

U.S. Corporation Income Tax Return

For calendar year 2016 or tax year beginning _____, 2016, ending _____, 20____

2016

► Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

A Check if:				B Employer identification number
1a Consolidated return (attach Form 851) <input type="checkbox"/>	Name Winprobe Corporation			65-0949567
b Life/nonlife consolidated return <input type="checkbox"/>	Number, street, and room or suite no. If a P.O. box, see instructions.			C Date incorporated
2 Personal holding co. (attach Sch. PH) <input type="checkbox"/>	11662 Lakeshore Place			09-23-1999
3 Personal service corp. (see instructions) <input type="checkbox"/>	City or town, state, or province, country and ZIP or foreign postal code			D Total assets (see instructions)
4 Schedule M-3 attached <input type="checkbox"/>	North Palm Beach FL 33408			\$ 300,446
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 119,000	ATF_CTL
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c 119,000	
	2 Cost of goods sold (attach Form 1125-A)	2 65,134	
	3 Gross profit. Subtract line 2 from line 1c	3 53,866	
	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 Total income. Add lines 3 through 10	11 53,866		
►			
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions - attach Form 1125-E)	12 83,333	STATEMENT #5
	13 Salaries and wages (less employment credits)	13 165,000	
	14 Repairs and maintenance	14 320	
	15 Bad debts	15	
	16 Rents	16 94,371	
	17 Taxes and licenses	17 16,251	
	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 1,607	
	21 Depletion	21	
	22 Advertising	22	
	23 Pension, profit-sharing, etc., plans	23	
	24 Employee benefit programs	24 15,633	
	25 Domestic production activities deduction (attach Form 8903)	25	
	26 Other deductions (attach statement)	26 43,384	
	27 Total deductions. Add lines 12 through 26	27 419,899	
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28 (366,033)	
	►		
Tax, Refundable Credits, & Payments	29a Net operating loss deduction (see instructions)	29a	Refunded ►
	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 (366,033)	
	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	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 2017 estimated tax ►	36		

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

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 No

Paid Preparer Use Only	Print/Type preparer's name David D Brooks	Preparer's signature	Date 10-06-2017	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					

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120 (2016)

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)). See instructions ► <input type="checkbox"/>			
2	Income tax. Check if a qualified personal service corporation. See instructions ► <input type="checkbox"/>		2	0
3	Alternative minimum tax (attach Form 4626)		3	0
4	Add lines 2 and 3		4	0
5a	Foreign tax credit (attach Form 1118)	5a		
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (attach Form 3800)	5c	0	
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	2015 overpayment credited to 2016	12		
13	2016 estimated tax payments	13		
14	2016 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 from page 3)

		Yes	No
5 At the end of the tax year, did the corporation:		X	
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions	.....	X	
If "Yes," complete (i) through (iv) below.			
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions	.....	X	
If "Yes," complete (i) through (iv) below.			
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316	.....	X	
If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions.			
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 ► _____ 0			
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) ► 11			
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ► <input checked="" 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 won't be valid.			
12 Enter the available NOL carryover from prior tax years (don't reduce it by any deduction on line 29a.) ► \$ 3,558,760			
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 isn't 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 2016 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	
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?	.....	X	

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1 Cash			110,760		169,731
2a Trade notes and accounts receivable					
b Less allowance for bad debts	()			()	
3 Inventories			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		21,011		
b Less accumulated depreciation	(15,409)	5,472	(17,016)	3,995	
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			278,569		300,446
Liabilities and Shareholders' Equity					
16 Accounts payable			613,017		613,017
17 Mortgages, notes, bonds payable in less than 1 year					
18 Other current liabilities (attach statement)					4,982
19 Loans from shareholders			2,568,400		2,898,400
20 Mortgages, notes, bonds payable in 1 year or more					
21 Other liabilities (attach statement)					
22 Capital stock: a Preferred stock					
b Common stock	7,832	7,832	7,832	7,832	
23 Additional paid-in capital			849,150		1,449,150
24 Retained earnings-Appropriated (attach statement)			(3,759,830)		(4,672,935)
25 Retained earnings-Unappropriated					
26 Adjustments to shareholders' equity (attach statement)					
27 Less cost of treasury stock			()		()
28 Total liabilities and shareholders' equity			278,569		300,446

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	(913,105)	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 \$ 1,919		8 Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____	
6 Statement #16	545,153	9 Add lines 7 and 8	
7 Add lines 1 through 5	(366,033)	10 Income (page 1, line 28)-line 6 less line 9	(366,033)

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

1 Balance at beginning of year	(3,759,830)	5 Distributions: a Cash	
2 Net income (loss) per books	(913,105)	b Stock	
3 Other increases (itemize): _____		c Property	
4 Add lines 1, 2, and 3	(4,672,935)	6 Other decreases (itemize): _____	
		7 Add lines 5 and 6	
		8 Balance at end of year (line 4 less line 7)	(4,672,935)

Form 4626

Alternative Minimum Tax - Corporations

OMB No. 1545-0123

2016

Department of the Treasury
Internal Revenue Service► Attach to the corporation's tax return.
► Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

Name	Employer identification number
Winprobe Corporation	65-0949567
<p>Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).</p> <p>1 Taxable income or (loss) before net operating loss deduction</p> <p>2 Adjustments and preferences:</p> <ul style="list-style-type: none"> a Depreciation of post-1986 property b Amortization of certified pollution control facilities c Amortization of mining exploration and development costs d Amortization of circulation expenditures (personal holding companies only) e Adjusted gain or loss f Long-term contracts g Merchant marine capital construction funds h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) i Tax shelter farm activities (personal service corporations only) j Passive activities (closely held corporations and personal service corporations only) k Loss limitations l Depletion m Tax-exempt interest income from specified private activity bonds n Intangible drilling costs o Other adjustments and preferences <p>3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20</p> <p>4 Adjusted current earnings (ACE) adjustment:</p> <ul style="list-style-type: none"> a ACE from line 10 of the ACE worksheet in the instructions b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions c Multiply line 4b by 75% (0.75). Enter the result as a positive amount d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive) e ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount <p>5 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT</p> <p>6 Alternative tax net operating loss deduction. See instructions</p> <p>7 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions</p> <p>8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):</p> <ul style="list-style-type: none"> a Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- b Multiply line 8a by 25% (0.25) c Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- <p>9 Subtract line 8c from line 7. If zero or less, enter -0-</p> <p>10 Multiply line 9 by 20% (0.20)</p> <p>11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions</p> <p>12 Tentative minimum tax. Subtract line 11 from line 10</p> <p>13 Regular tax liability before applying all credits except the foreign tax credit</p> <p>14 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return</p>	

Cost of Goods Sold

OMB No. 1545-0123

- 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	Employer identification number
Winprobe Corporation	65-0949567
1 Inventory at beginning of year	1 35,617
2 Purchases	2 29,517
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 65,134
7 Inventory at end of year	7
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8 65,134
9a Check all methods used for valuing closing inventory:	
(i) <input type="checkbox"/> Cost	
(ii) <input checked="" type="checkbox"/> Lower of cost or market	
(iii) <input type="checkbox"/> Other (Specify method used and attach explanation.) ► _____	
b Check if there was a writedown of subnormal goods	► <input type="checkbox"/>
c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)	► <input type="checkbox"/>
d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO	9d <input type="checkbox"/>
e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Client Copy

Department of the Treasury
Internal Revenue Service (99)

- Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.
 ► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Name(s) shown on return

Winprobe Corporation

Identifying number

65-0949567

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)

(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	49,559
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2016 (see instructions)	3	
4	Carryforward of general business credit to 2016. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
5	Carryback of general business credit from 2017. Enter the amount from line 2 of Part III with box D checked (see instructions)	5	
6	Add lines 1, 3, 4, and 5	6	49,559

Part II Allowable Credit

7	Regular tax before credits:	7	
	<ul style="list-style-type: none"> • Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return 		
8	Alternative minimum tax:	8	
	<ul style="list-style-type: none"> • Individuals. Enter the amount from Form 6251, line 35 • Corporations. Enter the amount from Form 4626, line 14 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 		
9	Add lines 7 and 8	9	0
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	0
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	0
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	0
13	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	
14	Tentative minimum tax:	14	
	<ul style="list-style-type: none"> • Individuals. Enter the amount from Form 6251, line 33 • Corporations. Enter the amount from Form 4626, line 12 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 		
15	Enter the greater of line 13 or line 14	15	0
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	0
17	Enter the smaller of line 6 or line 16	17	0
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		

For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2016)

Part II Allowable Credit (Continued)

Note: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (.75) (see instructions)	18
19	Enter the greater of line 13 or line 18	19
20	Subtract line 19 from line 11. If zero or less, enter -0-	20
21	Subtract line 17 from line 20. If zero or less, enter -0-	21
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22
23	Passive activity credit from line 3 of all Parts III with box B checked	23
24	Enter the applicable passive activity credit allowed for 2016 (see instructions)	24
25	Add lines 22 and 24	25
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26
27	Subtract line 13 from line 11. If zero or less, enter -0-	27
28	Add lines 17 and 26	28
29	Subtract line 28 from line 27. If zero or less, enter -0-	29
30	Enter the general business credit from line 5 of all Parts III with box A checked	30
31	Reserved	31
32	Passive activity credits from line 5 of all Parts III with box B checked	32
33	Enter the applicable passive activity credits allowed for 2016 (see instructions)	33
34	Carryforward of business credit to 2016. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34
35	Carryback of business credit from 2017. Enter the amount from line 5 of Part III with box D checked (see instructions)	35
36	Add lines 30, 33, 34, and 35	36
37	Enter the smaller of line 29 or line 36	37
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: <ul style="list-style-type: none"> • Individuals. Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38

Name(s) shown on return

Winprobe Corporation

Identifying number

65-0949567

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A** General Business Credit From a Non-Passive Activity
B General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks

- E** Reserved
F Reserved
G Eligible Small Business Credit Carryforwards
H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1 a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	49,559
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	49,559
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4 a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activites (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	49,559

**SCHEDULE G
(Form 1120)**

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0123

Name

Winprobe Corporation

65-0949567

► Attach to Form 1120.

► See instructions.

Employer identification number (EIN)

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)

2016

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Winprobe Corporation

Business or activity to which this form relates

FORM 1120

Identifying number

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 2015 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 don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 ►	13	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	65
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	1,535

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

17 MACRS deductions for assets placed in service in tax years beginning before 2016	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 ►		

Section B - Assets Placed in Service During 2016 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						
b 5-year property		65	5	HY	SL	7
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 2016 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	1,607
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 (2016)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Winprobe Corporation

Identifying number

65-0949567

Section A - Regular Credit. Skip this section and go to Section B if you are electing or previously elected (and are not revoking) the alternative simplified credit.

1	Certain amounts paid or incurred to energy consortia (see instructions)	1	
2	Basic research payments to qualified organizations (see instructions)	2	
3	Qualified organization base period amount	3	
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Wages for qualified services (do not include wages used in figuring the work opportunity credit)	5	
6	Cost of supplies	6	495,594
7	Rental or lease costs of computers (see instructions)	7	
8	Enter the applicable percentage of contract research expenses (see instructions)	8	
9	Total qualified research expenses. Add lines 5 through 8	9	495,594
10	Enter fixed-base percentage, but not more than 16% (0.16) (see instructions)	10	%
11	Enter average annual gross receipts (see instructions)	11	
12	Multiply line 11 by the percentage on line 10	12	0
13	Subtract line 12 from line 9. If zero or less, enter -0-	13	495,594
14	Multiply line 9 by 50% (0.50)	14	247,797
15	Enter the smaller of line 13 or line 14	15	247,797
16	Add lines 1, 4, and 15	16	247,797
17	Are you electing the reduced credit under section 280C? ► Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If "Yes," multiply line 16 by 13% (0.13). If "No," multiply line 16 by 20% (0.20) and see the instructions for the statement that must be attached. Members of controlled groups or businesses under common control: see instructions for the statement that must be attached			
			Statement #681 17
			49,559

Section B - Alternative Simplified Credit. Skip this section if you are completing Section A.

18	Certain amounts paid or incurred to energy consortia (see the line 1 instructions)	18	
19	Basic research payments to qualified organizations (see the line 2 instructions)	19	
20	Qualified organization base period amount (see the line 3 instructions)	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	
22	Add lines 18 and 21	22	
23	Multiply line 22 by 20% (0.20)	23	
24	Wages for qualified services (do not include wages used in figuring the work opportunity credit)	24	
25	Cost of supplies	25	
26	Rental or lease costs of computers (see the line 7 instructions)	26	
27	Enter the applicable percentage of contract research expenses (see the line 8 instructions)	27	
28	Total qualified research expenses. Add lines 24 through 27	28	
29	Enter your total qualified research expenses for the prior 3 tax years. If you had no qualified research expenses in any one of those years, skip lines 30 and 31	29	
30	Divide line 29 by 6.0	30	
31	Subtract line 30 from line 28. If zero or less, enter -0-	31	
32	Multiply line 31 by 14% (0.14). If you skipped lines 30 and 31, multiply line 28 by 6% (0.06)	32	

For Paperwork Reduction Act Notice, see separate instructions.

Form 6765 (2016)

Section B - Alternative Simplified Credit (continued)

33 Add lines 23 and 32	33	
34 Are you electing the reduced credit under section 280C? ► Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," multiply line 33 by 65% (0.65). If "No," enter the amount from line 33 and see the line 17 instructions for the statement that must be attached. Members of controlled groups or businesses under common control: see instructions for the statement that must be attached	34	

Section C - Current Year Credit

35 Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also used to figure the credit on line 17 or line 34 (whichever applies)	35	
36 Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0-	36	49 , 559
37 Credit for increasing research activities from partnerships, S corporations, estates, and trusts	37	
38 Add lines 36 and 37 ● Estates and trusts, go to line 39. ● Partnerships and S corporations not electing the payroll tax credit, stop here and report this amount on Schedule K. ● Partnerships and S corporations electing the payroll tax credit, complete Section D and report on Schedule K the amount on this line reduced by the amount on line 44. ● Eligible small businesses, stop here and report the credit on Form 3800, Part III, line 4i. See instructions for the definition of eligible small business. ● Filers other than eligible small businesses, stop here and report the credit on Form 3800, Part III, line 1c.	38	49 , 559
Note: Qualified small business filers, other than partnerships and S corporations, electing the payroll tax credit must complete Form 3800 before completing Section D.		
39 Amount allocated to beneficiaries of the estate or trust (see instructions)	39	
40 Estates and trusts, subtract line 39 from line 38. For eligible small businesses, report the credit on Form 3800, Part III, line 4i. See instructions. For filers other than eligible small businesses, report the credit on Form 3800, Part III, line 1c	40	

Section D - Qualified Small Business Payroll Tax Election and Payroll Tax Credit. Skip this section if the payroll tax election does not apply. See instructions.

41 Check this box if you are a qualified small business electing the payroll tax credit. See instructions <input type="checkbox"/>	41	
42 Enter the portion of line 36 elected as a payroll tax credit (do not enter more than \$250,000). See instructions	42	
43 General business credit carryforward from the current year (see instructions). Partnerships and S corporations skip this line and go to line 44	43	
44 Partnerships and S corporations, enter the smaller of line 36 or line 42. All others, enter the smallest of line 36, line 42, or line 43. Enter here and on Form 8974, line 5. Members of controlled groups or businesses under common control: see instructions for the statement that must be attached	44	

7004

Form
(Rev. December 2016)
Department of the Treasury
Internal Revenue Service

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

► File a separate application for each return.

OMB No. 1545-0233

► Information about Form 7004 and its separate instructions is at 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 extension is granted. See instructions before completing this form.

Part I Automatic Extension for C Corporations With Tax Years Ending December 31. See instructions.

1a Enter the form code for the return listed below that this application is for

Application Is For:	Form Code	Application Is For:	Code
Form 1120	12	Form 1120-ND (section 4951 taxes)	20
Form 1120-C	34	Form 1120-PC	21
Form 1120-F	15	Form 1120-POL	22
Form 1120-FSC	16	Form 1120-REIT	23
Form 1120-H	17	Form 1120-RIC	24
Form 1120-L	18	Form 1120-SF	26
Form 1120-ND	19		

Part II Automatic Extension for Certain Estates and Trusts. See instructions.

b Enter the form code for the return listed below that this application is for

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

Part III Automatic Extension for Entities Not Using Part I, II, or IV. See instructions.

c Enter the form code for the return listed below that this application is for

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	09	Form 1120-SF	26
Form 1065-B	10	Form 3520-A	27
Form 1066	11	Form 8612	28
Form 1120	12	Form 8613	29
Form 1120-C	34	Form 8725	30
Form 1120-F	15	Form 8804	31
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

Part IV Automatic Extension for C Corporations With Tax Years Ending June 30. See instructions.

d Enter the form code for the return listed below that this application is for

Application Is For:	Form Code	Application Is For:	Form Code
Form 1120	12	Form 1120-ND (section 4951 taxes)	20
Form 1120-C	34	Form 1120-PC	21
Form 1120-F	15	Form 1120-POL	22
Form 1120-FSC	16	Form 1120-REIT	23
Form 1120-H	17	Form 1120-RIC	24
Form 1120-L	18	Form 1120-SF	26
Form 1120-ND	19		

Part V All Filers Must Complete This Part

- 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.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ►
- 5 a The application is for calendar year 20 16, 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

EEA

Form **7004** (Rev. 12-2016)

Client Copy

IRS e-file Signature Authorization for Form 1120

Department of the Treasury
Internal Revenue Service
Name of corporation

Winprobe Corporation

For calendar year 2016, or tax year beginning _____, 2016, ending _____.

► Do not send to the IRS. Keep for your records.

2016

► Information about Form 8879-C and its instructions is at www.irs.gov/form8879c.

Employer identification number
65-0949567

Part I Tax Return Information (Whole dollars only)

1 Total income (Form 1120, line 11)	1	53,866
2 Taxable income (Form 1120, line 30)	2	(366,033)
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 2016 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 CPA to enter my PIN 81170 as my signature
ERO firm name do not enter all zeros
 on the corporation's 2016 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2016 electronically filed income tax return.

Officer's signature ► _____ Date ► 03-13-2017 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 81170
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► _____ Date ► 10-06-2017

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

Federal Supporting Statements**2016 PG01**

Name(s) as shown on return

Winprobe Corporation

FEIN

65-0949567

Form 1120 - Line 26 - Other Deductions

Statement #5

<u>Description</u>	<u>Amount</u>
Form 6765 Credit Adjustment	(49 ,559)
Bank charges	553
Legal and professional	47 ,909
Marketing	3 ,727
Meals and entertainment 50% limit	1 ,920
Miscellaneous	13 ,217
Office expense	5 ,140
Telephone	9 ,420
Travel	3 ,263
Utilities	756
Training Seminars	4 ,500
Freight	2 ,538
Total	43 ,384

Schedule L - Line 6**PG01**

Statement #8

Description

Investment in Smart

TotalBeg Of Year126 ,720End Of Year126 ,720126 ,720126 ,720**Schedule L - Line 18****PG01**

Statement #11

Description

Payroll Tax Liab

TotalBeg Of Year4 ,982End Of Year4 ,982

Name(s) as shown on return

Federal Supporting Statements

2016 PG01

Winprobe Corporation

FEIN

65-0949567

Schedule M-1 Line 5C
Expenses recorded on Books

Statement #16

<u>Description</u>	<u>Amount</u>
Form 6765 Credit Adjustment	49,559
Research and Development Credit	495,594
Total	545,153

PG01

Statement #681

Type And Location Of Deduction Line
Research adn Development Costs 26 Amount
495,594

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.

2016**CORPORATION NAME**Winprobe Corporation**EIN**

65-0949567

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

- 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	16,114
9	
10	
11	
12	137
13	
14	16,251

**Form 1120, Line 29a, NOL Deduction
Form 1120-C, Schedule G, Line 9a, Column (a),
Patronage NOL Deduction**

(Keep for your records)

2016

Name(s) as shown on return

Winprobe Corporation

Tax ID Number

65-0949567

Year	Loss Carryover/ Carryback	Increase of NOL Due to Sec 170(d)(2)(B) Contribution Reduction*	Loss Applied to 2016	Unused Loss	Unused Sec 170(d)(2)(B)
1996				Expiring this year	Expiring this year
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	
2014	805,942			805,942	
2015	1,680,718			1,680,718	
	Current year NOL		Applied to Prior Years	Remaining 2016 NOL carryover	
2016	366,033			366,033	
	Future years NOL		Applied to 2016		
Future Years					
TOTALS	3,924,793		0	3,924,793	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****2016**
Page 1

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

Adjusted Current Earnings (ACE) Worksheet

► See ACE Worksheet Instructions (which begin on page 8).

(Keep for your records)

2016

Name(s) as shown on return

Winprobe Corporation

Tax ID Number

65-0949567

<p>1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626</p> <p>2 ACE depreciation adjustment:</p> <p>a AMT depreciation</p> <p>b ACE depreciation:</p> <p>(1) Post-1993 property 2b(1)</p> <p>(2) Post-1989, pre-1994 property 2b(2)</p> <p>(3) Pre-1990 MACRS property 2b(3)</p> <p>(4) Pre-1990 original ACRS property 2b(4)</p> <p>(5) Property described in sections 168(f)(1) through (4) 2b(5)</p> <p>(6) Other property 2b(6)</p> <p>(7) Total ACE depreciation. Add lines 2b(1) through 2b(6) 2b(7)</p> <p>c ACE depreciation adjustment. Subtract line 2b(7) from line 2a</p> <p>3 Inclusion in ACE of items included in earnings and profits (E&P):</p> <p>a Tax-exempt interest income 3a</p> <p>b Death benefits from life insurance contracts 3b</p> <p>c All other distributions from life insurance contracts (including surrenders) 3c</p> <p>d Inside buildup of undistributed income in life insurance contracts 3d</p> <p>e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) 3e</p> <p>f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e 3f</p> <p>4 Disallowance of items not deductible from E&P:</p> <p>a Certain dividends received 4a</p> <p>b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 4b</p> <p>c Dividends paid to an ESOP that are deductible under section 404(k) 4c</p> <p>d Nonpatronage dividends that are paid and deductible under section 1382(c) 4d</p> <p>e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) 4e</p> <p>f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e 4f</p> <p>5 Other adjustments based on rules for figuring E&P:</p> <p>a Intangible drilling costs 5a</p> <p>b Circulation expenditures 5b</p> <p>c Organizational expenditures 5c</p> <p>d LIFO inventory adjustments 5d</p> <p>e Installment sales 5e</p> <p>f Total other E&P adjustments. Combine lines 5a through 5e 5f</p> <p>6 Disallowance of loss on exchange of debt pools 6</p> <p>7 Acquisition expenses of life insurance companies for qualified foreign contracts 7</p> <p>8 Depletion 8</p> <p>9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property 9</p> <p>10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 10 (366 , 033)</p>	<p>1 (366 , 033)</p> <p>2a</p> <p>2b(1)</p> <p>2b(2)</p> <p>2b(3)</p> <p>2b(4)</p> <p>2b(5)</p> <p>2b(6)</p> <p>2b(7)</p> <p>2c</p> <p>3a</p> <p>3b</p> <p>3c</p> <p>3d</p> <p>3e</p> <p>3f</p> <p>4a</p> <p>4b</p> <p>4c</p> <p>4d</p> <p>4e</p> <p>4f</p> <p>5a</p> <p>5b</p> <p>5c</p> <p>5d</p> <p>5e</p> <p>5f</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 (366 , 033)</p>
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Form 4626, Line 6, AMT NOL Deduction

(Keep for your records)

2016

Name(s) as shown on return

Winprobe Corporation

Tax ID Number

65-0949567

Year	Loss Carryover/ Carryback	Loss Applied to 2016	Unused Loss
1996			Expiring this year
1997			
1998			
1999			
2000			
2001			
2002			
2003			
2004			
2005			
2006			
2007			
2008			
2009			
2010			
2011			
2012			
2013			
2014			
2015			
	Current year NOL	Applied to Prior Years	Remaining 2016 NOL carryover
2016	366,033		366,033
	Future years NOL	Applied to 2016	
Future Years			
TOTALS	366,033		366,033

Current Year Unused General Business Credit

(Keep for your records)

2016

Name(s) as shown on return

Winprobe Corporation

Tax ID Number

65-0949567

Code <u>A</u>		Original Credit Amount	Original Credit Allowed	Carryback to 2015	Carryover to 2017
Form Number	Description				
3468	Investment				
6765	Increasing research	49,559			49,559
8586	Low-income housing				
8826	Disabled access				
8835	Renewable electricity & refined coal				
8845	Indian employment				
8820	Orphan drug				
8874	New markets				
8881	Small employer pension plan				
8882	Employer-provided child care				
8864	Biodiesel & renewable diesel fuels				
8896	Low sulfur diesel fuel production				
8906	Distilled spirits				
	Reserved				
8908	Energy efficient home				
	Reserved				
8910	Alternative motor vehicle				
8911	Alternative fuel vehicle				
8923	Mine rescue team training				
	Reserved				
8932	Employer differential wage payments				
8933	Carbon dioxide sequestration				
8936	Qualified plug-in electric drive				
	Reserved				
	Reserved				
1065-B	Electing large partnership				
8830	Enhanced oil recovery				
8844	Empowerment zone credit				
3468	Investment				
5884	Work opportunity				
6478	Biofuel Producer				
8586	Low-income housing				
8835	Renewable electricity & refined coal				
8846	Employer taxes paid on tips				
8900	Qualified railroad track maintenance				
8941	Small employer health insurance				
6765	Increasing research activities				
	Totals	49,559			49,559

* Item was disposed
of during current year.

Depreciation Detail Listing

FORM 1120

2016

PAGE 1

For your records only

Name(s) as shown on return

Winprobe Corporation

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	2,400		PY	1,413
4	Office Equipment	06282013	1,059		100.00		529	5	SL HY	20	106	901		PY	530
5	Office Equipment	08292013	6,857		100.00		3,428	7	SL HY	14.285	490	5,144		PY	3,429
6	Office Equipment	01292014	2,470		100.00		1,235	5	SL HY	20	247	1,853		PY	1,235
7	Office Equipment	02252014	2,631		100.00		1,315	5	SL HY	20	263	1,974		PY	1,316
8	Office Equipment	03312014	270		100.00		135	5	SL HY	20	27	203		PY	135
9	Office Equipment	09242014	1,200		100.00		600	5	SL HY	20	120	900		PY	600
10	Office Equipment	01262016	130		100.00		65	5	SL HY	10	7	72		CY	65
Totals			21,011				12,288				1,542	17,016		CY	65
Land Amount														ST ADJ:	
Net Depreciable Cost			21,011												

Land Amount
Net Depreciable Cost

21,011

Carryover/Carryforward Worksheet

Form 1120

(Keep for your records)

2016

Name(s) as shown on return

Tax ID Number

Winprobe Corporation

65-0949567

Form 1120

Contributions carryover	
Net Operating Loss Carryover	
AMT Net Operating Loss Carryover	

To Next Year

3,924,793
366,033

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	
--	--

49,559

Form 4562

Section 179 Carryover	
-----------------------------	--

Form 4797

Nonrecaptured net Section 1231 losses - 2012	
Nonrecaptured net Section 1231 losses - 2013	
Nonrecaptured net Section 1231 losses - 2014	
Nonrecaptured net Section 1231 losses - 2015	
Nonrecaptured net Section 1231 losses - 2016	
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	

0

1120 TAX RETURN COMPARISON
2014 / 2015 / 2016

2016

Name(s) as shown on return Winprobe Corporation	Identifying number 65-0949567
--	----------------------------------

	2014 FEDERAL	2015 FEDERAL	2016 FEDERAL	DIFFERENCE BETWEEN 2015 & 2016
Net receipts	72,770	36,135	119,000	82,865
Cost of goods sold		6,500	65,134	58,634
Gross profit	72,770	29,635	53,866	24,231
Dividends				
Interest	919			
Gross rents				
Gross royalties				
Capital gain net income				
Net gain/loss from 4797				
Other income	1,350			
Total income	75,039	29,635	53,866	24,231
Compensation of officers			83,333	83,333
Salaries and wages	165,000	452,197	165,000	(287,197)
Repairs and maintenance	937	5,417	320	(5,097)
Bad debts				
Rents	53,246	91,989	94,371	2,382
Taxes and licenses	12,474	468	16,251	15,783
Interest				
Charitable contributions				
Depreciation	4,494	1,535	1,607	72
Depletion				
Advertising				
Pension, profit-sharing				
Employee benefits	30,225	30,979	15,633	(15,346)
Domestic production activities ded				
Other deductions	614,605	1,127,768	43,384	(1,084,384)
Total deductions	880,981	1,710,353	419,899	(1,290,454)
NOL deduction				
Special deductions				
Taxable income	(805,942)	(1,680,718)	(366,033)	1,314,685
Total tax				
Estimated taxes paid				
Total payments line 32h				
Amount owed				
Overpayment				
Applied to estimate				
Refund				
RESIDENT STATE	FL	FL	FL	
Taxable				
Tax				
Overpayment				
Balance Due				

2014

2015

2016

DIFFERENCE



Florida Corporate Income/Franchise Tax Return

DS01

For calendar year 2016 or tax year beginning

FEIN 65-0949567

F-1120, R. 01/17

Rule 12C-1.051

Florida Administrative Code

Effective 01/17

_____, 2016 ending _____

873402016123100020050375365094956700002

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 <u>X</u>	366033.00		
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 <u>X</u>	366033.00		
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 <u>X</u>	366800.00		
7. Florida portion of adjusted federal income (see instructions)	Check here if negative <u>X</u>	366800.00		
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 <u>0.00</u> b) Other <u>0.00</u> c) Interest: F-2220 <u>0.00</u> d) Other <u>0.00</u>	Line 14 Total ►	0.00		
15. Total of Lines 13 and 14		0.00		
16. Payment credits: Estimated tax payments 16a \$ <table border="1"><tr><td>0.00</td></tr></table> Tentative tax payment 16b \$ <table border="1"><tr><td>0.00</td></tr></table>	0.00	0.00		0.00
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 12-31-16

DS01

F-1120

R. 01/17

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

Name **WINPROBE CORPORATION**
 Address **11662 LAKESHORE PLACE**
 Address

City/State/ZIP **NORTH PALM BEACH, FL 33408**If 6/30 year end, return is due 1st day of the 4th month after the close of the
taxable year, otherwise return is due 1st day of the 5th month after the close
of the taxable year.

650949567	0	0	0
20160101	76700	0	0
20161231	-36680000	0	0
00000000	1.000000	0	0
001	0	0	0
200	0	0	0
-36603300	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 03/13/2017
Paid preparers only	Preparer's signature	Date 10/06/2017	Preparer check if self-employed <input type="checkbox"/> Preparer's PTIN P01039037
	Firm's name (or yours if self-employed) and address	D BROOKS AND ASSOCIATES CPAS 8918 MARLAMOOR LANE WEST PAL	FEIN 27-1319467 ZIP 33412

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**
- 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: _____
- 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.**



FEIN 65-0949567
DATA Page 1

650949567	0	0	0
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FEIN 65-0949567
DATA Page 2

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Client Copy



NAME WINPROBE CORPORATION

FEIN 65-0949567

TAXABLE YEAR ENDING 12-31-16

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. s.168(k), IRC special bonus depreciation	19.	19.	
20. Other additions (attach schedule)	20.	20.	
21. Total Lines 1 through 20 in Columns (a) and (b). Enter totals for each column on Line 21. 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.	21.	21.	

Schedule II - Subtractions from Federal Taxable Income

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	\$ _____	Total ►	1.
(c) less direct and indirect expenses	\$ _____		1.
2. Gross subpart F income less attributable expenses			
(a) Enter s. 951, IRC subpart F income	\$ _____	Total ►	2.
(b) less direct and indirect expenses	\$ _____		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 12-31-16

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 10 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. 1.000000	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 12-31-16

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.



NAME WINPROBE CORPORATION

FEIN 65-0949567

TAXABLE YEAR ENDING 12-31-16

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

<u>Type</u>	<u>Amount</u>
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

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

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2

(Enter here and on Schedule II, Line 7)

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2017**

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:

If 6/30 year end, last day of 4th month,
otherwise last day of 5th 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 WINPROBE CORPORATIONFEIN 65-0949567TAXABLE YEAR ENDING 12-31-2016

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
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)
2016	(366,800)	1.000000	(366,800)		(366,800)	(3,895,479)

NAME

WINPROBE CORPORATION

FEIN

65-0949567

TAXABLE YEAR ENDING

12-31-2016

FL Subtractions for Bonus Depreciation

Tax Year	FL Bonus Depreciation Addback (Schedule I, Line 19)	Amount used in prior years	Subtraction Applied in the current tax year (Schedule II, line 10)	Amount Remaining
2010				
2011				
2012				
2013	5 , 372	2 , 301	767	2 , 304
2014				
2015				
2016				

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
2010				
2011				
2012				
2013				
2014				
2015				
2016				

FLINST**Filing Instructions****2016**

Name(s) as shown on return

WINPROBE CORPORATION

SSN or EIN

65-0949567

DATE TO FILE BY: 05-03-2017**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