

Form 1120 Department of the Treasury Internal Revenue Service	U.S. Corporation Income Tax Return For calendar year 2014 or tax year beginning _____, 2014, ending _____, 20____ Information about Form 1120 and its separate instructions is at www.irs.gov/form1120 .		OMB No. 1545-0123 2014
A 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 type="checkbox"/>	TYPE OR PRINT Name Winprobe Corporation Number, street, and room or suite no. If a P.O. box, see instructions. 11662 Lakeshore Place City or town, state, or province, country and ZIP or foreign postal code North Palm Beach FL 33408	B Employer identification number 65-0949567 C Date incorporated 09-23-1999 D Total assets (see instructions) \$ 400,887	
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			
Income	1a Gross receipts or sales	1a	72,770
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c	72,770
	2 Cost of goods sold (attach Form 1125-A)	2	
	3 Gross profit. Subtract line 2 from line 1c	3	72,770
	4 Dividends (Schedule C, line 19)	4	
	5 Interest	5	919
	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	
Deductions (See instructions for limitations on deductions.)	10 Other income (see instructions - attach statement)	Statement #1	1,350
	11 Total income. Add lines 3 through 10	11	75,039
	12 Compensation of officers (see instructions - attach Form 1125-E)	12	
	13 Salaries and wages (less employment credits)	13	128,519
	14 Repairs and maintenance	14	937
	15 Bad debts	15	
	16 Rents	16	53,246
	17 Taxes and licenses	ATT_CTL	48,955
	18 Interest	18	
	19 Charitable contributions	19	
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	4,494
	21 Depletion	21	
	22 Advertising	22	
	23 Pension, profit-sharing, etc., plans	23	
	24 Employee benefit programs	24	30,225
	25 Domestic production activities deduction (attach Form 8903)	25	
	26 Other deductions (attach statement)	Statement #5	614,605
27 Total deductions. Add lines 12 through 26	27	880,981	
28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	(805,942)	
Tax, Refundable Credits, and Payments	29a Net operating loss deduction (see instructions)	29a	
	b Special deductions (Schedule C, line 20)	29b	
	c Add lines 29a and 29b	29c	
	30 Taxable income. Subtract line 29c from line 28 (see instructions)	30	(805,942)
	31 Total tax (Schedule J, Part I, line 11)	31	0
	32 Total payments and refundable credits (Schedule J, Part II, line 21)	32	
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	33	
	34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	
35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35		
36 Enter amount from line 35 you want: Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	36		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer Walter G. Scott Date		Title President
Paid Preparer Use Only	Print/Type preparer's name David D Brooks	Preparer's signature 09-15-2015	Check <input type="checkbox"/> if self-employed PTIN P01039037
	Firm's name D Brooks and Associates CPAs PA	Firm's EIN 27-1319467	
	Firm's address 8918 Marlamoor Lane	Phone no. (954) 592-2507	
	West Palm Beach FL 33412		

Schedule C Dividends and Special Deductions (see instructions)		(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3	Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Total. Add lines 1 through 8. See instructions for limitation			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4 ▶			
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶			

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

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	0
3	Alternative minimum tax (attach Form 4626)		
4	Add lines 2 and 3		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	Total credits. 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	0
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	Other (see instructions - attach statement)	9f	
10	Total. Add lines 9a through 9f	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	0

Part II - Payments and Refundable Credits

12	2013 overpayment credited to 2014	12	
13	2014 estimated tax payments	13	
14	2014 refund applied for on Form 4466	14	()
15	Combine lines 12, 13, and 14	15	
16	Tax deposited with Form 7004	16	
17	Withholding (see instructions)	17	
18	Total payments. Add lines 15, 16, and 17	18	
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 8827, line 8c	19c	
d	Other (attach statement - see instructions)	19d	
20	Total credits. Add lines 19a through 19d	20	
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32	21	

Schedule K Other Information (see instructions)

1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ 339110		
b	Business activity ▶ Research and Development		
c	Product or service ▶ Ultrasound		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation ▶		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	X	

Schedule K Other Information continued (see instructions)

	Yes	No
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
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
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)		X
If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions.		
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?		X
For rules of attribution, see section 318. If "Yes," enter:		
(i) Percentage owned ▶ _____ and (ii) Owner's country ▶ _____		
(c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ <u>0</u>		
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ <input type="checkbox"/>		
If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ <u>11</u>		
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ▶ <input type="checkbox"/>		
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ \$ <u>1,072,100</u>		
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?		X
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ \$ _____		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)?		X
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments in 2014 that would require it to file Form(s) 1099?	X	
b If "Yes," did or will the corporation file required Forms 1099?	X	
16 During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?		X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		113,118		243,643
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories		23,517		23,517
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)		126,720		126,720
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	14,310		20,881	
b	Less accumulated depreciation	(9,380)	4,930	(13,874)	7,007
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		268,285		400,887
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)				
19	Loans from shareholders		1,303,000		1,872,000
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
b	Common stock	7,082	7,082	7,082	7,082
23	Additional paid-in capital		99,900		99,900
24	Retained earnings-Appropriated (attach statement)				
25	Retained earnings-Unappropriated		(1,141,697)		(1,578,095)
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		268,285		400,887

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	(808,206)	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): _____				
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____ c Travel and entertainment \$ 2,264		8	Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____	
		2,264			
6	Add lines 1 through 5	(805,942)	9	Add lines 7 and 8	
			10	Income (page 1, line 28)-line 6 less line 9	(805,942)

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

1	Balance at beginning of year	(1,141,697)	5	Distributions: a Cash	
2	Net income (loss) per books	(808,206)	b	Stock	
3	Other increases (itemize): _____		c	Property	
	Statement #19 371,808		6	Other decreases (itemize): _____	
		371,808	7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	(1,578,095)	8	Balance at end of year (line 4 less line 7)	(1,578,095)

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

OMB No. 1545-0123

Name	Employer identification number (EIN)
Winprobe Corporation	65-0949567

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
Walter G Scott	545-57-8246	US	89

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2014Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)▶ **Attach to your tax return.**
▶ **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Winprobe Corporation

FORM 1120

65-0949567

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	3,286
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	878

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	#50					
b 5-year property Statement						330
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	4,494
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.Form **4562** (2014)

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

► **File a separate application for each return.**

► **Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.**

**Print
or
Type**

Name	Identifying number
Winprobe Corporation	65-0949567
Number, street, and room or suite no. (If P.O. box, see instructions.)	
11662 Lakeshore Place	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).	
North Palm Beach	FL 33408

Note. File request for extension by the due date of the return for which the ext. is granted. See inst. before completing this form.

Part I Automatic 5-Month Extension

1a Enter the form code for the return that this application is for (see below) 1 2

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate other than a bankruptcy estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension

b Enter the form code for the return that this application is for (see below) 1 2

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐

If checked, attach a statement, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐

5a The application is for calendar year 20 14, or tax year beginning _____, 20 __, and ending _____, 20 __

b Short tax year. If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions-attach explanation)

6 Tentative total tax	6	0
7 Total payments and credits (see instructions)	7	0
8 Balance due. Subtract line 7 from line 6 (see instructions)	8	0

For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions.

Form **7004** (Rev. 12-2012)

Form 8879-C Department of the Treasury Internal Revenue Service	IRS e-file Signature Authorization for Form 1120 For calendar year 2014, or tax year beginning _____, 2014, ending _____. Do not send to the IRS. Keep for your records. Information about Form 8879-C and its instructions is at www.irs.gov/form8879c.	OMB No. 1545-0123 <div style="font-size: 24pt; font-weight: bold;">2014</div>
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Name of corporation Winprobe Corporation	Employer identification number 65-0949567
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Part I Tax Return Information (Whole dollars only)		
1 Total income (Form 1120, line 11)	1	75,039
2 Taxable income (Form 1120, line 30)	2	(805,942)
3 Total tax (Form 1120, line 31)	3	
4 Amount owed (Form 1120, line 34)	4	
5 Overpayment (Form 1120, line 35)	5	
Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)		

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2014 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 D Brooks and Associates CPAs to enter my PIN 81170 as my signature
ERO firm name do not enter all zeros
 on the corporation's 2014 electronically filed income tax return.
- ☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2014 electronically filed income tax return.

Officer's signature _____ Date 09-15-2015 Title President

Part III	Certification and Authentication
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ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 603008 81170
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 09-15-2015

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

Federal Supporting Statements

2014 PG01

Name(s) as shown on return

FEIN

Winprobe Corporation

65-0949567

FORM 1120 PAGE 1

Statement #1
AMOUNT

DESCRIPTION

Other

1,350

TOTAL

1,350

FORM 1120 PAGE 1

PG 1
Statement #5

DESCRIPTION

AMOUNT

Bank charges

73

Freight

9,471

Legal and professional

5,097

Marketing

2,011

Meals and entertainment 50% limit

2,264

Miscellaneous

5,606

Office expense

8,950

Parking fees and tolls

2,415

Telephone

5,888

Utilities

1,478

Research and Development Costs

571,352

TOTAL

614,605

Form 1120, Schedule L, Line 6

PG01
Statement #8

Description

Beg Of Year End Of Year

Investment in Smart

126,720

126,720

Total

126,720

126,720

Federal Supporting Statements

2014 PG01

Name(s) as shown on return

FEIN

Winprobe Corporation

65-0949567

Schedule M-2 Line 3

Statement #19

DESCRIPTION

AMOUNT

PY Adjustment

371,808

TOTAL:

371,808

FORM 4562 - LINE 19B

PG01

Statement #50

BASIS

RP

CV

METHOD

DEDUCTION

1,235

5

HY

SL

124

1,315

5

HY

SL

132

135

5

HY

SL

14

600

5

HY

SL

60

TOTAL

330

Taxes and Licenses Attachment

Note: This information does not transmit to the IRS with e-filed returns.
Including with a paper filed return is optional.

2014**CORPORATION NAME**

Winprobe Corporation

EIN

65-0949567

Taxes and Licenses**Form 1120, line 17****Form 1120-C, line 15****Form 1120-H, line 12**

1	State income taxes	1	
2	State franchise taxes	2	
3	City income taxes	3	
4	City franchise taxes	4	
5	Real estate taxes	5	
6	Local property taxes	6	
7	Intangible property taxes	7	
8	Payroll taxes	8	48,808
9	Less: credit from Form 8846	9	
10	Foreign taxes paid	10	
11	Occupancy taxes	11	
12	Other miscellaneous taxes	12	147
13	Licenses	13	
14	Total to Form 1120, Page 1, Line 17	14	48,955

FORM 1120, LINE 29a, NOL DEDUCTION
FORM 1120-C, SCH G, LINE 9a, COL (a), PATRONAGE NOL DEDUCTION

2014

ATT_NOL

Name **Winprobe Corporation**

EIN **65-0949567**

Year	Loss Carryover/ Carryback	Increase of NOL Due to Sec 170(d)(2)(B) Contribution Reduction*	Loss Applied to 2014	Unused Loss	Unused Sec 170(d)(2)(B)
1994				Expiring this year	Expiring this year
1995					
1996					
1997					
1998					
1999					
2000					
2001					
2002					
2003					
2004					
2005					
2006					
2007					
2008					
2009					
2010	222,876			222,876	
2011					
2012	259,322			259,322	
2013	589,902			589,902	
	Current year NOL		Applied to Prior Years	Remaining 2014 NOL carryover	
2014	805,942			805,942	
	Future years NOL		Applied to 2014		
Future Years					
TOTALS	1,878,042		0	1,878,042	0

* A corporation having a net operating loss (NOL) carryover from any taxable year must apply the special rule of §170(d)(2)(B). The rules are designed to prevent a double tax benefit through interaction of NOL and charitable contribution carryovers. The excess charitable deduction can reduce taxable income only once. Under these rules, a corporation's charitable contributions carryover (but not the NOL carryover) must be reduced, to the extent the charitable contribution deduction, in computing the taxable income of an intervening year, would increase the NOL to a succeeding year.

ATT_NOL.LD

1120**Overflow Statement****2014**
Page 1

Name(s) as shown on return

Winprobe Corporation

FEIN

65-0949567

Form 1120, Page 1, Line 26**Description**

Other

Amount

\$ 5,606

Total:**\$ 5,606**

Client Copy

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

Name Winprobe Corporation		Employer identification number 65-0949567	
1	Inventory at beginning of year	1	23,517
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	23,517
7	Inventory at end of year	7	23,517
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	0

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost

(ii) ☒ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ▶ _____

b Check if there was a writedown of subnormal goods ☐

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

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

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

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

Depreciation Detail Listing

FORM 1120

For your records only

For your records only

PAGE 1

Social security number/EIN	
----------------------------	--

65-0949567

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	HP 4100 Printer	02052002	1,396		100.00		1,396	5		0		1,396		PY 977	
2	Sony E-Solution Laptop	01092003	2,173		100.00		2,173	5		0		2,173		PY 1,521	
3	Office Equipment	01232013	2,825		100.00		1,412	5	SL HY	20	282	1,836		PY 1,413	282
4	Office Equipment	06282013	1,059		100.00		529	5	SL HY	20	106	689		PY 530	106
5	Office Equipment	08292013	6,857		100.00		3,428	7	SL HY	14.285	490	4,164		PY 3,429	490
6	Office Equipment	01292014	2,470		100.00		1,235	5	SL HY	10	124	1,359		CY 1,235	124
7	Office Equipment	02252014	2,631		100.00		1,315	5	SL HY	10	132	1,448		CY 1,316	132
8	Office Equipment	03312014	270		100.00		135	5	SL HY	10	14	149		CY 135	14
9	Office Equipment	09242014	1,200		100.00		600	5	SL HY	10	60	660		CY 600	60
Client Copy															
Totals			20,881				12,223				1,208	13,874		CY 3,286	1,208

20,881

ST ADJ:

Form 1120

Carryover/Carryforward Worksheet

2014

(Keep for your records)

CORPORATION NAME

EIN

Winprobe Corporation

65-0949567

To
Next Year

Form 1120

Contributions carryover
Net Operating Loss Carryover 1,878,042
AMT Net Operating Loss Carryover

Schedule D (Form 1120)

Unused capital loss carryover
Reserved for future use.
Carryover expiring next year due to a 5 year limitation
Capital loss carryover to next year

Form 2220

Tax

Form 3800

General business credit carryforward

Form 4562

Section 179 Carryover

Form 4797

Nonrecaptured net Section 1231 losses - 2010
Nonrecaptured net Section 1231 losses - 2011
Nonrecaptured net Section 1231 losses - 2012
Nonrecaptured net Section 1231 losses - 2013
Nonrecaptured net Section 1231 losses - 2014
Total nonrecaptured net Section 1231 loss carryforwards

Reserved

Reserved for future use.

Form 8827

Current year Alternative Minimum Tax from Form 4626
Minimum tax credit carryforward



Florida Corporate Income/Franchise Tax Return

1024

FEIN 65-0949567

F-1120, R. 01/15

Rule 12C-1.051
Florida Administrative Code
Effective 01/15

For calendar year 2014 or tax year beginning

, 2014 ending

852502014123100020050379365094956700002

Name WINPROBE CORPORATION
Address 11662 LAKESHORE PLACE☐ Check here if any changes
have been made to name
or address

Address

City/State/ZIP NORTH PALM BEACH, FL 33408

Computation of Florida Net Income Tax

1. Federal taxable income (see instructions) 805942.00
- Attach pages 1-5 of federal return** Check here if negative X
2. State income taxes deducted in computing federal taxable income 0.00
(attach schedule) Check here if negative
3. Additions to federal taxable income (from Schedule I) 0.00
Check here if negative
4. Total of Lines 1, 2 and 3 805942.00
Check here if negative X
5. Subtractions from federal taxable income (from Schedule II) 767.00
Check here if negative
6. Adjusted federal income (Line 4 minus Line 5) 806709.00
Check here if negative X
7. Florida portion of adjusted federal income (see instructions) 806709.00
Check here if negative X
8. Nonbusiness income allocated to Florida (from Schedule R) 0.00
Check here if negative
9. **Florida exemption** 0.00
10. Florida net income (Line 7 plus Line 8 minus Line 9) 0.00
11. Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater 0.00
(see instructions for Schedule VI)
12. Credits against the tax (from Schedule V) 0.00
13. Total corporate income/franchise tax due (Line 11 minus Line 12) 0.00
14. a) Penalty: F-2220 0.00 b) Other 0.00 0.00
c) Interest: F-2220 0.00 d) Other 0.00 Line 14 Total 0.00
15. Total of Lines 13 and 14 0.00
16. Payment credits: Estimated tax payments 16a \$ 0.00 0.00
Tentative tax payment 16b \$ 0.00
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. 0.00
If the amount is negative (overpayment), enter on Line 18 and/or Line 19
18. Credit: Enter amount of overpayment **credited** to next year's estimated tax here and on payment coupon 0.00
19. Refund: Enter amount of overpayment to be **refunded** here and on payment coupon 0.00

Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 12-31-14

1024

F-1120

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

R. 01/15

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Name WINPROBE CORPORATION
Address 11662 LAKESHORE PLACE
Address
City/State/ZIP NORTH PALM BEACH, FL 33408

Check here if you transmitted funds electronically



650949567	0	0	0
20140101	76700	0	0
20141231	-80670900	0	0
00000000	1	0	0
001	0	0	0
202	0	0	0
-80594200	0	0	0
0	0	0	0



FEIN 65-0949567

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 <u>09-15-15</u>	Title <u>PRESIDENT</u>	
Paid preparers only	Preparer's signature	Date <u>09-15-15</u>	Preparer check if self-employed <input type="checkbox"/>	Preparer's PTIN <u>P01039037</u>
	Firm's name (or yours if self-employed) and address	<u>D BROOKS AND ASSOCIATES CPAS</u>	FEIN <u>27-1319467</u>	
	<u>8918 MARLAMOOD LANE WEST PAL</u>	ZIP <u>33412</u>		

All Taxpayers Must Answer Questions A Through M Below - See Instructions

A. State of incorporation: <u>DELAWARE</u>	H-2. Part of a federal consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, provide:
B. Florida Secretary of State document number:	FEIN from federal consolidated return:
C. Florida consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Name of corporation:
D. <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (final federal return filed)	H-3. The federal common parent has sales, property or payroll in Florida? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) <input checked="" type="checkbox"/> General Rule	I. Location of corporate books: <u>11662 LAKESHORE PLACE</u>
<input type="checkbox"/> Election A <input type="checkbox"/> Election B	City: <u>NORTH PALM BEAC</u> State: <u>FL</u> ZIP: <u>33408</u>
F. Principal Business Activity Code (as pertains to Florida)	J. Taxpayer is a member of a Florida partnership or joint venture? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<u>3 3 9 1 1 0</u>	K. Enter date of latest IRS audit:
G. A Florida extension of time was timely filed? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	a) List years examined:
H-1. Corporation is a member of a controlled group? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, attach list.	L. Contact person concerning this return: <u>W. GUY SCOTT</u>
	a) Contact person telephone number: <u>(561) 626-4405</u>
	b) Contact person e-mail address: <u>GSCOTT@WINPROBE.COM</u>
	M. Type of federal return filed <input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 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.

DATA Page 1

[illegible]

DATA Page 2

[illegible]



NAME WINPROBE CORPORATION

FEIN 65-0949567

TAXABLE YEAR ENDING 12-31-14

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. New markets tax credit	14.	14.
15. Entertainment industry tax credit	15.	15.
16. Research and Development tax credit	16.	16.
17. Energy Economic Zone tax credit	17.	17.
18. Other additions (attach statement)	18.	18.
19. Total Lines 1 through 18 in Columns (a) and (b). Enter totals for each column on Line 19. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	19.	19.

Schedule II - Subtractions from Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ (b) plus s. 862, IRC dividends \$ (c) less direct and indirect expenses \$ Total ▶	1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ (b) less direct and indirect expenses \$ Total ▶	2.	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3, through 6, and complete Schedule IV.		
3. Florida net operating loss carryover deduction (see instructions)	3.	3.
4. Florida net capital loss carryover deduction (see instructions)	4.	4.
5. Florida excess charitable contribution carryover (see instructions)	5.	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.	7.
8. Eligible net income of an international banking facility (see instructions)	8.	8.
9. s. 179, IRC expense (see instructions)	9.	9.
10. s. 168(k), IRC special bonus depreciation (see instructions) SEE FL_DEPR	10. 767	10.
11. Other subtractions (attach statement)	11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5	12. 767	12.



NAME WINPROBE CORPORATION

FEIN 65-0949567

TAXABLE YEAR ENDING 12-31-14

Schedule III - Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Page 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)	0	0		X 25% or _____	
2. Payroll	0	0		X 25% or _____	
3. Sales (Schedule III-C below)	0	0		X 50% or _____	
4. Apportionment fraction [Sum of Lines 1, 2, and 3, Column (e)]. Enter here and on Schedule IV, Line 2.					1.000000

III-B For use in computing average value of property (use original cost).

	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods	0.00	0.00	0.00	0.00
2. Buildings and other depreciable assets	0.00	0.00	0.00	0.00
3. Land owned	0.00	0.00	0.00	0.00
4. Other tangible and intangible (financial org. only) assets (attach schedule)	0.00	0.00	0.00	0.00
5. Total (Lines 1 through 4)	0.00	0.00	0.00	0.00
6. Average value of property				
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)	6a. 0.00			
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)			6b. 0.00	
7. Rented property (8 times net annual rent)				
a. Rented property in Florida	7a. 0.00			
b. Rented property Everywhere			7b. 0.00	
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).				
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida	8a. 0.00			
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere			8b. 0.00	

III - C Sales Factor

	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross receipts)	N/A	
2. Sales delivered or shipped to Florida purchasers		N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)		
4. TOTAL SALES [Enter on Schedule III-A, Line 3, Columns (a) and (b)]	0.00	0.00

III - D Special Apportionment Fractions (see instructions)

	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction [(a) ÷ (b)] Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T-Annual Report)			
2. Transportation services			

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 [or Line 6, Schedule VI for AMT in Col. (b)]	1.	1.
2. Florida apportionment fraction [Schedule III-A, Line 4 or Schedule III-D, Column (c)]	2.	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	9.



NAME WINPROBE CORPORATION

FEIN

65-0949567

TAXABLE YEAR ENDING 12-31-14

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. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. State housing tax credit (attach certification letter)	12.
13. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	13.
14. Florida renewable energy technologies investment tax credit	14.
15. Florida renewable energy production tax credit	15.
16. New markets tax credit	16.
17. Entertainment industry tax credit	17.
18. Research and Development tax credit	18.
19. Energy Economic Zone tax credit	19.
20. Other credits (attach schedule)	20.
21. Total credits against the tax (sum of Lines 1 through 20 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	21.

Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)

1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income [from Schedule I, Column (b)]	3.
4. Total of Lines 1 through 3	4.
5. Subtractions from federal taxable income [from Schedule II, Column (b)]	5.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.
7. Florida portion of adjusted federal income (see instructions)	7.
8. Nonbusiness income allocated to Florida (see instructions)	8.
9. Florida exemption	9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.



NAME WINPROBE CORPORATION

FEIN 65-0949567

TAXABLE YEAR ENDING 12-31-14

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount
Total allocated to Florida	1. _____
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

Line 2. Nonbusiness income (loss) allocated elsewhere

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

Line 3. Total nonbusiness income

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

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2015**

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. \$ _____

* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.

5. Computation of installments:

Payment due dates and
payment amounts:

Last day of 4th month - Enter 0.25 of Line 4	5a. _____
Last day of 6th month - Enter 0.25 of Line 4	5b. _____
Last day of 9th month - Enter 0.25 of Line 4	5c. _____
Last day of fiscal year - Enter 0.25 of Line 4	5d. _____

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

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

NAME

FEIN

TAXABLE YEAR ENDING

WINPROBE CORPORATION

65-0949567

12-31-2014

FL Subtractions for Bonus Depreciation				
Tax Year	FL Bonus Depreciation Addback (Schedule I, Line 15)	Amount used in prior years	Subtraction Applied in the current tax year (Schedule II, line 10)	Amount Remaining
2008				
2009				
2010				
2011				
2012				
2013	5,372	767	767	3,838
2014				
2015				
FL Subtractions for Bonus Depreciation (AMT)				
Tax Year	FL Bonus Depreciation Addback (Schedule I, line 15)	Amount used in prior years	Subtraction Applied in the current tax year (Schedule II, line 10)	Amount Remaining
2008				
2009				
2010				
2011				
2012				
2013				
2014				
2015				

NAME WINPROBE CORPORATIONFEIN 65-0949567TAXABLE YEAR ENDING 12-31-2014

OTHER SUBTRACTIONS FROM INCOME - FL NOLCD						
Tax Year	(a) Adjusted Federal Income/Loss	(b) FL Apport. Fraction	(c) FL Apportioned NOLCO	(d) NOLCO Applied	(e) FL Net Income or Loss	(f) NOL Carry Forward to Next Year
1994						
1995						
1996						
1997						
1998						
1999						
2000						
2001						
2002						
2003						
2004						
2005						
2006						
2007						
2008						
2009	(172,480)	1.000000	(172,480)		(172,480)	(172,480)
2010	(29,338)	1.000000	(29,338)		(29,338)	(201,818)
2011	5,952	1.000000	5,952	(5,952)		(195,866)
2012	(259,322)	1.000000	(259,322)		(259,322)	(455,188)
2013	(585,297)	1.000000	(585,297)		(585,297)	(1,040,485)
2014	(806,709)	1.000000	(806,709)		(806,709)	(1,847,194)