

## U.S. Corporation Income Tax Return

For calendar year 2015 or tax year beginning \_\_\_\_\_, 2015, ending \_\_\_\_\_, 20\_\_\_\_  
Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

2015

## A Check if:

- 1a Consolidated return (attach Form 851) ☐
- b Life/nonlife consolidated return ☐
- 2 Personal holding co. (attach Sch. PH) ☐
- 3 Personal service corp. (see instructions) ☐
- 4 Schedule M-3 attached ☐

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)

\$ 278,569

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

Income	1a	Gross receipts or sales	1a	36,135	
	b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a	1c	36,135	
	2	Cost of goods sold (attach Form 1125-A)	2	6,500	
	3	Gross profit. Subtract line 2 from line 1c	3	29,635	
	4	Dividends (Schedule C, line 19)	4		
	5	Interest	5		
	6	Gross rents	6		
	7	Gross royalties	7		
	8	Capital gain net income (attach Schedule D (Form 1120))	8		
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		
10	Other income (see instructions - attach statement)	10			
11	<b>Total income.</b> Add lines 3 through 10	11	29,635		
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions - attach Form 1125-E)	12		
	13	Salaries and wages (less employment credits)	13	452,197	
	14	Repairs and maintenance	14	5,417	
	15	Bad debts	15		
	16	Rents	16	91,989	
	17	Taxes and licenses	17	468	
	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	1,535	
	21	Depletion	21		
	22	Advertising	22		
	23	Pension, profit-sharing, etc., plans	23		
	24	Employee benefit programs	24	30,979	
	25	Domestic production activities deduction (attach Form 8903)	25		
	26	Other deductions (attach statement)	26	1,127,768	
	27	<b>Total deductions.</b> Add lines 12 through 26	27	1,710,353	
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	(1,680,718)	
	Tax, Refundable Credits, & 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		<b>Taxable income.</b> Subtract line 29c from line 28 (see instructions)	30	(1,680,718)	
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	<b>Amount owed.</b> If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34			
35	<b>Overpayment.</b> 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: <b>Credited to 2016 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <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

Walter G Scott

Signature of officer

Date

President

Title

May the IRS discuss this return  
with the preparer shown below  
(see instructions)? ☒ Yes ☐ NoPaid  
Preparer  
Use Only

Print/Type preparer's name

David D Brooks

Preparer's signature

Date

09-12-2016

Check ☐ if

self-employed

PTIN

P01039037

Firm's name ☐ D Brooks and Associates CPAs PAFirm's EIN ☐ 27-1319467Firm's address ☐ 8918 Marlamoor Lane

Phone no.

West Palm Beach FL 33412

(954) 592-2507

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120 (2015)

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

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

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

**Part II - Payments and Refundable Credits**

12	2014 overpayment credited to 2015	12	
13	2015 estimated tax payments	13	
14	2015 refund applied for on Form 4466	14	( )
15	Combine lines 12, 13, and 14	15	
16	Tax deposited with Form 7004	16	
17	Withholding (see instructions)	17	
18	<b>Total payments.</b> Add lines 15, 16, and 17	18	
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 8827, line 8c	19c	
d	Other (attach statement - see instructions)	19d	
20	<b>Total credits.</b> Add lines 19a through 19d	20	
21	<b>Total payments and credits.</b> Add lines 18 and 20. Enter here and on page 1, line 32	21	

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

1	Check accounting method: a <input 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)**5** At the end of the tax year, did the corporation:

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

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

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

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

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

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

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

If "Yes," file **Form 5452**, Corporate Report of Nondividend Distributions.

If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.

- 7** At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of **(a)** the total voting power of all classes of the corporation's stock entitled to vote or **(b)** the total value of all classes of the corporation's stock? . . . . .

For rules of attribution, see section 318. If "Yes," enter:

**(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 ▶ 0

- 8** Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . . ☐  
If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.

- 9** Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ \_\_\_\_\_

- 10** Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ 11

- 11** If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here . . . . . ☐

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

- 12** Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ \$ 1,878,042

- 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? . . . . .

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)? . . . . .

If "Yes," complete and attach Schedule UTP.

- 15a** Did the corporation make any payments in 2015 that would require it to file Form(s) 1099? . . . . .

- b** If "Yes," did or will the corporation file required Forms 1099? . . . . .

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

- 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? . . . . .

- 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? . . . . .

**Schedule L Balance Sheets per Books**

		Beginning of tax year		End of tax year	
<b>Assets</b>		(a)	(b)	(c)	(d)
1	Cash		243,643		110,760
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	( )		( )	
3	Inventories		23,517		35,617
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	20,881		20,881	
b	Less accumulated depreciation	( 13,874 )	7,007	( 15,409 )	5,472
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		400,887		278,569
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable				613,017
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)				
19	Loans from shareholders		2,372,000		2,568,400
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	7,832	7,832
23	Additional paid-in capital		99,900		849,150
24	Retained earnings-Appropriated (attach statement)				
25	Retained earnings-Unappropriated		( 2,078,095 )		( 3,759,830 )
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		( )		( )
28	Total liabilities and shareholders' equity		400,887		278,569

**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	( 1,681,735 )	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):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$ 1,535	
b	Charitable contributions \$		b	Charitable contributions \$	
c	Travel and entertainment \$ 2,552				
		2,552			1,535
6	Add lines 1 through 5	( 1,679,183 )	9	Add lines 7 and 8	1,535
			10	Income (page 1, line 28)-line 6 less line 9	( 1,680,718 )

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

1	Balance at beginning of year	( 2,078,095 )	5	Distributions: a Cash	
2	Net income (loss) per books	( 1,681,735 )		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	( 3,759,830 )	8	Balance at end of year (line 4 less line 7)	( 3,759,830 )

**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

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](http://www.irs.gov/form4562).**2015**Attachment  
Sequence No. **179**

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.

<b>1</b>	Maximum amount (see instructions) . . . . .	<b>1</b>	
<b>2</b>	Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
<b>5</b>	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
<b>7</b>	Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2014 Form 4562 . . . . .	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶ . . . . .	<b>13</b>	

**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.)**

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS) . . . . .	<b>16</b>	1,535

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

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2015 . . . . .	<b>17</b>	
<b>18</b>	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 2015 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>b</b> 5-year property						
<b>c</b> 7-year property						
<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	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2015 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> 40-year			40 yrs.	MM	S/L	

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

<b>21</b>	Listed property. Enter amount from line 28 . . . . .	<b>21</b>	
<b>22</b>	<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 instructions . . . . .	<b>22</b>	1,535
<b>23</b>	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>	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form 4562 (2015)

**FOR TAX YEAR 2015**

WINPROBE CORPORATION

D Brooks and Associates CPAs PA

8918 Marlamoor Lane

West Palm Beach, FL 33412

(954)592-2507



**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](http://www.irs.gov/form7004).**

**Print  
or  
Type**

Name

Winprobe Corporation

Identifying number

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) . . . . .

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) . . . . .

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 15, 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)

For calendar year 2015, or tax year beginning \_\_\_\_\_, 2015, ending \_\_\_\_\_.

**2015**Department of the Treasury  
Internal Revenue Service► **Do not send to the IRS. Keep for your records.**► **Information about Form 8879-C and its instructions is at [www.irs.gov/form8879c](http://www.irs.gov/form8879c).**

Name of corporation

Employer identification number

Winprobe Corporation

65-0949567

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

<b>1</b> Total income (Form 1120, line 11)	<b>1</b>	29,635
<b>2</b> Taxable income (Form 1120, line 30)	<b>2</b>	(1,680,718)
<b>3</b> Total tax (Form 1120, line 31)	<b>3</b>	
<b>4</b> Amount owed (Form 1120, line 34)	<b>4</b>	
<b>5</b> Overpayment (Form 1120, line 35)	<b>5</b>	

**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 2015 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 2015 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2015 electronically filed income tax return.

Officer's signature \_\_\_\_\_ Date ► 03-14-2016 Title ► President

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

603008 81170do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 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 ► 09-12-2016

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

**Federal Supporting Statements****2015 PG01**

Name(s) as shown on return

FEIN

Winprobe Corporation

65-0949567

**Form 1120 - Line 26 - Other Deductions**

Statement #5

<u>Description</u>	<u>Amount</u>
Bank charges	532
Legal and professional	12,225
Marketing	16,766
Meals and entertainment 50% limit	2,552
Miscellaneous	500
Office expense	9,193
Telephone	9,342
Travel	5,240
Utilities	1,116
Research and Development Costs	1,063,418
Training Seminars	5,114
Freight	1,770
<b>Total</b>	<b><u><u>1,127,768</u></u></b>

**Schedule L - Line 6****PG01**

Statement #8

<u>Description</u>	<u>Beg Of Year</u>	<u>End Of Year</u>
Investment in Smart	<u>126,720</u>	<u>126,720</u>
<b>Total</b>	<b><u><u>126,720</u></u></b>	<b><u><u>126,720</u></u></b>

**Form 1125A - Line 5 - Other Cost****PG01**

Statement #7

<u>Description</u>	<u>Amount</u>
<b>Total</b>	<b><u><u>6,500</u></u></b>

**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.

**2015****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
- 2 State franchise taxes
- 3 City income taxes
- 4 City franchise taxes
- 5 Real estate taxes
- 6 Local property taxes
- 7 Intangible property taxes
- 8 Payroll taxes
- 9 Less: credit from Form 8846
- 10 Foreign taxes paid
- 11 Occupancy taxes
- 12 Other miscellaneous taxes
- 13 Licenses

**14** Total to Form 1120, Page 1, Line 17

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	468
13	
14	468

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

**2015**  
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 2015	Unused Loss	Unused Sec 170(d)(2)(B)
<b>1995</b>				<b>Expiring this year</b>	<b>Expiring this year</b>
<b>1996</b>					
<b>1997</b>					
<b>1998</b>					
<b>1999</b>					
<b>2000</b>					
<b>2001</b>					
<b>2002</b>					
<b>2003</b>					
<b>2004</b>					
<b>2005</b>					
<b>2006</b>					
<b>2007</b>					
<b>2008</b>					
<b>2009</b>					
<b>2010</b>	222,876			222,876	
<b>2011</b>					
<b>2012</b>	259,322			259,322	
<b>2013</b>	589,902			589,902	
<b>2014</b>	805,942			805,942	
	<b>Current year NOL</b>		<b>Applied to Prior Years</b>	<b>Remaining 2015 NOL carryover</b>	
<b>2015</b>	1,680,718			1,680,718	
	<b>Future years NOL</b>		<b>Applied to 2015</b>		
Future Years					
<b>TOTALS</b>	3,558,760		0	3,558,760	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.

**1120****Overflow Statement****2015**  
Page 1

Name(s) as shown on return

Winprobe Corporation

FEIN

65-0949567

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

Other

**Amount**

\$ 500

**Total:**\$ 500

Client Copy

**1120****Overflow Statement****2015**  
Page 2

Name(s) as shown on return

Winprobe Corporation

FEIN

65-0949567

**Description****Amount**

Accounts Payable

\$ 30,346

Accrued Expenses

582,671

**Total:****\$ 613,017**

Client Copy

**Cost of Goods Sold**

OMB No. 1545-2225

▶ **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](http://www.irs.gov/form1125a).**

Name <b>Winprobe Corporation</b>		Employer identification number <b>65-0949567</b>
<b>1</b>	Inventory at beginning of year	<b>1</b> 23,517
<b>2</b>	Purchases	<b>2</b> 12,100
<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>Statement #7</b>	<b>5</b> 6,500
<b>6</b>	<b>Total.</b> Add lines 1 through 5	<b>6</b> 42,117
<b>7</b>	Inventory at end of year	<b>7</b> 35,617
<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> 6,500

**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

## 2015

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	2,118		PY 1,413	282
4	Office Equipment	06282013	1,059		100.00		529	5	SL HY	20	106	795		PY 530	106
5	Office Equipment	08292013	6,857		100.00		3,428	7	SL HY	14.285	490	4,654		PY 3,429	490
6	Office Equipment	01292014	2,470		100.00		1,235	5	SL HY	20	247	1,606		PY 1,235	247
7	Office Equipment	02252014	2,631		100.00		1,315	5	SL HY	20	263	1,711		PY 1,316	263
8	Office Equipment	03312014	270		100.00		135	5	SL HY	20	27	176		PY 135	27
9	Office Equipment	09242014	1,200		100.00		600	5	SL HY	20	120	780		PY 600	120
Client Copy															
Totals			20,881				12,223				1,535	15,409			1,535

20,881

ST ADJ:

## Form 1120

## Carryover/Carryforward Worksheet

2015

(Keep for your records)

CORPORATION NAME

EIN

Winprobe Corporation

65-0949567

To  
Next Year

## Form 1120

Contributions carryover . . . . .	_____
Net Operating Loss Carryover . . . . .	3,558,760
AMT Net Operating Loss Carryover . . . . .	_____

## Schedule D (Form 1120)

Unused capital loss carryover . . . . .	_____
Reserved for future use . . . . .	_____
Carryover expiring this year . . . . .	_____
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 - 2011 . . . . .	_____
Nonrecaptured net Section 1231 losses - 2012 . . . . .	_____
Nonrecaptured net Section 1231 losses - 2013 . . . . .	_____
Nonrecaptured net Section 1231 losses - 2014 . . . . .	_____
Nonrecaptured net Section 1231 losses - 2015 . . . . .	_____
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 . . . . .	_____

# **D Brooks and Associates CPAs PA**

8918 Marlamoor Lane  
West Palm Beach, FL 33412  
david@dbrookscpa.com  
Phone: (954)592-2507 | Fax: (561)282-3444

September 12, 2016

Winprobe Corporation  
11662 Lakeshore Place  
North Palm Beach, FL 33408

Winprobe Corporation:

Enclosed is the 2015 Form 1120, U.S. Corporation Income Tax Return, prepared for Winprobe Corporation from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-C, IRS e-file Signature Authorization for Form 1120.

The corporation's federal return reflects neither a refund nor a balance due.

Enclosed is the 2015 Florida Corporate Tax return, prepared for Winprobe Corporation from the information provided. This return will be e-filed with the Florida taxing authority.

The corporation's Florida Corporate Tax return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (954)592-2507.

Sincerely,

David D Brooks  
D Brooks and Associates CPAs PA

**1120 TAX RETURN COMPARISON**  
**2013 / 2014 / 2015**

**2015**

Name(s) as shown on return  
Winprobe Corporation

Identifying number  
65-0949567

	<b>2013 FEDERAL</b>	<b>2014 FEDERAL</b>	<b>2015 FEDERAL</b>	<b>DIFFERENCE BETWEEN 2014 &amp; 2015</b>
Net receipts . . . . .	49,218	72,770	36,135	( 36,635 )
Cost of goods sold . . . . .	24,609		6,500	6,500
Gross profit . . . . .	24,609	72,770	29,635	( 43,135 )
Dividends . . . . .				
Interest . . . . .		919		( 919 )
Gross rents . . . . .				
Gross royalties . . . . .				
Capital gain net income . . . . .				
Net gain/loss from 4797 . . . . .				
Other income . . . . .	72,130	1,350		( 1,350 )
<b>Total income</b> . . . . .	96,739	75,039	29,635	( 45,404 )
Compensation of officers . . . . .	6			
Salaries and wages . . . . .	165,000	165,000	452,197	287,197
Repairs and maintenance . . . . .	1,741	937	5,417	4,480
Bad debts . . . . .				
Rents . . . . .	55,518	53,246	91,989	38,743
Taxes and licenses . . . . .	10,224	12,474	468	( 12,006 )
Interest . . . . .				
Charitable contributions . . . . .				
Depreciation . . . . .	5,811	4,494	1,535	( 2,959 )
Depletion . . . . .				
Advertising . . . . .				
Pension, profit-sharing . . . . .				
Employee benefits . . . . .	32,145	30,225	30,979	754
Domestic production activities ded . . . . .				
Other deductions . . . . .	416,196	614,605	1,127,768	513,163
<b>Total deductions</b> . . . . .	686,641	880,981	1,710,353	829,372
NOL deduction . . . . .				
Special deductions . . . . .				
<b>Taxable income</b> . . . . .	( 589,902 )	( 805,942 )	( 1,680,718 )	( 874,776 )
<b>Total tax</b> . . . . .				
Estimated taxes paid . . . . .				
Total payments line 32h . . . . .				
<b>Amount owed</b> . . . . .				
<b>Overpayment</b> . . . . .				
Applied to estimate . . . . .				
Refund . . . . .				
<b>RESIDENT STATE</b> . . . . .	FL	FL	FL	
Taxable . . . . .				
Tax . . . . .				
Overpayment . . . . .				
Balance Due . . . . .				
	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>DIFFERENCE</b>

**FLINST****Filing Instructions****2015**

Name(s) as shown on return

WINPROBE CORPORATION

SSN or EIN

65-0949567

**DATE TO FILE BY:** 04-01-2016**FORM TO BE FILED:** FL1120 AND SUPPLEMENTAL FORMS AND SCHEDULES**SIGN AND DATE:** AN AUTHORIZED OFFICER MUST SIGN AND DATE THE RETURN  
IN THE SPACE PROVIDED.**REFUND:** \$0.00**ADDRESS TO FILE:** FLORIDA DEPARTMENT OF REVENUE  
PO BOX 6440  
TALLAHASSEE, FL 32314-6440

Client Copy



## Florida Corporate Income/Franchise Tax Return

1024

FEIN 65-0949567

F-1120, R. 01/16

Rule 12C-1.051  
Florida Administrative Code  
Effective 01/16

For calendar year 2015 or tax year beginning

, 2015 ending

862502015123100020050375365094956700002

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) **Attach pages 1-5 of federal return** Check here if negative ☒ 1680718.00
2. State income taxes deducted in computing federal taxable income (attach schedule) . . . . . Check here if negative ☐ 0.00
3. Additions to federal taxable income (from Schedule I) . . . . . Check here if negative ☐ 0.00
4. Total of Lines 1, 2 and 3 . . . . . Check here if negative ☒ 1680718.00
5. Subtractions from federal taxable income (from Schedule II) . . . . . Check here if negative ☐ 767.00
6. Adjusted federal income (Line 4 minus Line 5) . . . . . Check here if negative ☒ 1681485.00
7. Florida portion of adjusted federal income (see instructions) . . . . . Check here if negative ☒ 1681485.00
8. Nonbusiness income allocated to Florida (from Schedule R) . . . . . Check here if negative ☐ 0.00
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 (see instructions for Schedule VI) . . . . . 0.00
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  
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  
Tentative tax payment 16b \$ 0.00 . . . . . 0.00
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 . . . . . 0.00
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 12-31-15

1024

F-1120

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

R. 01/16

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
20150101	76700	0	0
20151231	-168148500	0	0
00000000	1	0	0
001	0	0	0
200	0	0	0
-168071800	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>03/14/2016</u>	Title	<u>PRESIDENT</u>
Paid preparers only	Preparer's signature	Date <u>09/12/2016</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 MARLAMOR LANE WEST PAL</u>	ZIP <u>33412</u>		

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. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) ☐ General Rule  
☐ Election A ☐ Election B

F. Principal Business Activity Code (as pertains to Florida)  
3 3 9 1 1 0

G. A Florida extension of time was timely filed? YES ☐ NO ☐

H-1. Corporation is a member of a controlled group? YES ☐ NO ☒ If yes, attach list.

H-2. Part of a federal consolidated return? YES ☐ NO ☒ If yes, provide:  
FEIN from federal consolidated return: \_\_\_\_\_  
Name of corporation: \_\_\_\_\_

H-3. The federal common parent has sales, property or payroll in Florida? YES ☐ NO ☒

I. Location of corporate books: 11662 LAKESHORE PLACE  
City: NORTH PALM BEAC State: FL ZIP: 33408

J. Taxpayer is a member of a Florida partnership or joint venture? YES ☐ NO ☒

K. Enter date of latest IRS audit: \_\_\_\_\_  
a) List years examined: \_\_\_\_\_

L. Contact person concerning this return: W. GUY SCOTT  
a) Contact person telephone number: (561) 626-4405  
b) Contact person e-mail address: GSCOTT@WINPROBE.COM

M. 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.

DATA Page 1

[illegible]



DATA Page 2

[illegible]



NAME WINPROBE CORPORATION

FEIN 65-0949567

TAXABLE YEAR ENDING 12-31-15

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. Credits for spaceflight projects	16.	16.
17. Research and Development tax credit	17.	17.
18. Energy Economic Zone tax credit	18.	18.
19. Other additions (attach statement)	19.	19.
20. Total Lines 1 through 19 in Columns (a) and (b). Enter totals for each column on Line 20. 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.	20.	20.

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.



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**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.



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**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. Credits for spaceflight projects	18.
19. Research and Development tax credit	19.
20. Energy Economic Zone tax credit	20.
21. Other credits (attach schedule)	21.
22. Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	22.

**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.



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**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, 2016**

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	Last day of 4th month - Enter 0.25 of Line 4 . . . . .	5a. _____
payment amounts:	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. \$ \_\_\_\_\_

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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	1,534	767	3,071
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				

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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
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)
2015	(1,681,485)	1.000000	(1,681,485)		(1,681,485)	(3,528,679)