined return (attach Form CR) |                       |
| (A)<br>Line Adjusted          | (B)<br>As Most Recently Filed or Adjusted                 | (C)<br>Adjustment                   | (D)<br>Correct Amount |

- 2. a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.
- j.
- k.
- l.
- m.
- n.
- o.
- p.
- q.
- r.
- s.
- t.

TENTRR, INC.47-3054018

ME 1120ME

STATE INCOME TAX

STATEMENT 1

DESCRIPTIONAMOUNT

LOUISIANA TAX - BASED ON INCOME  
NEW YORK TAX - BASED ON INCOME  
NEW YORK CITY TAX - BASED ON INCOME  
UTAH TAX - BASED ON INCOME  
  
TOTAL TO FORM 1120ME, LINE 4A

549.  
1,826.  
25.  
100.  
  
2,500.

## 2021 TAX RETURN FILING INSTRUCTIONS

MISSISSIPPI FORM 83-105

### FOR THE YEAR ENDING

DECEMBER 31, 2021

---

**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

---

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

---

**TO BE SIGNED AND DATED BY:**

THE APPROPRIATE CORPORATE OFFICER(S).

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	25
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
BALANCE DUE	\$	25

---

**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE MS DOR, PLEASE SIGN, DATE AND RETURN FORM 8453-C TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE MS DOR. DO NOT MAIL A PAPER COPY OF THE RETURN.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

YOUR BALANCE DUE OF \$25 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM 83-105 BALANCE DUE. REFER TO FORM 83-105 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

**Mississippi**  
**MS8453-C Corporate Income Declaration for Electronic Filing**  
**2021**

Tax Year Beginning 01012021

Tax Year Ending 12312021

FEIN 473054018

**DO NOT MAIL THIS DOCUMENT  
 TO THE DEPARTMENT OF REVENUE**

**TENTRR, INC.**

Legal Name and DBA

<b>25 W. 39TH STREET, 7TH FLOO</b>	<b>NEW YORK</b>	<b>NY</b>	<b>10018</b>	<b>83</b>
Address	City	State	ZIP + 4	County Code

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

1 Mississippi taxable income (Form 83-105, line 5 or Form 83-391, page 1, line 1)	1	
2 Total income tax (Form 83-105, line 6 or Form 83-391, page 1, line 2)	2	
3 Total payments and credits (Form 83-105, line 7 and line 12 or Form 83-391, page 1, line 3, 4, and 8)	3	
4 Amount you owe (Form 83-105, line 18 or Form 83-391, page 1, line 14)	4	25
5 Overpayment (Form 83-105, line 19 or Form 83-391, page 1, line 15)	5	
6 Refund (Form 83-105, line 21 or Form 83-391, page 1, line 17)	6	
7 Amount of payment remitted electronically	7	25

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

**PART II: DECLARATION OF OFFICER**

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

<b>Sign Here</b>	Signature of Officer	Date	<b>PRESIDENT</b>	Title
------------------	----------------------	------	------------------	-------

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

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

<b>ERO Use Only</b>	ERO Signature	Date	Check if Also Paid Preparer <input checked="" type="checkbox"/>	Check if Self-Employed	ERO SSN or PTIN
		101122			P00185030
<b>Paid Preparer Use Only</b>	Firm Name (or yours if self-employed), address and ZIP code	EIN			
	GUTTERSON & COHEN TAX SPECIALISTS LLC 445 BROADHOLLOW ROAD STE 230 MELVILLE, NY 11747	813215466	Phone No.	631 629 4344	

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

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



**Mississippi  
Corporate Income and Franchise Tax Return  
2021**

Tax Year Beginning 01012021

Tax Year Ending 12312021

FEIN 473054018

Mississippi Secretary of State ID 1258431

Legal Name and DBA	CHECK ALL THAT APPLY	CHECK ONE
<b>TENTRR, INC.</b>		
Address <b>25 W. 39TH STREET, 7TH FLOOR</b>	Amended Return	100% Mississippi
City State ZIP + 4 <b>NEW YORK NY 10018</b>	Final Return	<input checked="" type="checkbox"/> Multistate Apportioning
County Code 83 NAICS Code 454110	Non Profit	Multistate Direct Accounting

**FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)**

1 Taxable capital (from Form 83-110, line 18)	1	4000
2 Franchise tax (minimum tax \$25)	Fee-In-Lieu 2	25
3 Franchise tax credit (from Form 83-401, line 1)	3	0
4 Net franchise tax due (line 2 minus line 3)	4	25

**INCOME TAX**

Combined income tax return (enter FEIN of reporting corporation)

5 Mississippi net taxable income (from Form 83-122, line 30 or Form 83-310, line 5, column C)	5	0
6 Income tax	6	0
7 Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B)	7	0
8 Net income tax due (line 6 minus line 7)	8	0

**PAYMENTS AND TAX DUE**

9 Total franchise and income tax (line 4 plus line 8)	9	25
10 Overpayments from prior year	10	0
11 Estimated tax payments and payment with extension	11	0
12 Total payments (line 10 plus line 11)	12	0
13 Net total franchise and income tax (line 9 minus line 12)	13	25
14 Interest and penalty on underestimated income tax payments (from Form 83-305, line 19)	14	0
15 Late payment interest	15	0
16 Late payment penalty	16	0





**Mississippi  
Corporate Income and Franchise Tax Return  
2021**

FEIN 473054018

17	Late filing penalty (minimum income tax penalty \$100)	17	0
18	<b>Total balance due</b> (if line 9 is larger than line 12, add line 13 through line 17)	18	25
19	<b>Total overpayment</b> (if line 12 is larger than line 9 plus line 14, subtract line 9 and line 14 from line 12)	19	0
20	<b>Overpayment credited to next year</b> (from line 19)	20	0
21	<b>Overpayment to be refunded</b> (line 19 minus line 20)	21	0

See instructions for electronic payment options or attach payment voucher, Form 83-300, with check or money order for balance due.

**PART I: CORPORATE INFORMATION**

- 1 Is this a publicly traded corporation? Yes If yes, under what symbol?  No
- 2 If final return, enter reason and date effective: \_\_\_\_\_ Date \_\_\_\_\_
- 3 If the corporation has been sold, merged, or converted to a Single-Member LLC (SMLLC), complete the following: Name, address and FEIN of the new existing corporation or owner of the SMLLC: \_\_\_\_\_ FEIN \_\_\_\_\_
- 4 If amended return, check reason. Mississippi Correction Federal Correction Other
- 5 Check if the company has been audited by the IRS. If the company has been audited, what year(s) are involved?
- 6 Principal business activity in Mississippi **CAMPING ONLINE M** 6a County location in Mississippi **OUT OF STATE**
- 7 Principal product or service in Mississippi **SERVICE**
- 8 Contact person for this return 8a Location and phone number

**PART II: CORPORATE OFFICER INFORMATION**

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

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE
PRESIDENT ANAND SUBRAMANIAN	185767731	411 W 39TH ST 4TH FL NEW YORK, NY, 10018	.8500



**Mississippi**  
**Corporate Income and Franchise Tax Return**  
**2021**

FEIN 473054018

**PART III: CORPORATE AFFILIATION SCHEDULE**

List all entities owned by and affiliated with the corporation. See page 4 for supplemental schedule if needed.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

Check box if return may be discussed with preparer

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

PRESIDENT | 646 230 1040

---

Officer Signature and Title Date Business Phone

Paid Preparer Signature | 101122 | 445 BROADHOLLOW ROAD STE 230 Date Paid Preparer Address

---

P00185030 | 631 629 4344 | MELVILLE | NY | 11747 Paid Preparer PTIN Paid Preparer Phone City State ZIP Code

Form 83-110-21-3-1-111 (Rev. 04/21)



**Mississippi**  
**Corporate Franchise Tax Schedule**  
**2021**

FEIN 473054018

CAPITAL BASE	(ROUND TO THE NEAREST DOLLAR)	
1 Capital stock	1	1029
2 Paid in capital	2	31053045
3 Surplus and retained earnings	3	-26159031
4 Loans from shareholders or affiliates	4	0
5 Deferred taxes, contingent liabilities, all true reserves, and other elements (attach schedule)	5	0
6 Less treasury stock	6	0
7 Holding company exclusion (attach schedule)	7	0
8 Total capital base (add line 1 through line 7)	8	4895043

APPORTIONMENT RATIO	A MISSISSIPPI		B EVERYWHERE	
9 Real and tangible personal property owned at year end (net book value)	9A	0	9B	7248470
10 Gross receipts	10A	7496	10B	4846290
11 Total (line 9 plus line 10)	11A	7496	11B	12094760
12 Mississippi ratio (line 11A divided by line 11B)			12	.0620
13 Taxable capital apportioned to Mississippi (line 8 multiplied by line 12. If 100% Mississippi, enter amount from line 8)			13	3035

ASSESSED VALUE OF MISSISSIPPI PROPERTY		
Mississippi County	Mississippi Assessed Value of Real Property	Mississippi Assessed Value of Personal Property

TAXABLE CAPITAL		
14 Total assessed value of Mississippi property (attach additional schedule if needed)	14	0
15 Taxable capital (enter the larger of line 13 or line 14)	15	3035
16 Prorate (except for initial return; if period is less than twelve months, multiply line 15 by the number of months covered by the return and divide by twelve)	16	0
17 Capital exemption (attach schedule)	17	0
18 Final taxable capital (line 15 or line 16 minus line 17. Round amount up to the next highest \$1,000 and enter amount on Form 83-105, line 1. If negative, enter zero on Form 83-105, line 1)	18	4000

# Mississippi Balance Sheet Per Books

FEIN 473054018

<b>SCHEDULE L - BALANCE SHEETS PER BOOKS</b>				
<b>ASSETS</b>	<b>Beginning of Tax Year</b>		<b>End of Tax Year</b>	
	<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>(D)</b>
1 Cash .....		1794642		6873088
2a Trade notes and accounts receivable .....	271095		434439	
b Less allowance for bad debts .....	( )	271095	( )	434439
3 Inventories .....		16864		
4 U.S. government obligations .....				
5 Tax-exempt securities .....				
6 Other current assets (attach statement) ..... <b>STMT 1</b>		224410		400798
7 Loans to shareholders .....				
8 Mortgage and real estate loans .....				
9 Other investments (attach statement) .....				
10a Buildings and other depreciable assets .....	4959727		7248470	
b Less accumulated depreciation .....	( 2685661 )	2274066	( 4135912 )	3112558
11a Depletable assets .....				
b Less accumulated depletion .....	( )		( )	
12 Land (net of any amortization) .....				
13a Intangible assets (amortizable only) .....	290109		1261596	
b Less accumulated amortization .....	( 24765 )	265344	( 297405 )	964191
14 Other assets (attach statement) ..... <b>STMT 2</b>		381371		547469
15 Total assets .....		5227792		12332543
<b>LIABILITIES AND SHAREHOLDERS' EQUITY</b>				
16 Accounts payable .....		122066		292189
17 Mortgages, notes, bonds payable in less than 1 year .....				
18 Other current liabilities (attach statement) ..... <b>STMT 3</b>		2956742		5460191
19 Loans from shareholders .....				
20 Mortgages, notes, bonds payable in 1 year or more .....				
21 Other liabilities (attach statement) ..... <b>STMT 4</b>		1187020		1685120
22 Capital stock: a Preferred stock .....	229		229	
b Common stock .....	800	1029	800	1029
23 Additional paid-in capital .....		21764062		31053045
24 Retained earnings - Appropriated (attach statement) .....				
25 Retained earnings - Unappropriated .....		-20803127		-26159031
26 Adjustments to shareholders' equity (attach statement) .....				
27 Less cost of treasury stock .....		( )		( )
28 Total liabilities and shareholders' equity .....		5227792		12332543
<b>SCHEDULE M-1, RECONCILIATION OF INCOME (LOSS) PER BOOKS WITH FEDERAL INCOME PER RETURN</b>				
<b>Note: The corporation may be required to file Schedule M-3. See instructions.</b>				
1 Net income (loss) per books .....	-5355904		7 Income recorded on books this year not included on this return (itemize): Tax-Exempt interest \$ _____	
2 Federal income tax per books .....				
3 Excess of capital losses over capital gains .....				
4 Income subject to tax not recorded on books this year (itemize): _____			<b>STMT 6</b> 401400	401400
5 Expenses recorded on books this year not deducted on this return (itemize): a Depreciation ..... \$ _____ b Charitable contributions ..... \$ 5050 c Travel and entertainment ... \$ _____ <b>STMT 5</b> 28606		33656	8 Deductions on this return not charged against book income this year (itemize): a Depreciation ..... \$ 390323 b Charitable contributions \$ _____	390323
6 Add lines 1 through 5 .....	-5322248		9 Add lines 7 and 8 .....	791723
			10 Income (page 1, line 28) line 6 less line 9	-6113971
<b>SCHEDULE M-2, ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS (LINE 25, SCHEDULE L)</b>				
1 Balance at beginning of year .....	-20803127		5 Distributions: a Cash .....	
2 Net income (loss) per books .....	-5355904		b Stock .....	
3 Other increases (itemize): _____			c Property .....	
			6 Other decreases (itemize): _____	
4 Add lines 1, 2, and 3 .....	-26159031		7 Add lines 5 and 6 .....	
			8 Balance at end of year (line 4 less line 7) ...	-26159031



**Mississippi**  
**Net Taxable Income Schedule**  
**2021**

FEIN 473054018

**COMPUTATION OF MISSISSIPPI NET TAXABLE INCOME (ROUND TO THE NEAREST DOLLAR)**

1 Federal taxable income (loss) before net operating loss deductions and special deductions (from federal Form 1120, page 1, line 28. If multistate direct accounting, enter zero and skip to line 23)	1	- 6113971
--	---	-----------

**STATE ADDITIONS TO FEDERAL TAXABLE INCOME**

2 State, local or foreign government taxes based on income	2	2500
3 Interest on obligations of other states or political subdivisions (net of expenses)	3	0
4 Depletion expense in excess of cost	4	0
5 Federal capital loss carryover deduction	5	0
6 Federal special depreciation allowance	6	0
7 Other additions required by law (attach schedule)	7	0
<b>8 Total additions</b> (add line 2 through line 7)	<b>8</b>	<b>2500</b>

**STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME**

9 Interest on obligations of the United States (net of expenses)	9	0
10 Wages reduced on federal return for federal employment tax credits	10	0
11 Income (loss) from partnership, S corporation or trust	11	0
12 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses)	12	0
13 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule)	13	0
14 Other deductions (attach schedule)	14	0
<b>15 Total deductions</b> (add line 9 through line 14)	<b>15</b>	<b>0</b>

**APPORTIONMENT / ALLOCATION (MULTISTATE ONLY)**

If 100% Mississippi, complete line 16 then skip to page 2, line 20

16 <b>Adjusted federal income (loss)</b> (line 1 plus line 8 minus line 15)	16	- 6111471
17 Adjustment for nonbusiness income (loss) net of expenses (from Form 83-150, column E, line 2)	17	0
18 Apportionable business income (loss) (line 16 minus line 17)	18	- 6111471
19 Apportionment ratio (enter ratio and check box as shown on Form 83-125, part II)	19	.1545

<input checked="" type="checkbox"/>	Sales retail	<input type="checkbox"/>	Manufacturers retail	<input type="checkbox"/>	Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions)	<input type="checkbox"/>	Special Formula
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**Mississippi**  
**Net Taxable Income Schedule**  
**2021**

FEIN 473054018

**APPORTIONMENT / ALLOCATION**

20	Mississippi apportioned income(loss)(if 100% Mississippi, enter line 16, otherwise, multiply line 18 by line 19)	20	- 9442
21	Nonbusiness income (loss) allocated to Mississippi (from Form 83-150, column F, line 2)	21	0
22	Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1s, Form 84-132)	22	0
23	Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 83-124, page 2, line 31 and/or page 3, line 46)	23	0
24	Adjustments related to Mississippi tax credits claimed	24	0
25	Mississippi capital loss carryover/carryback deduction (from Form 83-155, part II, line 2)	25	0
26	Other adjustments (attach schedule)	26	0

**MISSISSIPPI TAXABLE INCOME**

27	Income (loss) apportioned and allocated to Mississippi (add line 20 through line 26)	27	- 9442
28	Mississippi net operating loss deduction (from Form 83-155, part I, line 2)	28	0
29	Income exemption (attach schedule; if not applicable, enter zero)	29	0
30	<b>Mississippi net taxable income (loss)</b> (line 27 minus line 28 and line 29. Enter on Form 83-105, line 5; if filing combined, enter income (loss) on Form 83-310. If negative, enter zero on Form 83-105, line 5)	30	- 9442



# Mississippi

## Business Income Apportionment Schedule

### 2021

FEIN 473054018

**PART I: COMPUTATION OF APPORTIONMENT FACTORS** (ROUND TO FOUR DECIMAL PLACES)

	A Total Mississippi	B Total Everywhere	C Mississippi Ratio
<b>1 Property factor</b>			
a Beginning of taxable year			
b End of taxable year			
c Total (line 1a plus line 1b)			
d Average net book value of assets (divide line 1c by two)			
e Rental property (enter annual rental property multiplied by eight)			
f Total (line 1d plus line 1e)			
g Mississippi property factor (line 1f, column A divided by line 1f, column B)			
<b>2 Payroll factor</b> (line 2, column A divided by line 2, column B)	0	490555	.0000
<b>3 Sales factor</b> (line 3, column A divided by line 3, column B)	7496	4852111	.1545

**PART II: APPLICATION OF APPORTIONMENT FACTORS (CHECK ONE)**

<input checked="" type="checkbox"/> Retailing, renting, servicing, merchandising or wholesaling	4 Sales factor (from part I, line 3, column C) (enter ratio on Form 83-122, line 19)	.1545
Manufacturers that sell principally at retail		
5a Property factor (from part I, line 1g, column C)		
5b Payroll factor (from part I, line 2, column C)		
5c Subtotal (line 5a plus line 5b)		
5d Average (divide line 5c by two)		
5e Sales factor (from part I, line 3, column C)		
5f Total (line 5d plus line 5e)		
	5g Weighted average (divide line 5f by two) (enter ratio on Form 83-122, line 19)	
Financial institutions, pipelines or manufacturers that sell principally at wholesale (for major medical or pharmaceutical suppliers, see instructions Form 83-100)		
6a Property factor (from part I, line 1g, column C)		
6b Payroll factor (from part I, line 2, column C)		
6c Sales factor (from part I, line 3, column C)		
6d Total (add lines 6a, 6b and 6c)		
	6e Average (divide line 6d by three) (enter ratio on Form 83-122, line 19)	
Airlines, motor carriers, express companies, telephone and telegraph companies	7 Special formula required (attach schedule and enter ratio on Form 83-122, line 19)	

TENTRR, INC.

47-3054018

MS 83-120	OTHER CURRENT ASSETS	STATEMENT 1	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSES		53,618.	65,042.
DEFERRED EXPENSES		117,595.	312,775.
LOWES ESCROW		53,197.	22,981.
TOTAL TO 83-120, SCHEDULE L, LINE 6		224,410.	400,798.

MS 83-120	OTHER ASSETS	STATEMENT 2	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS		381,371.	547,469.
TOTAL TO 83-120, SCHEDULE L, LINE 14		381,371.	547,469.

MS 83-120	OTHER CURRENT LIABILITIES	STATEMENT 3	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
PAYROLL LIABILITIES		15,292.	20,786.
CREDIT CARDS PAYABLE		3,599.	4,124.
ACCRUED EXPENSES		333,355.	689,171.
DEFERRED REVENUE		61,173.	173,080.
GIFT CARDS		27,801.	71,392.
SALES TAX PAYABLE		2,527.	1,318.
OTHER PAYABLES		0.	0.
DEFERRED KEEPER EXPENSE		0.	0.
GAP ACCOUNT		5,705.	0.
FARNAM LEASE LIABILITY		2,507,290.	4,486,749.
TENTKIT DEPLOYED		0.	13,571.
TOTAL TO 83-120, SCHEDULE L, LINE 18		2,956,742.	5,460,191.



TENTRR, INC.

47-3054018

MS 83-120		OTHER LIABILITIES		STATEMENT 4
DESCRIPTION		BEGINNING OF TAX YEAR		END OF TAX YEAR
LINE OF CREDIT		29,985.		0.
LOAN PAYABLE - PPP		401,400.		0.
DECATHLON LOAN		755,635.		1,642,792.
NATIONAL PARTNERS		0.		5,427.
IPFS		0.		36,901.
TOTAL TO 83-120, SCHEDULE L, LINE 21		1,187,020.		1,685,120.

MS 83-120		EXPENSES RECORDED ON BOOKS NOT ON RETURN		STATEMENT 5
DESCRIPTION				AMOUNT
AMORTIZATION				28,606.
TOTAL TO FORM 83-120, SCHEDULE M-1, LINE 5				28,606.

MS 83-120		INCOME RECORDED ON BOOKS		STATEMENT 6
DESCRIPTION				AMOUNT
PPP LOANS, EIDL AND OTHER COVID GRANTS OR SUBSIDIES				401,400.
TOTAL TO FORM 83-120, SCHEDULE M-1, LINE 7				401,400.

## 2021 TAX RETURN FILING INSTRUCTIONS

NORTH CAROLINA FORM CD-405

### FOR THE YEAR ENDING

DECEMBER 31, 2021

---

**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

---

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

---

**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	200
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
BALANCE DUE	\$	200

---

**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE NCDOR, PLEASE CONTACT OUR OFFICE AND WE WILL SUBMIT YOUR ELECTRONIC RETURN. DO NOT MAIL THE PAPER COPY TO THE NCDOR.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

YOUR BALANCE DUE OF \$200 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CD-405 BALANCE DUE. REFER TO FORM CD-405 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

**TAX RETURN FILING INSTRUCTIONS**  
NORTH CAROLINA BUSINESS CORPORATION ANNUAL REPORT  
**FOR THE YEAR ENDING**  
DECEMBER 31, 2021

---

**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

---

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

---

**AMOUNT OF TAX:**

BALANCE DUE        \$25

---

**MAKE CHECK PAYABLE TO:**

SECRETARY OF STATE

---

**MAIL TAX RETURN TO:**

SECRETARY OF STATE  
BUSINESS REGISTRATION DIVISION  
POST OFFICE BOX 29525  
RALEIGH, NC 27626-0525

---

**RETURN MUST BE MAILED ON OR BEFORE:**

PLEASE MAIL AS SOON AS POSSIBLE.

---

**SPECIAL INSTRUCTIONS:**

**BUSINESS CORPORATION ANNUAL REPORT**

1/6/2022

NAME OF BUSINESS CORPORATION: TENTRR, INC.

SECRETARY OF STATE ID NUMBER: \_\_\_\_\_ STATE OF FORMATION: DE

REPORT FOR THE FISCAL YEAR END: 12/31/21

Filing Office Use Only
<input type="checkbox"/> Changes

**SECTION A: REGISTERED AGENT'S INFORMATION**

1. NAME OF REGISTERED AGENT: ANAND SUBRAMANIAN

2. SIGNATURE OF THE NEW REGISTERED AGENT: \_\_\_\_\_  
SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY      4. REGISTERED AGENT OFFICE MAILING ADDRESS

411 W 39TH ST 4TH FL      411 W 39TH ST 4TH FL

NEW YORK, NY 10018      NEW YORK, NY 10018

**SECTION B: PRINCIPAL OFFICE INFORMATION**

1. DESCRIPTION OF NATURE OF BUSINESS: CAMPING ONLINE MARKETPL

2. PRINCIPAL OFFICE PHONE NUMBER: 646-230-1040      3. PRINCIPAL OFFICE EMAIL: ANAND@TENTRR.COM

4. PRINCIPAL OFFICE STREET ADDRESS      5. PRINCIPAL OFFICE MAILING ADDRESS

25 W. 39TH STREET, 7TH FLOOR      25 W. 39TH STREET, 7TH FLOOR

NEW YORK, NY 10018      NEW YORK, NY 10018

6. Select one of the following if applicable. (Optional see instructions)

The company is a veteran-owned small business

The company is a service-disabled veteran-owned small business

**SECTION C: OFFICERS** (Enter additional officers in Section E.)

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ TITLE: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION D: CERTIFICATION OF ANNUAL REPORT.** Section D must be completed in its entirety by a person/business entity.

\_\_\_\_\_  
SIGNATURE      \_\_\_\_\_  
DATE

Form must be signed by an officer listed under Section C of this form.

\_\_\_\_\_  
Print or Type Name of Officer      PRESIDENT  
Print or Type Title of Officer

**North Carolina Department of the Secretary of State  
Elaine F. Marshall, Secretary**

**BELOW IS THE CHECK LIST FOR BUSINESS CORPORATION ANNUAL REPORT. Please take a few minutes and read the information provided. The Business Corporation's Annual Report is due by the 15th of the 4th month after the end of the Business Corporation's fiscal year, with the filing fee of \$20.00 if filed online, if filed in paper form the fee is \$25.00.**

**Each Business Corporation filing an annual report with the North Carolina Department of Secretary of State must provide the following information:**

- 1. NAME OF BUSINESS CORPORATION**
- 2. STATE OF FORMATION**
- 3. ANNUAL REPORT FILING YEAR**
- 4. THE REGISTERED AGENT STREET ADDRESS AND MAILING ADDRESS IF DIFFERENT**
- 5. THE REGISTERED AGENT'S NAME AND SIGNATURE IF CHANGED**
- 6. THE PRINCIPAL OFFICE ADDRESS, COUNTY AND TELEPHONE NUMBER**
- 7. THE NAMES, TITLES AND BUSINESS ADDRESS OF THE PRINCIPAL OFFICERS**
- 8. A BRIEF DESCRIPTION OF THE NATURE OF BUSINESS**

**IF THE INFORMATION REQUIRED TO BE ENTERED IN SECTION A THROUGH SECTION C HAS NOT CHANGED SINCE THE MOST RECENTLY FILED ANNUAL REPORT, COMPLETE HEADER SECTION AND SECTION D TO CERTIFY THE ANNUAL REPORT.**

**SECTION A: REGISTERED AGENT'S INFORMATION**

1. The name of the registered agent must be typed or printed.
2. If the registered agent has changed, the new registered agent **MUST SIGN CONSENT** to the appointment in the space provided. If the registered agent's name has changed due to marriage, or by any other legal means, the business corporation must indicate such change in the space provided and have the agent sign consent to the appointment under their new name. If the new registered agent is a business entity, then the appropriate representative of that entity must sign and print their name and title. The registered agent must reside in NC.
3. If the street address of the registered office has changed, indicate the change. The address of the registered office must be a **Street Address and NOT a Post Office Box Address. The street address of the registered office must be a North Carolina address.**
4. If the mailing address of the registered office has changed it should be indicated in this item. The registered office's mailing address may be a Post Office Box. The registered office mailing address must be a **NORTH CAROLINA ADDRESS.**

**SECTION B: PRINCIPAL OFFICE INFORMATION**

1. Provide a brief description of the nature of the Business Corporation's business.
2. Enter the principal office telephone number.
3. Enter the principal office E-mail address.
4. The principal office address should reveal the Business Corporation's physical location. **The principal office street address must be a street address and NOT a Post Office Box Address.**
5. The principal office mailing address may be a Post Office Box.
6. You may voluntarily report whether the company qualifies as a service-disabled veteran-owned or veteran-owned small business. The annual net receipts cannot exceed one million dollars (\$1,000,000) to report as either veteran-owned small business designation. Choose the designation of a service-disabled veteran-owned small business if one or more service-disabled veterans owns more than 50% of the business. Choose the designation of veteran-owned small business if one or more veteran owns more than 50% of the business. For further definitions see N.C.G.S. §55-1-40; §57D-1-03; or §59-32.

**SECTION C: OFFICERS**

Provide the names and addresses of each officer. Use Section E or a plain 8 1/2 X 11 sheet of paper if more space is needed. A person listed in this section must sign the annual report and is then authorized to sign on other documents filed with this office.

**SECTION D: CERTIFICATION OF ANNUAL REPORT**

Check the annual report carefully to ensure all information required for filing has been provided. Only an officer listed on this report or past completed and filed report may sign. Complete the signature, date, title and typed or printed name in the space provided on the form to certify that the information is accurate and current. If the Officer of the business corporation is another business entity then the appropriate representative of that business entity must certify the annual report.

**SECTION E: ADDITIONAL OFFICERS**

Provide the names and addresses of each additional officer. A person listed in this section is then authorized to sign on other documents filed with this office.

Mail the annual report to: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525. For information or assistance, contact the Business Registration Division at (919) 814-5400 or Toll Free 1-888-246-7636. The url address is <http://www.sosnc.gov>.

**CD-405 (39)**  
8-17-21

**C Corporation Tax Return 2021**  
North Carolina Department of Revenue

DOR Use Only

For calendar year 2021, or other tax year beginning **21** and ending

<b>TENTRR, INC</b> 25 W 39TH STREET 7TH FLOOR NEW YORK NY 10018	Federal Employer ID Number <b>473054018</b> N.C. Secretary of State ID Number NAICS Code <b>454110</b>
---	--

Initial Return     Short Year Return     Captive REIT     Non U.S./Foreign     NC-Rehab     NC-478 is attached  
 Final Return     Amended Return     Tax Exempt     Combined Return (Approved Taxpayers Only)     Has Escheatable Property

TENT 25 W 10018 473054018 454110  Yes  No Federal Extension Were you granted an automatic extension to file your 2021 federal income tax return (Form 1120)?

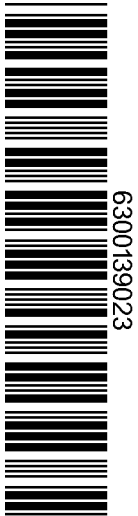
PP P00185030 PFSP P IR N FR N SR N AR N

TN 6462301040 RE N TE N NF N CR N NCR N 478 N EP N FDEXT N

TENTRR INC

25 W 39TH STREET 7TH FLOOR NEW YORK NY 10018

GR	4846290	09	0	21	0	30	0
TA	12332543	10	-6113971	22	0	34	0
01	48510	11	2500	24	0	EU	
HCE	N	13	0	26	0	35A	0
02	0	15	0	27A	0	35B	0
03	0	16	-6111471	27B	0	38	0
05	200	17	0009910	27C	0	39	0
06	0	18	-60565	27D	0	40	0
07	0	19	0	27E	0	41	0
08	200	20	-60565	29	0		



<b>Sch. A Computation of Franchise Tax</b> 1. Net Worth <b>48510</b> Holding Company Exception <b>N</b> 2. Investment in N.C. Tangible Property <b>0</b> 3. Appraised Value of N.C. Tangible Property <b>0</b> 4. Taxable Amount <b>48510</b> 5. Total Franchise Tax Due <b>200</b> 6. Payment with Franchise Tax Extension <b>0</b> 7. Tax Credits <b>0</b> 8. Franchise Tax Due <b>200</b>	9. Franchise Tax Overpaid <b>0</b> <b>Sch. B Computation of Corporate Income Tax</b> 10. Federal Taxable Income <b>-6113971</b> 11. Adjustments to Federal Taxable Income <b>2500</b> 12. Net Income Before Contributions <b>-6111471</b> 13. Contributions to Donees Outside N.C. <b>0</b> 14. N.C. Taxable Income <b>-6111471</b> 15. Nonapportionable Income <b>0</b> 16. Apportionable Income <b>-6111471</b> 17. Apportionment Factor <b>0.9910%</b>
---	--

I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.  Refund Due **0**  Payment Due **200**

Signature and Title of Officer: **PRESIDENT** Date \_\_\_\_\_ Corporate Phone Number **646-230-1040**  
 Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.

PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.

Signature of Paid Preparer: \_\_\_\_\_ Date \_\_\_\_\_ Preparer's Phone Number **631-629-4344** Preparer's FEIN, SSN, or PTIN **P00185030**  
 FEIN  
 SSN  
 PTIN

## CD-405 2021 Page 2 (39)

Legal Name (First 10 Characters)	TENTRR, IN	Federal Employer ID Number	473054018
<b>CD-405 Line-by-Line Information</b>			
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of			0
<b>Sch. B Computation of Corporate Income Tax</b>		<b>Sch. D Investment in N.C. Tangible Property</b>	
18. Income Apportioned to N.C.	- 60565	Inventory valuation method	
19. Nonapportionable Income Allocated to N.C.	0	1. Total inventories located in N.C.	0
20. Income Subject to N.C. Tax	- 60565	2. Total furniture, fixtures, and M & E located in N.C.	0
21. % Depletion over Cost - N.C. Property	0	3. Total land and buildings located in N.C.	0
22. State Net Loss (Attach schedule)	0	4. Total leasehold improvements and other N.C. tangible property	0
23. Income Before Contributions to N.C. Donees	- 60565	5. Add Lines 1 through 4	0
24. Contributions to N.C. Donees	0	6. Accumulated depreciation, depletion, and amortization with respect to N.C. tangible property	0
25. Net Taxable Income	- 60565	7. Debts existing for the purchase or improvement of N.C. real estate	0
26. N.C. Net Income Tax	0	8. Investment in N.C. Tangible Property	0
27. Payments and Credits		<b>Sch. E Appraised Value of N.C. Tangible Property</b>	
a. Income Tax Extension	0	1. County tax value of N.C. tangible property	0
b. 2021 Estimated Tax (previous payments if amended)	0	2. Appraised value of N.C. tangible property	0
c. Partnership (include Form D-403, NC K-1)	0	<b>Sch. G Federal Taxable Income Before NOL Deduction</b>	
d. Nonresident Withholding (include 1099 or W-2)	0	1. a. Gross receipts or sales	4846290
e. Tax Credits	0	b. Returns and allowances	0
28. Add Lines 27a through 27e	0	c. Balance - Line 1a minus Line 1b	4846290
29. Income Tax Due	0	2. Cost of goods sold (Attach schedule)	2339836
30. Income Tax Overpaid	0	3. Gross Profit (Line 1c minus Line 2)	2506454
<b>Tax Due or Refund</b>		4. Dividends (Attach schedule)	0
31. Franchise Tax Due or Overpayment	200	5. a. Interest on obligations of U.S. and its instrumentalities	0
32. Income Tax Due or Overpayment	0	b. Other interest	0
33. Balance of Tax Due or Overpayment	200	6. Gross rents	0
34. Underpayment of Estimated Income Tax	0	7. Gross royalties (Attach schedule)	0
EU. Exception to Underpayment of Estimated Tax		8. Capital gain net income (Attach schedule)	0
35. a. Interest	0	9. Net gain (loss) (Attach schedule)	- 1415
b. Penalties	0	10. Other income (Attach schedule)	5821
c. Add Lines 35a and 35b	0	11. Total Income	2510860
36. Total Due	200	12. Compensation of officers (Attach sch., including addresses)	490555
37. Overpayment	0	13. Salaries and wages (less employment credits)	0
38. 2022 Estimated Income Tax	0	14. Repairs and maintenance	0
39. N.C. Nongame and Endangered Wildlife Fund	0	15. Bad debts	181742
40. N.C. Education Endowment Fund	0	16. Rents	18333
41. Amount to be Refunded	0	17. Taxes and licenses	178932
<b>Sch. C Net Worth</b>		18. Interest	353565
1. Total assets	16765860	19. Charitable contributions	0
2. Total liabilities	7437500	20. a. Depreciation	1853197
3. Line 1 minus Line 2	9328360	b. Depreciation included in cost of goods sold	0
4. Accumulated depreciation, depletion, and amortization permitted for income tax purposes (Attach sch)	4433317	c. Balance - Line 20a minus 20b	1853197
5. Line 3 minus Line 4	4895043	21. Depletion	0
6. Affiliated indebtedness (Attach schedule)	0	22. Advertising	568851
7. Line 5 plus (or minus) Line 6	4895043	23. Pension, profit-sharing, and similar plans	0
8. Apportionment factor	0.9910%	24. Employee benefit programs	156376
9. Net Worth	48510	25. Reserved for future use	
		26. Other deductions (Attach schedule)	4823280
		27. Total Deductions	8624831
		28. Taxable Income Per Federal Return Before NOL and Special Deductions	-6113971
		29. Special Deductions	0
		30. Federal Taxable Income	-6113971

CD-405 2021 Page 3 (39)

Legal Name (First 10 Characters) **TENTRR, IN** Federal Employer ID Number **473054018**

**Sch. H Adjustments to Federal Taxable Income**

1. Additions		
a. Taxes based on net income	1a.	2500
b. Contributions	1b.	0
c. Royalties to related members	1c.	0
d. Net interest expense to related members	1d.	0
e. Expenses attributable to income not taxed	1e.	0
f. Bonus depreciation	1f.	0
g. Section 179 expense deduction	1g.	0
h. Other (Attach schedule)	1h.	0
2. Total Additions	2.	2500
3. Deductions		
a. U.S. obligation interest (net of expenses) (Attach schedule)	3a.	0
b. Other deductible dividends	3b.	0
c. Royalties received from related members	3c.	0
d. Qualified interest expense to related members	3d.	0
e. Bonus depreciation	3e.	0
f. Section 179 expense deduction	3f.	0
g. Other (Attach schedule)	3g.	0
4. Total Deductions	4.	0
5. Adjustments to Federal Taxable Income	5.	2500

**Sch. I Contributions**

1. Contributions to Donees Outside N.C.		
a. Total contributions to donees outside N.C.	1a.	5050
b. Multiply Schedule B, Line 12 by 5%, if Line 12 is greater than zero. Otherwise enter zero.	1b.	0
c. Amount Deductible	1c.	0
2. Contributions to N.C. Donees		
a. Total contributions to N.C. donees other than those listed in Line 2d	2a.	0
b. Multiply Sch. B, Line 23 by 5%, if Line 23 is greater than zero. Otherwise enter zero.	2b.	0
c. Enter the lesser of Line 2a or 2b	2c.	0
d. Total contributions to the State of N.C. and its political subdivisions	2d.	0
e. Amount Deductible	2e.	0

**Sch. F Other Information - All Taxpayers Must Complete this Schedule**

1. a. State of incorporation	<b>DELAWARE</b>	8. Is this corporation subject to franchise tax but not N.C. income tax because the corporation's income tax activities are protected under P.L. 86-272? (If yes, attach explanation)	<b>N</b>
b. Date incorporated	<b>02 03 15</b>	9. Officers' names and addresses:	
2. Date of N.C. Certificate of Authority		President	
3. a. Reg or principal trade or bus. in N.C.	<b>CAMPING ONLI</b>	Vice-President	
b. Reg or principal trade or bus. everywhere	<b>CAMPING ONLI</b>	Secretary	
4. Principal place bus. is directed or managed	<b>NEW YORK</b>	Treasurer	
5. What was the last year the IRS redetermined the corporation's federal taxable income?			
6. a. Were adjustments reported to N.C.?	<b>N</b>		
b. If so, when?			
7. Does this corporation finance or discount its receivables through a related or an affiliated company?	<b>N</b>		

**Explanation of Changes for Amended Return:**



CD-405 2021 Page 4 (39)

Legal Name (First 10 Characters)

TENTRR, IN

Federal Employer ID Number

473054018

Sch. L Balance Sheet per Books

Assets	Beginning of Tax Year		End of Tax Year	
	(a)	(b)	(c)	(d)
1. Cash		1794642		6873088
2. a. Trade notes and accounts receivable	271095		434439	
b. Less allowance for bad debts ( )	( 0 )	271095	( 0 )	434439
3. Inventories		16864		0
4. a. U.S. government obligations		0		0
b. State and other obligations		0		0
5. Tax-exempt securities		0		0
6. Other current assets (Attach end of year sch) <b>STMT 2</b>		224410		400798
7. Loans to shareholders		0		0
8. Mortgage and real estate loans		0		0
9. Other investments (Attach end of year sch)		0		0
10. a. Buildings and other depreciable assets	4959727		7248470	
b. Less accumulated depreciation ( )	( 2685661 )	2274066	( 4135912 )	3112558
11. a. Depletable assets	0		0	
b. Less accumulated depletion ( )	( 0 )	0	( 0 )	0
12. Land (net of any amortization)		0		0
13. a. Intangible assets (amortizable only)	290109		1261596	
b. Less accumulated amortization ( )	( 24765 )	265344	( 297405 )	964191
14. Other assets (Attach end of year sch.) <b>STMT 3</b>		381371		547469
15. <b>Total Assets</b>		5227792		12332543
<b>Liabilities and Shareholders' Equity</b>				
16. Accounts payable		122066		292189
17. Mortgages, notes, and bonds payable in less than 1 year		0		0
18. Other current liabilities (Attach end of year schedule) <b>STMT 4</b>		2956742		5460191
19. Loans from shareholders		0		0
20. Mortgages, notes, and bonds payable in 1 year or more		0		0
21. Other liabilities (Attach end of year schedule) <b>STMT 5</b>		1187020		1685120
22. Capital stock: a. Preferred Stock	229		229	
b. Common Stock	800	1029	800	1029
23. Additional paid-in capital		21764062		31053045
24. Retained earnings - Appropriated (Attach end of year schedule)		0		0
25. Retained earnings - Unappropriated		-20803127		-26159031
26. Adjustments to shareholders' equity (Attach end of year schedule)		0		0
27. Less cost of treasury stock		( 0 )		( 0 )
28. <b>Total Liabilities and Shareholders' Equity</b>		5227792		12332543

Sch. M-1 Reconciliation of Income (Loss) per Books with Income per Return

1. Net income (loss) per books	-5355904	7. Income recorded on books this year	
2. Federal income tax	0	not included on this return:	
3. Excess of capital losses over capital gains	0	Tax-exempt interest \$	0
4. Income subject to tax not recorded on books this year:		<b>STMT 6</b>	
	0		401400
5. Expenses recorded on books this year not deducted on this return:		8. Deductions on this return not charged against book income this year:	
a. Depreciation \$	0	a. Depreciation \$	390323
b. Charitable Contributions \$	5050	b. Charitable Contributions \$	0
c. Travel and entertainment \$	0		
<b>STMT 7</b>			390323
	33656	9. Add Lines 7 and 8	791723
6. Add Lines 1 through 5	-5322248	10. Income	-6113971

This page must be filed with this form.

**CD-405 2021 Page 5 (39)**

Legal Name (First 10 Characters) **TENTRR, IN** Federal Employer ID Number **473054018**

**Sch. M-2 Retained Earnings Analysis**

1. Balance at beginning of year	-20803127	5. Distributions: a. Cash	0
2. Net income (loss) per books	-5355904	b. Stock	0
3. Other increases:		c. Property	0
		6. Other decreases:	0
	0	7. Add Lines 5 and 6	0
4. Add Lines 1, 2, and 3	-26159031	8. Balance at End of Year	-26159031

**Sch. N Nonapportionable Income**

(A) Nonapportionable Income	(B) Gross Amounts	(C) Related Expenses	(D) Net Amounts	(E) Net Amounts Allocated Directly to N.C.
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
1. Nonapportionable Income			0	
2. Nonapportionable Income Allocated to N.C.				0

Explanation of why income listed is nonapportionable income rather than apportionable income:

**Sch. O Computation of Apportionment Factor**

**Part 1. Domestic and Other Corporations Not Apportioning Franchise or Income Outside N.C.** 0.0000%

**Part 2. Corporations Apportioning Franchise or Income to N.C. and to Other States**

	1. Within North Carolina	2. Total Everywhere
1. Gross Receipts Subject to Apportionment	48084	4846290
2. Gross Rents Subject to Apportionment	0	0
3. Gross Royalties Subject to Apportionment	0	0
4. Dividends Subject to Apportionment	0	0
5. Interest Subject to Apportionment	0	0
6. Other Apportionable Income	0	5821
7. Share of Receipts from Noncorporate Entities Subject to Apportionment	0	0
8. <b>Total</b>	48084	4852111
9. <b>N.C. Apportionment Factor</b>		0.9910%

**Part 3. Special Apportionment Formulas** 0.0000%

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TENTRR, INC.

47-3054018

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NC SCH B CURRENT YEAR STATE INCOME/LOSS AND SNL DEDUCTION STATEMENT 1

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1) INCOME BEFORE APPORTIONMENT	-6,111,471.
2) TAX EXEMPT MUNICIPAL INTEREST	0.
3) U.S. INTEREST	0.
4) DEDUCTIBLE PORTION OF DIVIDENDS	0.
5) DEDUCTIBLE PORTION OF PRIOR YEAR CAPITAL LOSS	0.
6) OTHER TAX EXEMPT INCOME	0.
7) INCOME BEFORE APPORTIONMENT AND TAX EXEMPT INCOME	-6,111,471.
8) NONBUSINESS INCOME (MULTISTATE CORPORATIONS ONLY)	0.
9) OTHER DEDUCTIONS FROM TAX EXEMPT INCOME	0.
10) TOTAL BUSINESS INCOME	-6,111,471.
(IF ALL BUSINESS IS IN N.C. SKIP TO LINE 20)	

## MULTISTATE CORPORATIONS

11) APPORTIONMENT PERCENT	.9910%
12) APPORTIONED BUSINESS INCOME	-60,565.
13) APPORTIONABLE NORTH CAROLINA NONBUSINESS INCOME	
14) APPORTIONED NORTH CAROLINA NONBUSINESS INCOME	
15) OTHER APPORTIONABLE ADJUSTMENTS	0.
16) NONBUSINESS INCOME ALLOCATED TO NORTH CAROLINA	
17) NONBUSINESS INCOME NOT TAXABLE TO NORTH CAROLINA	0.
18) APPORTIONED NONBUSINESS INCOME NOT TAXABLE TO NC	0.
19) CONTRIBUTIONS TO NORTH CAROLINA DONEES	0.
20) TOTAL STATE NET INCOME (LOSS)	-60,565.
21) STATE NET INCOME AS TAXABLE INCOME	-60,565.

## STATE NET LOSS DEDUCTION:

	STATE NET LOSS	TAXABLE INCOME LOSS SUSTAINED	NON TAXABLE LOSS SUSTAINED
2006	0.	0.	0.
2007	0.	0.	0.
2008	0.	0.	0.
2009	0.	0.	0.
2010	0.	0.	0.
2011	0.	0.	0.
2012	0.	0.	0.
2013	0.	0.	0.
2014	0.	0.	0.
2015	0.	0.	0.
2016	0.	0.	0.
2017	0.	0.	0.
2018	0.	0.	0.
2019	0.	0.	0.
2020	0.	0.	0.

TENTRR, INC.

47-3054018

NC SCH L	OTHER CURRENT ASSETS	STATEMENT 2	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSES		53,618.	65,042.
DEFERRED EXPENSES		117,595.	312,775.
LOWES ESCROW		53,197.	22,981.
TOTAL TO FORM CD-405, PAGE 4, SCHEDULE L, LINE 6		224,410.	400,798.

NC SCH L	OTHER ASSETS	STATEMENT 3	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS		381,371.	547,469.
TOTAL TO FORM CD-405, PAGE 4, SCHEDULE L, LINE 14		381,371.	547,469.

NC SCH L	OTHER CURRENT LIABILITIES	STATEMENT 4	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
PAYROLL LIABILITIES		15,292.	20,786.
CREDIT CARDS PAYABLE		3,599.	4,124.
ACCRUED EXPENSES		333,355.	689,171.
DEFERRED REVENUE		61,173.	173,080.
GIFT CARDS		27,801.	71,392.
SALES TAX PAYABLE		2,527.	1,318.
OTHER PAYABLES			
DEFERRED KEEPER EXPENSE			
GAP ACCOUNT		5,705.	
FARNAM LEASE LIABILITY		2,507,290.	4,486,749.
TENTKIT DEPLOYED			13,571.
TOTAL TO FORM CD-405, PAGE 4, SCHEDULE L, LINE 18		2,956,742.	5,460,191.

TENTRR, INC.

47-3054018

## NC SCH L

## OTHER LIABILITIES

## STATEMENT 5

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
LINE OF CREDIT	29,985.	0.
LOAN PAYABLE - PPP	401,400.	0.
DECATHLON LOAN	755,635.	1,642,792.
NATIONAL PARTNERS		5,427.
IPFS		36,901.
TOTAL TO FORM CD-405, PAGE 4, SCHEDULE L, LINE 21	1,187,020.	1,685,120.

## NC SCH M-1

## INCOME RECORDED ON BOOKS NOT INCLUDED ON RETURN

## STATEMENT 6

DESCRIPTION	AMOUNT
PPP LOANS, EIDL AND OTHER COVID GRANTS OR SUBSIDIES	401,400.
TOTAL TO FORM CD-405, PAGE 4, SCHEDULE M-1, LINE 7	401,400.

## NC SCH M-1

## EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN

## STATEMENT 7

DESCRIPTION	AMOUNT
AMORTIZATION	28,606.
TOTAL TO FORM CD-405, PAGE 4, SCHEDULE M-1, LINE 5	28,606.

**2021 TAX RETURN FILING INSTRUCTIONS**

NH BUSINESS ENTERPRISE/PROFITS TAX

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

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**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

---

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

---

**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

---

**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE NH DRA, PLEASE CONTACT OUR OFFICE AND WE WILL SUBMIT YOUR ELECTRONIC RETURN. DO NOT MAIL THE PAPER COPY TO THE NH DRA.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

New Hampshire  
Department of  
Revenue Administration

**2021**  
**BT-SUMMARY**



**BUSINESS TAX RETURN SUMMARY**

**STEP 1 - PRINT OR TYPE**

For the CALENDAR year **2021** or other taxable period beginning: MMDDYYYY **01012021** and ending: MMDDYYYY **12312021**

Check box if there has been a name change since last filing. List former name.

Proprietor's Last Name

First Name MI Social Security Number

**If issued a DIN,  
use the DIN in the  
appropriate taxpayer  
identification box.  
DO NOT enter SSN or FEIN if  
you have a DIN**

Corporate, Partnership, Estate, Trust, Non-Profit or LLC Name

**TENTRR INC.**

Taxpayer Identification Number Principal Business Activity Code (Federal)  
**473054018 454110**

Number & Street Address  
**25 W. 39TH STREET 7TH FLOOR**

Address (continued) Unit Type Unit #

City / Town State ZIP Code + 4 (or Canadian Postal Code)  
**NEW YORK NY 10018**

**STEP 2 - Return Type and Federal Information**

Are you required to file a BET Return (Gross Business Receipts over \$222,000, or Enterprise Value Tax Base over \$111,000)?  Yes  No

If you checked "yes" to one or both of the first two questions, you must file the completed corresponding return(s) with this BT-Summary. Are you required to file a BPT Return (Gross Business Income over \$50,000)?  Yes  No

Do you file a Form 990/990T? Yes  No

Do you file a Federal Form 8023, Federal Form 8883 and/or have checked box 10b on Schedule B of Federal Form 1065? Yes  No

Is the business organization filing its return on an IRS approved 52/53 week tax year? Yes  No

OR  **2 - CORPORATION**  **3 - PARTNERSHIP**  **1 - PROPRIETORSHIP**  **AMENDED RETURN**  **LLC**  
 **6 - COMBINED GROUP**  **5 - NON-PROFIT**  **4 - FIDUCIARY**  **FINAL RETURN**

**IRS Adjustment:** A complete federal Report of Change form with all applicable Schedules must be included with a complete amended NH tax return. Incomplete Report of Change forms will not be accepted. **Do not use this form to report an IRS adjustments for taxable periods ending on or before December 31, 2020.**

**Check Appropriate Box(es):**

Payment Required Refund Request Credit Next Year's Tax Liability  No Payment Required

New Hampshire  
Department of  
Revenue Administration

**2021  
BT-SUMMARY**



**BUSINESS TAX RETURN SUMMARY - Continued**

**STEP 3 - Complete the BET and / or BPT return(s) and then complete the BT-Summary and attach return(s)**

**STEP 4 - Calculate Your Balance Due or Overpayment**

Round to the nearest whole dollar

1 (a)	Business Enterprise Tax Net of Statutory Credits	1(a)	0	
(b)	Business Profits Tax Net of Statutory Credits	1(b)	0	
(c)	Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))	1(c)		0
<b>2 PAYMENTS</b>				
(a)	Tax paid with application for extension	2(a)		
(b)	Total of taxable period's estimated tax payments	2(b)		
(c)	Credit carryover from prior tax period	2(c)		
(d)	Tax paid with original return (Amended returns only)	2(d)		
(e)	Total of Lines 2(a) through 2(d)	2(e)		
3	TAX DUE: (Line 1(c) minus Line 2(e))		3	0
<b>4 ADDITIONS TO TAX</b>				
(a)	Interest (See instructions)	4(a)		
(b)	Failure to Pay (See instructions)	4(b)		
(c)	Failure to File (See instructions)	4(c)		
(d)	Underpayment of Estimated Tax (See instructions)	4(d)		
(e)	Total of Lines 4(a) through 4(d)	4(e)		
5 (a)	Subtotal of Amount Due (Line 3 plus Line 4(e))	5(a)		
(b)	Return Payment Made Electronically	5(b)		
(c)	<b>BALANCE DUE:</b> Line 5(a) minus 5(b). Make your payment online at <a href="http://www.revenue.nh.gov/gtc">www.revenue.nh.gov/gtc</a> or make check payable to: <b>STATE OF NEW HAMPSHIRE</b>		<b>PAY THIS AMOUNT</b>	5(c) 0
6	<b>OVERPAYMENT:</b> If balance due is less than zero, enter on Line 6	6		
7	Apply overpayment amount on Line 6 to:			
(a)	Credit - Next Year's Tax Liability ( <b>Not available for Federal ROC</b> )		<b>DO NOT PAY</b>	7(a)
(b)	Refund ( <b>Only option available for Federal ROC</b> )		<b>DO NOT PAY</b>	7(b)

**STEP 5**

**THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES**



New Hampshire  
Department of  
Revenue Administration

**2021**  
**BT-SUMMARY**



**BUSINESS TAX RETURN SUMMARY - Continued**

Under penalties of perjury, I declare that I have examined this BT-Summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.

POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed below.

**TAXPAYER'S SIGNATURE & INFORMATION**

Signature (in ink)

MMDYYYYY

Print Signatory Name & Title

**ANAND SUBRAMANIAN PRESIDENT**

Email Address

**ANAND@TENTRR.COM**

Phone Number

**6462301040**

Check this box if you are filing as a surviving spouse

**PAID PREPARER'S SIGNATURE & INFORMATION**

Signature of Preparer

MMDYYYYY

**10112022**

Printed Name of Preparer

**ALAN J COHEN**

Email Address

**ALAN@ZERAHCO.COM**

Phone Number

**6316294344**

Preparer Identification Number

**P00185030**

Preparer's Address

**445 BROADHOLLOW ROAD STE 230**

Address (continued)

City / Town

**MELVILLE**

State

**NY**

ZIP Code + 4 (or Canadian Postal Code)

**11747**

Mail to:  
NH DRA  
PO Box 637  
Concord NH 03302-0637

Make Check Payable to:  
**STATE OF NEW HAMPSHIRE**  
Enclose but DO NOT staple or tape your  
attachments

**FILE ONLINE AT GRANITE TAX CONNECT**  
[www.revenue.nh.gov/gtc](http://www.revenue.nh.gov/gtc)



New Hampshire  
Department of  
Revenue Administration

2021  
BET



**BUSINESS ENTERPRISE TAX RETURN**

Taxpayer Name

**TENTRR INC.**

Taxpayer Identification Number

**473054018**

For the CALENDAR year **2021**  
or other taxable period beginning:

MMDDYYYY

**01012021**

MMDDYYYY

and ending: **12312021**

You are required to file this return if the gross business receipts were greater than **\$222,000** or the enterprise value tax base is greater than **\$111,000**.

Check here if required to file Form BET-80

Round to the nearest whole dollar

**Total Gross Business Receipts for this business organization**

**4855543**

1. Dividends Paid	1	0
2. Compensation and Wages Paid or Accrued	2	0
3. Interest Paid or Accrued	3	0
4. Taxable Enterprise Value Tax Base (Sum of Lines 1, 2, and 3)	4	0
5. New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .006) before credits	5	0
6. Enter credits against BET. Use DP-160 to determine credit against BET	6	
7. Enter Tax Due (Line 5 minus 6). If negative, enter Zero. Report on BT-SUMMARY Line 1(a) <b>TAX DUE</b>	7	0

**BET CREDIT WORKSHEET**

1. Business Profits Tax (BPT) from BPT Return, Line 18 NH-1120-WE, Line 10 all other forms. 1
2. Sum the amounts from Lines 3 through 10, Column B plus other credits applied from Form DP-160 part B, not to exceed the amount on Line 1. Include the result on the BPT return, Line 19(a) NH-1120-WE or Line 11(a) all other forms. If other credits are applied, include result on BPT return, Line 19(b) NH-1120-WE, Line 11(b) all other forms.

Use carry forward amounts in the following order for this taxable period

**A**  
Available Credits

**B**  
Credit Applied to BPT

**C**  
Excess Credits

3. BET tax paid amount from Line 7 BET Return plus Line 4 of DP-160, Part A.
4. Carry over BET from seventh prior taxable period
5. Carry over BET from sixth prior taxable period
6. Carry over BET from fifth prior taxable period
7. Carry over BET from fourth prior taxable period



New Hampshire  
Department of  
Revenue Administration

2021  
BET



### BET CREDIT WORKSHEET CONTINUED

Use carry forward amounts in the following order for this taxable period (continued)

A  
Available Credits

B  
Credit Applied to BPT

C  
Excess Credits

8. Carry over BET from third prior taxable period
9. Carry over BET from second prior taxable period
10. Carry over BET from first prior taxable period

### BET CREDIT WORKSHEET INSTRUCTIONS

The worksheet must be completed if the taxpayer is using carry forward BET credits from prior taxable periods. In no case can the BET credit used exceed the Business Profits Tax (BPT) liability. BET must be paid to be used as a credit against BPT.

The current year BET paid shall be used as a credit against the current year BPT liability before BET credits from prior taxable periods may be used. If, after current year credits have been applied, a current year BPT liability still remains, prior taxable periods' BET credits may be applied using the oldest allowable BET credits first.

1. Determine your BPT liability and enter that amount on the BET CREDIT WORKSHEET.
2. Enter on Lines 3 through 10, Column A all available BET credits, including those credits applied against BET that are considered taxes paid from Line 4 of DP-160, Part A.
3. Enter on Lines 3 through 10, Column B, the amounts of BET credits applied against this taxable period's BPT liability. Work from Line 3 down.
4. Enter on Lines 3 through 10, Column C, the difference between the amounts reported in Column A and the amounts used as a credit against BPT reported in Column B. The total of Column C is excess and can be carried forward to another year.

**Note:** Any unused portion of BET credits applied under RSA 77-A:5, X from taxable periods ending on or after December 31, 2014 may be carried forward and allowed against the business profits tax due for 10 taxable periods from the taxable period in which the tax was paid. Unused credits in taxable periods ending before December 31, 2014 remain at a 5 year carry forward.

New Hampshire  
Department of  
Revenue Administration

**2021**  
**BET-80**



**BUSINESS ENTERPRISE TAX APPORTIONMENT**

Business Enterprise Name

**TENTRR, INC.**

Taxpayer Identification #

**473054018**

For the CALENDAR year **2021**  
or other taxable period beginning: MMDDYYYY  
**01012021**

MMDDYYYY  
and ending: **12312021**

**SECTION I - APPORTIONMENT FACTORS**

See General Instructions

**Compensation and Wages Factor**

Round to the nearest whole dollar

- 1 New Hampshire Compensation and Wages Paid or Accrued 1
- 2 Everywhere Compensation and Wages Paid or Accrued 2
- 3 COMPENSATION FACTOR (Line 1 divided by Line 2) Enter this amount on Line 21. Express to six decimal places. 3

**Interest Factor**

- 4 Average of New Hampshire Property 4
- 5 Average of Everywhere Property 5
- 6 INTEREST FACTOR (Line 4 divided by Line 5) Enter this amount on Line 26. Express to six decimal places. 6

**Dividend Factor**

- 7 New Hampshire Sales 7 **244522**
- 8 Everywhere Sales 8 **4852111**
- 9 Sales Factor (Line 7 divided by Line 8). Express to six decimal places. 9 **0.050395**
- 10 Subtotal (Sum of Lines 3, 6 and 9) 10 **0.050395**
- 11 DIVIDEND FACTOR (Line 10 divided by the number of "EVERYWHERE" factors in the subtotal). Enter this amount on Line 15. Express to six decimal places . 11 **0.050395**



New Hampshire  
Department of  
Revenue Administration

**2021**  
**BET-80**



**BUSINESS ENTERPRISE TAX APPORTIONMENT - continued**

Business Enterprise Name

**TENTRR, INC.**

Taxpayer Identification #

**473054018**

MMDDYYYY

For the CALENDAR year **2021**  
or other taxable period beginning:

**01012021**

MMDDYYYY

and ending: **12312021**

**SECTION II - BUSINESS ENTERPRISE TAX BASE APPORTIONMENT**

See General Instructions

**Dividend Apportionment**

Round to the nearest whole dollar

12	Dividends Paid	12	0	
13	LESS: Dividend Deduction	13		
14	Subtotal (Line 12 minus Line 13)	14	0	
15	Dividend Apportionment Factor (From Line 11)	15	0.050395	
16	Taxable Dividends (Line 14 multiplied by Line 15) (If negative, use minus sign)	16	0	
17	TOTAL TAXABLE DIVIDENDS (From Line 16) <b>IF NEGATIVE, ENTER ZERO.</b> Enter this amount on Form BET, Line 1.	17	0	

**Compensation and Wages Apportionment**

18	Everywhere Compensation and Wages Paid or Accrued	18	0	
19	LESS: Retained Compensation	19		
20	Subtotal (Line 18 minus Line 19)	20	0	
21	Compensation Apportionment Factor (From Line 3)	21		
22	Taxable Compensation (Line 20 multiplied by Line 21)	22	0	
23	LESS: Dividend Offset (See Instructions)	23		
24	TOTAL TAXABLE COMPENSATION (Line 22 minus Line 23) Enter this amount on Form BET, Line 2.	24	0	

**Interest Apportionment**

25	Interest Paid or Accrued	25	353565	
26	Interest Apportionment Factor (From Line 6)	26		
27	Taxable Interest (Line 25 multiplied by Line 26)	27	0	
28	LESS: Dividend Offset (See Instructions)	28		
29	TOTAL TAXABLE INTEREST (Line 27 minus Line 28) Enter this amount on Form BET, Line 3.	29	0	

New Hampshire  
Department of  
Revenue Administration

2021  
NH-1120



**BUSINESS PROFITS TAX RETURN**

Business Organization Name

**TENTRR INC.**

Taxpayer Identification Number

**473054018**

For the CALENDAR year **2021**  
or other taxable period beginning:

MMDDYYYY

**01012021**

MMDDYYYY

and ending: **12312021**

**1 FEDERAL TAXABLE INCOME/(LOSS)**

Round to the nearest whole dollar

Enter Amount Reported on:

If 1120, Federal Form 1120, Line 28 1 -6113971  
If 1120S, DP-120, Line 2 (attach DP-120 to tax return)

**2 INCREASE or DECREASE TO GROSS BUSINESS PROFITS TO RECONCILE WITH IRC**

- 2(a) Add amount of IRC §179 expense taken on Federal Form 4562 in excess of the amount permitted pursuant to RSA 77-A:3-b, IV, including carryover amounts deducted in this taxable period 2(a)
- 2(b) Add the amount of bonus depreciation taken on the federal return for assets placed in service this period pursuant to RSA 77-A:3-b, I 2(b)
- 2(c) Add any other deductions or exclusions taken on the federal return that need to be eliminated or adjusted pursuant to RSA 77-A:1, XX and 77-A:3-b, III. Complete and attach Schedule IV 2(c)
- 2(d) Deduct regular depreciation related to IRC §179 and bonus depreciation not allowed for this taxable period or for prior taxable periods 2(d)
- 2(e) Deduct any other items included on the federal return that need to be eliminated or adjusted pursuant to RSA 77-A:1, XX or RSA 77-A:4, XIX. Complete and attach Schedule IV 2(e)
- 2(f) Increase or Decrease for the net gain or loss on the sale of assets used in the business which have a different State basis from the tax basis reported on the federal return 2(f)
- 2(g) Net 2(a) through 2(f) 2(g)
- 3 Subtotal Line 1 adjusted by Line 2(g) 3 -6113971
- 4 Separate entity items of income or expense (attach schedule) 4
- 5 Gross Business Profits (combine Line 3 and Line 4) 5 -6113971

**6 ADDITIONS AND DEDUCTIONS (RSA 77-A:4)**

- 6(a) Deduct interest on direct US Obligations not subject to tax under RSA 77 (RSA 77-A:4, II) 6(a)
- 6(b) Add income taxes or franchise taxes measured by income (attach schedule of taxes by State) (RSA 77-A:4, VII) 6(b) 2500
- 6(c) Add federal non-recognized IRC §337 Gain (RSA 77-A:4, VIII) 6(c)
- 6(d) Deduct wage adjustment required by IRC §280C (RSA 77-A:4, IX) 6(d)
- 6(e) Add expenses related to federal constitutionally exempt income (RSA 77-A:4, X) 6(e)
- 6(f) Deduct foreign dividend gross-up (IRC §78) (RSA 77-A:4, XI) 6(f)
- 6(g) Deduct research contribution (attach computation) (RSA 77-A:4, XII) 6(g)

New Hampshire  
Department of  
Revenue Administration

2021  
NH-1120



**BUSINESS PROFITS TAX RETURN**

Business Organization Name

**TENTRR INC.**

Taxpayer Identification Number

**473054018**

For the CALENDAR year **2021**  
or other taxable period beginning:

MMDDYYYY

**01012021**

MMDDYYYY

and ending: **12312021**

**NH-1120 continued**

6(h) Deduct New Hampshire Net Operating Loss Deduction (NOLD) (attach Form DP-132) (RSA 77-A:4, XIII) Round to the nearest whole dollar

NOLD available 6(h) - A

Less NOLD used this tax period 6(h)

NOLD to be carried forward 6(h) - B

6(i) Adjustments to gross business profits required due to the increase in the basis of assets resulting from the sale or exchange of an interest in the business organization (RSA 77-A:4, XIV)

Add the amount of the increase in the basis of assets federally, due to the sale or exchange of interest in the business organization 6(i) - A

Check yes if an election is being made to recognize the basis increase for any sale or exchange reported above

Yes	Multiple Transactions (schedule attached)	Yes
-----	--	-----

If not making an election, deduct the basis increase associated with the sale or exchange(s). If making an election, enter zero. If reporting multiple transactions, please attach a schedule reporting the details for each transaction. 6(i) - B

Add the amount of depreciation/amortization on the federal return attributable to an increase in the basis of assets not recognized for NH purposes 6(i) - C

Upon the sale of assets, adjust the net gain or loss attributable to an increase in the basis of assets that has not been recognized for NH purposes 6(i) - D

Net Lines 6(i) - A through 6(i) - D 6(i)

6(j) Add Qualified Investment Company (QIC) holders proportional share of QIC profits (RSA 77-A:4, XV) 6(j)

6(k) Deduct assistance payments under 12 USC §1823 (RSA 77-A:4, XVI) 6(k)

6(l) Net Lines 6(a) through 6(k) 6(l) 2500

7 Adjusted Gross Business Profits (Sum of Lines 5 and 6(l)) 7 -6111471

8 New Hampshire Apportionment (If other than 100%, complete Form DP-80 BPT Apportionment Schedule. Enter percentage from Form DP-80, Line 5) Exempt under P.L. 86-272 8 0.050395

9 New Hampshire Taxable Business Profits (Line 7 multiplied by Line 8. If negative, enter zero) 9 0

10 Compute tax (Line 9 multiplied by 7.7%) 10 0

New Hampshire  
Department of  
Revenue Administration

2021  
NH-1120



**BUSINESS PROFITS TAX RETURN**

Business Organization Name

**TENTRR INC.**

Taxpayer Identification Number

473054018

For the CALENDAR year **2021**  
or other taxable period beginning:

MMDDYYYY

01012021

MMDDYYYY

and ending: 12312021

**NH-1120 continued**

Round to the nearest whole dollar

<b>11 (a)</b> BET Credit only - attach Form BET Credit Worksheet	11(a)	0
<b>-OR-</b>		
<b>(b)</b> Other credit including BET (attach Form DP-160)	11(b)	
<b>12</b> New Hampshire Business Profits Tax Net of Statutory Credits (Line 10 minus Line 11(a) or 11(b), as applicable, cannot be less than zero) Report on BT-Summary, Line 1(b)	12	0

**This return must be accompanied by complete and legible copies of the appropriate federal forms and schedules.**





New Hampshire  
Department of  
Revenue Administration

# 2021 ADDLINFO



This form should be completed if filing a NH-1120-WE or if New Hampshire apportionment is less than 100%

## BUSINESS PROFITS TAX RETURN ADDITIONAL INFORMATION

Business Organization Name

TENTRR INC.

Taxpayer Identification #

473054018

For the CALENDAR year **2021**  
or other taxable period beginning:

MMDDYYYY

01012021

MMDDYYYY

and ending: 12312021

### YOU ARE REQUIRED TO FILE A BUSINESS PROFITS TAX RETURN IF GROSS BUSINESS INCOME IS GREATER THAN \$50,000.

If the business organization is a partnership the due date of the return is the **FIFTEENTH DAY OF THE THIRD MONTH FOLLOWING THE END OF THE TAXABLE PERIOD**. If the business organization is not a partnership the due date of the return is the **FIFTEENTH DAY OF THE FOURTH MONTH FOLLOWING THE END OF THE TAXABLE PERIOD**.

Principal Business Activity in New Hampshire

CAMPING ONLINE MARKE

Business locations in New Hampshire - location of factories, sales offices, warehouses, etc.

Check box and attach a list if more space is required

2021 Year first NH return filed

DE State of Incorporation

City, State and Country where records are located

City / Town

NEW YORK

State

NY

Country

US

Business locations outside of New Hampshire

Check box and attach a list if more space is required

#### Answer Yes or No

City / Town

State

Registered to do  
business in state  
where located?

Files returns  
in state  
where located?

Apportion sales, payroll  
and/or property in state  
where located?

Type of Business

City / Town

State

Type of Business

City / Town

State

Type of Business

New Hampshire  
Department of  
Revenue Administration

**2021  
ADDLINFO**



**BUSINESS PROFITS TAX RETURN ADDITIONAL INFORMATION - continued**

Business Organization Name

**TENTRR INC.**

Taxpayer Identification #

**473054018**

For the CALENDAR year **2021**  
or other taxable period beginning:

MMDDYYYY

**01012021**

and ending: MMDDYYYY

MMDDYYYY

**12312021**

Is the business organization filing its tax return  
on an IRS approved 52/53 week tax year?

Yes  No

If yes, provide the date  
the period begins

MMDDYYYY

and  
ends

MMDDYYYY

Is this business organization affiliated with any other business organization that files business tax returns with this Department?  
Identify affiliated business organization by name and FEIN Check box and attach a list if more space is required

Yes  No  
FEIN

Does the business organization file as part of a unitary group in any other jurisdiction?

Yes  No

Is the business organization  
registered with the NH Secretary of State?

Yes  No

If YES, provide  
Business ID

If YES, provide YEAR  
registered

In which state is the business organization domiciled?:

State  
**NY**

Did the business organization have a change in income due to a final adjustment determined by a court, the Internal Revenue Service, or another state's taxing authority since its most recent filing of a NH BPT return (prior to this return)?

Yes  No

If yes, provide full details. Use additional sheet(s) if necessary.



New Hampshire  
Department of  
Revenue Administration

**2021**  
**DP-80**



**BUSINESS PROFITS TAX RETURN - BUSINESS PROFITS TAX APPORTIONMENT**

Business Organization Name

**TENTRR INC.**

Taxpayer Identification Number

**473054018**

MMDDYYYY

For the CALENDAR year **2021**  
or other taxable period beginning:

**01012021**

MMDDYYYY

and ending: **12312021**

	<b>1(a)</b> <b>Everywhere</b> (Denominator)	<b>1(b)</b> <b>New Hampshire</b> (Numerator)	<b>1(c)</b> <b>Sales/Receipts Factor</b>
1 SALES/RECEIPTS FACTOR	4852111	244522	
			.100790
	1(c) Divide 1(b) by 1(a) and multiply by 2 (Express as a decimal to 6 places)		

	<b>2(a)</b> <b>Everywhere</b> (Denominator)	<b>2(b)</b> <b>New Hampshire</b> (Numerator)	<b>2(c)</b> <b>Payroll Factor</b>
--	---	--	--------------------------------------

2 PAYROLL FACTOR

2(c) Divide 2(b) by 2(a) (Express as a decimal to 6 places)

3 PROPERTY FACTOR	<b>3(a)</b> <b>Everywhere</b> (Denominator)		<b>3(b)</b> <b>New Hampshire</b> (Numerator)	
	Beginning of Period	End of Period	Beginning of Period	End of Period
Inventory			Inventory	
Buildings			Buildings	
Furniture & Fixtures			Furniture & Fixtures	
Leasehold Improvements			Leasehold Improvements	
Land			Land	
Other Tangible Assets			Other Tangible Assets	
Subtotal			Subtotal	
Average of Subtotals			Average of Subtotals	
Rented Property (annual rate x 8)			Rented Property (annual rate x 8)	
Total Everywhere Property			Total New Hampshire Property	

3(c) Divide 3(b) total by 3(a) total (Express as a decimal to 6 places)

4 TOTAL OF LINES 1(c), 2(c) and 3(c)	4	.100790
5 NEW HAMPSHIRE APPORTIONMENT: Line 4 divided by 4 and expressed as a decimal to 6 places. If there are only one or two factors with an "Everywhere" denominator, see instructions.	5	0.050395

165021 11-01-21



TENTRR, INC.47-3054018

NH 1120

INCOME/FRANCHISE TAXES

STATEMENT 1

DESCRIPTIONAMOUNT

LOUISIANA STATE INCOME/FRANCHISE TAX

549.

NEW YORK STATE INCOME/FRANCHISE TAX

1826.

NEW YORK CITY INCOME/FRANCHISE TAX

25.

UTAH STATE INCOME/FRANCHISE TAX

100.

TOTAL TO FORM NH-1120, LINE 6(B)

2500.

**2021 TAX RETURN FILING INSTRUCTIONS**

NEW JERSEY FORM CBT-100

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

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**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

---

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

---

**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	750
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	19
BALANCE DUE	\$	769

---

**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE NEW JERSEY DOR, PLEASE CONTACT OUR OFFICE AND WE WILL SUBMIT YOUR ELECTRONIC RETURN. DO NOT MAIL THE PAPER COPY TO THE NEW JERSEY DOR.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

YOUR BALANCE DUE OF \$769 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CBT-100 BALANCE DUE. REFER TO FORM CBT-100 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

**CORPORATION BUSINESS TAX  
PAYMENT WORKSHEET**

**CBT-100-V**

**BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY  
CORPORATION BUSINESS TAX ELECTRONICALLY**

You need to pay the tax by one of these methods:

1. **Electronic Check or Credit Card:** Visit [www.njtaxation.org](http://www.njtaxation.org) and select "Make a Payment."
2. **Electronic Funds Transfer (EFT):** To register visit [www.nj.gov/treasury/revenue/eft1.shtml](http://www.nj.gov/treasury/revenue/eft1.shtml)

If you do not have access to the internet, call our Customer Service Center at 609-292-6400 to make a payment.

**RETURN MUST BE FILED ONLINE OR E-FILED.  
This form cannot be paper filed - this  
copy is for informational purposes only.**

Corporation Business Tax Payment Worksheet  
CBT-100-V

Beginning 01/01/2021 and ending 12/31/2021

2020  
473-054-018/000 TENT  
TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

Payments should be made electronically.

Enter amount of payment here:

769.00

**2021  
CBT-100**

**New Jersey Corporation Business Tax Return  
For Tax Years Ending On or After July 31, 2021, Through June 30, 2022**

Tax year beginning JAN 1, 2021 and ending DEC 31, 2021

<b>FEDERAL EMPLOYER I.D. NUMBER</b> 473-054-018/000	<b>N.J. CORPORATION NUMBER</b> 4730-5401-80	<b>State and date of incorporation</b> DE 02 03 2015
<b>CORPORATION NAME</b> TENTRR INC		<b>Date authorized to do business in New Jersey</b> 02032015
<b>MAILING ADDRESS</b> 25 W 39TH STREET 7TH FLOOR		<b>Federal business activity code</b> 454110
<b>CITY</b> NEW YORK	<b>STATE</b> NY	<b>Corporation books are in the care of</b> ANAND SUBRAMANI at 411 W 39TH ST 4TH FL NEW
<b>ZIP CODE</b> 10018		<b>Phone Number</b> 6462301040
<b>Check applicable return type:</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended		
<b>Enter Amended Code:</b> _____ <b>If code 10, enter reason:</b> _____		
		<b>Check if applicable (see instructions):</b> <input type="checkbox"/> Investment Company <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Real Estate Investment Trust <input type="checkbox"/> Regulated Invest. Company <input type="checkbox"/> Federal 1120-S Filer <input type="checkbox"/> Claiming P.L. 86-272

1. Tax Base - Enter amount from line 4 of Schedule A, Part III .....	1.	0.
2. Amount of Tax - Multiply line 1 by the applicable tax rate (see instructions) .....	2.	
3. Tax Credits - Enter amount from Schedule A-3, Part I, line 28 (see instructions) .....	3.	
4. CBT TAX LIABILITY - Subtract line 3 from line 2 .....	4.	0.
5. a. Surtax on taxable net income - Multiply the amount on Schedule A, Part III, line 2a, 2b, or 2c (whichever is applicable) by the applicable surtax rate (see instructions) .....	5a.	0.
b. Pass-Through Business Alternative Income Tax Credit from Form 329 (see instructions) (Amount entered cannot be more than amount on line 5a) .....	5b.	0.
c. Balance of surtax - Subtract line 5b from line 5a .....	5c.	0.
6. a. Enter the total minimum tax (see instructions) .....	6a.	500.
b. Tax Due - Add line 5c to the greater of line 4 or line 6a (see instructions) .....	6b.	500.
7. Installment Payment - Only applies if line 6b is \$500 or less (see instructions) .....	7.	250.
8. Professional Corporation Fees (from Schedule PC, line 7) .....	8.	0.
9. TOTAL TAX AND PROFESSIONAL CORPORATION FEES - Add lines 6b, 7, and 8 .....	9.	750.
10. a. Payments and Credits (see instructions) .....	10a.	
b. Payments made by partnerships on behalf of taxpayer (include copies of all NJK-1s) .....	10b.	
c. Refundable Tax Credits from Schedule A-3, Part II, line 5 (see instructions) .....	10c.	
d. Total Payments and Credits - Add lines 10a, 10b, and 10c .....	10d.	
11. Balance of Tax Due - If line 10d is less than line 9, subtract line 10d from line 9 .....	11.	750.
12. Penalty and Interest Due (see instructions) SEE STATEMENT 1 .....	12.	19.
13. Total Balance Due - Add line 11 and line 12 .....	13.	769.
14. Amount Overpaid - If line 10d is greater than the sum of line 9 and 12, enter amount of overpayment .....	14.	
15. Amount of line 14 to be Refunded .....	15.	
16. Amount of line 14 to be Credited to 2022 Tax Return .....	16.	
17. Amount of line 14 to be Credited to a Combined Group and tax year to which it is to be applied <input type="checkbox"/> 2021 or <input type="checkbox"/> 2022 .....	17.	
		<b>Unitary ID Number</b> NU

**CERTIFICATION OF INACTIVITY (See Instructions)**

If the corporation is inactive, page 1, the Annual General Questionnaire, and Schedules A (Parts I, II, and III), A-2, A-3, and A-4 must be completed. A corporate officer must sign and certify below:

By marking the check box to the left, I certify that the corporation did not conduct any business, did not have any income, receipts, or expenses, and did not own any assets during the entire period covered by the tax return.

(Date) \_\_\_\_\_ (Signature of Corporate Officer) \_\_\_\_\_ (Title) \_\_\_\_\_

**SIGNATURE AND VERIFICATION (See Instruction)**

**RETURN MUST BE FILED ONLINE OR E-FILED**

**This form cannot be paper filed - this copy is for informational purposes only.**

(Date) \_\_\_\_\_ (Signature of Duty Authorized Officer of Taxpayer) \_\_\_\_\_ (Title) PRESIDENT

(Date) \_\_\_\_\_ (Signature of Individual Preparing Return) \_\_\_\_\_ (Address) GUTTERSON & COHEN TAX SPECIALISTS L (Preparer's ID Number) P00185030

(Name of Tax Preparer's Employer) 445 BROADHOLLOW ROAD STE (Address) MELVILLE, NY 11747 (Employer's ID Number) 81-3215466

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
TENTRR, INC.	473-054-018/000

**ANNUAL GENERAL QUESTIONNAIRE (See Instructions)**

**PART I** All taxpayers must answer the following questions. Riders must be provided where necessary.

1. Type of business \_\_\_\_\_  
Principal products handled \_\_\_\_\_
2. State the location of the actual seat of management or control of the corporation \_\_\_\_\_
3. Did one or more other corporations own beneficially, or control, a majority of the stock of taxpayer corporation or did the same interests own beneficially, or control, a majority of the stock of taxpayer corporation and of one or more other corporations?  Yes. Provide a rider indicating the name and FEIN of the controlled corporation, the name and FEIN of the controlling/parent corporation, and the percentage of stock owned or controlled. OR  No.
4. These questions must be answered by corporations with a controlling interest in certain commercial property.
  - a. During the period covered by the return, did the taxpayer acquire or dispose of directly or indirectly a controlling interest in certain commercial property?  Yes. Answer question 4b below. OR  No.
  - b. Was the CITT-1, Controlling Interest Transfer Tax, filed with the Division of Taxation?  Yes. Provide a rider indicating the information and include a copy of the CITT-1 OR  No. Provide a rider indicating the name and FEIN of the transferee, the name and FEIN of the transferor, and the assessed value of the property.
5. Does this corporation own any Qualified Subchapter S Subsidiaries (QSSS)?  Yes. Provide a rider indicating the name, address, and FEIN of the subsidiary, whether the subsidiary made a New Jersey QSSS election, and whether the activities of the subsidiary are included in this return. OR  No.
6. Did the taxpayer receive any deemed repatriation dividends reported under IRC §965 from a subsidiary in the taxpayer's federal tax year 2017 or 2018 for which the taxpayer files a New Jersey 2017, 2018, or 2019 tax return?  Yes. Provide a rider indicating the name and FEIN of the subsidiary, the amount of deemed repatriation dividends, and indicate on which New Jersey return the income was included. OR  No.
7. If the taxpayer is a unitary subsidiary of a combined group filing a New Jersey combined return from which the taxpayer is excluded, did the taxpayer distribute dividends or deemed dividends in the current tax year?  Yes. Provide a rider indicating the name and FEIN of the entity to which the dividends were paid (deemed), the amount of dividends, and unitary ID number of the combined group. OR  No.
8. Is the taxpayer an intangible holding company or is the taxpayer's income, directly or indirectly, from intangible property or related service activities that are deductible against the income of members of a combined group?  Yes. Provide a rider indicating the names and ID numbers of the combined group or the related members and detail the taxpayer's income that is deductible against their income. OR  No.
9. Is income from sources outside the United States included in taxable net income on Schedule A?  
 Yes  No  NA  
If yes, provide a rider indicating such items of gross income, the source, the deductions and the amount of foreign taxes paid. Enter on Schedule A, Part II, line 10, the difference between the net of such income and the amount of foreign taxes paid not previously deducted (include a rider).
10. Does the taxpayer have related parties or affiliates that file combined returns in New Jersey?  Yes. OR  No.
11. Does the taxpayer file as part of a group filing combined returns/reports in other states with corporations that either do not file New Jersey returns or file separate New Jersey returns?  Yes. OR  No.
12. Is the taxpayer part of a group that files a New Jersey combined return, but is excluded from the combined return?  Yes. Provide information below. OR  No.  
Name of the managerial member of the combined group: \_\_\_\_\_
13. Has the taxpayer or the preparer completing this return on the taxpayer's behalf taken any uncertain tax positions when filing this return or their federal tax return?  Yes. Include a rider detailing the information. OR  No.  
For more information see Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10, formerly FASB Interpretation No. 48 (FIN 48).
14. Does the taxpayer own or lease real *or* tangible property:
  - a. In New Jersey?  Yes. OR  No.
  - b. Outside New Jersey?  Yes. Provide information below. OR  No.  
List the states, political subdivisions, and foreign nations (as applicable): \_\_\_\_\_
15. What percentage of the taxpayer's worldwide property, real or tangible, is inside the United States? \_\_\_\_\_
16. Does the taxpayer have payroll:
  - a. In New Jersey?  Yes. OR  No.
  - b. Outside New Jersey?  Yes. Provide information below. OR  No.  
List the states, political subdivisions, and foreign nations (as applicable): \_\_\_\_\_
17. What percentage of the taxpayer's worldwide payroll is inside the United States? \_\_\_\_\_
18. Is 20% or more of either *or* both the taxpayer's property and payroll inside the United States?  Yes. OR  No.
19. Does the taxpayer own a disregarded entity or utilize a disregarded entity of a related party?  Yes. Include a rider with the entity's name and tax ID number. OR  No.



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**ANNUAL GENERAL QUESTIONNAIRE (Continued)**

**PART II REGULATED INVESTMENT COMPANIES** (Riders must be provided where necessary)

1. Is this taxpayer registered and regulated under the Federal Investment Company Act of 1940 (54 Stat. 789, as amended)?  Yes. Provide information below (include rider if necessary).  No.

**Securities and Exchange Commission Information**

Registration Number	Registration Date

**IMPORTANT NOTE:** If the taxpayer's certificate under the Act was not obtained prior to the commencement of the period covered in the return or if such authority was not continued during such entire period, then the taxpayer is not entitled to report as a Regulated Investment Company.

2. Has the taxpayer satisfied the requirements of IRC § 852(a)?  Yes OR  No. If no, taxpayer cannot file as a Regulated Investment Company.
3. Every taxpayer seeking to report as a regulated investment company **MUST SUBMIT WITH THIS RETURN ITS PRINTED ANNUAL REPORT TO STOCKHOLDERS** for the period covered by this return together with all other stockholder reports issued by the company during such period.

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**Schedule A**

**CALCULATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS)  
EVERY CORPORATION MUST COMPLETE PARTS I, II, AND III OF THIS SCHEDULE**

**PART I - COMPUTATION OF ENTIRE NET INCOME** (All data must match the federal pro forma or federal return, whichever is applicable.)

<b>Income</b>		
1. a. Gross receipts or sales	1a.	4,846,290.
b. Less: Returns and allowances	1b.	
c. Total - Subtract line 1b from line 1a	1c.	4,846,290.
2. Less: Cost of goods sold (from Schedule A-2, line 8)	2.	2,339,836.
3. Gross profit - Subtract line 2 from line 1c	3.	2,506,454.
4. a. Dividends	4a.	
b. Gross Foreign Derived Intangible Income (see instructions) (include copy of federal Form 8993)	4b.	
c. Gross Global Intangible Low-Taxed Income (see instructions) (include copy of federal Form 8992)	4c.	
5. Interest	5.	
6. Gross rents	6.	
7. Gross royalties	7.	
8. Capital gain net income (include a copy of federal Schedule D)	8.	
9. Net gain or (loss) (from federal Form 4797, include a copy)	9.	-1,415.
10. Other income (include schedule(s))	10.	SEE STATEMENT 2 5,821.
11. <b>Total Income</b> - Add lines 3 through 10	11.	2,510,860.
<b>Deductions</b>		
12. Compensation of officers (from Schedule F)	12.	490,555.
13. Salaries and wages (less employment credits)	13.	
14. Repairs (Do not include capital expenditures)	14.	
15. Bad debts	15.	181,742.
16. Rents	16.	18,333.
17. Taxes	17.	178,932.
18. Interest	18.	353,565.
19. Charitable contributions	19.	0.
20. Depreciation (from federal Form 4562, include a copy) less depreciation claimed elsewhere on return	20.	1,853,197.
21. Depletion	21.	
22. Advertising	22.	568,851.
23. Pension, profit-sharing plans, etc.	23.	
24. Employee benefit programs	24.	156,376.
25. Reserved for future use	25.	
26. Other deductions (include schedule)	26.	SEE STATEMENT 3 4,823,280.
27. <b>Total Deductions</b> - Add lines 12 through 26	27.	8,624,831.
28. Taxable income before federal net operating loss deductions and federal special deductions - Subtract line 27 from line 11 (Must agree with line 28, page 1 of the Unconsolidated federal Form 1120, or the appropriate line of any other federal corporate return filed) (See instructions)	28.	-6,113,971.

**PART II - NEW JERSEY MODIFICATIONS TO ENTIRE NET INCOME**

1. Taxable income/(loss) before federal net operating loss deductions and special deductions (from Schedule A, Part I, line 28)	1.	-6,113,971.
<b>Additions</b>		
2. Reserved for future use	2.	
3. Other federally exempt income not included in line 1 (see instructions)	3.	
4. Interest on federal, state, municipal, and other obligations not included in line 1 (see instructions)	4.	
5. New Jersey State and other states' taxes deducted in line 1 (see instructions)	5.	2,500.
6. Related party interest addback (from Schedule G, Part I)	6.	
7. Related party intangible expenses and costs addback (from Schedule G, Part II)	7.	
8. Reserved for future use	8.	
9. Depreciation modification being added to income (from Schedule S)	9.	
10. Other additions. Explain on separate rider (see instructions)	10.	
11. Taxable income/(loss) with additions - Add line 1 through line 10 and enter the total	11.	-6,111,471.

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**Schedule A**

**CALCULATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS)  
EVERY CORPORATION MUST COMPLETE PARTS I, II, AND III OF THIS SCHEDULE**

**Deductions**

12. Depreciation modification being subtracted from income (from Schedule S) .....	12.	
13. Previously Taxed Dividends (from Schedule PT) .....	13.	
14. a. Enter the I.R.C. § 250(a) deduction amount allowed federally for GILTI if GILTI income is included on line 1 .....	14a.	
b. Enter the I.R.C. § 250(a) deduction amount allowed federally for FDII if FDII income is included on line 1 .....	14b.	
c. Net GILTI previously taxed by New Jersey not deducted or excluded elsewhere .....	14c.	
15. I.R.C. § 78 Gross-up included in line 1 (do not include dividends that were excluded/deducted elsewhere) .....	15.	
16. Reserved for future use .....	16.	
17. a. Elimination of nonoperational activity (from Schedule O, Part I) .....	17a.	
b. Elimination of nonunitary partnership income/loss (from Schedule P-1, Part II, line 4) .....	17b.	
18. Other deductions. Explain on separate rider (see instructions) .....	18.	
19. Total deductions - Add line 12 through line 18 and enter the total .....	19.	

**Taxable Net Income/(Loss) Calculation**

20. Entire Net Income/(Loss) Subtotal - Subtract line 19 from line 11 .....	20.	-6,111,471.
21. Allocation factor from Sch J (if all receipts were derived from only New Jersey sources, enter 1.000000) .....	21.	.008577
22. Allocated entire net income/(loss) before net operating loss deductions and dividend exclusion - Multiply line 20 by line 21 and enter the result here (if zero or less, enter zero on line 29) .....	22.	-52,418.
23. Prior year net operating loss (PNOL) deduction (from Form 500, Section A) (Amount entered cannot be more than amount on line 22) .....	23.	
24. Allocated entire net income before post allocation net operating loss deduction - Subtract line 23 from line 22 (If zero or less, enter zero here and on line 29) .....	24.	0.
25. Post allocation net operating loss (NOL) deduction (from Form 500, Section B) (Amount entered cannot be more than amount on line 24) .....	25.	
26. Allocated entire net income before allocated dividend exclusion - Subtract line 25 from line 24 (If zero or less, enter zero here and on line 29) .....	26.	0.
27. Allocated Dividend Exclusion (from Schedule R) (see instructions) .....	27.	
28. Reserved for future use .....	28.	
29. <b>Taxable net income</b> - Subtract line 27 from line 26 .....	29.	0.

Did the taxpayer have any discharge of indebtedness excluded from federal taxable income in the current tax year pursuant to subparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108  Yes. See instructions for Form 500. OR  No.

**PART III - COMPUTATION OF NEW JERSEY TAX BASE**

1. Enter taxable net income from Schedule A, Part II, line 29 .....	1.	0.
2. a. Investment Company - Enter 40% of line 1 .....	2a.	
b. Real Estate Investment Trust - Enter 4% of line 1 .....	2b.	
c. All Others - Enter the amount from line 1 .....	2c.	0.
3. a. New Jersey Nonoperational Income (from Schedule O, Part III) (if zero or less, enter zero) ...	3a.	
b. Nonunitary Partnership Income (from Schedule P-1, Part II, line 5) (if zero or less, enter zero)	3b.	
4. Tax Base - Add lines 3a and 3b to line 2a, 2b, or 2c, whichever is applicable. Enter total here and on line 1, page 1 .....	4.	0.

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**Schedule A-2 COST OF GOODS SOLD (See Instructions)** All data must match amounts reported on federal Form 1125-A of the federal pro forma or federal return, whichever is applicable.

1. Inventory at beginning of year .....	1.	
2. Purchases .....	2.	
3. Cost of labor .....	3.	
4. Additional section 263A costs .....	4.	
5. Other costs (include schedule) ..... <b>SEE STATEMENT 4</b>	5.	<b>2,339,836.</b>
6. Total - Add lines 1 through 5 .....	6.	<b>2,339,836.</b>
7. Inventory at end of year .....	7.	
8. Cost of goods sold - Subtract line 7 from line 6. Include here and on Schedule A, Part I, line 2 .....	8.	<b>2,339,836.</b>

**Schedule A-3 SUMMARY OF TAX CREDITS (See Instructions)**

**PART I - Tax Credits Used Against Liability**

1. New Jobs Investment Tax Credit from Form 304 .....	1.	
2. Angel Investor Tax Credit from Form 321 .....	2.	
3. Business Employment Incentive Program Tax Credit from Form 324 .....	3.	
4. EITHER: a) Urban Enterprise Zone Employee Tax Credit from Form 300 .....	4.	
OR b) Urban Enterprise Zone Investment Tax Credit from Form 301 .....	4.	
5. Redevelopment Authority Project Tax Credit from Form 302 .....	5.	
6. Manufacturing Equipment and Employment Investment Tax Credit from Form 305 .....	6.	
7. Research and Development Tax Credit from Form 306 .....	7.	
8. Neighborhood Revitalization State Tax Credit from Form 311 .....	8.	
9. Effluent Equipment Tax Credit from Form 312 .....	9.	
10. Economic Recovery Tax Credit from Form 313 .....	10.	
11. AMA Tax Credit from Form 315 .....	11.	
12. Business Retention and Relocation Tax Credit from Form 316 .....	12.	
13. Sheltered Workshop Tax Credit from Form 317 .....	13.	
14. Film Production Tax Credit from Form 318 .....	14.	
15. Urban Transit Hub Tax Credit from Form 319 .....	15.	
16. Grow NJ Tax Credit from Form 320 .....	16.	
17. Wind Energy Facility Tax Credit from Form 322 .....	17.	
18. Residential Economic Redevelopment and Growth Tax Credit from Form 323 .....	18.	
19. Public Infrastructure Tax Credit from Form 325 .....	19.	
20. Reserved for future use .....	20.	
21. Film and Digital Media Tax Credit from Form 327 .....	21.	
22. Tax Credit for Employers of Employees With Impairments from Form 328 .....	22.	
23. Pass-Through Business Alternative Income Tax Credit from Form 329 .....	23.	
24. Apprenticeship Program Tax Credit from Form 330 .....	24.	
25. Tax Credit for Employer of Organ/Bone Marrow Donor from Form 331 .....	25.	
26. Tiered Subsidiary Dividend Pyramid Tax Credit from Form 332 .....	26.	
27. Other Tax Credit (see instructions) .....	27.	
28. Total tax credits - Add lines 1 through 27. Enter here and on page 1, line 3 .....	28.	

**PART II - Refundable Tax Credits**

1. Refundable portion of New Jobs Investment Tax Credit from Form 304 .....	1.	
2. Refundable portion of Angel Investor Tax Credit from Form 321 .....	2.	
3. Refundable portion of Business Employment Incentive Program Tax Credit from Form 324 .....	3.	
4. Other Tax Credit to be refunded .....	4.	
5. Total amount of tax credits to be refunded. Enter here and on page 1, line 10c .....	5.	

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**Schedule A-4 SUMMARY SCHEDULE (See Instructions)**

<b>PNOL Deduction and Carryover</b>		<b>Net Operational Income Information</b>	
1. Form 500, Section A, line 5 minus line 7	1.	0.	8. Schedule O, Part III
<b>NOL Deduction and Carryover</b>		<b>Dividend Exclusion Information</b>	
2. Form 500, Section B, line 6 minus line 8	2.	0.	9. Schedule R, line 7
<b>Interest and Intangible Costs and Expenses</b>			
3. Schedule G, Part I, line b	3.	0.	10. Schedule R, line 9
4. Schedule G, Part II, line b	4.	0.	11. Schedule R, line 11
<b>Schedule J Information</b>		<b>Schedule P Information</b>	
5. Schedule J, line 1f	5.	41,616.	12. Schedule P, Part III, line 1
6. Schedule J, line 1g	6.	4,852,111.	13. Schedule P, Part III, line 2
7. Schedule J, line 1h	7.	.008577	

**Schedule F CORPORATE OFFICERS - GENERAL INFORMATION AND COMPENSATION (See Instructions)**

Data must match amounts reported on federal Form 1125-E of the federal pro forma or federal return, whichever is applicable.

(1) Name and Current Address of Officer	(2) Social Security Number	(3) Title	(4) Dates Employed in this position		(5) Percentage of Corporation Stock Owned		(6) Amount of Compensation
			From	To	Common	Preferred	
SEE STATEMENT 5							
a. Total compensation of officers							490,555.
b. Less: Compensation of officers claimed elsewhere on the return							
c. Balance of compensation of officers (include here and on Schedule A, Part I, line 12)							490,555.

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**Schedule G - Part I INTEREST (See Instructions)**

Was interest paid, accrued, or incurred to a related member(s) deducted from entire net income?

Yes. Fill out the following schedule.  No.

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Amounts
a. Total amount of interest deducted .....			
b. Subtract: Exceptions (see instructions) .....			( )
c. Related Party Interest Expenses Disallowed for New Jersey Purposes (include here and on Schedule A, Part II, line 6) .....			

**Schedule G - Part II INTEREST EXPENSES AND COSTS AND INTANGIBLE EXPENSES AND COSTS (See Instr.)**

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

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Type of Intangible Expense Deducted	Amounts
a. Total amount of intangible expenses and costs deducted .....				
b. Subtract: Exceptions (see instructions) .....				( )
c. Related Party Intangible Expenses and Costs addback (include here and on Schedule A, Part II, line 7) .....				

**NOTE:** For tax years beginning on or after January 1, 2018, the treaty exceptions have been limited pursuant to P.L. 2018, c. 48. See Schedule G-2 instructions for more information.

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**Schedule H**

**TAXES (See Instructions)**

Include all taxes paid or accrued during the accounting period wherever deducted on Schedule A.

	(a) Corporation Franchise Business Taxes	(b) Corporation Business/ Occupancy Taxes	(c) Property Taxes	(d) U.C.C. or Payroll Taxes	(e) Other Taxes/ Licenses (include sch.)	(f) Total
1. New Jersey Taxes						
2. Other States & U.S. Possessions	2,475					2,475
3. City and Local Taxes	25					25
4. Taxes Paid to Foreign Countries *						
5. Total	2,500					2,500
6. Combine lines 5(a) and 5(b)		2,500				
7. Sales & Use Taxes Paid by a Utility Vendor						
8. Add lines 6 and 7		2,500				
9. Federal Taxes						
10. Total (Combine line 5 and line 9)	2,500					2,500

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

**Schedule J**

**COMPUTATION OF ALLOCATION FACTOR (See Instructions)**

All taxpayers, regardless of entire net income reported on Schedule A, Part II, line 20, Form CBT-100, must complete Schedule J.

**For tax years ending on and after July 31, 2019, services are sourced based on market sourcing, not cost of performance.**

1. Receipts:	AMOUNTS (omit cents)	
a. From sales of tangible personal property shipped to points within New Jersey .....	a.	41,616.
b. From services if the benefit of the service is received in New Jersey .....	b.	
c. From rentals of property situated in New Jersey .....	c.	
d. From royalties for the use in New Jersey of patents, copyrights, and trademarks .....	d.	
e. All other business receipts earned in New Jersey (See instructions) .....	e.	
f. Total New Jersey receipts (Total of lines 1a to 1e, inclusive) .....	f.	41,616.
g. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere .....	g.	4,852,111.
h. Allocation Factor (Percentage in New Jersey) (Line 1f divided by line 1g). Carry the fraction 6 decimal places. Do not express as a percent. Include here and on Schedule A, Part II, line 21 .....	h.	.008577

**NOTE:** Include the GILTI and the receipts attributable to the FDII, net of the respective allowable IRC § 250(a) deductions, in the allocation factor. The net amount of GILTI (i.e., the GILTI reduced by the I.R.C. §250(a) GILTI deduction) and the net FDII (i.e., the receipts attributable to the FDII reduced by the I.R.C. § 250(a) FDII deduction) amounts are included in the numerator (if applicable) and the denominator.

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**Schedule P-1 PARTNERSHIP INVESTMENT ANALYSIS (See Instructions)**

**Part I - Partnership Information**

(1) Partnership, LLC, or Other Entity Information		(2) Date and State where Organized	(3) Percentage of Ownership	(4)		(5) Tax Accounting Method		(6) New Jersey Nexus		(7) Tax Payments Made on Behalf of Taxpayer by Partnerships
Name	Federal ID Number			Limited Partner	General Partner	Flow Through	Separate Accounting*	Yes	No	

Enter total of column 7 here and on page 1, line 10b .....

\*Taxpayers using a separate accounting method must complete Part II.

**Part II - Separate Accounting of Nonunitary Partnership Income**

(1) Nonunitary Partnership's Federal ID Number	(2) Distributive Share of Income/Loss from Nonunitary Partnership	(3) Partnership's Allocation Factor (See Instructions)	(4) Taxpayer's Share of Income Allocated to New Jersey (Multiply Column 2 by Column 3)
1.			
2.			
3.			
4.	Total column 2. Enter amount here and Schedule A, Part II, line 17b .....		
5.	Total column 4. Enter amount here and Schedule A, Part III, line 3b .....		

If additional space is needed, include a rider.

**Schedule PC PER CAPITA LICENSED PROFESSIONAL FEE (See Instructions)**

- Is the corporation a Professional Corporation (PC) formed pursuant to N.J.S.A. 14A:17-1 et seq. or any similar law from a possession or territory of the United States, a state, or political subdivision thereof?  Yes. This schedule must be included with the return.  No.
- How many licensed professionals are owners, shareholders, and/or employees from this Professional Corporation (PC) as of the first day of the privilege period?  2 or less, complete Part I.  More than 2, complete Part I and Part II (if additional space is needed, include a rider).

**Part I - Provide the following information for each of the licensed professionals in the PC. Include a rider if additional space is needed.**

Name	Address	FID/SSN
1.		
2.		
3.		
4.		
5.		

**Part II - Complete only if there are more than 2 licensed professional listed above.**

1. Enter number of resident and nonresident professionals with physical nexus with New Jersey _____ x \$150 .....	1.	
2. Enter number of nonresident professionals without physical nexus with New Jersey _____ x \$150 x allocation factor of the PC .....	2.	
3. Total Fee Due - Add line 1 and line 2 .....	3.	
4. Installment Payment - 50% of line 3 .....	4.	
5. Total Fee Due (line 3 plus line 4) .....	5.	
6. Less prior year 50% installment payment and credit (if applicable) .....	6.	( )
7. Balance of Fee Due (line 5 minus line 6). If the result is zero or more, include the amount here and on Form CBT-100, page 1, line 8 .....	7.	
8. Credit to next year's Professional Corporation Fee (if line 7 is less than zero, enter the amount here) .....	8.	



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**Schedule P SUBSIDIARY INVESTMENT ANALYSIS (See Instructions)**

**NOTE:** Taxpayers must hold 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. **Do not include any previously taxed dividends.** Instead, report those amounts on Schedule PT.

**PART I DOMESTIC SUBSIDIARY**

Federal ID Number	(1) Name of Subsidiary	(2) Percentage of Interest		(3) Book Value	(4) Domestic Dividend Income (as reported on Schedule A)
		(a) Voting	(b) Non-Voting		
Totals .....					

**PART II FOREIGN SUBSIDIARY**

Federal ID Number	(1) Name of Subsidiary	(2) Percentage of Interest		(3) Book Value	(4) Foreign Dividend Income (as reported on Schedule A)
		(a) Voting	(b) Non-Voting		
Totals .....					

**PART III TOTAL OF 80% OR MORE OWNED SUBSIDIARY DIVIDENDS**

1. Enter total from Part I, column 4 (include here and on Schedule A-4) .....	1.
2. Enter total from Part II, column 4 (include here and on Schedule A-4) .....	2.
3. Total dividends. Add lines 1 and 2 (include here and on Schedule R) .....	3.

**Schedule R DIVIDEND EXCLUSION (See Instructions)**

1. Enter the total dividends and deemed dividends reported on Schedule A .....	1.
2. Enter amount from Schedule PT, Section D, line 3 .....	2.
3. Dividends eligible for dividend exclusion - Subtract line 2 from line 1 .....	3.
4. Enter amount from Schedule P, Part III, line 3 .....	4.
5. Multiply line 4 by .95 .....	5.
6. Subtract line 4 from line 3 .....	6.
7. Dividend income from investments where taxpayer owns less than 50% of voting stock and less than 50% of all other classes of stock (do not incl. amounts subtracted on line 2) .....	7. ( )
8. Subtract line 7 from line 6 .....	8.
9. Multiply line 8 by 50% .....	9.
10. Reserved for future use .....	10.
11. DIVIDEND EXCLUSION: Add lines 5 and 9 .....	11.
12. Allocation factor from current Schedule J (if all receipts are derived from only NJ sources, enter 1.000000) .....	12.
13. ALLOCATED DIVIDEND EXCLUSION: Multiply line 11 by line 12 (include here and on Schedule A, Part II, line 27) .....	13.

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**Schedule S - Part I DEPRECIATION AND SAFE HARBOR LEASING (See Instructions)**

1. IRC § 179 Deduction	1.	
2. Special Depreciation Allowance - for qualified property placed in service during the tax year	2.	
3. MACRS	3.	1,853,197.
4. ACRS	4.	
5. Other Depreciation	5.	
6. Listed Property	6.	
7. Total depreciation claimed in arriving at Schedule A, Part II, line 1	7.	1,853,197.

**Include Federal Form 4562 and Federal Depreciation Worksheet**

Modification at Schedule A, Part II, line 9 or line 12 - Depreciation and Certain Safe Harbor Lease Transactions

**Additions**

8. Amounts from lines 3, 4, 5, and 6 above	8.	1,853,197.
9. Special Depreciation Allowance from line 2 above	9.	
10. Distributive share of the special depreciation allowance from a partnership	10.	
11. Distributive share of ACRS, MACRS, and other depreciation from a partnership	11.	
12. Deductions on federal return resulting from an election made pursuant to IRC § 168(f)(8) exclusive of elections made with respect to mass commuting vehicles		
a. Interest	12a.	
b. Rent	12b.	
c. Amortization of Transactional Costs	12c.	
d. Other Deductions	12d.	
13. IRC § 179 depreciation in excess of New Jersey allowable deduction	13.	
14. Other additions (include an explanation/reconciliation)	14.	
15. Total lines 8 through 14	15.	1,853,197.

**Deductions**

16. New Jersey depreciation	16.	1,853,197.
17. Recomputed depreciation attributable to distributive share of recovery property from a partnership	17.	
18. Any income included in the return with respect to property solely as a result of an IRC § 168(f)(8) election	18.	
19. The lessee/user should enter the amount of depreciation that would have been allowable under the Internal Revenue Code on December 31, 1980, had there been no safe harbor lease election	19.	
20. Excess of accumulated ACRS, MACRS, or bonus depreciation over accumulated New Jersey depreciation on physical disposal of recovery property (include computations)	20.	
21. Other deductions (include an explanation/reconciliation)	21.	
22. Total lines 16 through 21	22.	1,853,197.
23. <b>ADJUSTMENT</b> - Subtract line 22 from line 15 and enter the result. (If line 23 is positive, enter at Schedule A, Part II, line 9. If line 23 is negative, enter as a positive number at Schedule A, Part II, line 12)	23.	

**Schedule S - Part II NEW JERSEY DEPRECIATION FOR GAS, ELECTRIC, AND GAS AND ELECTRIC PUBLIC UTILITIES (See Instructions)**

1. Total depreciation claimed in arriving at Schedule A, Part II, line 1	1.	
2. Federal depreciation for assets placed in service after January 1, 1998	2.	
3. Net - Subtract line 2 from line 1	3.	
4. New Jersey depreciation allowable on the Single Asset Account (Assets placed in service prior to January 1, 1998)		
a. Total adjusted federal depreciable basis as of December 31, 1997	4a.	
b. Excess book depreciable basis over federal tax basis as of December 31, 1997	4b.	
c. Less accumulated federal basis for all Single Asset Account property sold, retired or disposed of to date	4c.	
d. Total (line 4a plus line 4b less line 4c)	4d.	
5. New Jersey Depreciation - Divide line 4d by 30	5.	
6. New Jersey Adjustment		
a. Depreciation adjustment for assets placed in service prior to Jan. 1, 1998 - Subtract line 5 from line 3	6a.	
b. Special bonus depreciation adjustment from Schedule S, Part I, line 23 (see instructions)	6b.	
7. Total Adjustment - Add lines 6a and 6b and enter the result. (If line 7 is positive, enter at Schedule A, Part II, line 9. If line 7 is negative, enter as a positive number at Schedule A, Part II, line 12)	7.	

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
TENTRR, INC.	473-054-018/000

**Form 500** Computation of the 2021 Post Allocation Net Operating Loss (NOL) and Prior Net Operating Loss Conversion Carryover (PNOL) Deductions (See Instructions)

Does the taxpayer have any Prior Net Operating Loss Conversion Carryovers?  Yes. Begin Form 500 at Section A, line 1. OR  No. Enter zero on Schedule A, Part 2, line 23 and continue with Section B.

**Section A - Computation of Prior Net Operating Losses (PNOL) Deduction** from periods ending PRIOR to July 31, 2019

Complete this section only if the allocated entire net income/(loss) before net operating loss deductions and dividend exclusion on Schedule A, Part II, line 22 is positive (income).

1. Prior Net Operating Loss Conversion Carryover (PNOL) - Enter the total of Worksheet 500-P, Part II, column 3 .....	1.	
2. Enter the portion of line 1 previously deducted .....	2.	
3. Enter the portion of line 1 that expired .....	3.	
4. Enter any discharge of indebtedness excluded from federal taxable income in the current tax period pursuant to subparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108* .....	4.	
5. PNOL available in the current tax year - Subtract lines 2, 3, and 4 from line 1 (if zero or less, enter zero) .....	5.	
6. Enter the allocated net income from Schedule A, Part II, line 22 .....	6.	
7. <b>Current tax year's PNOL deduction</b> - Enter the lesser of line 5 or line 6 here and on Schedule A, Part II, line 23 .....	7.	

\* If the allocated discharge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has post allocation net operating loss carryover in Form 500 Section B, carry the remaining balance to line 5 of Section B.

**Section B - Post Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019**

**Check the box** next to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period in which the taxpayer was a taxable member on a New Jersey combined return. **Otherwise, leave the box blank.**

1. Allocated Net Operating Loss Carryover - See instructions.		
a. Return Period Ending <input type="checkbox"/> .....	1a.	
b. Return Period Ending <input type="checkbox"/> .....	1b.	
c. Return Period Ending <input type="checkbox"/> .....	1c.	
d. Return Period Ending <input type="checkbox"/> .....	1d.	
e. Return Period Ending <input type="checkbox"/> .....	1e.	
f. Return Period Ending <input type="checkbox"/> .....	1f.	
g. Return Period Ending <input type="checkbox"/> .....	1g.	
h. Return Period Ending <input type="checkbox"/> .....	1h.	
i. Return Period Ending <input type="checkbox"/> .....	1i.	
j. Return Period Ending <input type="checkbox"/> .....	1j.	
2. Total Post Allocation Net Operating Losses (NOLs) - Add lines 1a through 1j .....	2.	
3. Portion of line 2 previously deducted .....	3.	
4. Portion of line 2 that expired (after 20 privilege periods) .....	4.	
5. Enter any discharge of indebtedness excluded from federal taxable income in the current tax period pursuant to subparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108* .....	5.	
6. NOLs available for current tax year - Subtract lines 3, 4, and 5 from line 2 .....	6.	
7. Enter Allocated Entire Net Income Before Post Allocation Net Operating Loss Deduction from Schedule A, Part II, line 24 .....	7.	
8. <b>Current tax year's NOL deduction</b> - Enter the lesser of line 6 or line 7 here and on Schedule A, Part II, line 25 .....	8.	

\* If the taxpayer has any allocated discharge of indebtedness that was not used in Form 500 Section A, enter the balance.

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
TENTRR, INC.	473-054-018/000

WORKSHEET  
**500-P**

NEW JERSEY CORPORATION BUSINESS TAX  
Prior Net Operating Loss Conversion Worksheet

Use this worksheet to calculate the converted prior net operating losses for use for tax years ending on and after July 31, 2019. (See Instructions)

**NOTE:** This is used to calculate your converted prior net operating losses from pre-allocated net operating loss carryovers to post-allocated net operating loss carryovers for the last tax periods ending before July 31, 2019. Use the allocation factor calculated on Schedule J in the last tax period ending prior to July 31, 2019, for Part I, line 1. This is the taxpayer's base year allocation factor for the last tax period ending before July 31, 2019, pursuant to N.J.S.A. 54:10A-4(u). **Submit a copy of this worksheet to substantiate calculations and to determine usable amounts for future years.** If more space is needed, enclose a rider listing the information.

**Part I**

1. Allocation Factor For The Last Tax Period Ending Prior to July 31, 2019 (from Schedule J) .....	1.000000
--	----------

**Part II**

Column 1	Column 2	Column 3
Tax Period Ending	Prior Net Operating Losses (see instructions)	Converted Prior Net Operating Loss Carryover Multiply line I, Part I by amount in column 2, Part II
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

**CBT-160-A**

**Underpayment of Estimated NJ Corporation Business Tax**

1019A

NJ Division of Taxation  
(11-21)

For Taxpayers With Gross Receipts of Less Than \$50 Million  
Submit with your tax return (Form CBT-100, CBT-100S, or CBT-100U)

Name as Shown on Return <b>TENTRR, INC.</b>	Federal ID Number <b>473-054-018/000</b>	Unitary ID Number, if applicable <b>NU</b>
--	---	---

**Part I How to Calculate Your Underpayment**

**Note:** If you meet any of the exceptions that eliminate the underpayment charge for **any** quarter, complete Part II.

1. Amount of 2021 tax - See instructions for line 1 .....	<b>500.</b>
2. 90% of line 1 - If you were qualified and elected to make a single payment in lieu of paying installments of estimated tax, enter zero (see instructions) .....	<b>450.</b>
3. Prior year's tax - Enter the amount from line 6, page 1 of the 2020 CBT-100 or line 4, page 1 of the 2020 CBT-100S, or line 5, page 1 of the 2020 CBT-100U .....	
4. Enter the lesser of lines 2 or 3 .....	<b>450.</b>

	(a)	(b)	(c)	(d)
5. Enter in columns (a) through (d) the installment dates that correspond to the 15th day of the fourth, sixth, ninth, and 12th months of your tax year (see inst)	<b>04/15/2021</b>	<b>06/15/2021</b>	<b>09/15/2021</b>	<b>12/15/2021</b>
6. Enter 25% of line 4 in columns (a) through (d) .....	<b>112.</b>	<b>113.</b>	<b>112.</b>	<b>113.</b>
7. (a) Amount paid or credited for each period (b) Overpayment of previous installment (enter any overpayment shown on line 9 that is more than the total of all prior underpayments as a credit against the next installment) .....				
8. Add lines 7a and 7b .....				
9. Underpayment (subtract line 8 from line 6) or overpayment (subtract line 6 from line 8) ...	<b>REFER TO STATEMENT</b>			

**Part II Exceptions (See Instructions)**

10. Total amount paid or credited from the beginning of the tax year through the installment dates that correspond to the 15th day of the fourth, sixth, ninth, and 12th months of your tax year .....				
11. Exception 1 - Tax based on the facts shown on the prior year's return but using current year's rates. See instructions regarding periods of less than one year .....	25% of tax	50% of tax	75% of tax	100% of tax
	22.5% of tax	45% of tax	67.5% of tax	90% of tax
12. Exception 2 - Tax based on annualized tax ...				

**Part III Installment Interest Due (See Instructions)**

13. Amount of underpayment from line 9 ...				
14. Enter same installment dates used above at line 5				
15. Enter the date of payment or the 15th day of the fourth month after the close of the tax year, whichever is earlier .....				
16. Number of months from the date on line 14 to the date on line 15. (A part of a month is deemed to be a full month.) .....				
17. Interest .....				
18. Installment interest due - Add columns (a), (b), (c), and (d) of line 17. Enter the total here and on page 1, line 12, of Form CBT-100, page 1, line 12, of CBT-100S, or page 1, line 14, of CBT-100U .....	<b>SEE STATEMENT 6</b>			
				<b>19.</b>

TENTRR, INC.47-3054018

NJ CBT-100

PENALTY AND INTEREST SUMMARY

STATEMENT 1

LATE PAYMENT PENALTY

LATE FILING PENALTY

LATE PAYMENT INTEREST

UNDERPAYMENT PENALTY

19

TOTAL PENALTIES AND INTEREST INCLUDED IN RETURN

19

TENTRR, INC.

47-3054018

NJ CBT-100		OTHER FEDERAL INCOME	STATEMENT 2
DESCRIPTION			AMOUNT
MISCELLANEOUS			5,821.
TOTAL TO SCHEDULE A, LINE 10			5,821.

NJ CBT-100		OTHER FEDERAL DEDUCTIONS	STATEMENT 3
DESCRIPTION			AMOUNT
AMORTIZATION			244,034.
AUTO AND TRUCK EXPENSE			15,338.
BANK CHARGES			789.
CARTING			10,214.
CONFERENCES AND SEMINARS			13,547.
CONSULTING SERVICES			549,755.
DUES & SUBSCRIPTIONS			5,854.
EQUIPMENT RENTAL			696,134.
INSURANCE			213,099.
IT SOFTWARE & SERVICES			196,434.
LEGAL AND PROFESSIONAL			237,561.
LICENSES AND PERMITS			8,744.
MEALS NOT SUBJECT TO LIMITATION			30,028.
MERCHANT ACCOUNT FEES			1,103.
MOVING EXPENSES			12,971.
OFFICE EXPENSES			7,577.
PAYROLL SERVICES FEE			46,464.
POSTAGE & DELIVERY			936.
SALARIES - PEO			2,372,606.
TELEPHONE EXPENSE			23,147.
TEST TRANSACTIONS			1,133.
TRAVEL			71,391.
UTILITIES			8,901.
WEB/DOMAIN HOSTING AND MAINT			55,520.
TOTAL TO SCHEDULE A, LINE 26			4,823,280.

TENTRR, INC.

47-3054018

NJ CBT-100

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 4

DESCRIPTION	AMOUNT
CAMPKEEPER PAYOUTS	1,867,250.
MERCANTILE	36,483.
SHIPPING LABELS	4,367.
SITE BOOKING FEES	164,932.
STATE PARK PAYOUTS	138,057.
TRANSACTION FEES	128,747.
TOTAL TO SCHEDULE A-2, LINE 5	<u>2,339,836.</u>

SCHEDULE F

CORPORATE OFFICERS - INFORMATION  
AND COMPENSATION

STATEMENT 5

NAME, ADDRESS, TITLE, SSN	DATES EMPLOYED FROM TO	PERCENT STOCK COMMON PREF	AMOUNT OF COMPENSATION
ANAND SUBRAMANIAN 411 W 39TH ST 4TH FL, NEW YORK, NY 10018 PRESIDENT 185-76-7731	01/01/21 12/31/21	.85% .00%	490,555.
TOTAL TO SCHEDULE F			<u>490,555.</u>



TENTRR, INC.

47-3054018

FORM CBT-160

COMPUTATION OF UNDERPAYMENT PENALTY

STATEMENT 6

Q T R -	EVENT AMOUNT	TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT	MONS	INTEREST RATE	AMOUNT OF PENALTY
A	112.	Q	112.	04/15/2021 04/15/2022	12	6.25%	7.
B	113.	Q	113.	06/15/2021 04/15/2022	10	6.25%	6.
C	112.	Q	112.	09/15/2021 04/15/2022	7	6.25%	4.
D	113.	Q	113.	12/15/2021 04/15/2022	4	6.25%	2.
TOTAL TO FORM CBT-160, LINE 18							19.

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

**2021 TAX RETURN FILING INSTRUCTIONS**

NEW YORK FORM CT-3

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

---

**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

---

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

---

**TO BE SIGNED AND DATED BY:**

THE APPROPRIATE CORPORATE OFFICER(S).

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	2,419
LESS: PAYMENTS AND CREDITS	\$	1,500
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	78
BALANCE DUE	\$	997

---

**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE NYSDTF, PLEASE SIGN, DATE AND RETURN FORM TR-579-CT TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE NYSDTF. DO NOT MAIL A PAPER COPY OF THE RETURN.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

YOUR BALANCE DUE OF \$997 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CT-3 BALANCE DUE. REFER TO FORM CT-3 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

**2022 ESTIMATED TAX FILING INSTRUCTIONS**

NEW YORK FORM CT-400

**FOR THE YEAR ENDING**

DECEMBER 31, 2022

**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

**AMOUNT OF TAX:**

TOTAL ESTIMATED TAX	\$	2,670
LESS CREDIT FROM PRIOR YEAR	\$	0
LESS AMOUNT ALREADY PAID ON 2022 ESTIMATE	\$	0
BALANCE DUE	\$	2,670

**PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:**

VOUCHER	AMOUNT	DUE DATE
NO. 1	\$ 0	MARCH 15, 2022
NO. 2	\$ 0	JUNE 15, 2022
NO. 3	\$ 0	SEPTEMBER 15, 2022
NO. 4	\$ 2,670	DECEMBER 15, 2022

**MAIL CHECK PAYABLE TO:**

NOT APPLICABLE

**MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:**

PAYMENTS MUST BE FILED AND PAID ELECTRONICALLY VIA THE NEW YORK STATE CORPORATION TAX WEBSITE AT:  
[HTTPS://WWW.TAX.NY.GOV/ONLINE/](https://www.tax.ny.gov/online/)

**SPECIAL INSTRUCTIONS:**

## 2021 TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-3M

### FOR THE YEAR ENDING

DECEMBER 31, 2021

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**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

---

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

---

**TO BE SIGNED AND DATED BY:**

THE APPROPRIATE CORPORATE OFFICER(S).

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	243
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	10
BALANCE DUE	\$	253

---

**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE NYSDTF, PLEASE SIGN, DATE AND RETURN FORM TR-579-CT TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE NYSDTF. DO NOT MAIL A PAPER COPY OF THE RETURN.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

YOUR BALANCE DUE OF \$253 WILL BE AUTOMATICALLY WITHDRAWN FROM THE ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CT-3M BALANCE DUE. REFER TO FORM CT-3M ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.



Department of Taxation and Finance

# Estimated Tax for Corporations

# CT-400

**Filing made easy:** File and pay electronically through *Online Services* at [www.tax.ny.gov](http://www.tax.ny.gov).  
See Form CT-400-I, *Instructions for Form CT-400*, for assistance.

Employer identification number <b>47-3054018</b>	File no. <b>AA3</b>	Return type (required) <b>CT3</b>	Tax sub type <b>23</b>	Tax year: beginning (mm-yy) <b>01-22</b>	ending (mm-yy) <b>12-22</b>
Business telephone number <b>646-230-1040</b>	State or country of incorporation <b>DE</b>	Date of incorporation <b>02-03-15</b>	Installment due date <b>12-15-22</b>		
Legal name of corporation <b>TENTRR, INC.</b>				Foreign corporations: date began business in NYS <b>02-03-15</b>	
Street address or PO box <b>25 W. 39TH STREET, 7TH FLOOR</b>				For office use only	
City <b>NEW YORK</b>	State <b>NY</b>	ZIP code <b>10018</b>			

<b>A.</b> Make payable to: <i>New York State Corporation Tax</i> Enclose your payment. ( <i>Detach all check stubs; see instructions for details.</i> )	<b>A</b>	Payment enclosed
		<b>2,670.</b>

### Installment payment amount

1 Tax .....	<b>1</b>	<b>2,420.</b>
2 MTA surcharge .....	<b>2</b>	<b>250.</b>

### Declaration of estimated tax

3 Tax .....	<b>3</b>	<b>2,420.</b>
4 MTA surcharge .....	<b>4</b>	<b>250.</b>

<b>Third - party designee</b> (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) <b>ALAN J. COHEN</b>	Designee's name <b>631-629-4344</b>
	Designee's e-mail address <b>ALAN@ZERAHCO.COM</b>		PIN <b>22752</b>

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

<b>Authorized person</b>	Printed name of authorized person <b>ANAND SUBRAMANIAN</b>	Signature of authorized person	Official title <b>PRESIDENT</b>	
	E-mail address of authorized person <b>ANAND@TENTRR.COM</b>		Telephone number <b>646-230-1040</b>	Date <b>10-11-22</b>
<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed) <b>GUTTERSON &amp; COHEN TAX SPECIALIS</b>		Firm's EIN <b>81-3215466</b>	Preparer's PTIN or SSN <b>P00185030</b>
	Signature of individual preparing this return	Address <b>445 BROADHOLLOW ROAD MELVILLE</b>	City <b>NY</b>	State ZIP code <b>11747</b>
	E-mail address of individual preparing this return <b>ALAN@ZERAHCO.COM</b>		Preparer's NYTPRIN or Excl. code <b>03</b>	Date <b>10-11-22</b>

See instructions for where to file.

473054018 AA 3 1222 23 0000000000267000  
448001221019





Department of Taxation and Finance

**New York State E-File Authorization for Tax Year 2021  
For Certain Corporation Tax Returns and Estimated Tax  
Payments for Corporations**

188021 09-20-21  
**TR-579-CT**  
(8/21)

Electronic return originator (ERO)/paid preparer: **Do not** mail this form to the Tax Department. Keep it for your records.

Legal name of corporation <b>TENTRR, INC.</b>
---

Return type (mark an X for all that apply): CT-3  CT-3-A  CT-3-M  CT-3-S  CT-13  CT-33   
 CT-33-A  CT-33-C  CT-33-M  CT-33-NL  CT-183  CT-183-M  CT-184  CT-184-M   
 CT-186-E  CT-300  CT-400

**Purpose**

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

**General instructions**

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; CT-13, *Unrelated Business Income Tax Return*; CT-33, *Life Insurance Corporation Franchise Tax Return*; CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return*; CT-33-C, *Captive Insurance Company Franchise Tax Return*; CT-33-M, *Insurance Corporation MTA Surcharge Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-183, *Transportation and Transmission Corporation Franchise Tax Return on Capital Stock*; CT-183-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-184, *Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings*; CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return*; CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations*; or CT-400, *Estimated Tax for Corporations*.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*. Go to our website at [www.tax.ny.gov](http://www.tax.ny.gov) to find this document.

**Do not mail this form to the Tax Department.** EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

**Do not** use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both)*; CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both)*; CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*; CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both)*; CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both)*; or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return)*. Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2021 Corporation Tax Extensions*.

**Financial institution information** (required if electronic payment is authorized)

- 1 Amount of authorized debit .....
- 2 Financial institution routing number .....
- 3 Financial institution account number .....

1	1,250.
2	121140399
3	3302551386

**Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400**

Under penalty of perjury, I declare that I have examined the information on this 2021 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2021 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2021 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Signature of authorized officer of the corporation	Print your name and title <b>ANAND SUBRAMANIAN, PRESIDENT</b>	Date
--	--	------

**Part B - Declaration of ERO and paid preparer**

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2021 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2021 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature	Print name <b>ALAN J. COHEN</b>	Date <b>10-11-22</b>
Paid preparer's signature	Print name <b>ALAN J. COHEN</b>	Date <b>10-11-22</b>



Department of Taxation and Finance  
**General Business Corporation  
 Franchise Tax Return**  
 Tax Law - Article 9-A

**CT-3**

**Caution:** This form must be used **only** for tax periods beginning on or after January 1, 2021. If you use it for any prior periods, the return will **not** be processed and will **not** be considered timely filed. As a result, penalties and interest may be incurred.

See instructions, Form CT-3-I, before completing return.

**All filers must enter tax period:**

<b>Final return</b> <input type="checkbox"/>	<b>Amended return</b> <input type="checkbox"/>	beginning <b>01-01-21</b> ending <b>12-31-21</b>	
Employer identification number (EIN) <b>47-3054018</b>	File number <b>AA3</b>	Business telephone number <b>646-230-1040</b>	If you claim an overpayment, mark an <b>X</b> in the box <input type="checkbox"/>
Legal name of corporation <b>TENTRR, INC.</b>		Trade name / DBA	
Mailing address Care of (c/o) <b>ANAND SUBRAMANIAN</b>		State or country of incorporation <b>DE</b>	
Number and street or PO box <b>25 W. 39TH STREET, 7TH FLOOR</b>		Date of incorporation <b>02-03-15</b>	Foreign corporations: date began business in NYS <b>02-03-15</b>
City <b>NEW YORK</b>	U.S. state/Canadian province <b>NY</b>	ZIP/Postal code <b>10018</b>	Country (if not United States)
Principal business activity in NYS <b>CAMPING ONLINE MARKETPL</b>		NAICS business code number (from NYS Pub 910) <b>454110</b>	For office use only
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.			

<b>A. Pay amount shown on Part 2, line 19c. Make payable to: New York State Corporation Tax</b>	Payment enclosed
◀ Attach your payment here. ( <i>Detach all check stubs; see instructions for details.</i> )	<b>997.</b>

**B.** Are you subject to the metropolitan transportation business tax (MTA surcharge)? (*see instructions; mark an X in the appropriate box*) .....  Yes  No

**C.** If you are disclaiming tax liability in New York State based on Public Law 86-272, mark an **X** in the box (*see instructions*) .....  Yes  No

**D.** Do you have an interest in any partnerships? (*mark an X in the appropriate box*) .....  Yes  No

If **Yes**, enter the name(s) and EIN(s) on Form CT-60 and attach it to your return.

<b>Third - party designee</b> (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) <b>ALAN J. COHEN</b>	Designee's phone number <b>631-629-4344</b>
	Designee's email address <b>ALAN@ZERAHCO.COM</b>		PIN <b>22752</b>

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

<b>Authorized person</b>	Printed name of authorized person <b>ANAND SUBRAMANIAN</b>	Signature of authorized person		Official title <b>PRESIDENT</b>
	Email address of authorized person <b>ANAND@TENTRR.COM</b>	Telephone number <b>646-230-1040</b>		Date <b>10-11-22</b>
<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed) <b>GUTTERSON &amp; COHEN TAX SPECIALIS</b>		Firm's EIN <b>81-3215466</b>	Preparer's PTIN or SSN <b>P00185030</b>
	Signature of individual preparing this return	Address <b>445 BROADHOLLOW ROAD</b>	City <b>MELVILLE</b>	State ZIP code <b>NY 11747</b>
	Email address of individual preparing this return <b>ALAN@ZERAHCO.COM</b>	Preparer's NYTPRIN or Excl. code <b>03</b>	Date <b>10-11-22</b>	

See instructions for where to file.

**Content of Form CT-3**

Part 1 - General corporate information	Part 5 - Computation of investment capital for the current tax year
Part 2 - Computation of balance due or overpayment	Part 6 - Computation of business apportionment factor
Part 3 - Computation of tax on business income base	Part 7 - Summary of tax credits claimed
Part 4 - Computation of tax on capital base	

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TENTRR, INC.  
 Page 2 of 8 CT-3 (2021)

**Part 1 - General corporate information**

**Section A - Qualification for preferential tax rates -**

If you are a corporation as identified in this section and qualify for preferential tax rates, mark an  in the boxes that apply to you (see instructions).

- 1 A qualified emerging technology company (QETC) eligible for the lower business income base tax rate, 0% capital base tax rate, and lower fixed dollar minimum tax amounts .....  1
- 2 A qualified New York manufacturer based on the principally engaged test eligible for the 0% business income base tax rate and lower fixed dollar minimum tax amounts .....  2
- 3 A qualified New York manufacturer based on the principally engaged test eligible for the 0% capital base tax rate .....  3
- 4 A qualified New York manufacturer based on the significant employment and property test eligible for the 0% business income base tax rate, 0% capital base tax rate, and lower fixed dollar minimum tax amounts .....  4
- 5 A cooperative housing corporation eligible for the 0% capital base tax rate .....  5
- 6 A small business taxpayer eligible for the 0% capital base tax rate .....  6   
 If you marked this box, complete line 6a below and Section B, line 1.
- 6a Total capital contributions .....  6a
- 7 A qualified entity of a New York State innovation hot spot that operates solely within such New York State innovation hot spot, and you have elected to be subject only to the fixed dollar minimum tax base .....  7

**Section B - New York State information (see instructions)**

- 1 Number of New York State employees .....  1
- 2 Wages paid to New York State employees .....  2
- 3 Number of business establishments in New York State .....  3
- 4 If you have an interest in, or have rented, real property in New York State, mark an  in the box .....  4
- 5 If you are claiming an exception to the related member expense addback under Tax Law §208.9(o)(2)(B), mark an  in the box .....  5
- 5a If you marked the line 5 box, use line 5a to report the applicable exception number (1-4) and the amount of royalty payments .....  5a  Number  Amount
- 6 If you are not protected by Public Law 86-272 and are subject to tax solely as a result of deriving receipts in New York State, mark an  in the box .....  6

**Section C - Filing information**

- 1 **Federal return filed** - you must mark an  in one box and attach a complete copy of your federal return
  - 1120  1120 consolidated  1120-REIT or 1120-RIC  1120S  1120F  1120H
- 2 **Amended return** - If you marked the amended return box on page 1, then for any item(s) that apply, mark an  in the box and attach documentation:
  - Final federal determination  Date of determination  NOL carryback  Capital loss carryback  1139  1120X
  - Failure to meet investment capital holding period
- 2a Enter the tax due amount from your most recently filed New York State return for this tax period .....  2a
- 3 **Required attachments** - For all forms, other than tax credit claim forms, that are attached to this return, mark an  in the applicable box(es)
  - CT-3.1  CT-3.2  CT-3.3  CT-3.4  CT-60  CT-225  CT-227
  - Other (identify):
- 4 If you are claiming tax credits, enter the number of tax credit forms attached to this return. Where multiple forms are filed for the same credit, count each form filed .....  4
- 5 If you filed federal Form 1120F and you have effectively connected income (ECI), mark an  in the box .....  5
- 6 Were you required to report any nonqualified deferred compensation, as required by Internal Revenue Code (IRC) §457A, on your 2021 federal return? (see instructions) ..... Yes  No
- 7 If you are a foreign corporation computing your tax taking into account only your distributive shares from multiple limited partnerships, mark an  in the box and file Form CT-60 .....

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**Part 2 - Computation of balance due or overpayment**

**Largest of three tax bases, minus credits**

1a	Business income base tax (from Part 3, line 20)	•	1a	0.	
1b	Capital base tax (from Part 4, line 15; see instructions)	•	1b	2,419.	
1c	Fixed dollar minimum tax (see instr)	•	1c	1,500.	
New York receipts 2,137,960.					
2	Tax due (enter the amount from line 1a, 1b, or 1c, whichever is largest; see instructions)	•	2	2,419.	
3	Tax credits used (from Part 7, line 2; see instructions)	•	3		
4	Tax due after credits (subtract line 3 from line 2; if line 3 is more than line 2, enter 0)	•	4	2,419.	

**Penalties and interest**

5	Estimated tax penalty (see instructions; if Form CT-222 is attached, mark an X in the box)	•	X	5	78.
6	Interest on late payment (see instructions)	•	6		
7	Late filing and late payment penalties (see instructions)	•	7		
8	Total penalties and interest (add lines 5, 6, and 7)	•	8	78.	

**Voluntary gifts/contributions**

9	Total voluntary gifts/contributions (from Form CT-227, Part 2, line 1)	•	9		
10	Total amount due (add lines 4, 8, and 9)	•	10	2,497.	

**Prepayments**

11	Mandatory first installment from Form CT-300 (see instructions)	•	11		
12	Second installment (from Form CT-400)	•	12		
13	Third installment (from Form CT-400)	•	13		
14	Fourth installment (from Form CT-400)	•	14		
15	Payment with extension request (from Form CT-5, line 5)	•	15	1,500.	
16	Overpayment credited from prior years (see instr.)	•	16		
17	Overpayment credited from CT-3-M	•	17		
18	Total prepayments (add lines 11 through 17; see instructions)	•	18	1,500.	

**Payment due or overpayment to be credited/refunded (see instructions)**

19a	Underpayment	•	19a	997.
19b	Additional amount for 2022 MFI	•	19b	
19c	Balance due	•	19c	997.
20a	Excess prepayments	•	20a	
20b	Amount previously credited to 2022 MFI	•	20b	
20c	Overpayment	•	20c	0.
21	Amount of overpayment to be credited to next period	•	21	
22	Balance of overpayment available (subtract line 21 from line 20c)	•	22	
23	Amount of overpayment to be credited to Form CT-3-M	•	23	
24	Balance of overpayment to be refunded (subtract line 23 from line 22)	•	24	
25	Unused tax credits to be refunded	•	25	
26	Unused tax credits applied to next period	•	26	

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**Part 3 - Computation of tax on business income base**

1	Federal taxable income (FTI) before net operating loss (NOL) and special deductions (see instructions) ...	•	1	-6,113,971.
2	Additions to FTI (from Form CT-225, line 5) .....	•	2	2,475.
3	Add lines 1 and 2 .....	•	3	-6,111,496.
4	Subtractions from FTI (from Form CT-225, line 10) .....	•	4	
5	Subtract line 4 from line 3 .....	•	5	-6,111,496.
6	Subtraction modification for qualified banks (from Form CT-3.2, Schedule A, line 1; see instructions) .....	•	6	
7	Entire net income (ENI) (subtract line 6 from line 5) .....	•	7	-6,111,496.
8	Investment and other exempt income (from Form CT-3.1, Schedule D, line 1) .....	•	8	
9	Subtract line 8 from line 7 .....	•	9	-6,111,496.
10	Excess interest deductions attributable to investment income, investment capital, and other exempt income (from Form CT-3.1, Schedule D, line 2) .....	•	10	
11	Business income (add lines 9 and 10) .....	•	11	-6,111,496.
12	Addback of income previously reported as investment income (from Form CT-3.1, Schedule F, line 6; if zero, enter 0; see instructions) .....	•	12	
13	Business income after addback (add lines 11 and 12) .....	•	13	-6,111,496.
14	Business apportionment factor (from Part 6, line 56) .....	•	14	0.440625
15	Apportioned business income after addback (multiply line 13 by line 14) .....	•	15	-2,692,878.
16	Prior net operating loss conversion subtraction (from Form CT-3.3, Schedule C, line 4) .....	•	16	
17	Subtract line 16 from line 15 .....	•	17	-2,692,878.
18	NOL deduction (from Form CT-3.4, line 6) .....	•	18	
19	Business income base (subtract line 18 from line 17) .....	•	19	-2,692,878.
20	Business income base tax (multiply line 19 by the appropriate business income tax rate from the tax rates schedule in Form CT-3-I; enter here and on Part 2, line 1a; see instructions) .....	•	20	0.

**Note:** If you make any entry on line 2, 4, 6, 8, 10, 12, 16, or 18, you **must** complete and file the appropriate attachment form, or any tax benefit claimed may be disallowed, or there may be a delay in receiving such benefit. In addition, all amounts entered on these lines must be entered as positive numbers.



TENTRR, INC.

47-3054018

**Part 4 - Computation of tax on capital base** (see instructions)

		A Beginning of year	B End of year	C Average value
1	Total assets from federal return .....	5,227,792.	12,332,543.	8,780,168.
2	Real property and marketable securities included on line 1 .....			
3	Subtract line 2 from line 1 .....	5,227,792.	12,332,543.	8,780,168.
4	Real property and marketable securities at fair market value .....			
5	Adjusted total assets (add lines 3 and 4) .....	5,227,792.	12,332,543.	8,780,168.
6	Total liabilities .....	4,265,828.	7,437,500.	5,851,664.
7	Total net assets (subtract line 6, column C, from line 5, column C) .....			2,928,504.
8	Investment capital (from Part 5, line 19; if zero or less, enter 0) .....			
9	Business capital (subtract line 8 from line 7) .....			2,928,504.
10	Addback of capital previously reported as investment capital (from Part 5, line 20, column C; if zero or less, enter 0) .....			
11	Total business capital (add lines 9 and 10) .....			2,928,504.
12	Business apportionment factor (from Part 6, line 56) .....			0.440625
13	Apportioned business capital (multiply line 11 by line 12) .....			1,290,372.
14				
15	Capital base tax (multiply line 13 by the appropriate capital base tax rate from the tax rates schedule in Form CT-3-I; enter here and on Part 2, line 1b) .....			2,419.

**Part 5 - Computation of investment capital for the current tax year** (see instructions)

	A Average fair market value	B Liabilities attributable to column A amount	C Net average value (column A - column B)
16	Total capital that generates income claimed to not be taxable by New York under the U.S. Constitution (from Form CT-3.1, Schedule E, line 1) .....		
17	Total of stocks <b>actually</b> held for more than one year (from Form CT-3.1, Schedule E, line 2) .....		
18	Total of stocks <b>presumed</b> held for more than one year (from Form CT-3.1, Schedule E, line 3) .....		
19	Total investment capital for the current year (Add column C lines 16, 17, and 18; enter the result here and on Part 4, line 8. If zero or less, enter 0.) .....		

**Addback of capital previously reported as investment capital**

	A Average fair market value as previously reported	B Liabilities attributable to column A amount as previously reported	C Net average value as previously reported (column A - column B)
20	Total of stocks previously presumed held for more than one year, but did <b>not</b> meet the holding period (from Form CT-3.1, Schedule F, line 1; enter here and on Part 4, line 10) .....		



**Part 6 - Computation of business apportionment factor** (see instructions)

Mark an X in this box only if you have **no receipts** required to be included in the denominator of the apportionment factor (see instr.)

		A - New York State	B - Everywhere
<b>Section 210-A.2</b>			
1	Sales of tangible personal property	2,132,139.	4,846,290.
2	Sales of electricity		
3	Net gains from sales of real property		
<b>Section 210-A.3</b>			
4	Rentals of real and tangible personal property		
5	Royalties from patents, copyrights, trademarks, and similar intangible personal property		
6	Sales of rights for certain closed-circuit and cable TV transmissions of an event		
<b>Section 210-A.4</b>			
7	Sale, licensing, or granting access to digital products		

**Section 210-A.5(a)(1) - Fixed percentage method for qualified financial instruments (QFIs)**

8 To make this irrevocable election, mark an X in the box (see instructions)  8

**Section 210-A.5(a)(2) - Mark an X in each box that is applicable (see line 8 instructions)**

<b>Section 210-A.5(a)(2)(A)</b>			
9	Interest from loans secured by real property		
10	Net gains from sales of loans secured by real property		
11	Interest from loans <b>not</b> secured by real property (QFI <input type="checkbox"/> )		
12	Net gains from sales of loans <b>not</b> secured by real property (QFI <input type="checkbox"/> )		
<b>Section 210-A.5(a)(2)(B) (QFI <input type="checkbox"/>)</b>			
13	Interest from federal debt		
14			
15	Interest from NYS and its political subdivisions debt		
16	Net gains from federal, NYS, and NYS political subdivisions debt		
17	Interest from other states and their political subdivisions debt		
18	Net gains from other states and their political subdivisions debt		
<b>Section 210-A.5(a)(2)(C) (QFI <input type="checkbox"/>)</b>			
19	Interest from asset-backed securities and other government agency debt		
20	Net gains from government agency debt or asset-backed securities sold through an exchange		
21	Net gains from all other asset-backed securities		
<b>Section 210-A.5(a)(2)(D) (QFI <input type="checkbox"/>)</b>			
22	Interest from corporate bonds		
23	Net gains from corporate bonds sold through broker/dealer or licensed exchange		
24	Net gains from other corporate bonds		
<b>Section 210-A.5(a)(2)(E)</b>			
25	Net interest from reverse repurchase and securities borrowing agreements		
<b>Section 210-A.5(a)(2)(F)</b>			
26	Net interest from federal funds		
<b>Section 210-A.5(a)(2)(I) (QFI <input type="checkbox"/>)</b>			
27	Net income from sales of physical commodities		
<b>Section 210-A.5(a)(2)(J) (QFI <input type="checkbox"/>)</b>			
28	Marked to market net gains		
<b>Section 210-A.5(a)(2)(H) (QFI <input type="checkbox"/>)</b>			
<b>210-A.5(a)(2)(G) (QFI <input type="checkbox"/>)</b>			
29	Interest from other financial instruments		
30	Net gains and other income from other financial instruments		



TENTRR, INC.

47-3054018

**Part 6 - Computation of business apportionment factor** *(continued)*

		A - New York State	B - Everywhere
<b>Section 210-A.5(b)</b>			
31	Brokerage commissions		
32	Margin interest earned on behalf of brokerage accounts		
33	Fees for advisory services for underwriting or management of underwriting		
34	Receipts from primary spread of selling concessions		
35	Receipts from account maintenance fees		
36	Fees for management or advisory services		
37	Interest from an affiliated corporation		
<b>Section 210-A.5(c)</b>			
38	Interest, fees, and penalties from credit cards		
39	Service charges and fees from credit cards		
40	Receipts from merchant discounts		
41	Receipts from credit card authorizations and settlement processing		
42	Other credit card processing receipts		
<b>Section 210-A.5(d)</b>			
43	Receipts from certain services to investment companies		
<b>Section 210-A.5-a</b>			
44	Global intangible low-taxed income	0.00	
<b>Section 210-A.6</b>			
45	Receipts from railroad and trucking business		
<b>Section 210-A.6-a</b>			
46	Receipts from the operation of vessels		
<b>Section 210-A.7</b>			
47	Receipts from air freight forwarding		
48	Receipts from other aviation services		
<b>Section 210-A.8</b>			
49	Advertising in newspapers or periodicals		
50	Advertising on television or radio		
51	Advertising via other means		
<b>Section 210-A.9</b>			
52	Transportation or transmission of gas through pipes		
<b>Section 210-A.10</b>			
53	Receipts from other services/activities not specified	5,821.	5,821.
<b>Section 210-A.11</b>			
54	Discretionary adjustments		
<b>Total receipts</b>			
55	Add lines 1 through 54 in columns A and B	2,137,960.	4,852,111.

**Calculation of business apportionment factor**

56 New York State business apportionment factor *(divide line 55, column A by line 55, column B and enter the resulting decimal here; round to the sixth decimal place after the decimal point; see instructions)* • 

56	.440625
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Enter line 56 on Part 3, *Computation of tax on business income base*, line 14; and on Part 4, *Computation of tax on capital base*, line 12.

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**Part 7- Summary of tax credits claimed**

1 Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law, Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box) .....  1 Yes  No  X

Enter in the appropriate box below the amount of each tax credit **used** to reduce the tax due shown on Part 2, line 2, and attach the corresponding properly completed claim form. The amount of credit to enter is computed on each credit form and carried to this section.

CT-37	.....	•		CT-607	.....	•		CT-651	.....	•	
CT-40	.....	•		CT-611	.....	•		CT-652	.....	•	
CT-41	.....	•		CT-611.1	.....	•		CT-654	.....	•	
CT-43	.....	•		CT-611.2	.....	•		CT-655	.....	•	
CT-44	.....	•		CT-612	.....	•		DTF-621	.....	•	
CT-46	.....	•		CT-613	.....	•		DTF-622	.....	•	
CT-47	.....	•		CT-631	.....	•		DTF-624	.....	•	
CT-236	.....	•		CT-633	.....	•		DTF-630	.....	•	
CT-238	.....	•		CT-634	.....	•		Other credits	.....	•	
CT-239	.....	•		CT-635	.....	•					
CT-241	.....	•		CT-636	.....	•					
CT-242	.....	•		CT-637	.....	•					
CT-246	.....	•		CT-638	.....	•					
CT-248	.....	•		CT-640	.....	•					
CT-249	.....	•		CT-641	.....	•					
CT-250	.....	•		CT-642	.....	•					
CT-261	.....	•		CT-643	.....	•					
CT-501	.....	•		CT-644	.....	•					
CT-601	.....	•		CT-645	.....	•					
CT-602	.....	•		CT-646	.....	•					
CT-603	.....	•		CT-647	.....	•					
CT-604	.....	•		CT-648	.....	•					
CT-605	.....	•		CT-649	.....	•					
CT-606	.....	•		CT-650	.....	•					

2 Total tax credits claimed above (enter here and on Part 2, line 3; attach appropriate form for each credit claimed) ..... •  2

3 Total tax credits claimed that are refund eligible (see instructions) ..... •  3

4a If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an X in the box ..... •  4a

4b If you claimed the tax-free NY area tax elimination credit, and you had a 100% area allocation factor, mark an X in the box ..... •  4b

4c If you claimed the tax-free NY area excise tax on telecommunications credit and you had a 100% area allocation factor, mark an X in the box ..... •  4c





Department of Taxation and Finance  
**Net Operating Loss Deduction (NOLD)**

**CT-3.4**

Legal name of corporation <b>TENTRR, INC.</b>	Employer identification number (EIN) <b>47-3054018</b>
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Attach to Form CT-3 or CT-3-A; see Form CT-3.4-I before completing.

1 Multiply Form CT-3 or CT-3-A, Part 3, line 17, by your appropriate business income base tax rate for the current year from the <i>Tax rates schedule</i> in Form CT-3-I or CT-3-A-I (see instructions) .....	• 1	0.
2 Enter the greater of the capital base tax or the fixed dollar minimum tax for the current tax year (from Form CT-3 or CT-3-A, Part 2, line 1b or 1c) .....	• 2	2,419.
3 Subtract line 2 from line 1 .....	• 3	0.
4 NOLD that is required to be utilized, if available (divide line 3 by the same business income base tax rate used for line 1; do not enter less than zero) .....	• 4	0.
<b>Computation of net operating loss (NOL) to be used (see instructions)</b>		
5a NOL carryforward from prior year's Form CT-3.4 .....	• 5a	13,449,907.
5b NOL carryforwards from <b>new</b> members who entered the group during the current tax year .....	• 5b	
5c NOL carryback .....	• 5c	
5d Subtotal (add lines 5a, 5b, and 5c) .....	• 5d	13,449,907.
5e NOL carryforwards that have expired .....	• 5e	
5f NOL carryforwards unavailable for use in the current tax year .....	• 5f	
5g Add lines 5e and 5f .....	• 5g	
5 Total NOLs available to be used in the current tax year (subtract line 5g from line 5d) .....	• 5	13,449,907.
6 NOL to be used in the current tax year .....	• 6	0.
<b>Computation of NOL carryforward (see instructions)</b>		
7a NOL incurred in the current tax year .....	• 7a	2,692,878.
7b Net NOLs available (add lines 5, 5f, and 7a) .....	• 7b	16,142,785.
7c NOL carryforwards from members <b>who left</b> the group during the current tax year .....	• 7c	
7d Add lines 6 and 7c .....	• 7d	
7 NOL available to be carried forward (subtract line 7d from 7b) .....	• 7	16,142,785.

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TENTRR, INC.

47-3054018

**Schedule A - Apportioned business income or loss** (must be completed for each tax period; see instructions).

If you are making the election to waive carryback of the current-year NOL, mark an  in the box

<b>A</b> Tax period beginning and ending dates	<b>B</b> Amount from Form CT-3 or CT-3-A, Part 3, line 17 for the period in column A	<b>C</b> When column B is not a loss, enter the ending dates of the tax period(s) that generated an NOL used to reduce the amount in column B (see instr.; if necessary)
01-01-21 12-31-21	-2,692,878.	
01-01-20 12-31-20	-1,581,438.	
01-01-19 12-31-19	-1,687,378.	
01-01-18 12-31-18	-5,999,578.	
01-01-17 12-31-17	-2,408,164.	
01-01-16 12-31-16	-1,773,349.	

Note: You must complete and attach Form CT-3.4 to Form CT-3 or CT-3-A each tax year.









Department of Taxation and Finance  
**New York State Modifications**  
 Tax Law - Articles 9-A, 22, and 33

**CT-225**

Legal name of corporation <b>TENTRR, INC.</b>	Employer identification number (EIN) <b>47-3054018</b>
--	---

File this form with Form CT-3, CT-3-S, or CT-33.

Complete all parts that apply to you. See Form CT-225-I, *Instructions for Form CT-225*.

**Schedule A - Certain New York State additions to federal income**

**Part 1 - For certain additions to federal income that did not flow through from a partnership, estate, or trust**

1 New York State additions (see instructions)

		Modification number	Amount			Modification number	Amount						
1a	●	A- 505	2,475	00		1i	●	A-		00	<b>STATEMENT 2</b>		
1b	●	A-		00		1j	●	A-		00			
1c	●	A-		00		1k	●	A-		00			
1d	●	A-		00		1l	●	A-		00			
1e	●	A-		00		1m	●	A-		00			
1f	●	A-		00		1n	●	A-		00			
1g	●	A-		00		1o	●	A-		00			
1h	●	A-		00		1p	●	A-		00			
Total from additional Form(s) CT-225, if any .....				00									
2 Total (add lines 1a through 1p and the total from additional Form(s) CT-225) .....										● 2		2,475	00

**Part 2 - Corporation's share of certain additions to federal income from a partnership, estate, or trust**

3 New York State additions (see instructions)

		Modification number	Amount			Modification number	Amount						
3a	●	EA-		00		3i	●	EA-		00			
3b	●	EA-		00		3j	●	EA-		00			
3c	●	EA-		00		3k	●	EA-		00			
3d	●	EA-		00		3l	●	EA-		00			
3e	●	EA-		00		3m	●	EA-		00			
3f	●	EA-		00		3n	●	EA-		00			
3g	●	EA-		00		3o	●	EA-		00			
3h	●	EA-		00		3p	●	EA-		00			
Total from additional Form(s) CT-225, if any .....				00									
4 Total (add lines 3a through 3p and the total from additional Form(s) CT-225) .....										● 4			00
5 Total additions (add lines 2 and 4; see instructions) .....										● 5		2,475	00

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TENTRR, INC.

47-3054018

**Schedule B - Certain New York State subtractions from federal income**

**Part 1 - For certain subtractions from federal income that did not flow through from a partnership, estate, or trust**

6 New York State subtractions (see instructions)

		Modification number	Amount			Modification number	Amount	
6a	•	S-	00	6i	•	S-	00	
6b	•	S-	00	6j	•	S-	00	
6c	•	S-	00	6k	•	S-	00	
6d	•	S-	00	6l	•	S-	00	
6e	•	S-	00	6m	•	S-	00	
6f	•	S-	00	6n	•	S-	00	
6g	•	S-	00	6o	•	S-	00	
6h	•	S-	00	6p	•	S-	00	
Total from additional Form(s) CT-225, if any							0	00

7 Total (add lines 6a through 6p and the total from additional Form(s) CT-225) • 7 0 00

**Part 2 - Corporation's share of certain subtractions from federal income from a partnership, estate, or trust**

8 New York State subtractions (see instructions)

		Modification number	Amount			Modification number	Amount	
8a	•	ES-	00	8i	•	ES-	00	
8b	•	ES-	00	8j	•	ES-	00	
8c	•	ES-	00	8k	•	ES-	00	
8d	•	ES-	00	8l	•	ES-	00	
8e	•	ES-	00	8m	•	ES-	00	
8f	•	ES-	00	8n	•	ES-	00	
8g	•	ES-	00	8o	•	ES-	00	
8h	•	ES-	00	8p	•	ES-	00	
Total from additional Form(s) CT-225, if any							0	00

9 Total (add lines 8a through 8p and the total from additional Form(s) CT-225) • 9 0 00

10 Total subtractions (add lines 7 and 9; see instructions) • 10 0 00

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Department of Taxation and Finance

**Underpayment of Estimated Tax  
By a Corporation**

**CT-222**

Tax Law - Article 27, Section 1085

Tax return filed: CT-3

All filers must enter tax period:  
beginning 01-01-21 ending 12-31-21

Legal name of corporation <b>TENTRR, INC.</b>	Employer identification number <b>47-3054018</b>
--	---

Read the instructions, Form CT-222-I, before completing.

**Part 1 - Annual payment**

1 Enter your 2021 corporation franchise, excise, or gross receipts tax after credits <b>or</b> enter the 2021 metropolitan transportation business tax (MTA surcharge) (if both, use separate forms)	1	2,419.
2 Multiply line 1 by 91% (.91) or, if a large corporation, 100% (1.0). Large corporations enter this amount on line 5 and skip lines 3 and 4	2	2,201.
3 Enter your 2020 corporation franchise, excise, or gross receipts tax after credits <b>or</b> enter the 2020 MTA surcharge	3	1,500.
4 Enter the amount from line 101; if not using the line 9 exception, skip this line	4	
5 Annual payment. Enter the lesser of lines 2, 3, or 4. Large corporations, enter the line 2 amount	5	1,500.

**Part 2 - Reasons for filing**

Mark an X in the boxes below that apply. If any boxes are marked, you must file Form CT-222 even if you do not owe a penalty.

- 6 You are using the adjusted seasonal installment method (see instructions; complete applicable parts of Schedule A)
- 7 You are using the annualized income installment method (see instructions; complete applicable parts of Schedule A)
- 8 You are **not** a large corporation and figure your estimated tax based on the prior year's tax (the prior year cannot be a short year, and your return must have shown a tax liability)
- 9 You are **not** a large corporation and figure your estimated tax by applying to the tax base on which the current year's tax was paid the facts shown on your return for, and the law applicable to, the preceding tax year, but using the rates applicable to the current year (complete Schedule B)

**Part 3 - Computing the underpayment** - for lines 11 through 19, complete one column before going to the next column.

	A	B	C	D
10 Installment due dates (see instructions)	03-15-21	06-15-21	09-15-21	12-15-21
11 Required installments (see instructions)	375.	375.	375.	375.
12 Estimated tax timely paid or credited for each period (see instructions). For column A only, also enter the amount from this line on line 16				
13 Enter amount, if any, from line 19 of the preceding column				
14 Add lines 12 and 13				
15 In column B, enter line 18, column A amount. In columns C and D, add amounts on lines 17 and 18 of the preceding column		375.	750.	1,125.
16 In column A, enter the line 12 amount. For other columns, subtract line 15 from line 14. If zero or less, enter 0	0.	0.	0.	0.
17 If the amount on line 16 is zero, subtract line 14 from line 15. Otherwise, enter 0		375.	750.	
18 <b>Underpayment</b> - If line 16 is less than or equal to line 11, subtract line 16 from line 11. Otherwise, go to line 19 (see instructions)	375.	375.	375.	375.
19 <b>Overpayment</b> - If line 11 is less than line 16, subtract line 11 from line 16				



<b>Part 4 - Computation of the underpayment penalty</b> <i>(see instr.)</i>	<b>A</b> First	<b>B</b> Second	<b>C</b> Third	<b>D</b> Fourth
20 Enter the date of payment or the 15th day of the 4th month after the end of the tax year, whichever is earlier <i>(mm-dd-yy)</i> .....	04-18-22	04-18-22	04-18-22	04-18-22
<b>Number of days:</b>				
21 From due date of installment to the date shown on line 20 .....	396	304	212	121
22 On line 21 after 3/15/21 and before 4/1/21 ...	16			
23 On line 21 after 3/31/21 and before 7/1/21 ...	91	15		
24 On line 21 after 6/30/21 and before 10/1/21 ...	92	92	15	
25 On line 21 after 9/30/21 and before 1/1/22 ...	92	92	92	16
26 On line 21 after 12/31/21 and before 4/1/22 ...	90	90	90	90
27 On line 21 after 3/31/22 and before 7/1/22 ...	15	15	15	15
28 On line 21 after 6/30/22 and before 10/1/22 ...				
29 On line 21 after 9/30/22 and before 1/1/23 ...				
30 On line 21 after 12/31/22 and before 3/15/23				
31 On line 22 ÷ 365 x %* x amount on line 18 .....	1.			
32 On line 23 ÷ 365 x %* x amount on line 18 .....	7.	1.		
33 On line 24 ÷ 365 x %* x amount on line 18 .....	7.	7.	1.	
34 On line 25 ÷ 365 x %* x amount on line 18 .....	7.	7.	7.	1.
35 On line 26 ÷ 365 x %* x amount on line 18 .....	7.	7.	7.	7.
36 On line 27 ÷ 365 x %* x amount on line 18 .....	1.	1.	1.	1.
37 On line 28 ÷ 365 x %* x amount on line 18 .....				
38 On line 29 ÷ 365 x %* x amount on line 18 .....				
39 On line 30 ÷ 365 x %* x amount on line 18 .....				
40 Add lines 31 through 39 .....	30.	23.	16.	9.
41 Underpayment penalty <i>(see instructions)</i> ...	30.	23.	16.	9.
<b>SEE STATEMENT 3</b>				
42 Add line 41, columns A through D; enter here and on your franchise tax return or MTA surcharge return .....			42	78.
43 Multiply line 1 by 80% (.8) .....			43	1,935.
44 Subtract line 11, column A from line 43 .....			44	1,560.
45 Divide line 44 by three .....			45	520.

\* For applicable rates, access our website or call the Corporation Tax Information Center (see *Need help?* in Form CT-1).

**Schedule A, Part 1 - Adjusted seasonal installment method** *(see instructions)*

**Note:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%. Use lines 46 through 51 below to compute the base period percentage. When appropriate, in lieu of ENI, use the applicable tax base.

	<b>A - 2018</b>	<b>B - 2019</b>	<b>C - 2020</b>
46 Enter the period of 6 consecutive months for which the base period percentage is to be computed:  ● <input type="text"/> through ● <input type="text"/>			
47 Enter the ENI for the same 6 consecutive month period in preceding periods .....	●	●	●
48 Enter the total ENI for the entire year in preceding periods .....	●	●	●
49 In each column, enter as a percentage the result of dividing that column's line 47 by that column's line 48 .....	%	%	%
50 Add the percentages in line 49, columns A, B, and C; enter the result here ...	%		
51 Base period percentage: Divide line 50 by three; enter the result here .....	%		

If 70% or higher, continue with Schedule A, line 52a.



	A	B - 1st 5 months	C - 1st 8 months	D - 1st 11 months
Enter ENI for the following:				
52a Tax year beginning in 2018 .....		•	•	•
52b Tax year beginning in 2019 .....		•	•	•
52c Tax year beginning in 2020 .....		•	•	•
53 Enter the total of the amounts that enter into the computation of the business income base for 2021 for the months delineated in each column		•	•	•
Enter ENI for the following periods:		1st 6 months	1st 9 months	Entire year
54a Tax year beginning in 2018 .....		•	•	•
54b Tax year beginning in 2019 .....		•	•	•
54c Tax year beginning in 2020 .....		•	•	•
55 Divide the amount in each column on line 52a by the amount in column D on line 54a .....				
56 Divide the amount in each column on line 52b by the amount in column D on line 54b .....				
57 Divide the amount in each column on line 52c by the amount in column D on line 54c .....				
58 Add lines 55 through 57 .....				
59 Divide line 58 by three .....				
60 Divide line 53 by line 59 .....				
61 Figure the tax on the amount on line 60 using the instructions for your corporation's return (see instructions for MTA surcharge) .....		•	•	•
62 Divide the amount in each of columns B and C on line 54a by the amount in column D on line 54a				
63 Divide the amount in each of columns B and C on line 54b by the amount in column D on line 54b				
64 Divide the amount in each of columns B and C on line 54c by the amount in column D on line 54c				
65 Add lines 62 through 64 .....				
66 Divide line 65 by three .....				
67 Multiply the amounts in columns B and C of line 61 by columns B and C of line 66. In column D, enter the amount from line 61, column D ...				
68 Enter any other taxes for each payment period (see instructions) .....		•	•	•
69 Total tax before credits (add lines 67 and 68)				
70 Enter the amount of tax credits your corporation is entitled to for the months shown in each column heading above line 52a .....		•	•	•
71 Total tax after credits. Subtract line 70 from line 69. If zero or less, enter 0 .....				
72 If <b>not</b> a large corporation, enter .91 (91%). Otherwise, enter 1 .....				
73 Multiply line 71 by line 72 .....				



**Schedule A, Part 2 - Annualized income installment method**

	A	B	C	D
74 Annualized periods (see instructions) .....		1st ● _____ months	1st ● _____ months	1st ● _____ months
75 See instructions .....		●	●	●
76 See instructions .....				
77 Annualized taxable inc. Multiply line 75 by line 76				
78 Figure the tax on the line 77 amount using the instructions for your corporation's return (see instructions for MTA surcharge) .....		●	●	●
79 Enter any other taxes for each payment period (see instr.)		●	●	●
80 Total tax before credits (add lines 78 and 79)				
81 Tax credits (see instructions) .....		●	●	●
82 Total tax after credits. Subtract line 81 from line 80; if zero or less, enter 0 .....				
83 If <b>not</b> a large corporation, enter .91 (91%). Otherwise, enter 1 .....				
84 Multiply line 82 by line 83 .....				
85 Applicable percentage .....		50%	75%	100%
86 Multiply line 84 by line 85 .....				

**Schedule A, Part 3 - Required installment** - In completing Part 3, complete one column before going to the next column.

	A	B	C	D
87 If only Schedule A, Part 1 or Part 2 is completed, enter the amount in each column from line 73 or line 86. If both parts are completed, enter the smaller of the amounts in each column from line 73 or line 86 .....				
88 Add the amounts in all preceding columns of line 93				
89 Subtract line 88 from line 87. If zero or less, enter 0				
90 Subtract line 11, column A (MFI), from line 5. Divide the result by three and enter in each of columns B, C, and D				
91 In column C, subtract line 89, column B from line 90, column B. If zero or less, enter 0. In column D, subtract line 93, column C from line 92, column C and enter the result .....				
92 Add lines 90 and 91 .....				
93 <b>Required installments</b> - For column A, enter the amount from line 11, column A (MFI). For column B, enter the smaller of line 89, column B or line 90, column B. For columns C and D, respectively, enter the smaller of line 89 or line 92. Also enter each result on line 11 ...				

**Schedule B - Line 9 exception** (see instructions)

94 2020 ENI or business income (as applicable) base multiplied by 2021 ENI or business income base tax rate (as applicable) .....	●	94	
95 2020 capital base multiplied by 2021 capital tax rate .....	●	95	
96 Enter the amount from line 94 or 95 as applicable .....		96	
97 2020 subsidiary capital base multiplied by 2021 subsidiary capital tax rate .....	●	97	
98 Any other taxes (see instructions) .....	●	98	
99 Add lines 96, 97, and 98 .....		99	
100 2020 tax credits .....	●	100	
101 Recomputed tax (subtract line 100 from line 99); enter here and on line 4 .....		101	

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TENTRR, INC.

47-3054018

NY		NET OPERATING LOSS INCURRED AFTER 2014		STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16	1,773,349.	0.	1,773,349.	1,773,349.
12/31/17	2,408,164.	0.	2,408,164.	2,408,164.
12/31/18	5,999,578.	0.	5,999,578.	5,999,578.
12/31/19	1,687,378.	0.	1,687,378.	1,687,378.
12/31/20	1,581,438.	0.	1,581,438.	1,581,438.
12/31/21	2,692,878.	0.	2,692,878.	2,692,878.
TOTAL NOLD AFTER 2014			16,142,785.	16,142,785.
NOLD USED THIS YEAR - FORM CT-3.4, LINE 6			0.	
NOLD CARRIED FORWARD - FORM CT-3.4, LINE 7			16,142,785.	

NY FORM CT-225		OTHER ADDITIONS	STATEMENT 2
MODIFICATION NUMBER	DESCRIPTION		AMOUNT
A-505	STATE & LOCAL TAXES DEDUCTED ON FEDERAL RETURN		2,475.
TOTAL TO FORM CT-225, PAGE 1			2,475.



TENTRR, INC.

47-3054018

NY FORM CT-3/3A  
NY FORM CT-3-S

STATEMENT 3

## UNDERPAYMENT OF ESTIMATED TAX

Q T R	EVENT AMOUNT	TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT	DAYS	INTEREST RATE	AMOUNT OF PENALTY	
A								
		Q	375.	03/15/2021	03/31/2021	16	7.5000	1.
		R	375.	03/31/2021	06/30/2021	91	7.5000	7.
		R	375.	06/30/2021	09/30/2021	92	7.5000	7.
		R	375.	09/30/2021	12/31/2021	92	7.5000	7.
		R	375.	12/31/2021	03/31/2022	90	7.5000	7.
		R	375.	03/31/2022	04/15/2022	15	8.0000	1.
	-1,500.	P	-1,125.	04/15/2022		0	8.0000	0.
B								
		Q	375.	06/15/2021	06/30/2021	15	7.5000	1.
		R	375.	06/30/2021	09/30/2021	92	7.5000	7.
		R	375.	09/30/2021	12/31/2021	92	7.5000	7.
		R	375.	12/31/2021	03/31/2022	90	7.5000	7.
		R	375.	03/31/2022	04/15/2022	15	8.0000	1.
	-1,125.	P	-750.	04/15/2022		0	8.0000	0.
C								
		Q	375.	09/15/2021	09/30/2021	15	7.5000	1.
		R	375.	09/30/2021	12/31/2021	92	7.5000	7.
		R	375.	12/31/2021	03/31/2022	90	7.5000	7.
		R	375.	03/31/2022	04/15/2022	15	8.0000	1.
	-750.	P	-375.	04/15/2022		0	8.0000	0.
D								
		Q	375.	12/15/2021	12/31/2021	16	7.5000	1.
		R	375.	12/31/2021	03/31/2022	90	7.5000	7.
		R	375.	03/31/2022	04/15/2022	15	8.0000	1.
	-375.	P	0.	04/15/2022		0	8.0000	0.
TOTAL TO FORM CT-222 LINE 42								78.

EVENT TYPE: Q = QUARTERLY AMOUNT DUE  
P = PAYMENT  
R = INTEREST RATE CHANGE  
L = LEAP YEAR CHANGE  
O = OVERPAYMENT FROM PRIOR YEAR/QUARTER

**2021 TAX RETURN FILING INSTRUCTIONS**

PENNSYLVANIA FORM RCT-101

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

---

**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

---

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

---

**TO BE SIGNED AND DATED BY:**

THE APPROPRIATE CORPORATE OFFICER(S).

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

---

**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

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

---

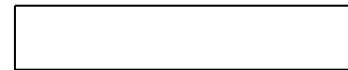
**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

1010021164



DEPARTMENT USE ONLY

**RCT-101 07-21 PAGE 1 OF 4  
PA CORPORATE NET INCOME TAX REPORT 2021**

IRS Filing Type    A = 1120    B = 1120S    C = Other    A

**STEP A:**

Tax Year Beginning    01012021    Tax Year Ending    12312021

**STEP B:**

Amended Report	N	52-53 Week Filer	N	First Report	N	File Period Change	N
Economic Nexus	N	Address Change	N	KOZ/EIP/SDA Credit	N	S Corp Taxable Built-in Gains	N
		Change Fed Group	N	Royalty/Related Interest	N	Section 381/382/Merger	N
				Add-Back (Act 52 of 2013)		NOLs/Alternate Apportionment	

**STEP C:**

Revenue ID	1001348250	Parent Corporation EIN	
Federal EIN	473054018		
Business Activity Code	454110		
Corporation Name	TENTRR, INC		
Address Line 1	25 W 39TH STREET 7TH F		
Address Line 2			
City	NEW YORK	Province	
State	NY	Country Code	
ZIP	10018	Foreign Postal Code	

**STEP D: PA CORPORATE NET INCOME TAX**

USE WHOLE DOLLARS ONLY

**STEP E:**

	A. Tax Liability from Page 2 (can not be less than zero)	B. Estimated Payments & Credits on Deposit	C. Restricted Credits	Payment Due/Overpayment Calculation: A minus B minus C See instructions.
<b>CNI</b>	0	0	0	0

**STEP F: Transfer/Refund Method (See instructions\*)**

**E-File Opt Out (See instructions\*)**    N

- Transfer:** Amount to be credited to the next tax year after offsetting all unpaid liabilities.
- Refund:** Amount to be refunded after offsetting all unpaid liabilities.

**STEP G: Corporate Officer (Must sign affirmation below)**

<b>NAME</b>	ANAND SUBRAMANIAN	<b>FORM</b>	1019
<b>PHONE</b>	6462301040	<b>BARCODE</b>	0000
<b>EMAIL</b>	ANAND@TENTRR.COM		

174301 11-29-21 CCH

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. If this report is an amended report, the taxpayer hereby consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires, and agrees to retain all required records pertaining to that tax and tax period until the end of the extended assessment period, regardless of any statutory provision providing for a shorter period of retention. For purposes of this extension, an original report filed before the due date is deemed filed on the due date. I am authorized to execute this consent to the extension of the assessment period.

<b>Corporate Officer Signature</b>	<b>Date</b>
------------------------------------	-------------

1010021264

REVENUE ID 1001348250  
 TAX YEAR END 12312021 NAME TENTRR, INC

RCT-101 07-21 PAGE 2 OF 4 PA CORPORATE NET INCOME TAX REPORT 2021

**SECTION A: BONUS DEPRECIATION**

USE WHOLE DOLLARS ONLY

(Include REV-1834, Schedule C-8 and C-9, if claiming bonus depreciation.)

1. Current year federal depreciation of 168k prop.	1	0
2. Current year adjustment for disposition of 168k prop.	2	0
3. Other adjustments.	3	0

**SECTION B: PA CORPORATE NET INCOME TAX**

1. Income or loss from federal return on a separate-company basis.	1	-6113971
<b>2. DEDUCTIONS:</b>		
2A. Corporate dividends received (from REV-798, Schedule C-2, Line 7).	2A	0
2B. Interest on U.S. securities (GROSS INTEREST minus EXPENSES).	2B	0
2C. Current yr. addtl. PA deprec. plus adjust. for sale (REV-1834, Sched. C-8, Line 8).	2C	123
2D. Other (from REV-860, Schedule OD) See instructions.	2D	0
<b>TOTAL DEDUCTIONS</b> - Add Lines 2A through 2D and enter the result on Line 2.	2	123
<b>3. ADDITIONS:</b>		
3A. Taxes imposed on or measured by net income (from REV-860, Schedule C-5, Line 6).	3A	2500
3B. Employment incentive payment credit adjustment (Include Schedule W).	3B	0
3C. Current year bonus depreciation (REV-1834, Sched. C-8, Line 3).	3C	0
3D. Intangible expense or related interest expense (REV-802, Sched. C-6; must include REV-802).	3D	0
3E. Other (from REV-860, Schedule OA) See instructions.	3E	0
<b>TOTAL ADDITIONS</b> - Add Lines 3A through 3E and enter the result on Line 3.	3	2500
4. Income or loss with Pennsylvania adjustments (Line 1 minus Line 2 plus Line 3).	4	-6111594
5. Total nonbusiness income or loss (from REV-934, Column C, Total; must include REV-934).	5	0
6. Income or loss to be apportioned (Line 4 minus Line 5).	6	-6111594
7. Apportionment (from Schedule C-1, 1C, or 2C if using Special Apportionment).	7	0.066980
8. Income or loss apportioned to PA (Line 6 times Line 7).	8	-409355
9. Nonbusiness income or loss allocated to PA (from REV-934, Column A, Total; must include REV-934).	9	0
10. PA taxable income or loss after apportionment (Line 8 plus Line 9).	10	-409355
11. Total net operating loss deduction (from RCT-103, Part A, Line 4).	11	0
12. PA taxable income or loss (Line 10 minus Line 11).	12	-409355
13. PA corporate net income tax (Line 12 times 0.0999). If Line 12 is less than zero, enter "0".	13	0
14. Less: Credit for tax paid by affiliate(s) for intangible expense or related interest expense (from REV-803, Sched. C-7; must include REV-803).	14	0
15. Tax Due (Line 13 minus Line 14.)	15	0

**SCHEDULE C-1: Apportionment Schedule For Corporate Net Income Tax (Include RCT-106.) \***

<b>Sales Factor</b>				<b>Special Apportionment</b>		
Sales - PA	1A	324992	1C	Numerator	2A	0
Sales - Total	1B	4852111		Denominator	2B	0
				Apportionment	2C	0
				Proportion		

174302 11-29-21 CCH

\* Refer to REV-1200, PA Corporate Net Income Tax Instructions, found at www.revenue.pa.gov.



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REVENUE ID 1001348250  
 TAX YEAR END 12312021 NAME TENTRR, INC

RCT-101 07-21 PAGE 3 OF 4 PA CORPORATE NET INCOME TAX REPORT 2021

SECTION C: CORPORATE STATUS CHANGES

Final Report N

**PA Corporations:**  
 Did you ever transact business anywhere? N If yes, enter date all business activity ceased  
 Did you hold assets anywhere? N If yes, enter date of final disposition of assets\*

**Foreign Corporations:**  
 Did you ever transact business in PA on your own or through an unincorporated entity? N If yes, enter date PA business activity ceased  
 Did you hold assets in PA on your own or through an unincorporated entity? N If yes, enter date of final disposition of PA assets\*

\*Schedule of Disposition of Assets, REV-861, must be completed and filed with this report.  
 Has the corporation sold or transferred in bulk, 51 percent or more of any class of assets? (See instructions.) N  
 If yes, enter the following information. (Include a separate schedule if additional space is needed.)

Purchaser Name  
 Address Line 1  
 Address Line 2  
 City Province  
 State Country Code  
 ZIP Foreign Postal Code

SECTION D: GENERAL INFORMATION QUESTIONNAIRE

Describe corporate activity in PA CAMPING ONLINE MARKETPLACE  
 Describe corporate activity outside PA  
 Other states in which taxpayer has activity ME, NY

State of Incorporation DE Incorporation Date 02032015

- 1. Does any corporation, individual or other business entity hold all or a majority of the stock of this corporation? 1 Y
- 2. Does this corporation own all or a majority of stock in other corporations? If yes, include REV-798, Schedule X. 2 N
- 3. Is this taxpayer a partnership or other unincorporated entity that elects to file federal taxes as a corporation? 3 N
- 4. Has the federal government changed taxable income as originally reported for any prior period for which reports of change have not been filed in PA? 4 N

If yes: First Period End Date: Last Period End Date:

Accounting Method - Federal Tax Return Accounting Method - Financial Statements  
 A A = Accrual C = Cash O = Other A A = Accrual C = Cash O = Other

Other Other



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REVENUE ID 1001348250  
 TAX YEAR END 12312021 NAME TENTRR, INC

**RCT-101** 07-21 **PAGE 4 OF 4 PA CORPORATE NET INCOME TAX REPORT 2021**  
 SCHEDULE OF REAL PROPERTY IN PA (Include a separate schedule if additional space is needed.)

Did you own or rent property in PA titled to the corporation or any Single Member LLC during this filing period? **N**  
 If yes, the below section must be completed.

◊ = Own  
 R = Rent

Street Address	City	County	KOZ/KOEZ
----------------	------	--------	----------

**CORPORATE OFFICERS**

(See instructions.) SSN Last Name First Name MI  
 Must provide requested information for all filled officer positions.  
 President/Managing Partner  
 Vice President  
 Secretary  
 Treasurer/Tax Manager

**PREPARER'S INFORMATION**

Firm Federal EIN 813215466  
 Firm Name GUTTERSON & COHEN TAX SPECIALISTS LLC  
 Address Line 1 445 BROADHOLLOW ROAD ST  
 Address Line 2  
 City MELVILLE Province  
 State NY Country Code  
 ZIP 11747 Foreign Postal Code

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been prepared by me and to the best of my knowledge and belief is a true, correct and complete report.	
Tax Preparer's Signature	Date 10 11 22

INDIVIDUAL PREPARER ALAN J COHEN  
 PHONE 6316294344  
 EMAIL ALAN@ZERAHCO.COM  
 PTIN/SSN P00185030



**RCT-103 07-21 NET OPERATING LOSS SCHEDULE**

**2021**

(File with RCT-101.)

Tax Year Beginning 01012021 Revenue ID 1001348250  
 Tax Year Ending 12312021  
 Corporation Name TENTRR, INC

**Part A**

1. Taxable income from RCT-101, Section B, Line 10.	1	0
2. Total net operating loss carryforward to current period. (Total, Column C below.)	2	1230870
3. Line 1 multiplied by <u>0.400000</u> percent. (See Instructions in the REV-1200.)	3	0
4. Net operating loss deduction allowed for current tax period. (Carry to RCT-101, Page 2, Line 11.)	4	0

**Part B**

Part B	A. Tax Period Beginning	B. Tax Period Ending	C. Net Loss Carryforward to Current Period	D. Amount Deducted (Current Period)	E. Net Loss Carryforward to Next Period
1	01012018	12312018	543295	0	543295
2	01012019	12312019	251631	0	251631
3	01012020	12312020	435944	0	435944
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**CURRENT TAX YEAR**

**LOSS ONLY**

01012021 12312021 409355

**TOTAL** (Columns C and D Lines 1-20 ONLY) 1230870 0



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**REV-1834** (CT) 08-18

**SCHEDULE C-8**

**ADJUSTMENT FOR BONUS DEPRECIATION**

TAX YEAR BEGINNING 01012021

CORPORATION NAME TENTRR, INC

REVENUE ID 1001348250

TAX YEAR ENDING 12312021

**This Schedule is required to be completed annually and submitted with the RCT-101**

1.	Unused Bonus Depreciation Balance from prior year: .....	0
1A.	Unrecovered Bonus Depreciation Balance: .....	0
	On Qualified Property Acquired in Transactions Where Asset Basis is Carried Over	
	Date of Transaction: _____ Type of Transaction: _____	
	Revenue ID of Corporation from Whom Assets Acquired: _____ FEIN: _____	
2.	Amount of Federal Bonus Depreciation claimed in this tax year:	
2A.	Property placed in service prior to Sept. 28, 2017 .....	0
2B.	Property placed in service on or after Sept. 28, 2017 .....	0
3.	Current Year Bonus Deprec. Addition (Line 2A plus 2B)	
	TOTAL (Carry to Line 3C, Page 2, of RCT-101) .....	0
4.	Additional PA Bonus Depreciation Deduction:	
4A.	Property placed in service prior to Sept. 28, 2017 (MACRS x 3/7) .....	123
4B.	Property placed in service on or after Sept. 28, 2017 (MACRS w/o regard to Bonus) .....	0
5.	PA Bonus Depreciation Deduction	
	TOTAL (Line 4A plus 4B) .....	123
6.	Deduction for Property Which is Fully Depreciated, Sold or Otherwise Disposed:	
6A.	Property placed in service prior to Sept. 28, 2017 (Schedule C-9 Line 2) .....	0
6B.	Property placed in service on or after Sept. 28, 2017 (Schedule C-9 Line 4) .....	0
7.	PA Deduction for Property Which is Fully Depreciated, Sold or Otherwise Disposed:	
	TOTAL (Line 6A plus 6B) .....	0
8.	PA Bonus Depreciation Deduction (Line 5 plus 7)	
	TOTAL (Carry to line 2C, Page 2, of RCT-101) .....	123
9.	Remaining Unused Bonus Depreciation Balance Carry-Forward:	
	TOTAL (Line 1 plus Line 1A plus Line 3 minus Line 8) .....	0



REV-798 (CT) 07-19

**SCHEDULE C-2 PA DIVIDEND DEDUCTION SCHEDULE**

**pennsylvania**  
DEPARTMENT OF REVENUE

TAX YEAR BEGINNING 01012021

CORPORATION NAME TENTRR, INC

REVENUE ID 1001348250

TAX YEAR ENDING 12312021

<b>1</b>	Federal Schedule C, Line (24), Total Deductions .....	<b>1</b>	0
<b>2</b>	Federal Schedule C, Line (18), Foreign Dividend Gross-Up (Section 78) .....	<b>2</b>	0
<b>3</b>	Federal Schedule C, Line (22) (Attach federal Form 8993) .....	<b>3</b>	0
<b>4</b>	Dividends from less-than-20-percent-owned foreign corporations listed on Lines (14), (16b), (16c) and (17) of federal Schedule C x 50 percent - 0.50 .....	<b>4</b>	0
<b>5</b>	Dividends from 20-percent-or-more-owned foreign corporations listed on Lines (14), (16b), (16c) and (17) of federal Schedule C x 65 percent - 0.65 .....	<b>5</b>	0
<b>6</b>	Dividends listed on Lines (14), (16b), (16c) and (17) of federal Schedule C from foreign corporations that meet the "80 percent voting and value test" of IRC § 1504(a)(2) and otherwise would qualify for 100 percent deduction under IRC § 243(a)(3) if they were a domestic corporation. <b>Do not list any amounts included above.</b> .....	<b>6</b>	0
<b>7</b>	<b>Total PA Dividend Deduction</b> - Add Lines 1, 2, 4, 5 and 6. Subtract Line 3. Enter this amount on RCT-101, Section B, Line 2A .....	<b>7</b>	0

**SCHEDULE X**

Taxpayers completing this schedule must include beginning and ending consolidating schedules reflecting the activity of all members of the consolidated group, along with all consolidations and eliminations.

TAX YEAR BEGINNING 01012021

CORPORATION NAME TENTRR, INC

REVENUE ID 1001348250

TAX YEAR ENDING 12312021

Name	File in PA	Revenue ID	EIN

Name, SSN, EIN and/or Revenue ID of any individual or business entity owning all or a majority of the stock of the taxpayer.

Name	SSN or EIN	Revenue ID
MICHAEL D'AGOSTINO	041826873	

**pennsylvania**  
DEPARTMENT OF REVENUE

1060017101

**RCT-106** (CT) 03-17  
**DETERMINATION OF  
APPORTIONMENT PERCENTAGE**  
INSERT SHEET  
FILE WITH RCT-101

TAX YEAR BEGINNING 01012021

CORPORATION NAME TENTRR, INC

REVENUE ID 1001348250

TAX YEAR ENDING 12312021

SALES FACTOR *	Description	Inside PA	Inside and Outside PA
1. Sales (net of returns and allowances)	.....	324992	4846290
2. Interest, Rents, Royalties	.....	0	0
3. Gross Receipts from the Sale of Other Business Assets (except securities, unless you are a securities dealer)	.....	0	0
4. Other Sales (receipts only)	.....	0	5821
5. Partner's Share of Sales from Partnerships	.....	0	0
6. Total Sales	.....	(A) 324992	(B) 4852111

(C) Sales Factor (Divide A by B; calculate to six decimal places.)

(C) •066980

Carry (A), (B) and (C) to RCT-101, Schedule C-1, Lines 1A, 1B and 1C.

**SPECIAL APPORTIONMENT**

Special apportionment to be completed only by railroad, truck, bus and airline companies; pipeline or natural gas companies; and water transportation companies. Refer to instructions.

(A) NUMERATOR \_\_\_\_\_

= (C) •

Carry (A), (B) and (C) to RCT-101, Schedule C-1, Lines 2A, 2B and 2C.

(B) DENOMINATOR \_\_\_\_\_

(C) Special Apportionment (Divide A by B; calculate to six decimal places.)

\* Use applicable figure from the chart in REV-1200, PA Corporate Net Income Tax Instructions, found at [www.revenue.pa.gov](http://www.revenue.pa.gov).



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**pennsylvania**  
DEPARTMENT OF REVENUE

**REV-860** (CT) 04-18  
**C-5 SCHEDULE OF TAXES**

CORPORATION NAME TENTRR, INC

REVENUE ID 1001348250

TAX YEAR BEGINNING  
TAX YEAR ENDING

01012021

12312021

1. PA Corporate Net Income Tax .....	0	
2. Philadelphia Business Income and Receipts Tax (BIRT) - Net Income Portion .....	0	
3. Income Taxes - Other States .....	2475	
4. Local Income Taxes .....	25	
5. Other Income Taxes .....	0	
6. Total Income Taxes (Add Lines 1 through 5) Carry to RCT-101, Page 2, Line 3A .....		2500
7. PA Capital Stock/Foreign Franchise Tax (Not applicable for tax years beginning on or after Jan. 1, 2016) .....		
8. Philadelphia Business Income and Receipts Tax (BIRT) - Gross Receipts Portion .....	0	
9. Payroll Taxes .....	0	
10. Real Estate Taxes .....	0	
11. Sales and Use Tax .....	0	
12. Business Privilege Tax - Other than Income .....	0	
13. Occupancy Tax .....	0	
14. Local Taxes - Not Based on Income .....	0	
15. Other Taxes - Not Based on Income .....	0	
16. Total Taxes Not Imposed on or Measured by Income (Add Lines 7 through 15) .....		0
17. Total Tax Expense Reported on Federal Income Tax Return (Add Lines 6 and 16) .....		2500

**Schedule OA - Other Additions**

Description	Amount
Tax Preference Items	
<b>Total</b> Carry to RCT-101, Section B, Line 3-E	

**Schedule OD - Other Deductions**

Description	Amount
Federal Wages Disallowed as a Result of Tax Credits Under IRC Sec 45B or IRC Sec 51	
<b>Total</b> Carry to RCT-101, Section B, Line 2-D	

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE & FIXTURES	06/30/15	200DB	7.00		HY17	6,418.			3,209.	3,209.	2,741.		287.	3,028.
2	COMPUTERS	06/30/15	200DB	5.00		HY17	5,677.			2,839.	2,838.	2,790.		0.	2,790.
3	EQUIPMENT	06/30/15	200DB	5.00		HY17	5,412.			2,706.	2,706.	2,662.		0.	2,662.
4	CAMPSITES	06/30/15	SL	39.00		MM17	169,941.				169,941.	24,145.		4,357.	28,502.
5	CAMPSITES	06/30/16	SL	39.00		MM17	276,720.				276,720.	32,229.		7,095.	39,324.
6	COMPUTERS	06/30/16	200DB	5.00		HY17	11,995.				11,995.	11,304.		691.	11,995.
7	EQUIPMENT	06/30/16	200DB	7.00		HY17	1,736.				1,736.	1,349.		155.	1,504.
8	FURNITURE & FIXTURES	06/30/16	200DB	7.00		HY17	21,876.				21,876.	16,995.		1,951.	18,946.
9	COMPUTERS	06/30/17	200DB	5.00		HY17	11,531.				11,531.	9,538.		1,328.	10,866.
10	CAMPSITES	06/30/17	SL	39.00		MM17	28,955.				28,955.	2,629.		742.	3,371.
11	COMPUTERS	06/30/18	200DB	5.00		HY17	28,074.				28,074.	19,989.		3,234.	23,223.
12	DOMAIN NAME	01/16/18		180M			43	6,000.			6,000.	1,167.		400.	1,567.
13	CAMPSITES	06/30/18	SL	39.00		MM17	1,228,736.				1,228,736.	83,395.		31,505.	114,900.
14	FURNITURE & FIXTURES	06/30/18	200DB	7.00		HY17	25,987.				25,987.	14,623.		3,246.	17,869.
15	(D)TRAILERS	06/15/18	200DB	5.00		HY17	21,038.				21,038.	14,979.		1,212.	16,191.
16	FARNAM CAP INSTALL	01/31/19		36M			43	123.			123.	79.		41.	120.
17	FARNAM CAP INSTALL	03/31/19		36M			43	2,745.			2,745.	1,601.		915.	2,516.
18	FARNAM CAP INSTALL	04/30/19		36M			43	12,314.			12,314.	6,841.		4,105.	10,946.

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	FARNAM CAP INSTALL	05/31/19		36M		43	42,834.				42,834.	22,607.		14,278.	36,885.
20	FARNAM CAP INSTALL	06/30/19		36M		43	45,069.				45,069.	22,535.		15,023.	37,558.
21	FARNAM CAP INSTALL	07/31/19		36M		43	68,283.				68,283.	32,245.		22,761.	55,006.
22	FARNAM CAP INSTALL	08/31/19		36M		43	25,783.				25,783.	11,459.		8,594.	20,053.
23	FARNAM CAP INSTALL	09/30/19		36M		43	11,011.				11,011.	4,588.		3,670.	8,258.
24	FARNAM CAP INSTALL	10/31/19		36M		43	10,756.				10,756.	4,183.		3,585.	7,768.
25	FARNAM CAP INSTALL	11/30/19		36M		43	5,818.				5,818.	2,101.		1,939.	4,040.
26	TENTKITS	04/30/19	200DB	3.00		HY17	54,258.				54,258.	42,202.		8,036.	50,238.
27	TENTKITS	05/31/19	200DB	3.00		HY17	59,190.				59,190.	46,038.		8,766.	54,804.
28	TENTKITS	06/30/19	200DB	3.00		HY17	64,122.				64,122.	49,874.		9,496.	59,370.
29	FARNAM CAP MATERIALS	01/30/19	200DB	3.00		HY17	690,820.				690,820.	537,319.		102,310.	639,629.
30	FARNAM CAP MATERIALS	02/28/19	200DB	3.00		HY17	3,012.				3,012.	2,343.		446.	2,789.
31	FARNAM CAP MATERIALS	03/31/19	200DB	3.00		HY17	1,601.				1,601.	1,246.		237.	1,483.
32	FARNAM CAP MATERIALS	04/30/19	200DB	3.00		HY17	4,219.				4,219.	3,281.		625.	3,906.
33	FARNAM CAP MATERIALS	05/31/19	200DB	3.00		HY17	9,586.				9,586.	7,456.		1,420.	8,876.
34	FARNAM CAP MATERIALS	06/30/19	200DB	3.00		HY17	29,395.				29,395.	22,863.		4,353.	27,216.
35	FARNAM CAP MATERIALS	07/31/19	200DB	3.00		HY17	62,879.				62,879.	48,908.		9,312.	58,220.
36	FARNAM CAP MATERIALS	08/31/19	200DB	3.00		HY17	14,751.				14,751.	11,474.		2,185.	13,659.

## 2021 DEPRECIATION AND AMORTIZATION REPORT

## OTHER DEPRECIATION

## OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	FARNAM CAP MATERIALS	09/30/19	200DB	3.00		HY17	17,989.				17,989.	13,992.		2,664.	16,656.
38	FARNAM CAP MATERIALS	10/31/19	200DB	3.00		HY17	11,320.				11,320.	8,805.		1,676.	10,481.
39	FARNAM CAP MATERIALS	11/30/19	200DB	3.00		HY17	853.				853.	663.		126.	789.
40	FARNAM CAP MATERIALS	12/31/19	200DB	3.00		HY17	467.				467.	364.		69.	433.
41	COMPUTERS	06/01/19	200DB	5.00		HY17	21,609.				21,609.	11,237.		4,149.	15,386.
42	EQUIPMENT	06/15/18	200DB	7.00		HY17	23,110.				23,110.	13,101.		2,886.	15,987.
43	COMPUTERS	06/01/20	200DB	5.00		HY17	8,797.				8,797.	1,759.		2,815.	4,574.
44	FARNAM CAP MATERIALS	06/01/20	200DB	3.00		HY17	1,650,543.				1,650,543.	550,126.		733,666.	1,283,792.
45	FARNAM CAP INSTALL	01/01/20		36M		43	59,374.				59,374.	19,791.		19,791.	39,582.
46	TENTKITS	06/01/20	200DB	3.00		HY17	204,992.				204,992.	129,023.		75,969.	204,992.
47	TRAILERS	04/01/21	200DB	5.00		HY19B	7,000.				7,000.			1,400.	1,400.
48	EQUIPMENT	09/23/21	200DB	7.00		HY19C	8,000.				8,000.			1,143.	1,143.
49	COMPUTERS	06/01/21	200DB	5.00		HY19B	14,286.				14,286.			2,857.	2,857.
50	FARNAM CAP INSTALL	01/31/21		36M		42	145,077.				145,077.			44,329.	44,329.
51	FARNAM CAP INSTALL	02/28/21		36M		42	27,550.				27,550.			7,653.	7,653.
52	FARNAM CAP INSTALL	03/31/21		36M		42	21,051.				21,051.			5,263.	5,263.
53	FARNAM CAP INSTALL	04/30/21		36M		42	64,533.				64,533.			14,341.	14,341.
54	FARNAM CAP INSTALL	05/31/21		36M		42	203,188.				203,188.			39,509.	39,509.

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## 2021 DEPRECIATION AND AMORTIZATION REPORT

## OTHER DEPRECIATION

## OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	FARNAM CAP INSTALL	06/30/21		36M		42	29,530.				29,530.			4,922.	4,922.
56	FARNAM CAP INSTALL	07/31/21		36M		42	48,952.				48,952.			6,799.	6,799.
57	FARNAM CAP INSTALL	08/31/21		36M		42	116,226.				116,226.			12,914.	12,914.
58	FARNAM CAP INSTALL	09/30/21		36M		42	104,244.				104,244.			8,687.	8,687.
59	FARNAM CAP INSTALL	10/31/21		36M		42	32,804.				32,804.			1,822.	1,822.
60	FARNAM CAP INSTALL	11/30/21		36M		42	96,932.				96,932.			2,693.	2,693.
61	FARNAM CAP INSTALL	12/31/21		36M		42	81,400.				81,400.			0.	
62	FARNAM CAP MATERIALS	01/31/21	200DB	3.00		HY19A	895,771.				895,771.			298,560.	298,560.
63	FARNAM CAP MATERIALS	02/28/21	200DB	3.00		HY19A	171,058.				171,058.			57,014.	57,014.
64	FARNAM CAP MATERIALS	03/31/21	200DB	3.00		HY19A	91,149.				91,149.			30,380.	30,380.
65	FARNAM CAP MATERIALS	04/30/21	200DB	3.00		HY19A	27,151.				27,151.			9,049.	9,049.
66	FARNAM CAP MATERIALS	05/31/21	200DB	3.00		HY19A	306,166.				306,166.			102,045.	102,045.
67	FARNAM CAP MATERIALS	06/30/21	200DB	3.00		HY19A	323,703.				323,703.			107,890.	107,890.
68	FARNAM CAP MATERIALS	07/30/21	200DB	3.00		HY19A	383,356.				383,356.			127,773.	127,773.
69	FARNAM CAP MATERIALS	08/31/21	200DB	3.00		HY19A	210,100.				210,100.			70,026.	70,026.
70	FARNAM CAP MATERIALS	09/30/21	200DB	3.00		HY19A	1,912.				1,912.			637.	637.
71	FARNAM CAP MATERIALS	10/31/21	200DB	3.00		HY19A	44,305.				44,305.			14,767.	14,767.
72	FARNAM CAP MATERIALS	11/30/21	200DB	3.00		HY19A	7,941.				7,941.			2,647.	2,647.

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* TOTAL OTHER DEPRECIATION & AMORT						8,531,104.			8,754.	8,522,350.1	1,870,639.		2,097,231.8	8,967,870.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						5,067,719.		0.	8,754.	5,058,965.1	1,870,639.			2,992,750.
	ACQUISITIONS						3,463,385.		0.	0.	3,463,385.	0.			975,120.
	DISPOSITIONS/RETIRED						21,038.		0.	0.	21,038.	14,979.			16,191.
	ENDING BALANCE						8,510,066.		0.	8,754.	8,501,312.1	1,855,660.			8,951,679.



pennsylvania  
DEPARTMENT OF REVENUE**e-file Signature Authorization for  
RCT-101, PA Corporate Net Income Tax Report****2021****PA-8879 C** (SU) 11-21

See instructions.

For calendar year 2021 or tax year beginning \_\_\_\_\_, 2021, ending \_\_\_\_\_, 20\_\_\_\_\_.

Name of Corporation <b>TENTRR, INC</b>			Federal Employer Identification Number (FEIN) <b>47-3054018</b>	
Corporation Address <b>25 W 39TH STREET 7TH F</b>	City <b>NEW YORK</b>	State <b>NY</b>	ZIP Code <b>10018</b>	Revenue ID Number <b>1001348250</b>

**SECTION I TAX REPORT INFORMATION** (Whole dollars only.)

1. Income or Loss from Federal Return on a Separate Company Basis (From RCT-101, Section B, Line 1)	1.	<b>-6,113,971.</b>
2. PA Taxable Income or Loss (From RCT-101, Section B, Line 12)	2.	<b>-409,355.</b>
3. PA Corporate Net Income Tax Due (From RCT-101, Section B, Line 15)	3.	

**SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF OFFICER** (Keep a copy of the corporation's tax report.)

Under penalties of perjury, I declare I am an officer of the above-named corporation and I examined a copy of the corporation's 2021 electronic tax report, accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct and complete. I further declare the amounts in Section I above are the amounts shown on the copy of the corporation's electronic tax report. I consent to allow my electronic return originator (ERO) and/or transmitter to send the corporation's report to the PA Department of Revenue and receive from the PA Department of Revenue an acknowledgement of receipt or reason for rejection of the transmission. If applicable, I authorize the PA Department of Revenue and its designated financial institution to initiate an electronic funds withdrawal entry to the financial institution account indicated in the tax preparation software for payment of the corporation's state taxes owed on this report, and I authorize the financial institution to debit the entry to this account. To revoke a payment, I must contact my financial institution account indicated in the tax preparation software for payment of the corporation state taxes. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I selected a federal self-select PIN as my signature for the corporation's electronic tax report and, if applicable, the corporation's consent to electronic funds withdrawal.

**Officer's Federal Self-Select PIN** (Check one box only.):

I authorize GUTTERSON & COHEN TAX SPECIALI ERO firm name to enter my federal self-select PIN 12345 Do not enter all zeros. as my signature on the corporation's electronically filed tax report.

As an officer of the corporation, I will enter my federal self-select PIN as my signature on the corporation's electronically filed tax report.

Signature of Officer	Date	Title <b>PRESIDENT</b>	Social Security number <b>185-76-7731</b>
Address <b>25 W 39TH STREET 7TH F</b>	City <b>NEW YORK</b>	State <b>NY</b>	ZIP Code <b>10018</b>

**SECTION III CERTIFICATION AND AUTHENTICATION**

**ERO's EFIN/PIN** (Enter your six-digit EFIN followed by your five-digit federal self-select PIN.): 11357722752  
Do not enter all zeros.

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my federal self-select PIN, which is my signature on the tax year 2021 electronically filed PA corporate net income tax report for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature ► \_\_\_\_\_ Date ► 10 11 22

**Electronic Return Originators (EROs) must retain this form and supporting documents for three years.  
DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.**

## Appendix for PA-8879 C

PA-8879 C APP (SU) 11-21

e-file Signature Authorization for RCT-101, PA Corporate Net Income Tax Report

### ELECTRONIC SIGNATURE SPECIFICATIONS

Below, find the Perjury Statement, Consent to Disclosure and Electronic Funds Withdrawal Consent used to develop jurat language statements for electronic filing tax preparation software where the practitioner federal self-select PIN method is selected. The software must provide the capability to incorporate these elements into the appropriate text for presentation to a taxpayer for his or her review.

### PERJURY STATEMENT

Under penalties of perjury, I declare I am an officer of the above-named corporation; I have examined a copy of the corporation's 2021 electronic RCT-101, PA Corporate Net Income Tax Report, accompanying schedules and statements; and to the best of my knowledge and belief they are true, correct and complete.

### CONSENT TO DISCLOSURE

I consent to allow my electronic return originator (ERO) or transmitter to send the corporation's return/report to the Internal Revenue Service (IRS) and subsequently by the IRS to the PA Department of Revenue.

### ELECTRONIC FUNDS WITHDRAWAL CONSENT

I authorize the PA Department of Revenue and its designated financial institution to initiate an electronic funds withdrawal entry to my financial institution account designated in the electronic payment portion of my 2021 RCT-101 for payment of my Pennsylvania taxes owed; and my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. To revoke a payment, I must contact my financial

institution account indicated in the tax preparation software for payment of the corporation state taxes.

### OFFICER'S SIGNATURE

I am signing this tax return/report and Electronic Funds Withdrawal Consent, if applicable, by entering my federal self select PIN below.

Officer's PIN: 12345

Date: \_\_\_\_\_

### ERO DECLARATION

I declare the information in this electronic tax return/report is the information furnished to me by the corporation. If the corporation furnished me a completed tax return/report, I declare that the information contained in this electronic tax return/report is identical to that contained in the return/report provided by the corporation. If the furnished return/report was signed by a paid preparer, I declare I entered the paid preparer's identifying information in the appropriate portion of this electronic return/report. If I am the paid preparer, under penalties of perjury, I declare I examined this electronic return/report, and to the best of my knowledge and belief it is true, correct and complete.

### ERO SIGNATURE

I am signing this tax return/report by entering my federal self select PIN below.

ERO's EFIN: 113577 (EFIN)

and PIN: 22752 (PIN)

**2021 TAX RETURN FILING INSTRUCTIONS**

TENNESSEE FORM FAE 170

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

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**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

---

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

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**TO BE SIGNED AND DATED BY:**

THE APPROPRIATE CORPORATE OFFICER(S).

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**AMOUNT OF TAX:**

TOTAL TAX	\$	240
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
BALANCE DUE	\$	240

---

**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

WHEN THE RETURN IS FILED THE AMOUNT DUE SHOULD BE ELECTRONICALLY TRANSFERRED.

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

TENNESSEE DEPT. OF REVENUE  
ANDREW JACKSON STATE OFFICE BLDG.  
500 DEADERICK STREET  
NASHVILLE, TN 37242

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**RETURN MUST BE MAILED ON OR BEFORE:**

DECEMBER 15, 2022

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**SPECIAL INSTRUCTIONS:**

PAYMENT OF TAX MUST BE MADE ELECTRONICALLY VIA THE TENNESSEE DEPT. OF REVENUE WEBSITE AT:

[HTTPS://TNTAP.TN.GOV/ESERVICES/](https://TNTAP.TN.GOV/ESERVICES/)

1019

RV-R0011001 (9/21)

**TENNESSEE DEPARTMENT OF REVENUE  
2021 Franchise and Excise Tax Return**

**FAE  
170**

Tax Year Beginning 01/01/21	Account Number	Check all that apply: a) Amended return <input type="checkbox"/> b) Final return <input type="checkbox"/> c) Public Law 86-272 applied to excise tax <input type="checkbox"/> d) Taxpayer has made an election to calculate net worth per the provisions of Tenn. Code Ann. § 67-4-2103(g)-(i) <input type="checkbox"/> e) Taxpayer has filed the prescribed form to revoke its election made per Tenn. Code Ann. § 67-4-2103(g)-(i) <input type="checkbox"/> f) Annualized income installment method for quarterly estimates election <input type="checkbox"/> g) Manufacturer single sales factor election <input type="checkbox"/> h) Taxpayer has filed for federal extension <input type="checkbox"/>
Tax Year Ending 12/31/21	FEIN 47-3054018	
NAICS 454110	SOS Control Number	
Legal Name <b>TENTRR, INC.</b>		Date Tennessee operations began (see instructions) <b>02/03/2015</b>
Mailing Address <b>25 W. 39TH STREET, 7TH FLOOR</b>		
City <b>NEW YORK</b>		
State <b>NEW YORK</b>	ZIP Code <b>10018</b>	

**Schedule A - Computation of Franchise Tax**

1. Total net worth Schedule F1, Line 5 or Schedule F2, Line 3	(1)	<u>95808.</u>
2. Total real and tangible personal property from Schedule G, Line 15	(2)	
3. Franchise tax (25¢ per \$100 or major fraction thereof on the greater of Lines 1 or 2; minimum \$100)	(3)	<u>240.</u>

**Schedule B - Computation of Excise Tax**

4. Income subject to excise tax from Schedule J, Line 34	(4)	<u>-119765.</u>
5. Excise tax (6.5% of Line 4)	(5)	<u>0.</u>
6. Recapture of tax credit (Schedule T, Line 13) and additional excise tax on certified distribution sales	(6)	
7. Total excise tax due (add Lines 5 and 6)	(7)	<u>0.</u>

**Schedule C - Computation of Total Tax Due or Overpayment**

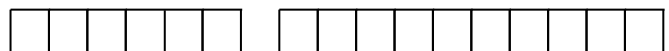
8. Total franchise and excise taxes (add Lines 3 and 7)	(8)	<u>240.</u>
9. Total credit from Schedule D, Line 10 (cannot exceed Schedule C, Line 8)	(9)	
10. Net tax (subtract Line 9 from Line 8; if Line 9 exceeds Line 8, enter zero here)	(10)	<u>240.</u>
11. Total payments from Schedule E, Line 7	(11)	
12. Penalty (see instructions)	(12)	
13. Interest (see instructions)	(13)	
14. Penalty on estimated franchise and excise tax payments	(14)	
15. Interest on estimated franchise and excise tax payments	(15)	
16. Total amount due (overpaid) (add Lines 10, 12, 13, 14, and 15, subtract Line 11)	(16)	<u>240.</u>

If overpayment reported on Line 16, complete A and/or B below:

A. Credit to next year's tax \$ \_\_\_\_\_ B. Refund \$ \_\_\_\_\_

Power of Attorney - Check YES if this taxpayer's signature certifies that this tax preparer has the authority to execute this form on behalf of the taxpayer and is authorized to receive and inspect confidential tax information and to perform any and all acts relating to respective tax matters.  <input checked="" type="checkbox"/> YES	Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.		
	Taxpayer's Signature	Date	<b>PRESIDENT</b> Title
	Tax Preparer's Signature	Date	<b>631-629-4344</b> Telephone
	Preparer's Address	City	State ZIP Code
	Preparer's Email Address		

Taxpayer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Tax Preparer's Signature: \_\_\_\_\_ Date: **10/11/22**  
 Preparer's PTIN: **P00185030**  
 Preparer's Address: **445 BROADHOLLOW ROAD** City: **MELVILLE** State: **NY** ZIP Code: **11747**  
 Preparer's Email Address: **ALAN@ZERAHCO.COM**



Taxable Year <b>01/01/21 12/31/21</b>	Taxpayer Name <b>TENTRR, INC.</b>	Account No./FEIN <b>47-3054018</b>
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**Schedule D - Schedule of Credits**

1. Gross Premiums Tax Credit (cannot exceed Schedule C, Line 8)	(1)	_____
2. Tennessee income tax (cannot exceed Schedule B, Line 5)	(2)	_____
3. Green Energy Tax Credit from business plans filed prior to July 1, 2015	(3)	_____
4. Brownfield Property Credit	(4)	_____
5. Broadband Internet Access Tax Credit carryover for service providers	(5)	_____
6. Industrial Machinery and Research and Development Tax Credit from Schedule T, Line 11	(6)	_____
7. Job Tax Credit from Schedule X, Line 46	(7)	_____
8. Additional Annual Job Tax Credit from Schedule X, Line 38	(8)	_____
9. Qualified Production Credit from Schedule QP, Line 12	(9)	_____
10. Total credit (add Lines 1 through 9; enter here and on Schedule C, Line 9)	(10)	_____

**Schedule E - Schedule of Required Quarterly Installments and Payments**

	Required Quarterly Installments	Amount Paid
1. Overpayment from previous year, if available	(1)	_____
2. First quarterly estimate (2a)	0.	(2b) _____
3. Second quarterly estimate (3a)	0.	(3b) _____
4. Third quarterly estimate (4a)	0.	(4b) _____
5. Fourth quarterly estimate (5a)	0.	(5b) _____
6. Extension payment	(6)	_____
7. Total payments (add Lines 1 through 6; enter here and on Schedule C, Line 11)	(7)	_____

**Computation of Franchise Tax**

**Schedule F1 - Non-Consolidated Net Worth**

1. Net worth (total assets less total liabilities)	(1)	4895043.
2. Indebtedness to or guaranteed by parent or affiliated corporation (cannot be a deduction)	(2)	_____
3. Total (add Lines 1 and 2)	(3)	4895043.
4. Franchise tax apportionment ratio (Schedules N, O, P, R or S if applicable or 100%)	(4)	1.957254 %
5. Total (multiply Line 3 by Line 4; enter here and on Schedule A, Line 1)	(5)	95808.

**Schedule F2 - Consolidated Net Worth**

Schedule F2 is to be completed only if the Consolidated Net Worth Election Registration Application has been filed.

1. Consolidated net worth (total assets less total liabilities of the affiliated group)	(1)	_____
2. Franchise tax apportionment ratio (Schedule 170NC, 170SF or 170SC)	(2)	_____ %
3. Total (multiply Line 1 by Line 2; enter here and on Schedule A, Line 1)	(3)	_____

**Schedule G - Determination of Real and Tangible Property**

**Book Value of Property Owned - Cost less accumulated depreciation**

		In Tennessee
1. Land	(1)	_____
2. Buildings, leaseholds, and improvements	(2)	0.
3. Machinery, equipment, furniture, and fixtures	(3)	_____
4. Automobiles and trucks	(4)	_____
5. Prepaid supplies and other tangible personal property	(5)	_____
6. Ownership share of real and tangible property of a partnership that does not file a return	(6)	_____
7. a. Inventories and work in progress	(7a)	_____
b. Exempt finished goods inventory in excess of \$30 million	(7b)	_____
8. Certified pollution control equipment (include copy of certificate) and equipment used to produce electricity at a certified green energy production facility	(8)	_____
9. Exempt required capital investment	(9)	_____
10. Subtotal (add Lines 1 through 7a, subtract Lines 7b through 9)	(10)	0.

**Rental Value of Property Used but Not Owned**

		In Tennessee
11. Real property	x8 (11)	_____
12. Machinery and equipment used in manufacturing and processing	x3 (12)	_____
13. Furniture, office machinery, and equipment	x2 (13)	_____
14. Delivery or mobile equipment	x1 (14)	_____
15. Tennessee total (add Lines 10 through 14; enter here and on Schedule A, Line 2)	(15)	0.

**Schedule H - Gross Receipts**

1. Gross receipts or sales per federal income tax return	(1)	4846290.
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Taxable Year <b>01/01/21 12/31/21</b>	Taxpayer Name <b>TENTRR, INC.</b>	Account No./FEIN <b>47-3054018</b>
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**Computation of Excise Tax**

**Schedule J1 - Computation of Net Earnings for Entities Treated as Partnerships**

**Additions:**

- 1. Ordinary income or loss (federal Form 1065, Line 22) ..... (1) \_\_\_\_\_
- 2. Income items specifically allocated to partners, including guaranteed payments to partners ..... (2) \_\_\_\_\_
- 3. Any net loss or expense distributed to a publicly traded REIT ..... (3) \_\_\_\_\_
- 4. Total additions (add Lines 1 through 3) ..... (4) \_\_\_\_\_

**Deductions:**

- 5. Expense items specifically allocated to partners not deducted elsewhere ..... (5) \_\_\_\_\_
- 6. Amount subject to self-employment taxes distributable or paid to each partner or member net of any pass-through expense deducted elsewhere on this return (if negative, enter zero) (include on Schedule K, Line 3) ..... (6) \_\_\_\_\_
- 7. Amount of contribution to qualified pension or benefit plans of any partner or member, including all IRC 401 plans (include on Schedule K, Line 3) ..... (7) \_\_\_\_\_
- 8. Any net gain or income distributed to a publicly traded REIT ..... (8) \_\_\_\_\_
- 9. Any loss on the sale of an asset sold within 12 months after the date of distribution ..... (9) \_\_\_\_\_
- 10. Total deductions (add Lines 5 through 9) ..... (10) \_\_\_\_\_
- 11. Total (subtract Line 10 from Line 4; enter here and on Schedule J, Line 1) ..... (11) \_\_\_\_\_

**Schedule J2 - Computation of Net Earnings for a Single Member LLC Filing as an Individual**

**Additions:**

- 1. Business Income or loss from federal Form 1040, Schedule C ..... (1) \_\_\_\_\_
- 2. Business Income or loss from federal Form 1040, Schedule D ..... (2) \_\_\_\_\_
- 3. Business Income or loss from federal Form 1040, Schedule E ..... (3) \_\_\_\_\_
- 4. Business Income or loss from federal Form 1040, Schedule F ..... (4) \_\_\_\_\_
- 5. Business Income or loss from federal Form 4797 ..... (5) \_\_\_\_\_
- 6. Other: federal Form \_\_\_\_\_, Schedule \_\_\_\_\_ ..... (6) \_\_\_\_\_
- 7. Total additions (add Lines 1 through 6) ..... (7) \_\_\_\_\_

**Deductions:**

- 8. Amount subject to self-employment taxes distributable or paid to the single member (if negative, enter zero; include on Schedule K, Line 3) ..... (8) \_\_\_\_\_
- 9. Total (subtract Line 8 from Line 7; enter here and on Schedule J, Line 1) ..... (9) \_\_\_\_\_

**Schedule J3 - Computation of Net Earnings for Entities Treated as Subchapter S Corporations**

**Additions:**

- 1. Ordinary income or loss (federal Form 1120S, Line 21) ..... (1) \_\_\_\_\_
- 2. Income items to extent includable in federal income were it not for "S" status election ..... (2) \_\_\_\_\_
- 3. Total additions (add Lines 1 and 2) ..... (3) \_\_\_\_\_

**Deductions:**

- 4. Expense items to extent includable in federal expenses were it not for "S" status election ..... (4) \_\_\_\_\_
- 5. Any loss on the sale of an asset sold within 12 months after the date of distribution ..... (5) \_\_\_\_\_
- 6. Total deductions (add Lines 4 and 5) ..... (6) \_\_\_\_\_
- 7. Total (subtract Line 6 from Line 3; enter here and on Schedule J, Line 1) ..... (7) \_\_\_\_\_

**Schedule J4 - Computation of Net Earnings for Entities Treated as Corporations and Other Entities**

**Additions:**

- 1. Taxable income or loss before net operating loss deduction and special deductions (federal Form 1120, Line 28) ... (1) -6113971.
- 2. a. REIT taxable income before net operating loss deduction and special deductions (federal Form 1120-REIT, Line 20) ..... (2a) \_\_\_\_\_
- b. REIT deduction for dividends paid (federal Form 1120-REIT, Line 21b) ..... (2b) \_\_\_\_\_
- c. REIT taxable income after dividends paid deduction (subtract Line 2b from Line 2a) ..... (2c) \_\_\_\_\_
- 3. Unrelated business taxable income (federal Form 990-T, Line 5) ..... (3) \_\_\_\_\_
- 4. Other: federal Form \_\_\_\_\_ ..... (4) \_\_\_\_\_
- 5. Contribution carryover from prior period(s) ..... (5) \_\_\_\_\_
- 6. Capital gains offset by capital loss carryover or carryback ..... (6) \_\_\_\_\_
- 7. Total additions (add Lines 1 through 6) ..... (7) -6113971.

**Deductions:**

- 8. Contributions in excess of amount allowed by federal government ..... (8) 5050.
- 9. Portion of current year's capital loss not included in federal taxable income ..... (9) \_\_\_\_\_
- 10. Total deductions (add Lines 8 and 9) ..... (10) 5050.
- 11. Total (subtract Line 10 from Line 7; enter here and on Schedule J, Line 1) ..... (11) -6119021.

page 4 1019

Taxable Year 01/01/21 12/31/21	Taxpayer Name TENTERR, INC.	Account No./FEIN 47-3054018
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**Schedule J - Computation of Net Earnings Subject to Excise Tax**

1. Adjusted federal income or loss (enter amount from Schedule J1, J2, J3, or J4)	(1)	<u>-6119021.</u>
<b>Additions:</b>		
2. Intangible expenses paid, accrued, or incurred to an affiliated business entity or entities deducted for federal income tax purposes	(2)	_____
3. Any depreciation under the provisions of IRC Section 168 not permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation	(3)	_____
4. Gain on the sale of an asset sold within 12 months after the date of distribution to a nontaxable entity	(4)	_____
5. Tennessee excise tax expense (to the extent reported for federal income tax purposes)	(5)	_____
6. Gross premiums tax deducted in determining federal income and used as an excise tax credit	(6)	_____
7. Interest income on obligations of states and their political subdivisions, less allowable amortization	(7)	_____
8. Depletion not based on actual recovery of cost	(8)	_____
9. Excess fair market value over book value of property donated	(9)	_____
10. Excess rent to/from an affiliate	(10)	_____
11. Net loss or expense received from a pass-through entity subject to the excise tax (attach schedule)	(11)	_____
12. An amount equal to five percent of IRC Section 951A global intangible low-taxed income deducted on Line 26	(12)	_____
13. Business interest expense deducted in arriving at the amount reported on Sch. J, Line 1. Only complete if federal Form 8990 was filed. See instructions	(13)	_____
14. Total additions (add Lines 2 through 13)	(14)	_____
<b>Deductions:</b>		
15. Any depreciation under the provisions of IRC Section 168 permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation	(15)	_____
16. Any excess gain (or loss) from the basis adjustment resulting from Tennessee permanently decoupling from federal bonus depreciation	(16)	_____
17. Dividends received from corporations at least 80% owned	(17)	_____
18. Donations to qualified public school support groups and nonprofit organizations	(18)	_____
19. Any expense other than income taxes not deducted in determining federal taxable income for which a credit against the federal income tax was allowed	(19)	_____
20. Adjustments related to the safe harbor lease election (see instructions)	(20)	_____
21. Nonbusiness earnings (from Schedule M, Line 8)	(21)	_____
22. Intangible expenses paid, accrued, or incurred to an affiliated entity or entities (from Form IE, Line 4) Attach Form IE - Intangible Expense Disclosure	(22)	_____
23. Intangible income from an affiliated business entity or entities if the corresponding intangible expenses have not been deducted by the affiliate(s) under Tenn. Code Ann. § 67-4-2006(b)(2)(N)	(23)	_____
24. Net gain or income received from a pass-through entity subject to the excise tax (attach schedule)	(24)	_____
25. Deductible Grants from governmental units and Eligible Relief Payments Received	(25)	_____
26. IRC Section 951A global intangible low-taxed income	(26)	_____
27. a. Business interest expense currently deductible. See instructions	(27a)	_____
b. Business interest expense carryforward available for future tax years	(27b)	_____
28. Total deductions (add Lines 15 through 27a)	(28)	_____
<b>Computation of Taxable Income</b>		
29. Total business income (loss) (add Lines 1 and 14, subtract Line 28; if loss, enter on Schedule K, Line 1)	(29)	<u>-6119021.</u>
30. Excise tax apportionment ratio (Schedules N, O, P, R or S if applicable or 100%)	(30)	<u>1.957254 %</u>
31. Apportioned business income (loss) (multiply Line 29 by Line 30)	(31)	<u>-119765.</u>
32. Nonbusiness earnings directly allocated to Tennessee (from Schedule M, Line 9)	(32)	_____
33. Loss carryover from prior years (from Schedule U)	(33)	_____
34. Subject to excise tax (add Line 31 and 32, subtract Line 33; enter here and on Schedule B, Line 4)	(34)	<u>-119765.</u>

Taxable Year 01/01/21 12/31/21	Taxpayer Name TENTRR, INC.	Account No./FEIN 47-3054018
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**Schedule K - Determination of Loss Carryover Available**

1. Net loss from Schedule J, Line 29 .....	(1)	<u>-6119021.</u>
<b>Additions:</b>		
2. Amounts reported on Schedule J, Lines 17 and 21 .....	(2)	<u>                    </u>
3. Amounts reported on Schedule J1, Lines 6 and 7, or Schedule J2, Line 8 .....	(3)	<u>-6119021.</u>
4. Reduced loss (add Lines 1 through 3; if net amount is positive, enter zero) .....	(4)	<u>                    </u>
5. Excise tax apportionment ratio (Schedules N, O, P, R or S if applicable or 100%) .....	(5)	<u>1.957254 %</u>
6. Current year loss carryover available (multiply Line 4 by Line 5) .....	(6)	<u>-119765.</u>

**Schedule M - Nonbusiness Earnings Allocation**

Allocation and apportionment schedules may be used only by taxpayers doing business outside the state of Tennessee within the meaning of Tenn. Code Ann. §§ 67-4-2010 and 67-4-2110. The burden is on the taxpayer to show that the taxpayer has the right to apportion.

If all earnings are business earnings as defined below, do not complete this schedule. Any nonbusiness earnings, less related expenses, are subject to direct allocation and should be reported in this schedule.

"Business Earnings" - 1) earnings arising from transactions and activity in the regular course of the taxpayer's trade or business, or 2) earnings from tangible and intangible property if the acquisition, use, management, or disposition of the property constitutes an integral part of the taxpayer's regular trade or business operations.

Earnings which arise from the conduct of the trade or trades or business operations of a taxpayer are business earnings, and the taxpayer must show by clear and cogent evidence that particular earnings are classifiable as nonbusiness earnings. A taxpayer may have more than one regular trade or business in determining whether income is business earnings.

"Nonbusiness Earnings" - all earnings other than business earnings

Description of Nonbusiness Earnings (If further description is necessary, see below)	Gross Amounts	*Less Related Expenses	Net Amounts	Net Amounts Allocated Directly to Tennessee
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. Total nonbusiness earnings (Enter here and on Schedule J, Line 21)			0.	
9. Nonbusiness earnings allocated directly (Enter here and on Schedule J, Line 32)				0.

If necessary, describe source of nonbusiness earnings and explain why such earnings do not constitute business earnings as defined above. Enumerate these items to correspond with items listed above.

\*As a general rule, the allowable deductions for expenses of a taxpayer are related to both business and nonbusiness earnings. Items such as administrative costs, taxes, insurance, repairs, maintenance, and depreciation are to be considered. In the absence of evidence to the contrary, it is assumed that the expenses related to nonbusiness rental earnings will be an amount equal to 50% of such earnings and that expenses related to other nonbusiness earnings will be an amount equal to 5% of such earnings (see T ENN. COMP. R. & REGS. 1320-06-01.23(3)).



Taxable Year <b>01/01/21 12/31/21</b>	Taxpayer Name <b>TENTRR, INC.</b>	Account No./FEIN <b>47-3054018</b>
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**Schedule N - Apportionment - Standard**

Property	In Tennessee		Total Everywhere	
	a. Beginning of Taxable Year	b. End of Taxable Year	a. Beginning of Taxable Year	b. End of Taxable Year
<b>Use original cost of assets</b>				
1. Land, buildings, leaseholds, and improvements ...				
2. Machinery, equipment, furniture, and fixtures				
3. Automobiles and trucks .....				
4. Inventories and work in progress .....				
5. Prepaid supplies and other property ...				
6. Ownership share of real and tangible property of a partnership that does not file a return .....				
7. Excise tax total (add Lines 1 through 6)	a.	b.	a.	b.
8. Exempt inventory .....				
9. Franchise tax total (subtract Line 8 from Line 7)	a.	b.	a.	b.
10. Excise tax average value (add Lines 7(a) & (b), divide by two)				
11. Franchise tax average value (add Lines 9(a) & (b), divide by two)				
12. Rented property (rent paid x 8) .....				
<b>Use triple weighted sales factor</b>	a. In Tennessee	b. Total Everywhere	c. Franchise Ratio	d. Excise Ratio
13. Excise tax property factor (add Lines 10 and 12)				%
14. Franchise tax property factor (add Lines 11 and 12)			%	
15. Payroll factor .....	58617.	2863161.	2.047283%	2.047283%
16. Sales factor (business gross receipts) .....	93512.	4852111.	1.927244%	1.927244%
17. Total ratios (add Lines 13-15 and (Line 16 x three))			7.829015%	7.829015%
18. Apportionment ratio (divide Line 17 by five, or by the number of factors with everywhere values greater than zero) (Enter franchise tax apportionment ratio on Sch. F1, Line 4. Enter excise tax apportionment ratio on Sch. J, Line 30.) .....			1.957254%	1.957254%

**Schedule O - Apportionment - Common Carriers (railroads, motor carriers, pipelines and barges)**

	In Tennessee	Total Everywhere	Ratio
1. Total franchise mileage (odometer miles) .....			
2. Tennessee gross intrastate receipts and interstate gross receipts everywhere .....			%
3. Total ratios (add Lines 1 and 2) .....			%
4. Apportionment ratio (divide Line 3 by two, or by the number of factors with everywhere values greater than zero) (Enter franchise tax apportionment ratio on Schedule F1, Line 4. Enter excise tax apportionment ratio on Schedule J, Line 30.) .....			%

**Schedule P - Apportionment - Air Carriers**

	In Tennessee	Total Everywhere	Ratio
1. Originating revenue .....			
2. Air miles flown (Include in Tennessee column only air miles flown on flights either originating from or ending in Tennessee or both) .....			%
3. Total ratios (add Lines 1 and 2) .....			%
4. Apportionment ratio (divide Line 3 by two, or by the number of factors with everywhere values greater than zero) (Enter franchise tax apportionment ratio on Schedule F1, Line 4. Enter excise tax apportionment ratio on Schedule J, Line 30.) .....			%

**Schedule R - Apportionment - Air Express Carriers**

	In Tennessee	Total Everywhere	Ratio
1. Originating revenue .....			%
2. Air miles flown and ground miles traveled (Include in Tennessee column only air miles flown on flights either originating from or ending in Tennessee or both. Include only ground miles traveled with respect to actual common carriage of persons or property for hire.) .....			%
3. Total ratios .....			%
4. Apportionment ratio (divide Line 3 by two, or by the number of factors with everywhere values greater than zero) (Enter franchise tax apportionment ratio on Schedule F1, Line 4. Enter excise tax apportionment ratio on Schedule J, Line 30.) .....			%

**Schedule S - Apportionment - Manufacturer Single Sales Factor**

	In Tennessee	Total Everywhere	Ratio
1. Sales factor (business gross receipts) (Enter franchise tax apportionment ratio on Schedule F1, Line 4. Enter excise tax apportionment ratio on Schedule J, Line 30.) .....			%

**2021 TAX RETURN FILING INSTRUCTIONS**

UTAH FORM TC-20

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

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**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

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**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

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**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

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**AMOUNT OF TAX:**

TOTAL TAX	\$	100
LESS: PAYMENTS AND CREDITS	\$	100
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

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**OVERPAYMENT:**

NOT APPLICABLE

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE USTC, PLEASE CONTACT OUR OFFICE AND WE WILL SUBMIT YOUR ELECTRONIC RETURN. DO NOT MAIL THE PAPER COPY TO THE USTC.

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**RETURN MUST BE MAILED ON OR BEFORE:**

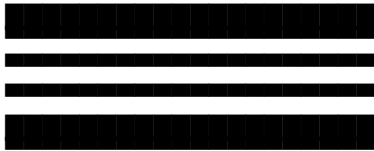
NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

20101

1019



**Utah Corporation  
Franchise and Income Tax Return**

**2021  
TC-20**

For calendar year 2021 or fiscal year (mm/dd/yyyy):  
beginning - and ending -

• Amended Return (code 1-4) • Mark "X" if you filed federal form 8886

Corporation name  
**TENTRR, INC.**

Address  
**25 W 39TH STREET 7TH FLOOR**

City  
**NEW YORK**

Foreign country (if not U.S.)

State ZIP + 4  
**NY 10018**

Telephone number  
**6462301040**

Employer Identification Number  
**473054018**

UT Incorporation/Qualification No.

- 1 If this corporation conducted any Utah business activity during the taxable year, enter "X" • 1 **X**
- 2 If this corporation joined in a federal consolidated return, enter "X" • 2
- 3 Mark "X" (one only) if this return constitutes a:
  - 3a "water's edge" combined report
  - 3b "water's edge" election under UC §59-7-402(2)
  - 3c "worldwide" combined report
- 4 If this corporation made an election for any member of the federal affiliated group during the taxable year, enter "X"
  - 4a IRC Section 338
  - 4b IRC Section 338(h)(10)
  - 4c IRC Section 336(e)
- 5 If this return includes any financial institution defined by Tax Commission Rule R865-6F-32, enter "X" • 5
- 6 Ultimate U.S. parent's name EIN • 6
- 7 Total tax - enter amount from Schedule A, line 27 • 7 **100**
- 8 Total refundable credits and prepayments - enter amount from Schedule A, line 31 • 8 **100**
- 9 **Tax Due** - subtract line 8 from line 7 (not less than zero) • 9
- 10 Penalties and interest (see instructions) 10 **0**
- 11 **Total Due - Pay this amount** - add line 9 and line 10 • 11 **0**
- 12 **Overpayment** - subtract the sum of line 7 and line 10 from line 8 (not less than zero) 12
- 13 Amount of overpayment on line 12 to be applied to next taxable year • 13
- 14 **Refund** - subtract line 13 from line 12 • 14 **0**
- 15 Mark "X" for each quarterly estimated prepayment meeting an exception (attach documentation):
  - 1st • 2nd
  - 3rd • 4th

USTC USE ONLY

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.

<b>SIGN HERE</b> Signature of officer	Date	Title <b>PRESIDENT</b>	"X" if USTC may discuss this return with preparer below: <b>X</b>
Paid Preparer's Section	Preparer's signature	Date <b>10/11/22</b>	Preparer's telephone number <b>6316294344</b>
	Firm's name and address <b>GUTTERSON &amp; COHEN TAX SPECIALISTS L 445 BROADHOLLOW ROAD STE 230 MELVILLE NY 11747</b>	Preparer's PTIN • <b>P00185030</b> Preparer's EIN • <b>813215466</b>	

**Supplemental information to be Supplied by All Corporations**

**TC-20  
2021**

20102 EIN 47-3054018

- 1 Date of incorporation: 02/03/2015 State or country in which incorporated: **DELAWARE**  
mm/dd/yyyy
- 2 If this corporation is dissolved or withdrawn, see Dissolution or Withdrawal in the General Instructions.
- 3 If this corporation at any time during its tax year owned more than 50 percent of the voting stock of another corporation(s), provide the following for each corporation so owned. Attach additional pages if needed.

Name of corporation:

Address:

City, State, ZIP Code:

Percent of stock owned: % Date stock acquired: mm/dd/yyyy

- 4 If more than 50 percent of the voting stock of this corporation is owned by another corporation, provide the following information about the other corporation.

Name of corporation:

Address:

City, State, ZIP Code:

Percent of stock owned: %

- 5 Check here if this corporation or its subsidiary(ies) had a change in control or ownership or acquired control or ownership of any other legal entity this year.
- 6 Enter the location where the corporate books and records are maintained:

411 W 39TH ST 4TH FL NEW YORK, NY 10018

- 7 Enter the state or country of commercial domicile: **DELAWARE**

- 8 Enter the year-end date of the last year for which a federal examination has been completed:

mm/dd/yyyy

Under separate cover, send a summary and supporting schedules for all federal adjustments and the federal tax liability for each year for which federal audit adjustments have not been reported to the Tax Commission. Include the date of final determination. Send the information to:

Auditing Division, Utah State Tax Commission, 210 North 1950 West, Salt Lake City, UT 84134-2000

- 9 Enter the year-end dates of years with federal examinations now in progress, and/or final determination of past examinations still pending.

mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

- 10 Enter the year-end dates of years for which extensions for proposing additional assessments of federal tax were agreed to with the Internal Revenue Service.

mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

**Note:** Utah Code §59-7-519 extends the Statute of Limitations for tax assessment if federal audit adjustments are not fully reported.

<b>Schedule A - Utah Net Taxable Income and Tax Calculation</b>		<b>TC-20, Sch. A</b>	Pg. 1
20103	EIN 47-3054018	<b>2021</b>	
1	Unadjusted income (loss) before NOL and special deductions from federal form 1120, line 28	• 1	-6113971
2	Additions to unadjusted income from Schedule B, line 19	• 2	2475
3	Add line 1 and line 2	3	-6111496
4	Subtractions from unadjusted income from Schedule C, line 21	• 4	
5	Adjusted income (loss) - subtract line 4 from line 3	• 5	-6111496
6	Utah net nonbusiness income from Schedule H, line 14	• 6	
7	Non-Utah net nonbusiness income from Schedule H, line 28	• 7	
8	Total nonbusiness income net of expenses - add line 6 and line 7	8	
9	Apportionable income (loss) before contributions deduction - subtract line 8 from line 5	• 9	-6111496
10	Utah contributions deduction from Schedule D, line 6	• 10	
11	Apportionable income (loss) - subtract line 10 from line 9	11	-6111496
12	Apportionment fraction - enter 1.000000, or Schedule J, line 9 or 10, if applicable	12	.011534
13	Apportioned income (loss) - multiply line 11 by line 12	• 13	-70490
14	Utah net nonbusiness income (from line 6 above)	14	
15	Utah income (loss) before Utah net loss deduction - add line 13 and line 14	• 15	-70490
16	Utah net loss carried forward from prior years (see instructions and attach documentation)	• 16	
17	<b>Net Utah taxable income (loss)</b> - subtract line 16 from line 15	• 17	-70490
18	<b>Calculation of tax</b> (see instructions):		
a	Multiply line 17 by 4.95% (.0495) (not less than zero)	18a	0
b	Minimum tax - enter \$100 or amount from Schedule M, line b	• 18b	100
	Tax amount - enter the greater of line 18a or line 18b	• 18	100
19	Interest on installment sales	• 19	
20	IRC 965(a) deferred foreign income installment amount	• 20	
21	Recapture of low-income housing credit	• 21	
22	Total tax - add lines 18 through 21	• 22	100
	Carry to Schedule A, page 2, line 23		

**Schedule A - Utah Net Taxable Income and Tax Calculation**

**TC-20, Sch. A  
2021**

Pg. 2

20104 EIN 47-3054018

23	Enter tax from Schedule A, page 1, line 22	23	100
24	Nonrefundable credits (see instructions or <a href="https://incometax.utah.gov/credits">incometax.utah.gov/credits</a> for codes)		
	Code      Amount	Code      Amount	
	• 24a	• 24b	
	• 24c	• 24d	
	• 24e	• 24f	
	Total nonrefundable credits - add lines 24a through 24f	• 24	
25	Net tax - subtract line 24 from line 23 (cannot be less than line 18b or less than zero)	• 25	100
26	Utah use tax	• 26	
27	<b>Total tax</b> - add line 25 and line 26 Enter here and on TC-20, line 7	• 27	100
28	Refundable credits (see instructions or <a href="https://incometax.utah.gov/credits">incometax.utah.gov/credits</a> for codes)		
	Code      Amount	Code      Amount	
	• 28a	• 28b	
	• 28c	• 28d	
	Total refundable credits - add lines 28a through 28d	• 28	
29	Prepayments from Schedule E, line 4	• 29	100
30	Amended return only (see instructions)	• 30	
31	<b>Total refundable credits and prepayments</b> - add lines 28 through 30 Enter here and on TC-20, line 8	• 31	100

<b>Schedule B - Additions to Unadjusted Income</b>		<b>TC-20, Sch. B</b>
20105	EIN 47-3054018	<b>2021</b>
1	Interest from state obligations	• 1
2	a Income taxes paid to any state	• 2a
	b Franchise or privilege taxes paid to any state	• 2b
	c Corporate stock taxes paid to any state	• 2c
	d Any income, franchise or capital stock taxes imposed by a foreign country	• 2d
	e Business and occupation taxes paid to any state	• 2e
3	Safe harbor lease adjustments	• 3
4	Capital loss carryover	• 4
5	Federal deductions taken previously on a Utah return	• 5
6	Federal charitable contributions from federal form 1120, line 19	• 6
7	Gain (loss) on IRC Sections 338(h)(10) or 336(e)	• 7
8	Adjustments due to basis difference	• 8
9	Expenses attributable to 50 percent unitary foreign dividend exclusion	• 9
10	Installment sales income previously reported for federal but not Utah purposes	• 10
11	Nonqualified withdrawal from my529	• 11
12	Income (loss) from IRC Section 936 corporations	• 12
13	Foreign income (loss) for worldwide combined filers	• 13
14	Income (loss) of unitary corporations not included in federal consolidated return	• 14
15	Deductions for a royalty or other expense paid to an entity related by common ownership (see instructions)	• 15
16	Payroll Protection Program grant or loan addback (see instructions)	• 16
17	(Reserved, see instructions)	• 17
18	(Reserved, see instructions)	• 18
19	Total additions - add lines 1 through 18 Enter here and on Schedule A, line 2	• 19

2475

2475

<b>Schedule C - Subtractions from Unadjusted Income</b>		<b>TC-20, Sch. C</b>
20106	EIN 47-3054018	<b>2021</b>
1	Intercompany dividend elimination (see instructions)	• 1
2	Foreign dividend gross-up	• 2
3	Net capital loss	• 3
4	a Federal jobs credit salary reduction	• 4a
	b Federal research and development credit expense reduction	• 4b
	c Federal orphan drug credit clinical testing expense reduction	• 4c
	d Expense reduction for other federal credits (attach schedule)	• 4d
	e Federal qualified tax credit bond credit, income increase	• 4e
	f Federal qualified zone academy bond credit, income increase	• 4f
5	Safe harbor lease adjustments	• 5
6	Federal income previously taxed by Utah	• 6
7	Fifty percent exclusion for dividends from unitary foreign subsidiaries	• 7
8	Fifty percent exclusion for foreign operating company income (loss)	• 8
9	Gain (loss) on stock sale not recognized for federal purposes (but included in taxable income) when IRC Section 338(h)(10) or 336(e) has been elected	• 9
10	Basis adjustments	• 10
11	Interest expense not deducted on federal return under IRC Section 265(b) or 291(e)	• 11
12	Dividends received from admitted insurance company subsidiaries exempt under UC §59-7-102(1)(c)	• 12
13	Contributions to my529 account(s)	• 13
14	(Reserved, see instructions)	• 14
15	Dividends received or deemed received by a member of the unitary group from a captive REIT	• 15
16	IRC Section 857(b)(2)(E) deduction from a captive REIT	• 16
17	FDIC Premiums disallowed as a deduction for federal income tax purposes	• 17
18	COVID-19 Utah grant funds included in unadjusted income	• 18
19	(Reserved, see instructions)	• 19
20	(Reserved, see instructions)	• 20
21	Total subtractions - add lines 1 through 20 Enter here and on Schedule A, line 4	• 21



<b>Schedule D - Utah Contributions Deduction</b>		<b>TC-20, Sch. D</b>	
20107	EIN 47-3054018		<b>2021</b>
1	Apportionable income before contributions deduction from Schedule A, line 9 If a loss, no contribution deduction is allowed	• 1	-6111496
2	Utah contribution limitation - multiply line 1 by 10% (.10) (not less than zero)	2	0
3	Current year contributions	• 3	5050
4	Utah contributions carryforward (attach schedule)	• 4	
5	Total contributions available - add line 3 and line 4	5	5050
6	<b>Utah contributions deduction</b> - lesser of line 2 or line 5 Enter here and on Schedule A, line 10	• 6	0
7	Contribution carryover to next year - subtract line 6 from line 5	• 7	5050

<b>Schedule E - Prepayments of Any Type</b>		<b>TC-20, Sch. E</b>	
1	Overpayment applied from prior year	1	0
2	Extension prepayment      Date: <b>04/15/2022</b> Check no.: Enter the date and amount of any extension prepayment. If paid by check, enter the check number.	2	100
3	Other prepayments (attach additional pages if necessary) Enter the date and amount of any prepayment for the filing period. If paid by check, enter the check number.		
	a Date:                              Check no.:                              3a		
	b Date:                              Check no.:                              3b		
	c Date:                              Check no.:                              3c		
	d Date:                              Check no.:                              3d		
	Total of all prepayments - add lines 3a through 3d	3	
4	Total prepayments - add lines 1 through 3 Enter here and on Schedule A, line 29	4	100

TENTRR, INC.47-3054018


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 UT TC-20                    UTAH NET LOSS CARRIED FORWARD FROM PRIOR YEARS                    STATEMENT 1
 

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<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>
12/31/20	68,230.	0.	68,230.
NET LOSS CARRYFORWARD AVAILABLE THIS YEAR			68,230.

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**Schedule J - Apportionment Schedule**  
 20163 EIN 47-3054018

**TC-20, Sch. J** Pg. 1  
**2021**  
 (use with TC-20, TC-20S,  
 TC-20MC and TC-65)

**Note:** Use this schedule only if the entity does business in Utah and one or more other states and income must be apportioned to Utah.

Briefly describe the nature and location(s) of your Utah business activities:  
**CAMP SITES AT UTAH NATIONAL PARKS**

**Apportionable Income Factors**

		Column A Inside Utah	Column B Inside and Outside Utah
<b>1 Property Factor</b>			
a Land	• 1a		•
b Depreciable assets	• 1b		•
c Inventory and supplies	• 1c		•
d Rented property	• 1d		•
e Other allowable property (see instructions)	• 1e		•
f Total tangible property - add lines 1a through 1e	• 1f		•
2 Property factor - divide line 1f, Column A, by line 1f, Column B (to six decimal places)			• 2
<b>3 Payroll Factor</b>			
a Total wages, salaries, commissions and other compensation	• 3a		•
4 Payroll factor - divide line 3a, Column A, by line 3a, Column B (to six decimal places)			• 4
<b>5 Sales Factor</b>			
a Total sales (gross receipts less returns and allowances)			• 5a 4846290
b Sales delivered or shipped to Utah buyers from outside Utah	• 5b	55899	
c Sales delivered or shipped to Utah buyers from within Utah	• 5c	0	
d Sales shipped from Utah to the United States government	• 5d	0	
e Sales shipped from Utah to buyers in states where the corp. has no nexus (corporation not taxable in buyer's state)	• 5e	0	
f Rent and royalty income	• 5f	0	• 0
g Services and other allowable sales (see instructions)	• 5g	0	• 0
h Total sales (add lines 5a through 5g)	• 5h	55899	• 4846290
6 Sales factor - line 5h, Column A, divided by line 5h, Column B (to six decimals)			• 6 .011534

Continued on page 2

**Schedule J - Apportionment Schedule**  
 20164 EIN 47-3054018

**TC-20, Sch. J** Pg. 2  
**2021**  
 (use with TC-20, TC-20S,  
 TC-20MC and TC-65)

▶ **7 All entities - enter your NAICS code here** (see instructions) . 7 **454110**

**Apportionment Fraction**

**Optional apportionment taxpayers** (see instructions) **complete Part 1 or Part 2.**

**Sales factor weighted taxpayers** (see instructions) **complete Part 2.**

**Part 1: Equally-Weighted Three Factor Formula** (see instructions for those who qualify)

8 Total factors - add lines 2, 4 and 6 8

9 Calculate the **Apportionment Fraction** to **SIX DECIMALS** • 9  
 Divide line 8 by **3** (or the number of factors present)

**Part 2: Sales Factor Formula** (see instructions for those who qualify)

10 **Apportionment Fraction** - enter the six-decimal sales factor from line 6 • 10 **.011534**

Enter the fraction from line 9 or line 10, above, as follows:

- TC-20 filers:** Enter on TC-20, Schedule A, line 12
- TC-20S filers:** Enter on TC-20S, Schedule A, line 12
- TC-20MC filers:** Enter on TC-20MC, Schedule A, where indicated
- TC-65 filers:** Enter on TC-65, Schedule A, line 15

## 2021 TAX RETURN FILING INSTRUCTIONS

VERMONT FORM CO-411

### FOR THE YEAR ENDING

DECEMBER 31, 2021

---

**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

---

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

---

**TO BE SIGNED AND DATED BY:**

THE APPROPRIATE CORPORATE OFFICER(S).

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	300
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
BALANCE DUE	\$	300

---

**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

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

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

YOUR BALANCE DUE OF \$300 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CO-411 BALANCE DUE. REFER TO FORM CO-411 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

**VT Form  
8879-VT-C**

**VERMONT**

Corporation or Business Income Tax Declaration for Electronic Filing  
(SEE INSTRUCTIONS IN THE VT FED/STATE E-FILE HANDBOOK)

<b>For office use only</b>
Date received

**Part I**

Entity Name <b>TENTRR, INC.</b>		Federal ID Number <b>47-3054018</b>	
Address <b>25 W. 39TH STREET, 7TH FLOOR</b>		Fiscal Year END Date (YYYYMMDD) <b>20211231</b>	
City <b>NEW YORK</b>	State <b>NY</b>	ZIP Code <b>10018</b>	Telephone Number <b>646-230-1040</b>
Foreign Country	E-mail Address <b>ANAND@TENTRR.COM</b>		

**Part II Tax Return Information (whole dollars only)**

1. Form being filed .....  BI-471                       BI-476                       CO-411

2. Refund credited to next year ..... 2. \_\_\_\_\_

3. Refund amount ..... 3. \_\_\_\_\_

4. Amount due ..... 4. 300.

**DO NOT MAIL THIS FORM-- KEEP THIS FORM AND REQUIRED ATTACHMENTS ON FILE FOR 3 YEARS**

**Part III**     Direct Deposit of Refund     ACH Debit Payment    Amount \$ 300.    Payment Date 10/11/2022

Routing transit number (RTN) 1 2 1 1 4 0 3 9 9    The first two numbers of the RTN must be 01 through 12 or 21 through 32.

Depositor account number (DAN) 3 3 0 2 5 5 1 3 8 6    Type of account:     Savings     Checking

**Part IV Declaration of Taxpayer**                      *By signing below, you agree that:*

- Under penalties of perjury, I declare the information I provided to my Electronic Return Originator (ERO) and the amounts shown in Part II agree with the amounts shown on the corresponding lines of my Vermont Corporate or Business Income tax return noted above, and is, to the best of my knowledge and belief, true, accurate and complete.
- If making an ACH Debit Payment, I authorize the Department to withdraw funds from my account in the amount and on the date specified.
- I consent to have the ERO forward my return, including this declaration and accompanying schedules and statements, to the Vermont Department of Taxes upon the Department's request.
- If the Vermont Department of Taxes does not receive full and timely payment of the amount due, I am liable for the tax and any applicable charges.

Please Sign Here       \_\_\_\_\_                      \_\_\_\_\_                      **PRESIDENT**

Your Signature                      Date                      Printed Name                      Title

**Part V Declaration of Electronic Return Originator (ERO) Only**

As an ERO, I am not responsible for review of the taxpayer's return but declare this form accurately reflects the data on the return. The taxpayer(s) signed this form before I submitted the return. I will give the taxpayer a copy of all forms and information to be filed with Vermont.

<b>Electronic Return Originator's Use Only</b>	ERO's signature	Date	Check if: paid preparer <input checked="" type="checkbox"/> self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	<u>10/11/22</u>	
	<b>GUTTERSON &amp; COHEN TAX SPECIALISTS LLC</b> <b>445 BROADHOLLOW ROAD STE 230</b> <b>MELVILLE, NY 11747</b>	EIN	<b>81-3215466</b>
	E-mail address:	Phone Number	<b>631-629-4344</b>

**Part VI Declaration of Paid Preparer**

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statement. To the best of my knowledge and belief, they are true, correct and complete. This declaration is based on all information of which I have knowledge.

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address		
		EIN	
	E-mail address:	Phone Number	

Vermont Department of Taxes

**Form CO-411**



\* 2 1 4 1 1 1 1 0 2 \*

**Vermont Corporate Income Tax Return**

<b>Check Appropriate Box(es)</b>	<input type="checkbox"/> Name Change	<input type="checkbox"/> Accounting Period Change	<input type="checkbox"/> Extended Return	<input type="checkbox"/> Unitary Combined	<input type="checkbox"/> PL 86-272 is Applicable
	<input type="checkbox"/> Address Change	<input type="checkbox"/> Amended Return	<input type="checkbox"/> Federal Extension Requested	<input type="checkbox"/> Unitary Consolidated	<input type="checkbox"/> Final Return (Cancels Account)
Entity Name (Principal Vermont Corporation)			FEIN	Primary 6-digit NAICS number	
TENTRR, INC.			473054018	454110	
Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)	
25 W. 39TH STREET, 7TH FLOOR			20210101	20211231	
Address (Line 2)			Number of companies in Water's Edge Group	Number of companies with Vermont Nexus	
City			State	ZIP Code	
NEW YORK			NY	10018	
Foreign Country			Federal tax return filed (Check one box)		
			<input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 1120-F <input type="checkbox"/> 990-T <input type="checkbox"/> 1120-H <input type="checkbox"/> Other		

Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

- 1. FEDERAL TAXABLE INCOME (Federal Form 1120, Line 30 plus any deduction for a federal net operating loss, Line 29a.) .....  1. 6113971 .00
- 2. Bonus Depreciation Adjustment (See instructions) .....  2. \_\_\_\_\_ .00
- 3. Federal Taxable Income adjusted for disallowance of Bonus Depreciation (Add Lines 1 and 2) .....  3. 6113971 .00
- 4. ADD (a) Interest on non-Vermont state and local obligations ..... 4a. \_\_\_\_\_ .00
- (b) State and local income or franchise taxes .....  4b. 2500 .00
- LESS (c) Non-business income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank) .....  4c. \_\_\_\_\_ .00
- (d) Foreign dividends received. .... 4d. \_\_\_\_\_ .00
- (e) Interest on U.S. Government obligations ..... 4e. \_\_\_\_\_ .00
- (f) "Gross Up" required by IRC sec. 78 and other excludable income ..... 4f. \_\_\_\_\_ .00
- (g) Targeted Job Credit salary and wage expense addback ..... 4g. \_\_\_\_\_ .00
- 5. NET APPORTIONABLE INCOME (Add Lines 3, 4(a), and 4(b). Then subtract Lines 4(c) through 4(g).) .....  5. 6111471 .00

<b>Check box if exception to minimum tax applies:</b>	<input type="checkbox"/> SMALL FARM CORPORATION (\$75 minimum)	<input type="checkbox"/> NO VERMONT ACTIVITY (\$0)	<input type="checkbox"/> HOMEOWNER'S / CONDO ASSOC. (Federal Form 1120-H only) (\$0)
---	--	--	--

Entity Name	
TENTRR, INC.	
FEIN	Fiscal Year Ending (YYYYMMDD)
473054018	20211231



6. Vermont Percentage (100% or amount from Schedule BA-402, Line 22) Calculate percentage to six places to the right of the decimal point .....	6.	1.902729	%
7. Apportionable Income (from Form CO-411, Line 5) .....	<input checked="" type="checkbox"/>	6111471	.00
8. Income Apportioned to Vermont (Multiply Lines 6 and 7) .....	<input checked="" type="checkbox"/>	116285	.00
9. Income Allocated to Vermont (Schedule BA-402, Line 1b) .....	<input type="checkbox"/>		.00
10. Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 1d) .....			.00
11. Net Vermont Income Allocated and Apportioned to Vermont (Add Lines 8, 9, and 10.) .....	<input checked="" type="checkbox"/>	116285	.00
12. Vermont Net Operating Loss deduction applied (Attach schedule) .....			.00
13. Vermont Net taxable income for this entity (Line 11 minus Line 12) .....	<input checked="" type="checkbox"/>	116285	.00
14. Vermont Tax. Apply Vermont Tax Rates (below) to amount on Line 13 .....		300	.00
15. Credits (Schedule BA-404, Column C, Line 11) .....			.00
16. Use Tax for taxable items on which no sales tax was charged, including online purchases .....			.00
17. Tax Due for this entity (Subtract Line 15 from Line 14. To that result, add Line 16) .....		300	.00
18. Gross Receipts (For purpose of minimum tax calculation. See instructions) .....		127099	.00

**TAX COMPUTATION SCHEDULE**

(Effective for taxable periods beginning January 1, 2012)

<u>IF VERMONT NET INCOME IS</u>	<u>TAX IS</u>
\$10,000 or less .....	6.00%
\$10,001 - \$25,000 .....	\$600 plus 7.00% of excess over \$10,000
\$25,001 and over .....	\$1,650 plus 8.50% of excess over \$25,000
<u>IF VERMONT GROSS RECEIPTS ARE</u>	<u>MINIMUM TAX IS</u>
\$2,000,000 or less .....	\$300
\$2,000,001 - \$5,000,000 .....	\$500
\$5,000,001 and over .....	\$750

**File the return on the due date required under the Internal Revenue Code, unless extended.**

**Pay by the due date required under the Internal Revenue Code, even if the return is extended.**

**Corporations with liabilities over \$500, see instructions for estimated payments on Vermont Form CO-414.**



Entity Name	
TENTRR, INC.	
FEIN	Fiscal Year Ending (YYYYMMDD)
473054018	20211231



Amount from Line 17 300.

19. Total Tax Due (Add Line 17 plus Line 13 of all attached Schedules CO-421	19.	<u>300.00</u>
20. Payments		
20a. Estimated Payments	20a.	<u>.00</u>
20b. Payment with Extension	20b.	<u>.00</u>
20c. Nonresident Estimated Payments (Form WH-435)	20c.	<u>.00</u>
20d. Real Estate Withholding Payments (Form RW-171)	20d.	<u>.00</u>
20e. Prior Year Overpayment Applied	20e.	<u>.00</u>
20f. Total Payments (Add Lines 20a through 20e)	20f.	<u>.00</u>
21. <b>Balance Due.</b> If Line 19 is more than Line 20f, subtract Line 20f from Line 19. Make checks payable to Vermont Department of Taxes	21.	<u>300.00</u>
22. Payment submitted with this return	22.	<u>.00</u>
23. Overpayment. If Line 20f is more than Line 19, Subtract Line 19 from Line 20f	23.	<u>.00</u>
24. Overpayment to be applied to next tax year	24.	<u>.00</u>
25. Overpayment to be refunded (Subtract Line 24 from Line 23)	25.	<u>.00</u>

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes and that this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides that under 32 V.S.A. § 5901, this information has not been and will not be used for any other purpose, or made available to any other person, other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer	Date (MMDDYYYY)	Daytime Telephone Number
		646-230-1040
Printed Name	Email Address	
ANAND SUBRAMANIAN	ANAND@TENTRR.COM	

Check if the Department of Taxes may discuss this return with the preparer shown.

Paid Preparer's Signature	Date (MMDDYYYY)	Preparer's Telephone Number
	10112022	631-629-4344
Preparer's Printed Name	Email Address (optional)	
Firm's Name (or yours if self-employed)	EIN	Preparer's SSN or PTIN
GUTTERSON & COHEN TAX SPECIALISTS LLC	813215466	P00185030
Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code)	<input type="checkbox"/> Check if self-employed	
445 BROADHOLLOW ROAD STE 2 MELVILLE, NY 11747		

**Send return and check to:** Vermont Department of Taxes  
133 State Street  
Montpelier, VT 05633-1401

For Department Use Only	
Ck. Amt.	Init.

Form CO-411  
Page 3 of 3  
Rev. 10/21

TENTRR, INC.											
VNOL Tracking Schedule											
Year <u>2021</u> Original Loss Amount <u>116,285.</u>											
Exp- ired	Amount Used <u>2021</u>	Amount Used <u>2022</u>	Amount Used <u>2023</u>	Amount Used <u>2024</u>	Amount Used <u>2025</u>	Amount Used <u>2026</u>	Amount Used <u>2027</u>	Amount Used <u>2028</u>	Amount Used <u>2029</u>	Amount Used <u>2030</u>	Available Carryover
											116,285.
Year _____ Original Loss Amount _____											
Exp- ired	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Available Carryover
Year _____ Original Loss Amount _____											
Exp- ired	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Available Carryover
Year _____ Original Loss Amount _____											
Exp- ired	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Available Carryover
Year _____ Original Loss Amount _____											
Exp- ired	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Amount Used _____	Available Carryover

Vermont Department of Taxes

**Schedule BA-402**



\* 2 1 4 0 2 1 1 0 2 \*

**Vermont Apportionment & Allocation**

For Unitary filers, complete a separate Schedule BA-402 for each taxable affiliate

Attach to Form CO-411 or Form BI-471

Entity Name (same as on Form CO-411 or Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
TENTRR, INC.	20211231	473054018
FOR UNITARY GROUPS ONLY - Name of Affiliate		Affiliate's FEIN

**PART 1 Directly Allocated Non-Business Income, Other Non-Apportionable Income and Foreign Dividends**

Place an "x" in the box left of the line number to indicate a loss amount.

Enter all amounts in WHOLE DOLLARS.

	Everywhere	Vermont
<b>1a-b.</b> Non-Business Income or Other Non-Apportionable Income	<input type="checkbox"/> Check to indicate loss	<input type="checkbox"/> Check to indicate loss
1a. _____	.00	1b. _____ .00
<b>1c-d.</b> Foreign Dividends	<input type="checkbox"/> Check to indicate loss	<input type="checkbox"/> Check to indicate loss
1c. _____	.00	1d. _____ .00

**PART 2 Sales and Receipts Factor**

**Section A Sales and Receipts Factor**

	Everywhere	Vermont
2. Sales or gross receipts	2. <u>4846290</u> .00	
3. Services received in or delivered to Vermont		3. _____ .00
4. Sales delivered or shipped to purchasers in Vermont from outside Vermont		4. <u>127099</u> .00
5. Sales delivered or shipped to purchasers in Vermont from within Vermont		5. _____ .00
6. Sales shipped from Vermont to the U.S. Government		6. _____ .00
7. Sales shipped from Vermont to purchasers in a state where the entity is not taxable		7. _____ .00
8. Business interest and dividends	8a. _____ .00	8b. _____ .00
9. Royalties	9a. _____ .00	9b. _____ .00
10. Gross rents	10a. _____ .00	10b. _____ .00
11. Other business income (attach detailed supporting statement) <b>STMT 1</b>	11a. <u>5821</u> .00	11b. _____ .00
12. TOTAL INCOME, SALES, AND GROSS RECEIPTS (Add Lines 2-11)	12a. <u>4852111</u> .00	12b. <u>127099</u> .00
12c. Vermont Sales and Receipts factor as percent of Everywhere. (Divide Line 12b by Line 12a). Calculate percentage to six places to the right of the decimal point		12c. <u>2.619458</u> %

Entity Name (same as on Form CO-411 or Form BI-471)	
TENTRR, INC.	
FEIN	Fiscal Year Ending (YYYYMMDD)
473054018	20211231



**Section B Salaries and Wages Factor**

	Everywhere	Vermont
13. TOTAL SALARIES AND WAGES .....	13a. <u>2863161</u> .00	13b. <u>13436</u> .00
13c. Vermont as percent of Everywhere (Divide Line 13b by Line 13a). Calculate percentage to six places to the right of the decimal point .....		13c. <u>.469272</u> %

**Section C Property Factor (Average value during year)**

	Everywhere	Vermont
14. Inventories .....	14a. <u>.00</u>	14b. <u>.00</u>
15. Buildings and other depreciable assets (original cost) .....	15a. <u>.00</u>	15b. <u>.00</u>
16. Depletable assets (original cost) .....	16a. <u>.00</u>	16b. <u>.00</u>
17. Land .....	17a. <u>.00</u>	17b. <u>.00</u>
18. Other assets (Attach schedule) .....	18a. <u>.00</u>	18b. <u>.00</u>
19. Rented real and personal property (Multiply annual rent by 8) .....	19a. <u>.00</u>	19b. <u>.00</u>
20. TOTAL PROPERTY (Add Lines 14 through 19) .....	20a. <u>.00</u>	20b. <u>.00</u>
20c. Vermont as percent of Everywhere (Divide Line 20b by Line 20a) Calculate percentage to six places to the right of the decimal point .....		20c. _____ %

**Section D Vermont Apportionment Factors**

21. VERMONT COMBINED FACTORS (Sales and Receipts, Double-weighted) (Add Line 12c twice, and Lines 13c and 20c above). Calculate percentage to six places to the right of the decimal point .....	21. <u>5.708188</u> %
22. VERMONT APPORTIONMENT FACTOR (Divide Line 21 by 4 or as indicated below). Calculate percentage to six places to the right of the decimal point .....	22. <u>1.902729</u> %

Express as a decimal to six places. If there are fewer than three factors with an "Everywhere" denominator, then divide Line 21 as follows:

- Sales/Receipts and Salaries and Wages - divide by 3
- Sales/Receipts and Property - divide by 3
- Salaries and Wages and Property - divide by 2
- Sales/Receipts only - divide by 2
- Salaries and Wages only - divide by 1
- Property only - divide by 1

(Transcribe to Form CO-411, Line 6; or Schedule CO-421, Line 1;  
or Schedule BI-472, Line 10; or Schedule BI-473, Line 11.)

TENTRR, INC.47-3054018

VT BA-402

SECTION A OTHER BUSINESS INCOME

STATEMENT 1

DESCRIPTIONEVERYWHEREVERMONT

OTHER RECEIPTS

5,821.

0.

TOTALS TO FORM BA-402, PAGE 1, LINE 11

5,821.

0.





# CT-3-M

Department of Taxation and Finance  
**General Business Corporation**  
**MTA Surcharge Return**  
 Tax Law - Article 9-A, Section 209-B

**Caution:** This form must be used **only** for tax periods beginning on or after January 1, 2021. If you use it for any prior periods, the return will **not** be processed and will **not** be considered timely filed. As a result, penalties and interest may be incurred.

<b>Amended return</b>		<b>All filers must enter tax period:</b> beginning		01-01-21	ending	12-31-21
Employer identification number (EIN) <b>47-3054018</b>	File number <b>AA3</b>	Business telephone number <b>646-230-1040</b>		If you claim an overpayment, mark an X in the box <input type="checkbox"/>		
Legal name of corporation <b>TENTRR, INC.</b>				Trade name/DBA		
Mailing address Care of (c/o) <b>ANAND SUBRAMANIAN</b>				State or country of incorporation <b>DE</b>		
Number and street or PO box <b>25 W. 39TH STREET, 7TH FLOOR</b>				Date of incorporation <b>02-03-15</b>	Foreign corporations: date began business in NYS <b>02-03-15</b>	
City <b>NEW YORK</b>		U.S. state/Canadian province ZIP/Postal code <b>NY 10018</b>		Country (if not United States)		For office use only
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.						

File this form with your Form CT-3 or CT-3-A. Before completing this return, see Form CT-3-M-I,

*Instructions for Form CT-3-M.*

<b>A.</b> Pay amount shown on line 12. Make payable to: <i>New York State Corporation Tax</i> Attach your payment here. Detach all check stubs. (See instructions for details.)	<b>A</b>	Payment enclosed <b>253.</b>
--	----------	---------------------------------

**Computation of MTA surcharge**

1a New York State franchise tax (see instructions) .....	1a	2,419.
1b Sum of fixed dollar minimum taxes for members subject to the MTA surcharge (see instructions) .....	1b	
1 Total New York State franchise tax (add lines 1a and 1b) .....	1	2,419.
2 MCTD apportionment percentage from line 83 .....	2	33.4241 %
3 Apportioned franchise tax (multiply line 1 by line 2) .....	3	809.
4 MTA surcharge (multiply line 3 by 30% (.30)) .....	4	243.
<b>5a, 5b, 6</b>		
7 Total prepayments from line 92 .....	7	
8a Underpayment (subtract line 7 from line 4) .....	8a	243.
8b Additional amount for 2022 MFI (see instructions) .....	8b	
8c Total of lines 8a and 8b .....	8c	243.
9 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) • <input checked="" type="checkbox"/> .....	9	10.
10 Interest on late payment (see instructions for Form CT-3 or CT-3-A) .....	10	
11 Late filing and late payment penalties (see instructions for Form CT-3 or CT-3-A) .....	11	
12 Balance due (add lines 8c through 11 and enter here; enter the payment amount on line A above) .....	12	253.
13a Excess prepayments (subtract line 4 from line 7) .....	13a	
13b Amount previously credited to 2022 MFI (see instructions) .....	13b	
13c Overpayment (subtract line 13b from line 13a) .....	13c	0.
14 Amount of overpayment to be credited to New York State franchise tax (see instructions) .....	14	
15 Amount of overpayment to be credited to MTA surcharge for next period (see instructions) .....	15	
16 Amount of overpayment to be refunded (see instructions) .....	16	

**Schedule A - Computation of MCTD apportionment percentage (see instructions)**

Average value of property (see instructions)	A MCTD	B New York State
17 Real estate owned (see instructions) .....	17	
18 Real estate rented (see instructions) .....	18	
19 Inventories owned .....	19	
20 Tangible personal property owned (see instructions) .....	20	
21 Tangible personal property rented (see instructions) .....	21	
22 Total (add lines 17 through 21 in columns A and B) .....	22	0. • 6,104,099.
23 MCTD property factor (divide line 22, column A, by line 22, column B) .....	23	.0000 %

439001211019



Receipts from: (see instructions for lines 24 through 77)		A MCTD	B New York State
<b>Section 210-A.2</b>			
24	Sales of tangible personal property .....	0.	2,132,139.
25	Sales of electricity .....		
26	Net gains from sales of real property .....		
<b>Section 210-A.3</b>			
27	Rentals of real and tangible personal property .....		
28	Royalties from patents, copyrights, trademarks, and similar intangible personal property .....		
29	Sales of rights for certain closed-circuit and cable TV transmissions of an event .....		
<b>Section 210-A.4</b>			
30	Sale, licensing, or granting access to digital products .....		
<b>Section 210-A.5(a)(1) - Fixed percentage method for qualified financial instruments (QFIs)</b>			
31	If this irrevocable election was made on Form CT-3 or CT-3-A, mark an <i>X</i> in the box (see Form CT-3-I or CT-3-A-I, Part 6, line 8 instructions)		<input type="checkbox"/> 31 <input type="checkbox"/>
<b>Section 210-A.5(a)(2) - Mark an <i>X</i> in each box that is applicable (see Form CT-3-I or CT-3-A-I, Part 6, line 8 instructions)</b>			
<b>Section 210-A.5(a)(2)(A)</b>			
32	Interest from loans secured by real property .....		
33	Net gains from sales of loans secured by real property .....		
34	Interest from loans <b>not</b> secured by real property (QFI <input type="checkbox"/> ) .....		
35	Net gains from sales of loans <b>not</b> secured by real property (QFI <input type="checkbox"/> ) .....		
<b>Section 210-A.5(a)(2)(B) (QFI <input type="checkbox"/>)</b>			
36	Interest from federal debt .....		
37			
38	Interest from NYS and its political subdivisions debt .....		
39	Net gains from federal, NYS, and NYS political subdivisions debt .....		
40	Interest from other states and their political subdivisions debt .....		
41	Net gains from other states and their political subdivisions debt .....		
<b>Section 210-A.5(a)(2)(C) (QFI <input type="checkbox"/>)</b>			
42	Interest from asset-backed securities and other government agency debt .....		
43	Net gains from government agency debt or asset-backed securities sold through an exchange .....		
44	Net gains from all other asset-backed securities .....		
<b>Section 210-A.5(a)(2)(D) (QFI <input type="checkbox"/>)</b>			
45	Interest from corporate bonds .....		
46	Net gains from corporate bonds sold through broker/dealer or licensed exchange .....		
47	Net gains from other corporate bonds .....		
<b>Section 210-A.5(a)(2)(E)</b>			
48	Net interest from reverse repurchase and securities borrowing agreements .....		
<b>Section 210-A.5(a)(2)(F)</b>			
49	Net interest from federal funds .....		
<b>Section 210-A.5(a)(2)(I) (QFI <input type="checkbox"/>)</b>			
50	Net income from sales of physical commodities .....		
<b>Section 210-A.5(a)(2)(J) (QFI <input type="checkbox"/>)</b>			
51	Marked to market net gains .....		
<b>Section 210-A.5(a)(2)(H) (QFI <input type="checkbox"/>)</b>			
<b>210-A.5(a)(2)(G) (QFI <input type="checkbox"/>)</b>			
52	Interest from other financial instruments .....		
53	Net gains and other income from other financial instruments .....		

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Receipts from: <i>(continued)</i>		A MCTD	B New York State
<b>Section 210-A.5(b)</b>			
54	Brokerage commissions .....	54	
55	Margin interest earned on behalf of brokerage accounts .....	55	
56	Fees for advisory services for underwriting or management of underwriting .....	56	
57	Receipts from primary spread of selling concessions .....	57	
58	Receipts from account maintenance fees .....	58	
59	Fees for management or advisory services .....	59	
60	Interest from an affiliated corporation .....	60	
<b>Section 210-A.5(c)</b>			
61	Interest, fees, and penalties from credit cards .....	61	
62	Service charges and fees from credit cards .....	62	
63	Receipts from merchant discounts .....	63	
64	Receipts from credit card authorizations and settlement processing .....	64	
65	Other credit card processing receipts .....	65	
<b>Section 210-A.5(d)</b>			
66	Receipts from certain services to investment companies .....	66	
<b>Section 210-A.5-a</b>			
67	Global intangible low-taxed income .....	67	
<b>Section 210-A.6</b>			
68	Receipts from railroad and trucking business .....	68	
<b>Section 210-A.6-a</b>			
69	Receipts from the operation of vessels .....	69	
<b>Section 210-A.7</b>			
70	Receipts from air freight forwarding .....	70	
71	Receipts from other aviation services .....	71	
<b>Section 210-A.8</b>			
72	Advertising in newspapers or periodicals .....	72	
73	Advertising on television or radio .....	73	
74	Advertising via other means .....	74	
<b>Section 210-A.9</b>			
75	Transportation or transmission of gas through pipes .....	75	
<b>Section 210-A.10</b>			
76	Receipts from other services/activities not specified .....	76	5,821.
<b>Section 210-A.11</b>			
77	Discretionary adjustments .....	77	
78	Total <i>(add lines 24 through 77 in columns A and B)</i> .....	78	5,821.
79	MCTD receipts factor <i>(divide line 78, column A, by line 78, column B)</i> .....	79	.2723 %
<b>Payroll</b>		<b>A MCTD</b>	<b>B New York State</b>
80	Wages and other compensation of employees except general executive officers .....	80	1,557,540.
81	MCTD payroll factor <i>(divide line 80, column A, by line 80, column B)</i> .....	81	100.0000 %
82	Total MCTD factors <i>(add lines 23, 79, and 81)</i> .....	82	100.2723 %
83	MCTD apportionment percentage <i>(Divide line 82 by three; if a factor is missing, see instructions. Enter here and on line 2.)</i> .....	83	33.4241 %

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Composition of prepayments claimed on line 7 (see instructions)		Date paid	Amount
84	Mandatory first installment from Form CT-300 (see instructions)	84	
85	Second installment from Form CT-400	85	
86	Third installment from Form CT-400	86	
87	Fourth installment from Form CT-400	87	
88	Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13	88	
89	Overpayment credited from prior years (see instructions)	89	
90	Add lines 84 through 89	90	
91	Overpayment credited from Form CT- <input type="text"/> Period <input type="text"/>	91	
92	Total prepayments (add lines 90 and 91; enter here and on line 7)	92	

Third - party designee (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) <b>ALAN J. COHEN</b>	Designee's phone number <b>631-629-4344</b>
	Designee's email address <b>ALAN@ZERAHCO.COM</b>		PIN <b>22752</b>

**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 <b>ANAND SUBRAMANIAN</b>	Signature of authorized person	Official title <b>PRESIDENT</b>	
	Email address of authorized person <b>ANAND@TENTRR.COM</b>		Telephone number <b>646-230-1040</b>	Date <b>10-11-22</b>
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) <b>GUTTERSON &amp; COHEN TAX SPECIALISTS LLC</b>		Firm's EIN <b>81-3215466</b>	Preparer's PTIN or SSN <b>P00185030</b>
	Signature of individual preparing this return	Address <b>445 BROADHOLLOW ROA</b>	City <b>MELVILLE</b>	State ZIP code <b>NY 11747</b>
	Email address of individual preparing this return <b>ALAN@ZERAHCO.COM</b>		Preparer's NYTPRIN or Excl. code <b>03</b>	Date <b>10-11-22</b>

See instructions for where to file.

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Department of Taxation and Finance

**Underpayment of Estimated Tax  
By a Corporation**

**CT-222**

Tax Law - Article 27, Section 1085

Tax return filed: CT-3M

All filers must enter tax period:  
beginning 01-01-21 ending 12-31-21

Legal name of corporation <b>TENTRR, INC.</b>	Employer identification number <b>47-3054018</b>
--	---

Read the instructions, Form CT-222-I, before completing.

**Part 1 - Annual payment**

1 Enter your 2021 corporation franchise, excise, or gross receipts tax after credits <b>or</b> enter the 2021 metropolitan transportation business tax (MTA surcharge) (if both, use separate forms) .....	1	243.
2 Multiply line 1 by 91% (.91) or, if a large corporation, 100% (1.0). Large corporations enter this amount on line 5 and skip lines 3 and 4 .....	2	221.
3 Enter your 2020 corporation franchise, excise, or gross receipts tax after credits <b>or</b> enter the 2020 MTA surcharge ...	3	294.
4 Enter the amount from line 101; if not using the line 9 exception, skip this line .....	4	
5 Annual payment. Enter the lesser of lines 2, 3, or 4. Large corporations, enter the line 2 amount .....	5	221.

**Part 2 - Reasons for filing**

Mark an X in the boxes below that apply. If any boxes are marked, you must file Form CT-222 even if you do not owe a penalty.

- 6 You are using the adjusted seasonal installment method (see instructions; complete applicable parts of Schedule A) .....
- 7 You are using the annualized income installment method (see instructions; complete applicable parts of Schedule A) .....
- 8 You are **not** a large corporation and figure your estimated tax based on the prior year's tax (the prior year cannot be a short year, and your return must have shown a tax liability) .....
- 9 You are **not** a large corporation and figure your estimated tax by applying to the tax base on which the current year's tax was paid the facts shown on your return for, and the law applicable to, the preceding tax year, but using the rates applicable to the current year (complete Schedule B) .....

**Part 3 - Computing the underpayment** - for lines 11 through 19, complete one column before going to the next column.

	A	B	C	D
10 Installment due dates (see instructions) ...	04-15-21	06-15-21	09-15-21	12-15-21
11 Required installments (see instructions) ...	74.	49.	49.	49.
12 Estimated tax timely paid or credited for each period (see instructions). For column A only, also enter the amount from this line on line 16				
13 Enter amount, if any, from line 19 of the preceding column .....				
14 Add lines 12 and 13 .....				
15 In column B, enter line 18, column A amount. In columns C and D, add amounts on lines 17 and 18 of the preceding column .....		74.	123.	172.
16 In column A, enter the line 12 amount. For other columns, subtract line 15 from line 14. If zero or less, enter 0 .....	0.	0.	0.	0.
17 If the amount on line 16 is zero, subtract line 14 from line 15. Otherwise, enter 0 .....		74.	123.	
18 <b>Underpayment</b> - If line 16 is less than or equal to line 11, subtract line 16 from line 11. Otherwise, go to line 19 (see instructions) ...	74.	49.	49.	49.
19 <b>Overpayment</b> - If line 11 is less than line 16, subtract line 11 from line 16 .....				

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<b>Part 4 - Computation of the underpayment penalty</b> <i>(see instr.)</i>	<b>A</b> First	<b>B</b> Second	<b>C</b> Third	<b>D</b> Fourth
20 Enter the date of payment or the 15th day of the 4th month after the end of the tax year, whichever is earlier <i>(mm-dd-yy)</i> .....	04-18-22	04-18-22	04-18-22	04-18-22
<b>Number of days:</b>				
21 From due date of installment to the date shown on line 20 .....	365	304	212	121
22 On line 21 after 3/15/21 and before 4/1/21 ...				
23 On line 21 after 3/31/21 and before 7/1/21 ...	76	15		
24 On line 21 after 6/30/21 and before 10/1/21 ...	92	92	15	
25 On line 21 after 9/30/21 and before 1/1/22 ...	92	92	92	16
26 On line 21 after 12/31/21 and before 4/1/22 ...	90	90	90	90
27 On line 21 after 3/31/22 and before 7/1/22 ...	15	15	15	15
28 On line 21 after 6/30/22 and before 10/1/22 ...				
29 On line 21 after 9/30/22 and before 1/1/23 ...				
30 On line 21 after 12/31/22 and before 3/15/23				
31 On line 22 ÷ 365 x %* x amount on line 18 .....				
32 On line 23 ÷ 365 x %* x amount on line 18 .....	1.			
33 On line 24 ÷ 365 x %* x amount on line 18 .....	1.	1.		
34 On line 25 ÷ 365 x %* x amount on line 18 .....	1.	1.	1.	
35 On line 26 ÷ 365 x %* x amount on line 18 .....	1.	1.	1.	1.
36 On line 27 ÷ 365 x %* x amount on line 18 .....				
37 On line 28 ÷ 365 x %* x amount on line 18 .....				
38 On line 29 ÷ 365 x %* x amount on line 18 .....				
39 On line 30 ÷ 365 x %* x amount on line 18 .....				
40 Add lines 31 through 39 .....	4.	3.	2.	1.
41 Underpayment penalty <i>(see instructions)</i> ...	4.	3.	2.	1.
<b>SEE STATEMENT 1</b>				
42 Add line 41, columns A through D; enter here and on your franchise tax return or MTA surcharge return .....			42	10.
43 Multiply line 1 by 80% (.8) .....			43	194.
44 Subtract line 11, column A from line 43 .....			44	120.
45 Divide line 44 by three .....			45	40.

\* For applicable rates, access our website or call the Corporation Tax Information Center (see *Need help?* in Form CT-1).

**Schedule A, Part 1 - Adjusted seasonal installment method** *(see instructions)*

**Note:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%. Use lines 46 through 51 below to compute the base period percentage. When appropriate, in lieu of ENI, use the applicable tax base.

	<b>A - 2018</b>	<b>B - 2019</b>	<b>C - 2020</b>
46 Enter the period of 6 consecutive months for which the base period percentage is to be computed:  ● <input type="text"/> through ● <input type="text"/>			
47 Enter the ENI for the same 6 consecutive month period in preceding periods .....	●	●	●
48 Enter the total ENI for the entire year in preceding periods .....	●	●	●
49 In each column, enter as a percentage the result of dividing that column's line 47 by that column's line 48 .....	%	%	%
50 Add the percentages in line 49, columns A, B, and C; enter the result here ...	%		
51 Base period percentage: Divide line 50 by three; enter the result here .....	%	If 70% or higher, continue with Schedule A, line 52a.	



	A	B - 1st 5 months	C - 1st 8 months	D - 1st 11 months
Enter ENI for the following:				
52a Tax year beginning in 2018 .....		•	•	•
52b Tax year beginning in 2019 .....		•	•	•
52c Tax year beginning in 2020 .....		•	•	•
53 Enter the total of the amounts that enter into the computation of the business income base for 2021 for the months delineated in each column		•	•	•
Enter ENI for the following periods:		1st 6 months	1st 9 months	Entire year
54a Tax year beginning in 2018 .....		•	•	•
54b Tax year beginning in 2019 .....		•	•	•
54c Tax year beginning in 2020 .....		•	•	•
55 Divide the amount in each column on line 52a by the amount in column D on line 54a .....				
56 Divide the amount in each column on line 52b by the amount in column D on line 54b .....				
57 Divide the amount in each column on line 52c by the amount in column D on line 54c .....				
58 Add lines 55 through 57 .....				
59 Divide line 58 by three .....				
60 Divide line 53 by line 59 .....				
61 Figure the tax on the amount on line 60 using the instructions for your corporation's return (see instructions for MTA surcharge) .....		•	•	•
62 Divide the amount in each of columns B and C on line 54a by the amount in column D on line 54a				
63 Divide the amount in each of columns B and C on line 54b by the amount in column D on line 54b				
64 Divide the amount in each of columns B and C on line 54c by the amount in column D on line 54c				
65 Add lines 62 through 64 .....				
66 Divide line 65 by three .....				
67 Multiply the amounts in columns B and C of line 61 by columns B and C of line 66. In column D, enter the amount from line 61, column D ...				
68 Enter any other taxes for each payment period (see instructions) .....		•	•	•
69 Total tax before credits (add lines 67 and 68)				
70 Enter the amount of tax credits your corporation is entitled to for the months shown in each column heading above line 52a .....		•	•	•
71 Total tax after credits. Subtract line 70 from line 69. If zero or less, enter 0 .....				
72 If <b>not</b> a large corporation, enter .91 (91%). Otherwise, enter 1 .....				
73 Multiply line 71 by line 72 .....				



**Schedule A, Part 2 - Annualized income installment method**

	A	B	C	D
74 Annualized periods (see instructions) .....		1st • _____ months	1st • _____ months	1st • _____ months
75 See instructions .....		•	•	•
76 See instructions .....				
77 Annualized taxable inc. Multiply line 75 by line 76				
78 Figure the tax on the line 77 amount using the instructions for your corporation's return (see instructions for MTA surcharge) .....		•	•	•
79 Enter any other taxes for each payment period (see instr.)		•	•	•
80 Total tax before credits (add lines 78 and 79)				
81 Tax credits (see instructions) .....		•	•	•
82 Total tax after credits. Subtract line 81 from line 80; if zero or less, enter 0 .....				
83 If <b>not</b> a large corporation, enter .91 (91%). Otherwise, enter 1 .....				
84 Multiply line 82 by line 83 .....				
85 Applicable percentage .....		50%	75%	100%
86 Multiply line 84 by line 85 .....				

**Schedule A, Part 3 - Required installment** - In completing Part 3, complete one column before going to the next column.

	A	B	C	D
87 If only Schedule A, Part 1 or Part 2 is completed, enter the amount in each column from line 73 or line 86. If both parts are completed, enter the smaller of the amounts in each column from line 73 or line 86 .....				
88 Add the amounts in all preceding columns of line 93				
89 Subtract line 88 from line 87. If zero or less, enter 0				
90 Subtract line 11, column A (MFI), from line 5. Divide the result by three and enter in each of columns B, C, and D				
91 In column C, subtract line 89, column B from line 90, column B. If zero or less, enter 0. In column D, subtract line 93, column C from line 92, column C and enter the result .....				
92 Add lines 90 and 91 .....				
93 <b>Required installments</b> - For column A, enter the amount from line 11, column A (MFI). For column B, enter the smaller of line 89, column B or line 90, column B. For columns C and D, respectively, enter the smaller of line 89 or line 92. Also enter each result on line 11 ...				

**Schedule B - Line 9 exception** (see instructions)

94 2020 ENI or business income (as applicable) base multiplied by 2021 ENI or business income base tax rate (as applicable) .....	•	94	
95 2020 capital base multiplied by 2021 capital tax rate .....	•	95	
96 Enter the amount from line 94 or 95 as applicable .....		96	
97 2020 subsidiary capital base multiplied by 2021 subsidiary capital tax rate .....	•	97	
98 Any other taxes (see instructions) .....	•	98	
99 Add lines 96, 97, and 98 .....		99	
100 2020 tax credits .....	•	100	
101 Recomputed tax (subtract line 100 from line 99); enter here and on line 4 .....		101	

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10-07-21

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TENTRR, INC.

47-3054018

NY FORM CT-3M  
NY FORM CT-33M

STATEMENT 1

## UNDERPAYMENT OF ESTIMATED TAX

Q T R	EVENT AMOUNT	TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT	DAYS	INTEREST RATE	AMOUNT OF PENALTY
A							
		Q	74.	04/15/2021 06/30/2021	76	7.5000	1.
		R	74.	06/30/2021 09/30/2021	92	7.5000	1.
		R	74.	09/30/2021 12/31/2021	92	7.5000	1.
		R	74.	12/31/2021 03/31/2022	90	7.5000	1.
		R	74.	03/31/2022 04/15/2022	15	8.0000	0.
B							
		Q	49.	06/15/2021 06/30/2021	15	7.5000	0.
		R	49.	06/30/2021 09/30/2021	92	7.5000	1.
		R	49.	09/30/2021 12/31/2021	92	7.5000	1.
		R	49.	12/31/2021 03/31/2022	90	7.5000	1.
		R	49.	03/31/2022 04/15/2022	15	8.0000	0.
C							
		Q	49.	09/15/2021 09/30/2021	15	7.5000	0.
		R	49.	09/30/2021 12/31/2021	92	7.5000	1.
		R	49.	12/31/2021 03/31/2022	90	7.5000	1.
		R	49.	03/31/2022 04/15/2022	15	8.0000	0.
D							
		Q	49.	12/15/2021 12/31/2021	16	7.5000	0.
		R	49.	12/31/2021 03/31/2022	90	7.5000	1.
		R	49.	03/31/2022 04/15/2022	15	8.0000	0.
TOTAL TO FORM CT-222 LINE 42							10.

EVENT TYPE: Q = QUARTERLY AMOUNT DUE  
P = PAYMENT  
R = INTEREST RATE CHANGE  
L = LEAP YEAR CHANGE  
O = OVERPAYMENT FROM PRIOR YEAR/QUARTER

**2021 TAX RETURN FILING INSTRUCTIONS**

NEW YORK CITY FORM NYC-2

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

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**PREPARED FOR:**

TENTRR, INC.  
25 W. 39TH STREET, 7TH FLOOR  
NEW YORK, NY 10018

---

**PREPARED BY:**

GUTTERSON & COHEN TAX SPECIALISTS LLC  
445 BROADHOLLOW ROAD STE 230  
MELVILLE, NY 11747

---

**TO BE SIGNED AND DATED BY:**

THE APPROPRIATE CORPORATE OFFICER(S).

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	25
LESS: PAYMENTS AND CREDITS	\$	25
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

---

**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE NYC DOF, PLEASE SIGN, DATE AND RETURN NYC-579-COR TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE NYC DOF. DO NOT MAIL A PAPER COPY OF THE RETURN.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**



<b>NYC</b> <small>Department of Finance</small>	<b>NYC</b> <b>579-COR</b>	<b>NEW YORK CITY DEPARTMENT OF FINANCE</b> <b>Signature Authorization for</b> <b>E-Filed Business Corporation Tax Return</b>	<b>2021</b>
--	------------------------------	--	-------------

**ELECTRONIC RETURN ORIGINATORS (ERO): DO NOT MAIL THIS FORM TO THE DEPARTMENT OF FINANCE. KEEP THIS FOR YOUR RECORDS.**

LEGAL NAME OF CORPORATION: <b>TENTRR, INC.</b>	EMPLOYER IDENTIFICATION NUMBER <b>47-3054018</b>
EMAIL ADDRESS: <b>ANAND@TENTRR.COM</b>	TYPE OF <input type="checkbox"/> NYC-EXT <input type="checkbox"/> NYC-EXT.1 <input type="checkbox"/> NYC-300 (2022) <input type="checkbox"/> NYC-400 (2022) RETURN: <input checked="" type="checkbox"/> NYC-2 <input type="checkbox"/> NYC-2A <input type="checkbox"/> NYC-2S

**Financial Institution Information - must be included if electronic payment is authorized**

AMOUNT OF AUTHORIZED DEBIT:	FINANCIAL INSTITUTION ROUTING NUMBER:	FINANCIAL INSTITUTION ACCOUNT NUMBER:
-----------------------------	---------------------------------------	---------------------------------------

**Part A - Declaration and authorization of corporate officer for Forms NYC-2, NYC-2A, NYC-2S, NYC-EXT, NYC-EXT.1, NYC-300 or NYC-400**

Under penalty of perjury, I declare that I am an officer of the corporation authorized to act on behalf of the above-named corporation, and that I have examined the information on its 2021 New York City electronically filed corporation tax return, including any accompanying schedules, attachments, and statements or other report checked above, and to the best of my knowledge and belief, the electronically filed corporation tax return or other report is true, correct, and complete. The ERO has my consent to send the 2021 New York City electronically filed corporation tax return or other report checked above to New York City Department of Finance through the Internal Revenue Service. I authorize the ERO to enter my PIN as my signature on the 2021 New York City electronically filed corporation tax return or other report, or I will enter my PIN as my signature on the 2021 New York City electronically filed corporation tax return or other report. If I am paying the New York City corporation tax owed by electronic funds withdrawal, I authorize the New York City Department of Finance and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on the corporation's 2021 New York City electronically filed corporation tax return or other report, and I authorize the financial institution to debit the amount from that account.

**Officer's PIN (mark an X in one box only)**

I authorize GUTTERSON & COHEN TAX SPECIALISTS LLC to enter my PIN: 12345

ERO FIRM NAME

as my signature on the corporation's 2021 electronically filed corporation tax return or other report checked above.

As an authorized person of the corporation, I will enter my PIN as my signature on the corporation's 2021 electronically filed corporation tax return or other report checked above.

_____ Signature of authorized person	<u>PRESIDENT</u> Official title	_____ Date
---	------------------------------------	---------------

**Part B - Declaration of electronic return originator (ERO) and paid preparer**

Under penalty of perjury, I declare that the information contained in the above-named corporation's 2021 New York City electronically filed corporation tax return or other report checked above is the information furnished to me by the corporation's authorized officer. If the corporate officer furnished me with a completed 2021 New York City paper corporation tax return or other report signed by a paid preparer, I declare that the information contained in the corporation's 2021 New York City electronically filed corporation tax return or report is identical to that contained in the paper return or report. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York City electronically filed corporation tax return or other report, and, to the best of my knowledge and belief, the return or other report is true, correct, and complete. I have based this declaration on all information available to me.

ERO EFIN/PIN: Enter your six-digit EFIN followed by your five digit PIN: 11357722752

_____ ERO's Signature	_____ Print Name	_____ Date
_____ Paid Preparer's Signature	<u>ALAN J. COHEN</u> Print Name	<u>10/11/22</u> Date

**PURPOSE** - A completed Form NYC-579-COR provides documentation that an ERO has been authorized to electronically file the Business Corporation Tax return or other report. The officer of the corporation who is authorized to sign the corporation's returns may designate the ERO to electronically sign the return or other report by entering the officer's personal identification number (PIN). The form also authorizes payment of tax due on an electronically submitted return or report by an automatic clearing house (ACH) debit from a designated checking or savings account of the corporation. **You cannot revoke this authorization.**

**GENERAL INSTRUCTIONS** - Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return or report before the ERO transmits the electronically filed Form NYC-2A (Combined Business Corporation Tax Return); NYC-2 (Business Corporation Tax Return); NYC-2S (Business Corporation Tax Return); NYC-EXT (Application for 6-month Extension to File Business Income Tax Return); NYC-EXT.1 (Application for Additional Extension); NYC-300 (Mandatory First Installment (MFI) by Business C Corporations) or NYC-400 (Declaration of Estimated Tax by Business Corporations and Subchapter S General Corporations).

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns or reports (Forms NYC-2, NYC-2A, NYC-2S, NYC-EXT, NYC-EXT.1, NYC-300 or NYC-400). Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case.

**Do not mail Form NYC-579-COR to the Department of Finance.** The EROs/paid preparers must keep the completed Form NYC-579-COR for three years from the due date of the return or report or the date the return or report was filed, whichever is later, and must present it to the Department of Finance upon request.



**NYC-2**

Department of Finance

**BUSINESS CORPORATION TAX RETURN**

To be filed by C Corporations ONLY - All Subchapter S Corporations must file Form NYC-1, NYC-3L, NYC-4S or NYC-4SEZ

2021

For CALENDAR YEAR 2021 or FISCAL YEAR beginning and ending

Name and Address <b>TENTRR, INC. ANAND SUBRAMANIAN 25 W. 39TH STREET, 7TH FLOOR NEW YORK, NY 10018</b>		Name Change _____ Address Change _____ Country (if not US) _____	Employer Identification Number: <b>47-3054018</b>  Business Code Number as per federal return: <b>454110</b>  2-character special condition code, if applicable (See instructions): _____
Business telephone number <b>646-230-1040</b>	Taxpayer's email address: <b>ANAND@TENTRR.COM</b>		
State or country of organization <b>DELAWARE</b>	Date organized <b>02-03-15</b>		
Date business began in NYC <b>02-03-2015</b>	Final Return - Check this box if you have ceased operations in NYC _____ If final return, date business ended in NYC _____		

CHECK ALL THAT APPLY

Special short period return \_\_\_\_\_ 52/53-week taxable year \_\_\_\_\_ Pro-forma federal return attached \_\_\_\_\_ Claim any 9/11/01 - related federal tax benefits \_\_\_\_\_

Amended return \_\_\_\_\_ If the purpose of the amended return is to report a federal or state change, check the appropriate box: \_\_\_\_\_ IRS change \_\_\_\_\_ NYS change \_\_\_\_\_ Date of Final Determination \_\_\_\_\_

Have you attached any of the following forms to this return? If yes, check all that apply.

Form NYC-2.1 \_\_\_\_\_ Form NYC-2.2 \_\_\_\_\_ Form NYC-2.3 \_\_\_\_\_  Form NYC-2.4 \_\_\_\_\_  Form NYC-2.5 \_\_\_\_\_

**SCHEDULE A - Computation of Balance Due or Overpayment**

A. Payment	Amount being paid electronically with this return	A.	Payment Amount
1.	Tax on business income base (from Schedule B, line 38)	1.	
2.	Tax on capital base (from Schedule C, Part 3, line 5) Maximum Tax is \$10,000,000	2.	0.
3.	Minimum tax - (see instructions) - NYC Gross Receipts: <b>5,821.</b>	3.	25.
4.	Tax (enter the amount from line 1, 2 or 3, whichever is largest)	4.	25.
5.	UBT Paid Credit (attach Form NYC-9.7C)	5.	
6.	Tax after UBT Paid Credit (subtract line 5 from line 4)	6.	25.
7.	REAP Credit (attach Form NYC-9.5)	7.	
8.	Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)	8.	
9.	LMREAP Credit (see instructions and attach Form NYC-9.8)	9.	
10.	Intentionally left blank	10.	
11.	Beer Production Credit (attach Form NYC-9.12)	11.	
12.	Net Tax after credits (subtract lines 7, 8, 9 and 11 from line 6)	12.	25.
13.	Total prepayments (from Composition of Prepayments Schedule, page 2, line G)	13.	25.
14.	Balance due (subtract line 13 from line 12)	14.	
15.	Overpayment (subtract line 12 from line 13)	15.	
16a.	Interest (see instructions)	16a.	
16b.	Additional charges (see instructions)	16b.	
16c.	Penalty for underpayment of estimated tax (attach Form NYC-222)	16c.	0.
17.	Total of lines 16a, 16b and 16c	17.	
18.	Net overpayment (line 15 less line 17)	18.	
19.	Amount of line 18 to be: a. Refunded - _____ Direct deposit - fill out line 19c OR _____ Paper check _____ b. Credited to 2022 estimated tax _____	19a. 19b.	
19c.	Routing Number: _____ Account Number: _____ Account Type: Checking _____ Savings _____		
20.	TOTAL REMITTANCE DUE. (see instructions)	20.	
21.	NYC rent deducted on federal tax return or NYC rent from Schedule E, part 1	21.	18,333.
22.	Federal Return Filed: <input checked="" type="checkbox"/> 1120 _____ 1120C _____ 1120F _____ 1120-RIC _____ 1120-REIT _____ 1120-H _____ Other / None _____		
23.	Gross receipts or sales from federal return	23.	4,846,290.
24.	Total assets from federal return	24.	12,332,543.

30712105

ATTACH COPY OF YOUR FEDERAL RETURN. SEE PAGE 2 FOR PAYMENT AND MAILING INSTRUCTIONS

NYC-2 - 2021

COMPOSITION OF PREPAYMENTS SCHEDULE		
PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 13	DATE	AMOUNT
A. Mandatory First Installment paid for tax year 2021 (Do not include your mandatory first installment paid for tax year 2022) .....		
B. Payment with Declaration, Form NYC-400 .....		
C. Payment with Notice of Estimated Tax Due .....		
D. Payment with Notice of Estimated Tax Due .....		
E. Payment with extension, Form NYC-EXT .....	04-15-22	25.
F. Overpayment from preceding year credited to this year .....		
G. TOTAL of A through F (enter on Schedule A, line 13) .....		25.

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION					
I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. I authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instructions) .....				YES <u>X</u>	
SIGN HERE Signature of officer				Title <b>PRESIDENT</b>	Date
PREPARER'S USE ONLY				Preparer's printed name <b>ALAN J. COHEN</b>	Check if self-employed <input checked="" type="checkbox"/>
Preparer's signature				Date <b>10-11-22</b>	Firm's email address <b>ALAN@ZERAHCO</b>
Firm's name (or yours, if self-employed) <b>GUTTERSON &amp; COHEN TAX SPECIALIST</b>				Preparer's Social Security Number or PTIN <b>P00185030</b>	Firm's Employer Identification No.
Address <b>445 BROADHOLLOW ROAD STE 230 MELVILLE, NY 11747</b>				Zip Code <b>81-3215466</b>	

**MAILING INSTRUCTIONS**

Attach copy of all pages of your federal tax return or pro forma federal tax return. The due date for the calendar year 2021 return is on or before April 15, 2022. For fiscal years beginning in 2021, file on or before the 15th day of the 4th month following the close of the fiscal year.

**ALL RETURNS EXCEPT REFUND RETURNS**  
 NYC DEPARTMENT OF FINANCE  
 BUSINESS CORPORATION TAX  
 P.O. BOX 5564  
 BINGHAMTON, NY 13902-5564

**REMITTANCES**  
**PAY ONLINE WITH FORM NYC-200V**  
**AT NYC.GOV/ESERVICES**  
**OR**  
**Mail Payment and Form NYC-200V ONLY to:**  
 NYC DEPARTMENT OF FINANCE  
 P.O. BOX 3933  
 NEW YORK, NY 10008-3933

**RETURNS CLAIMING REFUNDS**  
 NYC DEPARTMENT OF FINANCE  
 BUSINESS CORPORATION TAX  
 P.O. BOX 5563  
 BINGHAMTON, NY 13902-5563



<b>SCHEDULE B - Computation of Tax on Business Income Base</b>	
1. Federal taxable income (FTI) before net operating loss (NOL) and special deductions (see instructions)	1. -6,113,971.
2. Dividends and interest effectively connected with the conduct of a trade or business in the United States NOT included on line 1 by <b>alien corporations</b>	2.
3. Any other income not included on line 1 which is exempt by treaty from federal income tax but would otherwise be treated as effectively connected with the conduct of a trade or business in the United States by <b>alien corporations</b>	3.
4. Dividends not included on line 1 by <b>non-alien corporations</b>	4.
5. Interest on federal, state, municipal and other obligations not included on line 1 by <b>non-alien corporations</b>	5.
6. Income taxes paid to the US or its possessions deducted on federal return	6.
7. NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (see inst; attach rider) <b>STATEMENT 1</b>	7. 2,475.
8. NYC Corporate Taxes deducted on federal return (see instructions)	8. 25.
9. Adjustments relating to employment opportunity relocation cost credit and IBZ credit	9.
10. Adjustments relating to real estate tax escalation credit	10.
11. ACRS depreciation and/or adjustments (attach Form NYC-399 and/or NYC-399Z)	11.
12. Payment for use of intangibles	12.
13. Intentionally omitted	13.
14. Other additions (see instructions; attach rider)	14.
15. Total of lines 1 through 14	15. -6,111,471.
16. Gain on sale of certain property acquired prior to 1/1/66 (see instructions)	16.
17. NYC and NYS tax refunds included in line 15 (see instructions)	17.
18. Wages and salaries subject to IRC §280C deduction disallowance (see instructions)	18.
19. Depreciation and/or adjustment calculated under pre-ACRS or pre-9/11/01 rules (attach Form NYC-399 and/or NYC-399Z; see instructions)	19.
20. Other subtractions (see instructions) (attach rider)	20.
21. Total subtractions (add lines 16 through 20)	21.
22. Net modifications to federal taxable income (subtract line 21 from line 15)	22. -6,111,471.
23. Subtraction modification for qualified banks and other qualified lenders (from Form NYC-2.2, Schedule A, line 1; see instructions)	23.
24. Entire net income (ENI) (subtract line 23 from line 22)	24. -6,111,471.
25. Investment and other exempt income (from Form NYC-2.1, Schedule D, line 1)	25.
26. Entire net income less investment and other exempt income	26. -6,111,471.
27. Excess interest deductions attributable to investment income, investment capital and other exempt income (from Form NYC-2.1, Schedule D, line 2)	27.
28. Business income (add lines 26 and 27)	28. -6,111,471.
29. Addback of income previously reported as investment income (from Form NYC-2.1, Schedule F, Part 2, line 6; if zero or less, enter 0; see instructions)	29.
30. Business income after addback (add lines 28 and 29)	30. -6,111,471.
31. Intentionally Omitted	31.
32a. Allocated business income after addback (Multiply Line 30 by the business allocation percentage from Schedule F, Part 3)	32a. -7,334.
32b. If the amount on line 32a is not correct, enter correct amount here and explain in rider (see instructions)	32b.
33. Prior net operating loss conversion subtraction (from Form NYC-2.3, Schedule C, line 4)	33.
34. Allocated business income less prior net operating loss conversion subtraction (see instructions)	34. -7,334.
35. Net operating loss deduction (from Form NYC-2.4, Schedule A, line 6)	35.
36. Business income base (subtract line 35 from line 34)	36. -7,334.
37. Tax rate (see instructions)	37. 6.5000%
38. Tax on business income base (multiply line 36 by line 37 and enter here and on Schedule A, line 1)	38.

Note: If you make an entry on line 23, 25, 27, 29, 33 or 35, you must complete and file the appropriate attachment form.



**SCHEDULE C - Computation of Tax on Capital Base**

**Part 1 - Computation of Total Business Capital**

Basis used to determine average value in column C. Check one. (Attach detailed schedule.)

- Annually  - Semi-annually  - Quarterly

- Monthly  - Weekly  - Daily

	COLUMN A Beginning of Year	COLUMN B End of Year	COLUMN C Average Value
1. Total assets from federal return .....	5,227,792.	12,332,543.	8,780,168.
2. Real property and marketable securities included in line 1 .....			
3. Subtract line 2 from line 1 .....			8,780,168.
4. Real property and marketable securities at fair market value .....			
5. Adjusted total assets (add lines 3 and 4) .....			8,780,168.
6. Total liabilities .....	4,265,828.	7,437,500.	5,851,664.
7. Total capital (subtract line 6, column C, from line 5, column C) .....			2,928,504.
8. Investment capital (from Schedule D, line 4; if zero or less, enter 0) .....			
9. Business capital (subtract line 8 from line 7) .....			2,928,504.
10. Addback of capital previously reported as investment capital (from Schedule D, line 5, column C; if zero or less, enter 0) .....			
11. Total business capital (add lines 9 and 10) .....			2,928,504.

**Part 2 - Computation of Liabilities Attributable to Investment Capital and Within Business Capital**

	COLUMN A	COLUMN B
1. Total liabilities (Schedule C, Part 1, line 6) (see instructions) .....		5,851,664.
2. Liabilities directly attributable to investment capital (see instructions) .....		
3. Liabilities directly attributable to business capital .....		
4. Total liabilities directly attributable (add lines 2 and 3) .....		
5. Total liabilities indirectly attributable (subtract line 4 from line 1) .....		5,851,664.
6. Average FMV of investment capital before subtraction of liabilities attributable (Form NYC-2.1, Schedule E, Part 4, Column F, line 4) (see instructions) .....		
7. Average FMV of adjusted total assets (Schedule C, Part 1, line 5) (see instr.) .....	8,780,168.	
8. Investment capital factor (divide line 6 by line 7) .....		.0000%
9. Liabilities indirectly attributable to investment capital (multiply line 5 by line 8) .....		
10. Average FMV of business capital before subtraction of liabilities attributable (subtract line 6 from line 7) .....	8,780,168.	
11. Liabilities indirectly attributable to business capital (subtract line 9 from line 5) .....	5,851,664.	
12. Liabilities directly and indirectly attributable to business capital (add lines 3 and 11; if this line 12 exceeds line 10, STOP and do not go further) (see instr.) .....	5,851,664.	
13. Liabilities directly attributable to Insurance and Utility Capital .....		
14. Liabilities directly attributable to General Business Capital .....		
15. Average FMV of Insurance and Utility Capital before subtraction of liabilities attributable .....		
16. Insurance and Utility Capital factor (divide line 15 by line 10) .....		%
17. Liabilities indirectly attributable to Insurance and Utility Capital (multiply line 16 by line 11) .....		
18. Liabilities attributable to Insurance and Utility Capital (add lines 13 and 17) .....		
19. Net Insurance and Utility Capital (subtract ln. 18 from line 15 and add any negative value from line 22, if this line 19 has a positive value without such addition) (see instr.) .....		
20. Allocated Insurance and Utility Capital (multiply line 19 by the business allocation percentage from Schedule F, Part 3) .....		
21. Liabilities attributable to General Business Capital (subtract line 2, line 9, line 13 and line 17 from line 1) .....	5,851,664.	
22. Net General Business Capital (subtract line 15 and line 21 from line 10, add any amount on Schedule C, Part 1, line 10 and add any negative value from line 19, if this line 22 has a positive value without such addition) (see instructions) .....	2,928,504.	



**SCHEDULE C - (Continued)**

**Part 3 - Computation of tax on capital base**

1a. Allocated General Business Capital (multiply Schedule C, Part 2, line 22 by the business allocation percentage from Schedule F, Part 3) .....	1a.	3,514.
1b. At tax rate 0.15% (multiply line 1a by 0.15%) .....	1b.	5.
2a. Allocated insurance and utility capital (Schedule C, Part 2 line 20) (see instructions) .....	2a.	
2b. At tax rate 0.075%. Check the appropriate box: <input type="checkbox"/> Utility Corp. <input type="checkbox"/> Insurance Corp. (multiply line 2a by 0.075%) .....	2b.	
3a. Cooperative housing corporations (see instructions) .....	3a.	
3b. At tax rate 0.04% Enter Boro _____ Block _____ Lot _____ (multiply line 3a by 0.04%) .....	3b.	
4. Sum of taxes on capital (Enter the sum of lines 1b, 2b and 3b here) .....	4.	5.
5. Tax on capital base (Subtract \$10,000 from line 4; If zero or less, enter 0 here and on Schedule A, line 2) .....	5.	0.

**SCHEDULE D - Computation of Investment Capital for the Current Year (see instructions)**

	A Average fair market value as reported	B Liabilities attributable to column A amount	C Net average value (column A- column B)
1. Total capital that generates income claimed to not be apportionable to New York under the U.S. Constitution (from Form NYC-2.1, Sch. E, line 1) .....	1.		1.
2. Total of stocks actually held for more than one year (from Form NYC-2.1, Schedule E, line 2) ...	2.		2.
3. Total of stocks presumed held for more than one year (from Form NYC-2.1, Schedule E, line 3) ...	3.		3.
4. Total investment capital for the current year (add Column C, lines 1, 2 and 3; enter the result here and on Schedule C, Part 1, line 8; if zero or less, enter 0) .....	4.		4.

**Addback to business capital of stock presumed and claimed as investment capital in previous year**

	A Average fair market value as reported	B Liabilities attributable to column A amount	C Net average value (column A- column B)
5. Total of stocks previously presumed held for more than one yr., but did not meet the holding period (from Form NYC-2.1, Sch. F, line 1; enter here and on Schedule C, Part 1, line 10) .....	5.		5.



**SCHEDULE E - Location of Places of Business Inside and Outside New York City**

All taxpayers must complete Schedule E, Parts 1 and 2.

**Part 1 - List location for each place of business INSIDE New York City (see instructions; attach rider if necessary)**

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
Total .....	▶				

**Part 2 - List location for each place of business OUTSIDE New York City (see instructions; attach rider if necessary)**

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
Total .....	▶				

**SCHEDULE F - Computation of Business Allocation Percentage**

Complete ONLY Schedule F, Part 1 or Schedule F, Part 2

Taxpayers must report their Business Allocation Percentage in Schedule F, Part 3 for this return to be accepted

**A. If this is your first Business Corporation Tax return after January 1, 2018 -**

1. If your NYC receipts are:
  - a. Greater than \$50,000,000, complete Part 1.
  - b. Less than or equal to \$50,000,000, you have a one-time opportunity to elect the special three-factor allocation method.
    1. If you choose NOT to elect the three-factor formula allocation method, complete Part 1.
    2. If you choose to elect the three-factor formula allocation method, check the box below and complete Part 2.  
Once the election is made, you must continue to use this method of allocation unless the election is revoked.

\_\_\_ **ELECTION CHECKBOX** - by checking this box, the taxpayer elects to use the special three-factor allocation method.

**B. If this is NOT your first Business Corporation Tax return after January 1, 2018 -**

1. If you previously DID NOT elect to use the three-factor allocation method, or have revoked the election on a prior return, complete Part 1.
2. If you have previously elected to use the three-factor allocation method and choose to continue to use it, complete Part 2.
3. If you have previously made the election to use the three-factor allocation method and choose to revoke it on this return, check the revocation box below and complete Part 1. Once this election is revoked, you are ineligible to use the three-factor allocation method in future filing periods.

\_\_\_ **REVOCAION CHECKBOX** - by checking this box, the taxpayer revokes its election to use the three-factor allocation method on this return and on all future tax filings.



**SCHEDULE F, Part 1 - Computation of Single Receipts Factor Business Allocation Percentage (see instructions)**

Taxpayers who do not allocate business income and business capital outside New York City must enter 100% on Schedule F, Part 3.  
 Taxpayers who allocate business income both inside and outside New York City must complete Schedule F, Part 1, unless they made a valid election to use the three factor Business Allocation Percentage.

	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1. Receipts (from Form NYC-2.5, line 54.) Continue to Part 3 .....	5,821.	4,852,111.

**SCHEDULE F, Part 2 - Computation of Three Factor Business Allocation Percentage (see instructions)**

Taxpayers who are using the three factor Business Allocation Percentage should complete this Part.

	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1a. Real estate owned .....	1a.	1a.
1b. Real estate rented - multiply by 8 (see instr.) (attach rider) .....	1b.	1b.
1c. Inventories owned .....	1c.	1c.
1d. Tangible personal property owned (see instructions) .....	1d.	1d.
1e. Tangible personal property rented - multiply by 8 (see instr., attach rider) .....	1e.	1e.
1f. Total .....	1f.	1f.
1g. Percentage in New York City (divide line 1f, column A by line 1f, column B) .....		1g. %
1h. Multiply line 1g by 3.5 .....		1h.
2a. Receipts (from Form NYC-2.5, line 54) .....	2a.	2a.
2b. Percentage in New York City (divide line 2a, column A by line 2a, column B) .....		2b. %
2c. Multiply line 2b by 93 .....		2c.
3a. Wages, salaries and other compensation of employees, except general executive officers (see instructions) .....	3a.	
3b. Percentage in New York City (divide line 3a, column A by line 3a, column B) .....		3b. %
3c. Multiply line 3b by 3.5 .....		3c.
<i>Sum of Weighted Factors</i>		
4. Add lines 1h, 2c and 3c. Continue to Part 3 .....		4.

**SCHEDULE F, Part 3 - Enter your business allocation percentage either from Part 1 or Part 2. Enter as a percentage and round to ten-thousandth of a percentage point. (See instructions)**

<ul style="list-style-type: none"> <li>If you are not allocating, enter 100%.</li> <li>If you are using Part 1, divide Part 1, column A by column B.</li> <li>If you are using Part 2, divide Part 2, line 4 by 100 if no factors are missing.</li> </ul> <p>If a factor is missing, divide line 4 by the total of the weights of the factors present .....</p>	.1200%
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**SCHEDULE G - Additional Required Information**

- 1. List all significant business activities in NYC and everywhere (see instructions; if necessary, attach list) CAMPING ONLINE MARKETP
- 2. Enter your Secondary Business Code (see instructions) \_\_\_\_\_
- 3. Trade name of reporting corporation, if different from name entered on page 1 \_\_\_\_\_
- 4. Is this corporation included in a consolidated federal return? \_\_\_\_\_ YES  NO  
If "YES", give parent's name: \_\_\_\_\_ EIN: \_\_\_\_\_
- 5. Is this corporation a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section? \_\_\_\_\_ YES  NO  
If "YES", give common parent corporation's name \_\_\_\_\_ EIN: \_\_\_\_\_
- 6. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year, or are you currently under audit? \_\_\_\_\_ YES  NO  
If "YES", \_\_\_\_\_ Internal Revenue Service State period(s): Beg.: \_\_\_\_\_ End.: \_\_\_\_\_  
MMDDYY MMDDYY  
by whom? \_\_\_\_\_ New York State Department of Taxation and Finance State period(s): Beg.: \_\_\_\_\_ End.: \_\_\_\_\_  
MMDDYY MMDDYY
- 7. If "YES" to question 6:
  - 7a. For years prior to 1/1/15, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? \_\_\_\_\_ YES \_\_\_\_\_ NO
  - 7b. For years beginning on or after 1/1/15, has an amended return(s) been filed? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 8. Did this corporation make any payments treated as interest in the computation of business income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If "YES", please attach a schedule giving Shareholder's name, SSN/EIN, Interest paid to shareholder, Total indebtedness to shareholder and Total interest paid \_\_\_\_\_ YES  NO
- 9. Was this corporation a member of a partnership or joint venture during the tax year? \_\_\_\_\_ YES  NO  
If "YES", attach schedule listing name(s) and Employer Identification Number(s).
- 10. At any time during the taxable year, did the corporation have an interest in real property (including a leasehold interest) located in NYC or a controlling interest in an entity owning such real property? \_\_\_\_\_ YES  NO
- 11a. If "YES" to question 10, attach a schedule of such property, indicating the nature of the interest and including the street address, borough, block and lot number.
- 11b. Was any NYC real property (including a leasehold interest) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 11c. Was there a partial or complete liquidation of the corporation? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 11d. Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 12. If "YES" to questions 11b, 11c or 11d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 13. If "NO" to question 12, explain: \_\_\_\_\_
- 14. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? \_\_\_\_\_ YES  NO
- 15. If "YES" to question 14, were all required Commercial Rent Tax Returns filed? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Please enter Employer Identification Number which was used on the Commercial Rent Tax Return: \_\_\_\_\_
- 16. Are you claiming an exception to the related member expense addback under Administrative Code section 11-652(8)(n)(2)(ii)? \_\_\_\_\_ YES  NO  
If yes, enter applicable exception and amount of royalty payments. \_\_\_\_\_ EXCEPTION \_\_\_\_\_ AMOUNT
- 17. If you filed federal form 1120F, did you have Effectively Connected Income (ECI)? \_\_\_\_\_ YES  NO
- 18. Did this corporation carry out any commercial banking business (as defined by Section 11-640(b) of the Ad. Code) during this filing period? \_\_\_\_\_ YES  NO
- 19. Did you include a disregarded entity in this return? If YES, attach a schedule giving the legal name and EIN of each disregarded entity included \_\_\_\_\_ YES  NO



<b>SCHEDULE H - DETERMINATION OF TAX RATE</b>	
A. Enter the tax rate computed or used below (see instructions) .....	A. <u>6.5000</u>
B. Enter the line number of the tax rate computed or used below .....	B. <u>1</u>
Ca. Enter your unallocated business income from Schedule B, line 30 (see instructions) .....	Ca. <u>-6,111,471.</u>
Cb. If the amount on line Ca is not correct, enter correct amount here and explain in rider (see instructions) .....	Cb. _____
D. Enter your allocated business income from Schedule B, line 32a or 32b if used .....	D. <u>-7,334.</u>
E. If you are a Qualified Manufacturing Corporation as defined in Administrative Code Section 11-654(1)(k)(4), mark an X in the box (see instr.) .....	E. <input type="checkbox"/>
F. If you are a Financial Corporation as defined in Administrative Code Section 11-654(1)(e)(1)(i), mark an X in the box (see instr.) .....	F. <input type="checkbox"/>

<b>TAX RATE COMPUTATION FOR BUSINESS CORPORATIONS NOT SPECIFIED BELOW (see instructions)</b>	
1. If unallocated business income (Schedule B, line 30) is less than \$2M and allocated business income (Schedule B, line 32a or 32b if used) is less than \$1M	6.50%
2. If unallocated business income (Schedule B, line 30) is equal to or greater than \$3M (regardless of the amount of allocated business income)	8.85%
3. If allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$1.5M (regardless of the amount of unallocated business income)	8.85%
4. If unallocated business income (Schedule B, line 30) is equal to or greater than \$2M but less than \$3M and allocated business income (Schedule B, line 32a or 32b if used) is less than \$1M, use unallocated formula	$6.50 + (2.35\% \times \frac{\text{line 30} - 2,000,000}{1,000,000}) =$ _____ %
5. If unallocated business income (Schedule B, line 30) is less than \$2M and allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$1M but less than \$1.5M, use allocated formula	$6.50 + (2.35\% \times \frac{\text{line 32a or 32b} - 1,000,000}{500,000}) =$ _____ %
6. If unallocated business income (Schedule B, line 30) is equal to or greater than \$2M but less than \$3M and allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$1M but less than \$1.5M, compute tax rates using both formulas. Use the greater of the two computed tax rates.	$6.50 + (2.35\% \times \frac{\text{line 30} - 2,000,000}{1,000,000}) =$ _____ %
	$6.50 + (2.35\% \times \frac{\text{line 32a or 32b} - 1,000,000}{500,000}) =$ _____ %
<b>Enter the greater of the two computed tax rates:</b> _____ %	

<b>TAX RATE COMPUTATION FOR QUALIFIED MANUFACTURING CORPORATIONS (see instructions)</b>	
7. If unallocated business income (Schedule B, line 30) is less than \$20M and allocated business income (Schedule B, line 32a or 32b if used) is less than \$10M	4.425%
8. If unallocated business income (Schedule B, line 30) is equal to or greater than \$40M (regardless of the amount of allocated business income)	8.85%
9. If allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$20M (regardless of the amount of unallocated business income)	8.85%
10. If unallocated business income (Schedule B, line 30) is equal to or greater than \$20M but less than \$40M and allocated business income (Schedule B, line 32a or 32b if used) is less than \$10M, use unallocated formula	$4.425 + (4.425\% \times \frac{\text{line 30} - 20,000,000}{20,000,000}) =$ _____ %
11. If unallocated business income (Schedule B, line 30) is less than \$20M and allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$10M but less than \$20M, use allocated formula	$4.425 + (4.425\% \times \frac{\text{line 32a or 32b} - 10,000,000}{10,000,000}) =$ _____ %
12. If unallocated business income (Schedule B, line 30) is equal to or greater than \$20M but less than \$40M and allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$10M but less than \$20M, compute tax rates using both formulas. Use the greater of the two computed tax rates.	$4.425 + (4.425\% \times \frac{\text{line 30} - 20,000,000}{20,000,000}) =$ _____ %
	$4.425 + (4.425\% \times \frac{\text{line 32a or 32b} - 10,000,000}{10,000,000}) =$ _____ %
<b>Enter the greater of the two computed tax rates:</b> _____ %	

<b>TAX RATE COMPUTATION FOR CERTAIN FINANCIAL CORPORATIONS (see instructions)</b>	
13. Financial Corporations as defined in Administrative Code Section 11-654(1)(e)(1)(i)	9.00%



**NYC-2.4**

Department of Finance

**NET OPERATING LOSS DEDUCTION (NOLD)**

You MUST attach this form to Form NYC-2 or NYC-2A each tax year

For Calendar Year 2021 or Fiscal Year Beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name as shown on NYC-2 or NYC-2A: <b>TENTRR, INC.</b>	Employer Identification Number <b>47-3054018</b>
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- A. Were there any special federal Net Operating Loss elections? \_\_\_\_\_ YES  NO
- B. NYC-2A filers: Have there been any changes in the composition of the group of corporations included in this Combined Business Corporation Tax Return from the prior tax period? If "YES," please complete Schedules B and C. (See instructions) \_\_\_\_\_ YES \_\_\_\_\_ NO
- C. Are you making an election to waive the carryback period for NOLs generated in the current tax period? \_\_\_\_\_ YES  NO

**SCHEDULE A - COMPUTATION OF CURRENT NYC NET OPERATING LOSS DEDUCTION (NOLD)**

1. Multiply Form NYC-2 or NYC-2A, Schedule B, line 34 by your appropriate business income base tax rate for the current year from Schedule H, Determination of Tax Rate in Form NYC-2 or NYC-2A (see instructions) .....	1.	0.
2. Enter the greater of the capital base tax or the fixed dollar minimum tax for the current tax year (from Form NYC-2 or NYC-2A, Schedule A, line 2 or 3) .....	2.	25.
3. Subtract line 2 from line 1. If less than zero, enter "0" (see instructions) .....	3.	0.
4. NOLD that is required to be utilized, if available (divide line 3 by the same business income base tax rate used for line 1; do not enter less than zero) .....	4.	0.
<b>Computation of net operating loss (NOL) to be used (see instructions)</b>		
5a. NOL carryforward from prior year's Form NYC-2.4 .....	5a.	4,181,413.
5b. NOL carryforwards from new members who entered the group during the current tax year .....	5b.	
5c. NOL carryback .....	5c.	
5d. Subtotal (add lines 5a, 5b and 5c) .....	5d.	4,181,413.
5e. NOLs carryforwards that have expired .....	5e.	
5f. NOL carryforwards unavailable for use in the current tax year .....	5f.	
5g. Add lines 5e and 5f .....	5g.	
5h. Total of NOLs available to be used in the current tax year (subtract line 5g from line 5d) .....	5h.	4,181,413.
6. NOLs to be used in the current tax year .....	6.	0.
<b>Computation of NOL carryforward (see instructions)</b>		
7a. NOL incurred in the current tax year .....	7a.	7,334.
7b. Net NOLs available (add lines 5h, 5f and 7a) .....	7b.	4,188,747.
7c. NOL carryforwards from members who left the group during the current tax year .....	7c.	
7d. Add lines 6 and 7c .....	7d.	
7e. NOL available to be carried forward (subtract line 7d from 7b) .....	7e.	4,188,747.

**SCHEDULE B - FORM NYC-2A FILERS ONLY: ENTITIES NOT INCLUDED IN PRIOR COMBINED RETURN**

Are any entities included in the Combined Business Corporation Tax Return that were not included in the return for the prior period? \_\_\_\_\_ YES \_\_\_\_\_ NO

Complete this schedule for each corporation included in the Combined Business Corporation Tax Return that was not included in the Combined Business Corporation Tax Return for the prior tax period.

A Name of corporation	B Employer Identification Number	C NOL available at the beginning of this tax period	D Beginning date of this tax period (mm-dd-yy)	E Ending date of this tax period (mm-dd-yy)	F Reason(s) INCLUDED in combined business corporation tax return	G Subject to IRC §§381-384 or SRLY

If additional space is required, please use this format on a separate sheet and attach to this page.

**SCHEDULE C - FORM NYC-2A FILERS ONLY: ENTITIES NO LONGER INCLUDED IN COMBINED GROUP (See Instructions)**

Are there any entities in the combined group for which this will be the last tax period of inclusion in the group?  YES  NO

Complete this schedule for each corporation included in the combined group for any part of the group's current tax period that are no longer part of the combined group as of the beginning of the combined group's subsequent tax period.

A Name of corporation	B Employer Identification Number	C NOL available upon leaving combined group	Former Member's Tax Period in Combined Group		F Reason(s) EXCLUDED from combined business corporation tax return
			D Beginning date (mm-dd-yy)	E Ending date (mm-dd-yy)	

If additional space is required, please use this format on a separate sheet and attach to this page.

**SCHEDULE D - NYC NET OPERATING LOSS DEDUCTION SCHEDULE (NOLD)**

APPLICABLE YEAR	COLUMN A - Tax Year	COLUMN B - Amount from NYC-2A or NYC-2, Sch. B, line 34	COLUMN C - NYC Net Operating Loss Generated	COLUMN D - NYC Net Operating Loss Utilized	COLUMN E - NYC Net Operating Loss Expired	COLUMN F - NYC Net Operating Loss Remaining
1. 19th preceding yr						
2. 18th preceding yr						
3. 17th preceding yr						
4. 16th preceding yr						
5. 15th preceding yr						
6. 14th preceding yr						
7. 13th preceding yr						
8. 12th preceding yr						
9. 11th preceding yr						
10. 10th preceding yr						
11. 9th preceding yr						
12. 8th preceding yr						
13. 7th preceding yr						
14. 6th preceding yr	2015					
15. 5th preceding yr	2016	-1,773,324.	-1,773,324.	0.		1,773,324.
16. 4th preceding yr	2017	-2,408,089.	-2,408,089.	0.		4,181,413.
17. 3rd preceding yr	2018	0.	0.	0.		4,181,413.
18. 2nd preceding yr	2019	0.	0.	0.		4,181,413.
19. 1st preceding yr	2020	0.	0.	0.		4,181,413.
20. Current year	2021	-7,334.	-7,334.			4,188,747.





**NYC-2.5**  
Department of Finance

**COMPUTATION OF RECEIPTS FACTOR**

You **MUST** attach this form to Form NYC-2 if you have ANY entries on Form NYC-2, Schedule F, Part 1, line 1, or Part 2, line 2a.

Name as shown on NYC-2 <b>TENTRR, INC.</b>	Employer Identification Number <b>47-3054018</b>
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		COLUMN A - NEW YORK CITY		COLUMN B - EVERYWHERE
<b>Section 11-654.2(2)</b>				
1.	Sales of tangible personal property .....	0.	1.	4,846,290.
2.	Sales of electricity .....		2.	
3.	Net gains from sales of real property .....		3.	
<b>Section 11-654.2(3)</b>				
4.	Rentals of real and tangible personal property .....		4.	
5.	Royalties from patents, copyrights, trademarks, and similar intangible personal property .....		5.	
6.	Sales of rights for certain closed-circuit and cable TV transmissions of an event .....		6.	
<b>Section 11-654.2(4)</b>				
7.	Sale, licensing, or granting access to digital products .....		7.	
<b>Section 11-654.2(5)(a)(1) Fixed percentage method for qualified financial instruments (QFIs)</b>				
8.	To make this irrevocable election, check Yes; otherwise, check No. _____ YES <input checked="" type="checkbox"/> NO			
<b>Section 11-654.2(5)(a)(2) Mark an X in each box that is applicable (see line 8 instructions)</b>				
<b>Section 11-654.2(5)(a)(2)(i)</b>				
9.	Interest from loans secured by real property .....		9.	
10.	Net gains from sales of loans secured by real property .....		10.	
11.	Interest from loans <b>not</b> secured by real property (QFI ___ ) .....		11.	
12.	Net gains from sales of loans <b>not</b> secured by real property (QFI ___ ) .....		12.	
<b>Section 11-654.2(5)(a)(2)(ii) (QFI ___ )</b>				
13.	Interest from federal debt .....		13.	
14.	This line intentionally omitted .....		14.	
15.	Interest from debt of NYS or its political subdivisions, including NYC .....		15.	
16.	Net gains from federal debt and debt of NYS or its political subdivisions, including NYC .....		16.	
17.	Interest from debt of other states or their political subdivisions .....		17.	
18.	Net gains from debt of other states or their political subdivisions .....		18.	
<b>Section 11-654.2(5)(a)(2)(iii) (QFI ___ )</b>				
19.	Interest from asset-backed securities and other government agency debt ...		19.	
20.	Net gains from government agency debt or asset-backed securities sold through an exchange .....		20.	
21.	Net gains from all other asset-backed securities .....		21.	
<b>Section 11-654.2(5)(a)(2)(iv) (QFI ___ )</b>				
22.	Interest from corporate bonds .....		22.	
23.	Net gains from corporate bonds sold through broker/dealer or licensed exchange .....		23.	
24.	Net gains from other corporate bonds .....		24.	
<b>Section 11-654.2(5)(a)(2)(v)</b>				
25.	Net interest from reverse repurchase or securities borrowing agreements ...		25.	
<b>Section 11-654.2(5)(a)(2)(vi)</b>				
26.	Net interest from federal funds .....		26.	
<b>Section 11-654.2(5)(a)(2)(ix) (QFI ___ )</b>				
27.	Net income from sales of physical commodities .....		27.	
<b>Section 11-654.2(5)(a)(2)(x) (QFI ___ )</b>				
28.	Marked to market net gains .....		28.	
<b>Section 11-654.2(5)(a)(2)(viii) (QFI ___ )</b>				
<b>11-654.2(5)(a)(2)(vii) (QFI ___ )</b>				
29.	Interest from other financial instruments .....		29.	
30.	Net gains and other income from other financial instruments .....		30.	

		COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
<b>Section 11-654.2(5)(b)</b>			
31.	Brokerage commissions .....	31.	31.
32.	Margin interest earned on behalf of brokerage accounts .....	32.	32.
33.	Fees for advisory services for underwriting or management of underwriting .....	33.	33.
34.	Receipts from primary spread of selling concessions .....	34.	34.
35.	Receipts from account maintenance fees .....	35.	35.
36.	Fees for management or advisory services .....	36.	36.
37.	Interest from an affiliated corporation .....	37.	37.
<b>Section 11-654.2(5)(c)</b>			
38.	Interest, fees, and penalties from credit cards .....	38.	38.
39.	Service charges and fees from credit cards .....	39.	39.
40.	Receipts from merchant discounts .....	40.	40.
41.	Receipts from credit card authorizations and settlement processing .....	41.	41.
42.	Other credit card processing receipts .....	42.	42.
<b>Section 11-654.2(5)(d)</b>			
43.	Receipts from certain services to investment companies .....	43.	43.
<b>Section 11-654.2(6)</b>			
44.	Receipts from railroad and trucking business .....	44.	44.
<b>Section 11-654.2(12)</b>			
45.	Receipts from the operation of vessels .....	45.	45.
<b>Section 11-654.2(7)</b>			
46.	Receipts from air freight forwarding .....	46.	46.
47.	Receipts from other aviation services .....	47.	47.
<b>Section 11-654.2(8)</b>			
48.	Advertising in newspapers or periodicals .....	48.	48.
49.	Advertising on television or radio .....	49.	49.
50.	Advertising via other means .....	50.	50.
<b>Section 11-654.2(9)</b>			
51.	Transportation or transmission of gas through pipes .....	51.	51.
<b>Section 11-654.2(10)</b>			
52.	Receipts from other services/activities not specified .....	52.	5,821.
<b>Section 11-654.2(11)</b>			
53a.	Discretionary adjustments .....	53a.	53a.
<b>Section 11-654.2(5-a)</b>			
53b.	Net global intangible low-taxed income (see instructions) .....	53b.	53b.
<b>Total receipts</b>			
54.	Total of columns A and B, pages 1 and 2, lines 1 through 53b. Enter here and on NYC-2, Schedule F, Part 1, line 1, Column A and line 1, Column B, or Part 2, line 2a, column A and line 2a, column B .....	54.	5,821.
			4,852,111.



TENTRR, INC.47-3054018

FORM NYC-2/2S

NYS FRANCHISE TAX AND BUSINESS TAXES  
DEDUCTED ON FEDERAL RETURN

STATEMENT 1

DESCRIPTIONAMOUNT

LOUISIANA TAXES - BASED ON INCOME

549.

NEW YORK TAXES - BASED ON INCOME

1,826.

UTAH TAXES - BASED ON INCOME

100.

TOTAL

2,475.

TENTRR, INC.47-3054018

NYC					NET OPERATING LOSS INCURRED AFTER 2014					STATEMENT 2				
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR										
12/31/16	1,773,324.	0.	1,773,324.	1,773,324.										
12/31/17	2,408,089.	0.	2,408,089.	2,408,089.										
12/31/21	7,334.	0.	7,334.	7,334.										
TOTAL NOLD AFTER 2014			4,188,747.	4,188,747.										
NOLD USED THIS YEAR - FORM NYC-2.4, LINE 6			0.											
NOLD CARRIED FORWARD - FORM NYC-2.4, LINE 7E			4,188,747.											