	400			115 (Corporation Inc	ome Tax	Return		_	UMB No. 1545-0125
Form 1120			For calenda	ar year 2017 or tax year l	beginning	, 2017, ending		, 20		2017
Departme	nt of the Tevenue Se	reasury ervice		► Go to www.irs.	gov/Form1120 for inst	ructions and t	he latest inform	ation.	D. E-malau	er identification number
A Chec				Name				- 1'		
	olidated re			Winprobe	Corporation			-	りり C Date inc	-0949567
	onlife cons		TVDE					———————————————————————————————————————	C Date ins	orporated
	return •		TYPE	Number, street, and r	room or suite no. If a P.O. be	ox, see instructio	ns.		0.0	00 1000
	onal holdin oh Sch. PH		OR							-23-1999 sets (see instructions)
	onal servic	e corp.	PRINT	11662 La	keshore Plac	е			lotal as	sets (see instructions)
(see i	instruction	s) · · ·		1	r province, country and ZIP	or foreign postal				004 013
4 Sche	dule M-3 a	ttached		North Pa.	lm Beach	FL	33408		\$	234,913
			E Check				Name change	('	Address cha	ange
	1a G	Gross receipts	or sales					11,00	1/4	
	h B	etums and all	owances				1b		_	1.41 0.07
	сВ	alance. Subtr	act line 1b	from line 1a					1c	141,007 35,576
	2 (cost of goods	sold (attach	n Form 1125-A) .			• • • • • • •		2	
	3 (Gross profit. S	ubtract line	e 2 from line 1c .					3	105,431
<u> </u>	4 [Dividends (Sch	redule C. li	ine 19)					4	
ncome	5 1	nterest							. 5	
드	6 (Gross rents .							. 6	
	7 (Gross royalties	s				• • • • • • • • • • • • • • • • • • • •		. 7	
	8 (Canital nain ne	et income ((attach Schedule D	(Form 1120))				. 8	
	9 1	Net gain or (lo	ss) from Fo	orm 4797, Part II, lir	ne 17 (attach Form 4797))		• • • •	. 9	
	10 (Other income	(see instru	ctions - attach state	ment)				. 10	105,431
	11	Total income	. Add line:	s 3 through 10 .		· · · · · · · •	<u> </u>	<u>•••</u>	► 11 10	200,000
	12 (Compensation	of officers	s (see instructions - a	attach Form 1125-E) .			• • • •	12	165,000
<u>;</u>	13 3	Salaries and v	vages (less	s employment credit	s)			• • • • • • • • • • • • • • • • • • • •	13	676
ons	14	Renairs and m	naintenanc	e				🔻	14	070
i j		Rad dehts .							. 15	81,819
instructions for limitations on deductions.)	16	Rents					• • • • • • • •	· · · ·	. 16	25,087
p u	17	Taxes and lice	enses				Wks. Ta	K/Lic	. 17	328
ડ	18	Interest							. 18	320
ţio	19	Charitable cor	ntributions						. 19	1,548
nita	20	Depreciation f	from Form	4562 not claimed o	n Form 1125-A or elsew	here on return	(attach Form 456)	2)	. 20	
Ē	21	Depletion							. 21	
2	22	Advortising								
ons	-00	Dension profi	t charing	otos plane				\cdots	. 23	1.6 015
ij	24	Employee her	nefit progra	ams						
stri	25	Domestic prod	duction act	livities deduction (at	tach Form 8903)					- 10 100
e.	26	Other deducti	ons (attach	n statement)			Statem	ent.#	5. 26 ▶ 27	
(Se	27	Total deduct	ions. Add	d lines 12 through 2	26				21	1000 651
ns (28	Taxable inco	ne before	net operating loss of	deduction and special dec	ductions. Subtra	act line 27 from lir	ne 11	. 28	(933,031
÷	29a	Net operating	loss dedu	uction (see instructio	ns)		. 29a			
Deductions (Se	b	Special dedu	ctions (Sch	nedule C, line 20)			. 29b			
۵	c	Add lines 29a	and 29b	.				• • • •	. 29	(000 (51
ంఠ	30	Taxable inco	ome. Sub	tract line 29c from I	ine 28. See instructions				. 30	^
Refundable Credits, & Payments	31	Total tax (Scl	hedule J, F	art I, line 11)					. 31	
Crec	32	Total paymer	nts and refu	undable credits (Scl	hedule J, Part II, line 21)				. 32	
able	33	Estimated tax	penalty. S	See instructions. Ch	eck if Form 2220 is attacl	10.00 miles			33	
undi	34	Amount ow	ed. If line 3	32 is smaller than th	ne total of lines 31 and 3	3, enter amoui	nt owed		. 34	
Ref	35	Overpayme	nt. If line 3	32 is larger than the	total of lines 31 and 33,	enter amount	overpaid		. 3	
Tax,	36	Catan amoun	t from line	35 you want: Cred	lited to 2018 estimated	tax ▶	K	etunaea	> 3	
					nis return, including accompanying is based on all information of wi	a padadular and et	tatements, and to the b ny knowledge.	est of my k		
Sig	Ju	u complete. Decla	тапоптог ргера	aror (outor trial taxpayer)	1					IRS discuss this return
	re	Walter G				Presi	dent		See inst	preparer shown below? ructions. Yes No
		Signature of office			Date	ride	Date	C	neck i	
		Print/Type pre			Preparer's signature		10-15-20	maker the A	elf-employed	
Pai		David	D Brook	(S			10-13-20			319467
	parer	Firm's name			ssociates CPAs I	n.		Phone no.		
Use	e Only	Firm's addres	s > 4 0	44 PGA Boule	dans FT. 33410			(95	4)592-	2507

Form 1	120(2017) Winprobe Corporation	65-09	49567 Page 2
	edule C Dividends and Special Deductions (see instructions) (a) Dividends received	(b) %	(c) Special deductions (a) x (b)
	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)	70	
2 .	stock) Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)	80	
	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 10	Total. Add lines 1 through 8. See instructions for limitation 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 line 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 line 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	· · · · · · · ·	Form 1120 (2017

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	2	65-	09495	67	Page	e 3
-	1120(2017) Winprobe Corporation	0.5	07475	0 /	i ug	
	hedule 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				(1
2	Income tax. Check if a qualified personal service corporation. See instructions		2)
3	Alternative minimum tax (attach Form 4626)		3			
4	Add lines 2 and 3		4			
5a	Foreign tax credit (attach Form 1118)					
b	Credit from Form 8834 (see instructions)					
c	General business credit (attach Form 3800)	0				
d	Credit for prior year minimum tax (attach Form 8827)					
e	Bond credits from Form 8912					
-	Total credits. Add lines 5a through 5e		6			
6	Subtract line 6 from line 4		7		(0
7	Personal holding company tax (attach Schedule PH (Form 1120))		8		(0
8	Recapture of investment credit (attach Form 4255)					
9a	Recapture of low-income housing credit (attach Form 8611) 9b					
b.	Interest due under the look-back method - completed long-term contracts (attach					
C	Form 8697)					
	Form 8697)					
d	Interest due under the look-back method - income forecast method (attach Form					
	8866)					
е	Alternative tax on qualifying snipping activities (attach Form 6002)		1			
f	Other (see instructions - augus statement)		10			
10	Total. Add lines 9a through 9f		11			0
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	· · ·	111			0
Par	II - Payments and Refundable Credits		12			
12	2016 overpayment credited to 2017	• • •				
13	2017 estimated tax payments		13			
14	2017 refund applied for on Form 4466		14 (
15	Combine lines 12, 13, and 14		15			
16	Total described with Form 7004		16			
17	Withholding (see instructions)		17			
18	Total payments. Add lines 15, 16, and 17		18			
19	D. f. and a label and with a from:					
	Form 2439		-			
	Form 4136		_			
	Form 8827, line 8c		_			
	Other (attach statement - see instructions)					
20	Tital and the Add lines 100 through 100		20			
21	- Add lines 19 and 20 Enter here and on page 1 line 32		21			
-	chedule K Other Information (see instructions)					
-	Check accounting method: a ☐ Cash b ☒ Accrual c ☐ Other (specify) ▶				Yes	No
1	See the instructions and enter the:					
2	330110					
	Business activity code no. ► 339110 Business activity ► Research and Development					
	Business activity Research and Beverepment					
	Product or service Ultrasound Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?					X
3	Is the corporation a subsidiary in an animated group of a parent-subsidiary solid site of the subsidiary site of the subsidiary solid site of the subsidiary site of the subsidi					
	If "Yes," enter name and EIN of the parent corporation					
4	At the end of the tax year:	av-even	ant			
	a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or to	of all old	sees of the	4		
	organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power	n an cia	5565 OF UT			X
	corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule C	voting	nower of a			
	b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total	ach Sch	edule G)		X	1
	classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (at	2011 001	534,5 0/	Form 1		017

Sch	edule K Other Information (continued from page 3)					
JUIT	Eddio IV				Yes	No
5	At the end of the tax year, did the corporation:					
3	Own directly 20% or more, or own, directly or indirectly, 50% or more of the	total voting power of all classes of	of stock entitled to vote of			
a	any foreign or domestic corporation not included on Form 851, Affiliations S	chedule? For rules of constructiv	e ownership, see instructions	[X
	If "Yes," complete (i) through (iv) below.					
	Tes, complete (i) through (iv) boom.	(ii) Employer	(iii) Country of	(iv) Percent		
	(i) Name of Corporation	Identification Number (if any)	Incorporation	Owned in Vot Stock	ung	
		(ii diiy)				
	1 0					
	Own directly an interest of 20% or more, or own, directly or indirectly, an into	erest of 50% or more in any forei	gn or domestic partnership			
D	(including an entity treated as a partnership) or in the beneficial interest of a	trust? For rules of constructive of	ownership, see instructions			Χ
	If "Yes," complete (i) through (iv) below.					
	11 Tes, complete (i) through (iv) below.	(ii) Employer	(iii) Country of	(iv) Maximu		
	(i) Name of Entity	Identification Number (if any)	Organization	Percentage Ow Profit, Loss, or 0		
		(ii dii))				
		4				
		A				
		N. Committee of the com				
	During this tax year, did the corporation pay dividends (other than s	tock dividends and distribution	ons in exchange for stock) in	1		
6	excess of the corporation's current and accumulated earnings and	profits? See sections 301 at	od 316			Х
	If "Yes," file Form 5452, Corporate Report of Nondividend Distrib	utions See the instructions	for Form 5452.			
	If this is a consolidated return, answer here for the parent corporati	on and on Form 851 for each	subsidiary.			
	At any time during the tax year, did one foreign person own, directly	or indirectly at least 25% of	the total voting power of al	n		
7	classes of the corporation's stock entitled to vote or at least 25%.	of the total value of all classe	s of the corporation's stock	?		Х
	classes of the corporation's stock entitled to vote of at least 25%	The total value of all oldobe	o or the corporations states			
	For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned and (b) Owne	r's delivited b				
	(a) Percentage owned ► and (b) Owne (c) The corporation may have to file Form 5472, Information Re	hum of a 25% Foreign-Owne	d ILS Corporation or a Fo	reign		
	(c) The corporation may have to file Form 5472, information Re-	shared Forms 5472 attached	• 0			
	Corporation Engaged in a U.S. Trade or Business. Enter the num Check this box if the corporation issued publicly offered debt instru	ments with original issue disc	count	•		
8	If checked, the corporation may have to file Form 8281, Informat	ion Return for Publicly Offer	ed Original Issue Discount	Instruments.		
	If checked, the corporation may have to the Form 6261, information	a the tay year • \$	ou ongman rooms a resemble			
9	Enter the amount of tax-exempt interest received or accrued durin	or fewer) 1				
10	Enter the number of shareholders at the end of the tax year (if 100	01 10110.)	neck here	▶ 🗌		
11	If the corporation has an NOL for the tax year and is electing to for the corporation is filing a consolidated return, the statement requ	irod by Pegulations section	1 1502-21(b)(3) must be att	tached		
		and by regulations section	= . (=)(-)			
	or the election will not be valid. Enter the available NOL carryover from prior tax years (do not recommend)	duce it by any deduction repo	rted on page			
12	1, line 29a.)	duce it by any deduction repo	► \$ 4,35	53,867		
	1, line 29a.)	through 10) for the tay year a	and its total assets at the e	nd of the	0.000.0000000	
13	tax year less than \$250,000?	illough 10) for the tax year t	and its total assessed at the		X	
	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 dis	stributions		
	If "Yes," the corporation is not required to complete Schedules L,	lo during the tay year	\$			
	and the book value of property distributions (other than cash) made	e during the tax year	nt? See instructions			X
14	Is the corporation required to file Schedule UTP (Form 1120), Un	certain Tax Position Stateme	III: Oce instructions			
	If "Yes," complete and attach Schedule UTP. Did the corporation make any payments in 2017 that would requir	e it to file Form(s) 1099?			X	
15a	Did the corporation make any payments in 2017 that would requir If "Yes," did or will the corporation file required Forms 1099?	e it to life i offil(a) 1000:			X	
	If "Yes," did or will the corporation file required Forms 1099? During this tax year, did the corporation have an 80% or more cha	ange in ownership including	a change due to redemption	n of its own stock		X
16	During this tax year, did the corporation have an 80% or more characteristic buring or subsequent to this tax year, but before the filling of this r	atum did the corporation die	oose of more than 65% (by	value)		
17	During or subsequent to this tax year, but before the filing of this of its assets in a taxable, non-taxable, or tax deferred transaction	etum, uiu the corporation dis 2				X
	of its assets in a taxable, non-taxable, or tax deterred transaction Did the corporation receive assets in a section 351 transfer in wh	ich any of the transferred as	sets had a fair market basis	s or fair		
18	Did the corporation receive assets in a section 351 transfer in wr	non any or the transferred as				X
	market value of more than \$1 million?	ayments that would require it	to file Forms 1042 and 104	2-S		
19	During the corporation's tax year, did the corporation make any punder chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1441 through 1464).	ione 1471 through 1474\ of the	ne Code?			X
	under chanter 3 (sections 1441 through 1464) or chapter 4 (sections)	ions 147 i miougn 1474) oi n				

-orm	1120(2017) Winprobe Corpor	ation		65-09		Page 5
	edule L Balance Sheets per Books	Beginning of	of tax year	End of tax		
JUI	Assets	(a)	(b)	(c)	(d)	100
1	Cash		169,731		76 ,	188
	Trade notes and accounts receivable					
	Less allowance for bad debts	()		()		
-	Inventories		65,134		29,	558
	U.S. government obligations					
	Tax-exempt securities (see instructions)					
6		Statement #8	126,720		126,	720
	Loans to shareholders					
8	Mortgage and real estate loans					
9	Other investments (attach statement)					
10 a	Buildings and other depreciable assets	21,011		21,011		4.47
	Less accumulated depreciation	(17,016)	3,995	(18,564)	2,	447
	100					
	Less accumulated depletion	((
12	Land (net of any amortization)					
	Intangible assets (amortizable only)					
	Less accumulated amortization	()				
14	Other assets (attach statement)				004	012
15	Total assets		365,5 80	<u> </u>	234,	913
	Liabilities and Shareholders' Equity					
16	Accounts payable		613,017	"		
17	Mortgages, notes, bonds payable in less than 1 year	2000				016
18	Other current liabilities (attach statement)	Statement #11	4,982		3,454,	916
19	Loans from shareholders		2,898,400	H 7	3,454,	,000
20	Mortgages, notes, bonds payable in 1 year or more	W.		4 %		,000
21	Other liabilities (attach statement)			_	500220000000000000000000000000000000000	
22	Capital stock: a Preferred stock			7.022	7	022
	b Common stock	7,832	7,832	7,832	1,549	150
23	Additional paid-in capital		1,449,150		1,349	, 130
24	Retained earnings-Appropriated (attach statement)		* * * * * * * * * * * * * * * * * * * *		(5,008	385)
25	Retained earnings-Unappropriated		(4,607,801)	}	(3,000	, 3037
26	Adjustments to shareholders' equity (attach statement)			-	1	``
27	Less cost of treasury stock		205 500	4	234	,913
28	Total liabilities and shareholders' equity		365,580	4	234	, , , ,
Sc	chedule M-1 Reconciliation of Incom	e (Loss) per Books	With income per Ke	eturn		
	Note: The corporation may b	e required to file Scried	7 Income recorder	d on books this year		
1	Note: The corporation may be Net income (loss) per books	(903,233)	not included on	this retum (itemize):		
2	Federal income tax per books		_	rest \$		
3	Excess of capital losses over capital gains	•	Tax-exempt into	1000		
4	Income subject to tax not recorded on books				200000000000000000000000000000000000000	
	this year (itemize):		8 Deductions on the	his return not charged		
	- ded as beauto this year not			come this year (itemize):		
5	3			\$		
	deducted on this return (itemize):			ibutions s		
	a Depreciation \$					
	b Charitable contributions \$		-			
	c Travel and entertainment \$1,621	-				
	Statement #16 47,983	49,604	9 Add lines 7 and			
6	Add lines 1 through 5	(933,651) 10 Income (page 1	, line 28)-line 6 less line 9	(933	3 , 651)
_	chedule M-2 Analysis of Unappropri	ated Retained Earn	ings per Books (Lin	e 25, Schedule L)	1	
1		(4,607,801) 5 Distributions:	a Cash		
2		(983,255)	b Stock		
3	Other increases (itemize):			c Property		
	Statement #19 582,671			es (itemize):		
		582,671	7 Add lines 5 and		/E 000	305
4	Add lines 1, 2, and 3	(5,008,385)) 8 Balance at end	of year (line 4 less line 7)	(5,008	<u>3 , 385 ;</u> 120 (2017
					Form 1	140 (2017

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Form 4626 Department of the Treasury

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

Employer identification number

2017

OMB No. 1545-0123

65-0949567 Winprobe Corporation 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). (933,651)Taxable income or (loss) before net operating loss deduction Adjustments and preferences: 2a 2b 2c 2d 2e 2f g Merchant marine capital construction funds 2i Tax shelter farm activities (personal service corporations only) Passive activities (closely held corporations and personal service corporations only) 2k 21 2m m Tax-exempt interest income from specified private activity bonds 2n 20 (933,651) 3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 Adjusted current earnings (ACE) adjustment: (933,651) 42 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 0 4b negative amount. See instructions 0 4c 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 0 4d (even if line 4b is positive) e ACE adjustment. 0 4e 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 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT (933,651)Alternative tax net operating loss deduction. See instructions Alternative minimum taxable income, Subtract line 6 from line 5. If the corporation held a residual 7 interest in a REMIC, see instructions Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): a Subtract \$150,000 from line 7. If completing this line for a member of a Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, 0 8c see instructions. If zero or less, enter -0-Subtract line 8c from line 7. If zero or less, enter -0-10 10 11 11 12 12 13 13 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on 14 Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax retum

Form 1125-A

Cost of Goods Sold

(Rev. October 2016)

Department of the Treasury
Internal Revenue Service

► 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.

OMB No. 1545-0123

Name		Employer identification number
Wir	nprobe Corporation	65-0949567
1	Inventory at beginning of year	65,134
2	Purchases	
3	Cost of labor	
4	Additional section 263A costs (attach schedule)	
5	Other costs (attach schedule)	
77.5	Total. Add lines 1 through 5	65,134
6	Inventory at end of year	29,558
7	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the	
8	Cost of goods sold. Subtract line 7 from line 6. Enter fiele and off form 1/20, page 1, line 2 of the	35,576
	appropriate line of your tax return. See institutions	337313
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	▶ ∐
С	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	
е	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	11
•	attach explanation	☐ Yes 🛛 No

Form 3800

General Business Credit

OMB No. 1545-0895

2017

Attachment Sequence No. 22

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.

▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Identifying number

TAT -	nprobe Corporation	65-0949	567
	Tantotive Minimum Tay		
Par	(See instructions and complete Part(s) III before Parts I and II)	,	
4	General business credit from line 2 of all Parts III with box A checked	1	
	Passive activity credits from line 2 of all Parts III with box B checked 2		
2	Enter the applicable passive activity credits allowed for 2017. See instructions	3	
	Carryforward of general business credit to 2017. Enter the amount from line 2 of Part III with		
4		4	
5	Carryback of general business credit from 2018. Enter the amount from line 2 of Part III with	5	
	box D checked. See instructions	6	0
6	Add lines 1, 3, 4, and 5		
Par			
7	Regular tax before credits:		
	• 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	7	
	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 retum		
8	Alternative minimum tax:		
	Individuals. Enter the amount from Form 6251, line 35		
	• Corporations. Enter the amount from Form 4626, line 14	78	
	Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56		
			0
9	Add lines 7 and 8	9	U
10a	Foreign tax credit	-	
b	Certain allowable credits (see instructions)	- 40-	0
С	Add lines 10a and 10b	10c	0
			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	
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0 12	2	
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see		
	instructions)	-	
14	Tentative minimum tax:		
	Individuals. Enter the amount from Form 6251, line 33		
	Corporations. Enter the amount from Form 4626, line 12	4 5 1	
	Estates and trusts. Enter the amount from Schedule I		
	(Form 1041), line 54		_
15	Enter the greater of line 13 or line 14	15	
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	
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,		

or reorganization.

Pa	rt II Allowable Credit (Continued)		^
lote	e: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- o	n line 26	6.
18	Multiply line 14 by 75% (0.75). 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 2017. 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	0
28	Add lines 17 and 26	28	0
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	0
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	47 , 983
	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked		
	Enter the applicable passive activity credits allowed for 2017. See instructions	33	
33	The 2007 Feet by Junt two line 5 of Part III with hox C		
34	checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	-
35	Carryback of business credit from 2018. 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	47,983
37		37	0
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.		
	 Individuals. Form 1040, line 54, or Form 1040NR, line 51 		
	Corporations. Form 1120, Schedule J, Part I, line 5c	38	0
_	Estates and trusts. Form 1041, Schedule G, line 2b	30	Form 3800 (2017)
FF	Λ		

Page 3 Form 3800 (2017) Identifying number Name(s) shown on return 65-0949567 Winprobe Corporation Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). Reserved F ☐ General Business Credit From a Non-Passive Activity F Reserved В General Business Credit From a Passive Activity Eligible Small Business Credit Carryforwards G General Business Credit Carryforwards C Н Reserved General Business Credit Carrybacks 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) (c) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount entity, enter the EIN pass-through entity. 1a Investment (Form 3468, Part II only) (attach Form 3468) 1 a 1b 1c C 1d Low-income housing (Form 8586, Part I only) Disabled access (Form 8826) (see instructions for limitation) 1e 1f Renewable electricity, refined coal, and Indian coal production (Form 8835) f Indian employment (Form 8845) 1g 1h h 1ì i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) ij Employer-provided child care facilities and services (Form 8882) (see IJ 1m Distilled spirits (Form 8906) 1n 10 Nonconventional source fuel (carryforward only) . 0 1p 1q a 1r Alternative motor vehicle (Form 8910) 15 Alternative fuel vehicle refueling property (Form 8911) 1t t Mine rescue team training (Form 8923) 1u и 1v Agricultural chemicals security (carryforward only) 1w Employer differential wage payments (Form 8932) **...** 1x Carbon dioxide sequestration (Form 8933) X Qualified plug-in electric drive motor vehicle (Form 8936) 1y ٧ 1z Qualified plug-in electric vehicle (carryforward only) Z 1aa aa General credits from an electing large partnership (Schedule K-1 (Form 1065-B)). . . 1bb Other. Oil and gas production from marginal wells (Form 8904) and certain 1zz Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 2 Enter the amount from Form 8844 here and on the applicable line of Part II 3 3 4a Investment (Form 3468, Part III) (attach Form 3468) 4 a 4b b 4c С 4d d Renewable electricity, refined coal, and Indian coal production (Form 8835) 40 Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f f 4g g Small employer health insurance premiums (Form 8941) 4h h 983 4i 4j j 4z Add lines 4a through 4z and enter here and on the applicable line of Part II 5 5

6

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

47.983

SCHEDULE G (Form 1120) (Rev. December 2011)

Information on Certain Persons Owning the Corporation's Voting Stock

► Attach to Form 1120.

▶ See instructions.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service Employer identification number (EIN) 65-0949567 Winprobe Corporation 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). (ii) Employer Identification (iv) Country of Organization (v) Percentage Owned in Voting Stock (iii) Type of Entity (i) Name of Entity Number (if any) Certain Individuals and Estates Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Part II 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). (iii) Country of (iv) Percentage Owned (ii) Identifying Number in Voting Stock (i) Name of Individual or E instructions) 89 545-57-8246 US Walter G Scott

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

Business or activity to which this form relates

OMB No. 1545-0172

Attachment Sequence No. 179

Identifying number

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return 65-0949567 Winprobe Corporation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (b) Cost (business use only) (a) Description of property Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 1,548 16 MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2017 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 2017 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (g) Depreciation deduction (f) Method (e) Convention placed in (a) Classification of property only-see instructions) 19 a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25 yrs. 25-year property SIL 27.5 yrs. MM h Residential rental S/L MM 27.5 yrs. property MM S/L 39 yrs. Nonresidential real S/L MM Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12-year b 40 yrs. c 40-year Summary (See instructions.) 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 1,548 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions For assets shown above and placed in service during the current year, enter the 23

(Rev. March 2018)

Credit for Increasing Research Activities

► Attach to your tax return.

▶ Go to www.irs.gov/Form6765 for instructions and the latest information.

OMB No. 1545-0619

Attachment Sequence No. 81

Department of the Treasury Internal Revenue Service Name(s) shown on return

Winprobe Corporation

Identifying number 65-0949567

Sect	ion A - Regular Credit. Skip this section and go to Section B if you are electing or previously elected (ar	nd are	not revoking) the
alter	native 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)		
6	Cost of supplies		
7	Rental or lease costs of computers (see instructions)		
8	Enter the applicable percentage of contract research expenses. See		
	instructions		
9	Total qualified research expenses. Add lines 5 through 8		
10	Enter fixed-base percentage, but not more than 16% (0.16) (see instructions) 10 %		
11	Enter average annual gross receipts. See instructions		
12	Multiply line 11 by the percentage on line 10		
13	Subtract line 12 from line 9. If zero or less, enter -0		
14	Multiply line 9 by 50% (0.50)		000 015
15	Enter the smaller of line 13 or line 14	15	239,917
16	'Add lines 1, 4, and 15	16	239,917
17	Are you electing the reduced credit under section 280C? ► Yes No X		
	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. Fiscal year filers, see instructions. Members		
	of controlled groups or businesses under common control: see instructions for the statement that		47 000
	must be attached	17	47,983
Sec	tion B - Alternative Simplified Credit. Skip this section if you are completing Section A.		
-	and the second s	18	
18	Certain amounts paid or incurred to energy consortia (see the line 1 instructions)	10	
19	Basic research payments to qualified organizations (see the line 2		_
-00	instructions)		
20	Subtract line 20 from line 19. If zero or less, enter-0-	21	
21	Add lines 18 and 21	22	
22 23	Multiply line 22 by 20% (0.20)	23	
24	Wages for qualified services (do not include wages used in figuring the		
24	work opportunity credit)		
25	Cost of supplies		
26	Rental or lease costs of computers (see the line 7 instructions)		
27	Enter the applicable percentage of contract research expenses. See the		
21	line 8 instructions		
28	Total qualified research expenses. Add lines 24 through 27		
29	Enter your total qualified research expenses for the prior 3 tax years. If		
23	you had no qualified research expenses in any one of those years, skip		
	lines 30 and 31		
30	Divide line 29 by 6.0		
31	Subtract line 30 from line 28. If zero or less, enter -0		
32	Multiply I:ne 31 by 14% (0.14). If you skipped lines 30 and 31, multiply line 28 by 6% (0.06)	32	
	Panerwork Reduction Act Notice, see separate instructions.	F	Form 6765 (Rev. 3-2018

-	١.	-	_	
۲	'a	q	e	

Secti	on B - Alternative Simplified Credit (continued)		
33	Add lines 23 and 32	33	
34	Are you electing the reduced credit under section 280C? ► Yes No		
34	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. Fiscal year filers: see instructions. Members		
	of controlled groups or businesses under common control: see instructions for the statement that		
		34	
	must be attached		
Sect	ion C - Current Year Credit		
35	Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also	0.5	
	used to figure the credit on line 17 or line 34 (whichever applies)	35	17 002
36	Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0	36	47,983
37	Credit for increasing research activities from partnerships, S corporations, estates, and trusts	37	47 002
38	Add lines 36 and 37	38	47,983
	• 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.		
	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 gradit on Form 3800 Part III line 10	40	
Sect	ion D - Qualified Small Business Payroll Tax Election and Payroll Tax Credit. Skip this section if the payroll tax	electio	n does
not a	apply. See instructions.		
41	Check this box if you are a qualified small business electing the payroll tax credit. See instructions	\$1000000	
42		42	
	instructions	72	
43		43	
	S corporations skip this line and go to line 44	70	
44	Partnerships and S corporations, enter the smaller of line 36 or line 42. All others, enter the smallest		
	of line 35, line 42, or line 43. Enter here and on the applicable line of Form 8974, Part 1, column (e).		
	Members of controlled groups or businesses under common control: see instructions for the	44	
	statement that must be attached		Form 6765 (Rev. 3-2018
EEA			

7004 (Rev. December 2017)

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

Form 7004 (Rev. 12-2017)

Department of the Treasury Go to www.irs.gov/Form7004 for instructions and the latest information. Internal Revenue Service Identifying number Winprobe Corporation 65-0949567 Print Number, street, and room or suite no. (If P.O. box, see instructions.) or 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)). Type FL 33408 North Palm Beach Note: File request for extension by the due date of the return. See instructions before completing this form. Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions. 1 Enter the form code for the return listed below that this application is for Form Application Form Application Code Code Is For: Is For: 19 Form 1120-ND 01 Form 706-GS(D) 20 Form 1120-ND (section 4951 taxes) 02 Form 706-GS(T) 21 Form 1120-PC 03 Form 1041 (bankruptcy estate only) Form 1041 (estate other than a bankruptcy estate) 04 Form 1120-POL 23 05 Form 1120-REIT Form 1041 (trust) Form 1120-RIC 06 Form 1041-N 25 07 Form 1120S Form 1041-QFT 26 Form 1120-SF 08 Form 1042 27 Form 3520-A 09 Form 1065 28 10 Form 8612 Form 1065-B 29 11 Form 8613 Form 1066 30 12 Form 8725 Form 1120 31 34 Form 8804 Form 1120-C Form 8831 15 Form 1120-F 33 Form 8876 16 Form 1120-FSC 35 17 Form 8924 Form 1120-H Form 8928 18 Form 1120-L Part II All Filers Must Complete This Part If the organization is a foreign corporation that does not have an office or place of business in the United States, If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, П If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application. If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . . , 20 ___ , and ending_ 5a The application is for calendar year 20 17, or tax year beginning___ ☐ Initial return ☐ Final return b Short tax year. If this tax year is less than 12 months, check the reason: ☐ Change in accounting period ☐ Consolidated return to be filed Other (see instructions-attach explanation) Tentative total tax 7 0 Total payments and credits (see instructions) 0 Balance due. Subtract line 7 from line 6 (see instructions)

Form 8879-C

IRS e-file Signature Authorization for Form 1120

For calendar year 2017, or tax year beginning

. 2017, ending

2017

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form8879C for the latest information.

Valle of Corporation	Zimpioyor radiitation maniati
Winprobe Corporation	65-0949567
Part I Tax Return Information (Whole dollars only)	
1 Total income (Form 1120, line 11)	1 105,431
2 Taxable income (Form 1120, line 30)	
3 Total tax (Form 1120, line 31)	
4 Amount owed (Form 1120, line 34)	
5 Overpayment (Form 1120, line 35)	
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 2017 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 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

X lauthorize D Brooks and Associates CPAte enter	r my PIN <u>67894</u> as my signature					
ERO firm name	do not enter all zeros					
on the corporation's 2017 electronically filed income tax return.						
As an officer of the corporation, I will enter my PIN as my signature on the c return.	orporation's 2017 electronically filed income tax					
Officer's signature Date	04-20-2018					
Part III Certification and Authentication						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PII	N. 603008 81170					
do not enter an zeros						
I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed income tax return for the						
corporation indicated above. I confirm that I am submitting this return in accordance w	vith the requirements of Pub. 3112 , IRS e-file					
Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information fo	r Authorized IRS e-file Providers for Business					
Returns.						
EDOIs signature	Date ▶ 10-15-2018					
ERO's signature						

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

Federal Supporting Statements	2017 PG01
Name(s) as shown on return	65-0949567
Winprobe Corporation	
Form 1120 - Line 26 - Other Deduction	s Statement #5
Investment in smare	Amount (47,983) 961 1,559 7,186 30,298 1,622 5,498 50,450 9,973 2,062 2,755 479,833 4,195 548,409 PG01 Statement #8 Year End Of Year 6,720 126,720 6,720 126,720 PG01 Statement #11
Description Beg Of Payroll Tax Liab	Year End Of Year 2,916
	4,982 2,916
1004	

Federal Supporting Statements	2017 PG01
ine(s) as shown on return inprobe Corporation	65-0949567
Schedule M-1 Line 5C Expenses recorded on Books	Statement #16
escription Form 6765 Credit Adjustment	Amount 47,983
otal	47,983
Schedule M-2 - Line 3 - Other Increases	PG01 Statement #19
Description PY Adjustment 2015 amended 1120	Amount 582,671
Potal	582,671
Form 6765 - Line 17/34 - Explanation	PG01 Statement #6
Type And Location Of Deduction Research and Development Costs 26	Amount 479,833

		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.		2017
ORPO	ORATION NAME	moraling with a paper mod recam to optional		EIN
Wi	nprobe Corp	oration		65-0949567
	s and Licenses			Form 1120, line 17 Form 1120-C, line 15 Form 1120-H, line 12
1	State income taxes		1	
2	State franchise taxes		2	
	City income taxes		3	
4	City franchise taxes		4	
5	Real estate taxes		5	
6	Local property taxes		6	
7	Intangible property tax	es	8	24,386
8	Payroll taxes	0040	9	24,300
9	Less: credit from Form	8840	10	
10	Foreign taxes paid		11	
11 12	Occupancy taxes Other miscellaneous t	NAS.	12	701
13	Licenses	ines	13	
	Licenses			
14	Total to Form 1120, Pa	ige 1, Line 17	14	25,087

Adjusted Current Earnings (ACE) Worksheet

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

(Keep for your records)

2017 Tax ID Number

	s slow of return	65-0949567
vinp	robe Corporation	
	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626	1 (933,651)
1		
2	ACE depreciation adjustment: AMT depreciation	
b	ACE depreciation:	
	(1) Post-1993 property	
	(2) Post-1989, pre-1994 property	
	(3) Pre-1990 MACRS property	
	(4) Pre-1990 original ACRS property 2b(4)	
	(5) Property described in sections	
	168(f)(1) through (4)	
	(6) Other property	
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2c
C	ACE depreciation adjustment. Subtract line 2b(7) from line 2a	26
3	Inclusion in ACE of items included in earnings and profits (E&P):	
а	Tax-exempt interest income	
b	Death benefits from life insurance contracts	
С	All other distributions from life insurance contracts (including surrenders)	
d		
е	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix)	
	for a partial list)	
· f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f
4	Disallowance of items not deductible from E&P:	
а	Certain dividends received	-
b	Dividends paid on certain preferred stock of public utilities that are	
	deductible under section 247	-
C	Dividends paid to an ESOP that are deductible under section 404(k)	-
d	Nonpatronage dividends that are paid and deductible under section	
	1382(c)	-
е		
	partial list)	Transfer of the second
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a	45
	through 4e	4f
5	Other adjustments based on rules for figuring E&P:	
a	Intangible drilling costs	-
k		10000
	Organizational expenditures	-
(LIFO inventory adjustments	-
	Installment sales	Ef
1		5f
6	Disallowance of loss on exchange of debt pools	6
7	Acquisition expenses of life insurance companies for qualified foreign contracts	7
8	Depletion	. 8
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	3
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here	. 10 (933,651
1	and on line 4a of Form 4626	. 10 (933,651

* Iter of du	* Item was disposed of during current year.					Depre	Depreciation Detail Listing	ail Listin	<u>p</u>					2017 PAGE 1	
Name	Name(s) as shown on return					-	For your records only	only				Social sec	 Social security number/EIN		
s	Winprobe Corporation								-			65	65-0949567		
No.	Description	Date	Cost	Basis Adjustment	Business	Section 179	Bonus	Depreciable	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated	AMT
г	HP 4100 Printer	02052002	1,396		100.00		P4		1000		0	1,396		1,396	
2	Sony E-Solution Lapto	01092003	2,173		100.00						0	2,173	6	2,173	c
en	Office Equipment	01232013	2,825		100.00			ì			20	2,400	282	2,682	787
4	Office Equipment	06282013	1,059		100,00		PY 530	lin.			20		106	1,00/	901
2	Office Equipment	08292013	6,857		100.00						14.286		490	5,634	7 6 6
9	Office Equipment	01292014	2,470		100.00	1	1,235	dh,			2 0	1,855	747	2, 237	7 5 2
7	Office Equipment	02252014	2,631		100.00		PY 1,316	, , ,	315 5	SI. HY	20	203	27	230	27
ω c	Office Equipment	03312014	1.200		100.00		009 Kd				20	006	120	1,020	120
10		01262016	130		100,00		PY 65		65	SL HY	20	72	13	85	13
			110 10					.'6	790	- 2		17,010	1,548	18,564	1,548
-	To als		21,01						200	70 and C'V B	SILMO			ST ADJ:	
	Land Amount Net Depreciable Cost		21,011	П			PY 11, 221	-	TOTA	or 179 and or bonus TOTAL CY Depr includin, 179/bonus	ncludin	179/bonus	1,548		

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

(Keep for your records)

2017

Tax ID Number

Name(s) as shown on return 65-0949567

nprobe (Corporation				65-0949567
Year	Loss Carryover/ Carryback	Increase of NOL Due to Sec 170(d)(2)(B) Contribution Reduction*	Loss Applied to 2017	Unused Loss	Unused Sec 170(d)(2)(B)
1997		700000000000000000000000000000000000000		Expiring this year	Expiring this year
1998					-
1999					
2000					
2001					
2002					
2003			, v		
2004					
2005					
2006					
2007					
2008					
2009					
2010	222,876			222,876	,
2011			P		
2012	259,322			259,322	
2013	589,902			589,902	
2014	805,942		-	805,942	
2015	1,680,718			1,680,718	
2016	795,107			795,107	
	Current year NOL		Applied to Prior Years	Remaining 2017 NOL carryover	
2017	933,651			933,651	
	Future years NOL		Applied to 2017		
Future Years					
TOTALS	5,287,518		0	5,287,518	

^{*} 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.

Current Year Unused General Business Credit

(Keep for your records)

2017

Name(s) as shown on return

Tax ID Number

inpro	be Corporation	-			65-0949567
Code A		Original Credit	Original Credit	Carryback to	Carryover to
lumber	Description	Amount	Allowed	2016	2018
3468	Investment				
6765	Increasing research				
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			4	
8864	Biodiesel & renewable diesel fuels		dh.		
8896	Low sulfur diesel fuel production		4		
	Distilled spirits				
8906	Reserved		477		
8908	Energy efficient home				
0900	Reserved				
8910	Alternative motor vehicle	4864			
8911	Alternative fuel vehicle				
8830	Enhanced oil recovery				
8923	Mine rescue team training			**	
0923	Reserved				
8932	Employer differential wage payments				
8933	Carbon dioxide sequestration				
8936	Qualified plug-in electric drive				
0930	Reserved				
5884-A	Credits for disaster area employers				
1065-B	Electing large partnership				
8904	Oil & gas production from marginal wells				
8844	Empowerment zone credit				
3468	Investment				
5884	Work opportunity				
6478	Biofuel Producer	•			
8586	Low-income housing	2			
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	47,983	3		47,98
0700	Totals	47,983	3		47,9

Carryover/Carryforward Worksheet

2017 (Keep for your records) Form 1120 Name(s) as shown on return 65-0949567 Winprobe Corporation To Next Year Form 1120 5,287,518 1,728,758 Schedule D (Form 1120) Reserved for future use Carryover expiring this year Form 2220 Tax Form 3800 47,983 General business credit carryforward Form 4562 Form 4797 Nonrecaptured net section 1231 losses from WK_1231C (Reg. Tax) Nonrecaptured net section 1231 losses from WK_1231C (AMT) Reserved Reserved for future use

Form 8827

Current year Alternative Minimum Tax from Form 4626

Minimum tax credit carryforward

Form 4626, Line 6, AMT NOL Deduction

(Keep for your records)

2017

Name(s) as shown on return

Tay ID Number

1,728,758

65-0949567 Winprobe Corporation Loss Carryover/ Carryback Loss **Unused Loss** Applied to 2017 Year Expiring 1997 this year 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 795,107 795,107 2016 Remaining 2017 NOL carryover **Current year NOL Applied to Prior Years** 933,651 933,651 2017 Applied to 2017 Future years NOL Future Years

1,728,758

TOTALS

1120 TAX RETURN COMPARISON 2015 / 2016 / 2017

2017

Name(s) as shown on return
Winprobe Corporation

Identifying number 65-0949567

	2015 FEDERAL	2016 FEDERAL	2017 FEDERAL	DIFFERENCE BETWEEN 2016 & 2017
Net receipts	36,135	119,000	141,007	22,007
Cost of goods sold	6,500	(29,517)	35,576	65,093
Gross profit	29,635	148,517	105,431	(43,086)
Dividends				
Interest				
Gross rents				
Gross regalties				
Capital gain net income				
Net gain/loss from 4797				
Other income				
	29,635	148,517	105,431	(43,086)
Total income	237000		**************************************	
		83,333	200,000	116,667
Compensation of officers	452,197	165,000	165,000	
Salaries and wages	5,417	320	67.6	356
Repairs and maintenance	J, 417	320		
Bad debts	91,989	94,371	81,819	(12,552)
Rents	468	16,251	25,087	8,836
Taxes and licenses	400	10,201	328	328
nterest	***************************************		320	020
Charitable contributions	1 505	1,607	1,548	(59
Depreciation	1,535	1,007	1,540	(33
Depletion				
Advertising				
Pension, profit-sharing	0.515	15 622	16 015	582
Employee benefits	30,979	15,633	16,215	302
Domestic production activities ded		5.65 100	F40 400	(18,700
Other deductions	1,127,768 1,710,353	567,109	548,409	95,458
Total deductions	1,710,353	» 943 , 624	1,039,082	95,436
NOL deduction				
Special deductions				1.000
				/100 544
Taxable income	(1,680,718)	(795, 107)	(933,651)	(138,544
Total tax				
Estimated taxes paid				
Total payments line 32h				
Total paymone in a series				
Amount owed				
Overpayment				
Applied to estimate				
Refund				
Neiunu				2007
RESIDENT STATE	FL	FL	FL	
Taxable				
Tax				
Overpayment				
Dalaine Due	2015	2016	2017	DIFFERENCE

FEIN_ 65-0949567

DS01 F-1120, R. 01/17

For calendar year 2017 or tax ye				Rule 12C-1.051 Florida Administrative Code Effective 01/17
8834020171231	100020050371365094	956700002		
Address 11662]	BE CORPORATION LAKESHORE PLACE, PALM BEACH, FL 334	Check here if any changes have been made to name or address		
Computation of Florida	Net Income Tax			
 Federal taxable inc 	ome (see instructions)			933651.00
Attach pages 1-5	of federal return		e if negative X	933631.00
State income taxes	deducted in computing federal taxab	ole income Chack bere	e if negative	0.00
(attach schedule) . 3. Additions to federal	taxable income (from Schedule I)	Check here	e if negative	0.00
4. Total of Lines 1.2	and 3	Check here		933651.00
5. Subtractions from f	ederal taxable income (from Schedul	e II) Check here	e if negative	767.00
6. Adjusted federal in	come (Line 4 minus Line 5)	Check here	e if negative 📉	934418.00
7. Florida portion of a	idjusted federal income (see instruction	ons) Check here	e if negative X	934418.00
8. Nonbusiness incom	ne allocated to Florida (from Schedul	e R) Check here	e if negative	0.00
Florida exemption				0.00
Florida net income	(Line 7 plus Line 8 minus Line 9) .			0.00
11. Tax due: 5.5% of L	ine 10 or amount from Schedule VI, rSchedule VI)	whichever is greater		0.00
12. Credits against the	tax (from Schedule V)			0.00
13. Total corporate inc	come/franchise tax due (Line 11 minu	s Line 12)		0.00
	0.00 b) Other _	0.00		0 11
c) Interest: F-2220	(), () () () () () () () () () () () () ()	0.00 Line 14 T	otal V	0.00
15. Total of Lines 13 a	and 14			0.00
Payment credits:	Estimated tax payments 16a \$	0.00		0.00
	Tentative tax payment 16b \$	ENA. THE STATE OF		0.00
17. Total amount due:	Subtract Line 16 from Line 15. If pos gative (overpayment), enter on Line 1	III ve, emer amount due nere and	on payment coupon.	0.00
If the amount is ne	gative (overpayment), enter on time unt of overpayment credited to next	vear's estimated tax here and o	on payment coupon	0.00
 Credit: Enter amo Refund: Enter am 	ount of overpayment to be refunded	here and on payment coupon		0.00
19. Rejulia. Litter am				
		+		
Florida Corpor	ate Income Tax Return	<i></i>	12-31-15	DS01 F-1120
		Do Not Detach	YEAR ENDING 12-31-17	R. 01/17
	To ensure proper credit to your	account, enclose your check	k with tax return when mailing.	10000
	CONTROL MILON	If C/20 year and rat	um is due 1st day of the 4th month a	fter the close of the
	ROBE CORPORATION LAKESHORE PLACE,	taxable year, other	wise return is due 1st day of the 5th	month after the close
	LAKESHORE FLACE,	of the taxable year.		
City/State/ZIP NORTH	H PALM BEACH, FL 3	3408		
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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 comp	pleted in its entirety.						
		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 of	on all information of which preparer has any knowledge.					
Sign here	Signature of officer (must be an original signature) Date 04.	/20/2018 Title PRESIDENT					
Paid preparers		Preparer check if self-employed Prinn Proparer's PTIN P01039037					
only .	Firm's name (or yours if self-employed) and address DBROOKS AND ASSOCIATION ASSOCIATION AND ASSOCIATION AS	ATES CPAS FEIN 27-1319467 PALM BEAC ZIP 33410					
	All Taxpayers Must Answer Questions A	Through M Below - See Instructions					
A. State of incorporation: DELAWARE H-2. Part of a federal consolidated return? YES NO X If yes, provide:							
B. Florida Secre	etary of State document number:	FEIN from federal consolidated return:					
C. Florida consolidated return? YES NO Name of corporation: Name of corporation:							
D. Initial return I Final return (Ilinal lederal fetuli filed)							
T Election A Election B City: NORTH PALM BEAC State: FL ZIP: 33408							
F. Principal Business Activity Code (as pertains to Florida) J. Taxpayer is a member of a Florida partnership or joint venture? YES NO 2							
K. Enter date of latest IRS audit							
3 3 9 1 1 0 a) List years examined:							
G. A Florida extension of time was timely filed? YES NO L. Contact person concerning this return: W. GUY SCOTT (5.6.1) 6.2.6-1/1.0.5							
H-1. Corporation is a member of a controlled group? YES NO Solve yes, attach list, a) Contact person telephone number: (561) 626-4405 GSCOTT@WINPROBE.CO							
b) Contact person e-mail address: GSCOTT@WINPROBE.COM M. Type of federal return filed							
Where to	Send Payments and Returns						
	Make check payable to and mail with return to:						
	epartment of Revenue	Make your check payable to the Florida					
2222	rennessee Street see FL 32399-0135	Department of Revenue.					
3 90 90 100	esting a refund (Line 19), send your return to:	Write your FEIN on your check.					
	epartment of Revenue	Sign your check and return.					
	see FL 32314-6440	*					
		Attach a copy of your federal return.					
		 Attach a copy of your Florida Form F-7004 (extension of time) if applicable. 					



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NAME WINPROBE CORPORATION FEIN 65-0949567 TAXABLE YEAR ENDING 12-31-17

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
Interest excluded from federal taxable income (see instructions)	1.	1.
Undistributed net long-term capital gains (see instructions)	2.	2.
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.
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. Golumn (a) total is also entered an 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	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 tess attributable expenses (a) Enter s. 951, IRC subpart F income \$ (b) less direct and indirect expenses \$	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.
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

EIN 65-0949567

TAXABLE YEAR ENDING 12-31-17

NAME WINFRODE C		FEII		-094956	/	TAXABLE YEAR EN	NDING -	12-31-17
Schedule III - Apporti								
III-A For use by taxpayers doing bus	iness outside Florida, excep	ot those providing insurance	ce or transp	ortation services.				
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)		(c) (a) + Col. (b) to Six Decimal Places		(d) Weight y factor in Column (b) is zo te on Page 9 of the instruc		(e) Weighted Factors Rounded to Six Decim Places
Property (Schedule III-B below)	0					X 25% or		
2. Payroll	0	(X 25% or		
3. Sales (Schedule III-C below)	0	(X 50% or		
4. Apportionment fraction (Sum of Lines	s 1, 2, and 3, Column [e]). Ente	er here and on Schedule IV,	Line 2.					1.0000
III-B For use in computing average va	alue of property (use original	WIT	HIN FLOR	RIDA		T	OTAL EV	ERYWHERE
cost).		a. Beginning of year	ar	b. End of yea	г	c. Beginning of year		d. End of year
1. Inventories of raw material, work in p	rocess, finished goods	(0.00		0.00	0	.00	0.
2. Buildings and other depreciable asse	ets		0.00		0.00	0	.00	0.
3. Land owned		(0.00		0.00	0	.00	0.
 Other tangible and intangible (financi schedule) 	al org. only) assets (attach		0.00		0.00	0	.00	0.
5. Total (Lines 1 through 4)		C	0.00		0.00		.00	0.
6. Average value of property					4		,	
a. Add Line 5, Columns (a) and (b)	and divide by 2 (for within Flor	rida) 6a.			0.0	00		
b. Add Line 5, Columns (c) and (d)	and divide by 2 (for total every	where)				6b.		0.00
7. Rented property (8 times net annual	rent)			- Addition				
a. Rented property in Florida		7a	add State of the last of the l		0.0	00		
b. Rented property Everywhere		4				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 als	o enter on Schedule III-A, Line	e 1,						
Column (a) for total average prop	perty in Florida	8a		100	0.0	00		
b. Enter Lines 6 b. plus 7 b. and als	o enter on Schedule III-A, Line	e 1,						
Column (b) for total average prop	erty Everywhere					8b		0.00
III-C Sales Factor					TOTAL V	(a) VITHIN FLORIDA (Numerator)	тота	(b) AL EVERYWHERE (Denominator)
1. Sales (gross receipts)						N/A		
2. Sales delivered or shipped to Florida purchasers							N/A	
3. Other gross receipts (rents	40000)					
4. TOTAL SALES (Enter on	Schedule III-A, Line 3, (Columns [a] and [b])				0.00		0.0
III-D Special Apportionment Free			(a) WITHI	N FLORIDA	(b) TOT	AL EVERYWHERE	(c) FLOF Round	RIDA Fraction ([a] ÷ [ed to Six Decimal Places
 Insurance companies (atta 	ch copy of Schedule T-	Annual Report)						
Transportation services								
		b						

Schedule IV - Computation of Florida Portion of Adjusted Federal	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. 1.000	000 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.

22.



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

NAMEWINPROBE CORPORATION FEIN 65-0949567 TAXABLE YEAR ENDING 12-31-17 Schedule V - Credits Against the Corporate Income/Franchise Tax 1. Florida health maintenance organization credit (attach assessment notice) Capital investment tax credit (attach certification letter) 2. Enterprise zone jobs credit (from Florida Form F-1156Z attached) 3. Community contribution tax credit (attach certification letter) 4. Enterprise zone property tax credit (from Florida Form F-1158Z attached) 5. Rural job tax credit (attach certification letter) 6. Urban high crime area job tax credit (attach certification letter) 7. 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.

Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)	
Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
State income taxes deducted in computing federal taxable income (attach schedule)	2.
Additions to federal taxable income (from Schedule I, Column [b])	3.
4. Total of Lines 1 through 3	4.
5. Subtractions from rederal 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 ENDING12-31-17 Schedule R - Nonbusiness Income Line 1. Nonbusiness income (loss) allocated to Florida Type **Amount** (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 Line 3. Total nonbusiness income (Enter here and on Schedule II, Line 7) Estimated Tax Worksheet For Taxable Years Beginning On or After January 1, 2018 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of 3. Estimated Florida net income (Line 1 less Line 2) 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 If 6/30 year end, last day of 4th month, Payment due dates and payment amounts: otherwise last day of 5th month - Enter 0.25 of Line 4 5a. 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). 2. Less: (a) Amount of overpayment from last year elected for credit (b) Payments made on estimated tax declaration (Florida Form F-1120ES) 2b. - \$

			***************************************	ROM INCOME - FL NO		
Tax	(a) Adjusted Federal	(b) FL Apport.	(c) FL Apportioned	(d) NOLCO Applied	(e) FL Net Income	(f) NOL Carry Forward
Year	Income/Loss	Fraction	NOLCO	NOLCO Applied	or Loss	to Next Year
1997						
1998				7.		
1999						
2000						
		1		4		3 .0 .
2001						
2002						
2003						
2003						
2004			4000			
2005						i: 170
2005						
2006						
2007					99	
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)
					(050 200)	
2012	(259, 322)	1.000000	(259,322)		(259, 322)	(455,132)
2013	(585,297)	1.000000	(585, 297)		(585 , 297)	(1,040,485)
	1006 700	1 000000	1006 700		(006 700)	(1 0/7 10/1)
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)
0045	(70E 074)	1 000000	(705 074)		1705 0741	(4 324 552)
2016	(795,874)		(795,874)		(795,874)	
2017	(934,418)	1.000000	(934,418)		(934,418)	(5,258,971)

FEIN

TAXABLE YEAR ENDING

65-0949567

12-31-2017

	FL St	ubtractions 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
2011				
2012				
2013	5,372	3,835	767	770
2014		,		
2015				
2016				
2017				
	FL Su	btractions 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
2011				
2012				
2013				
2014				
2015				ş .
2016				
2017				

Filing Instructions 2017 **FLINST** SSN or EIN Name(s) as shown on return 65-0949567 WINPROBE CORPORATION

DATE TO FILE BY:

05-01-2018

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:

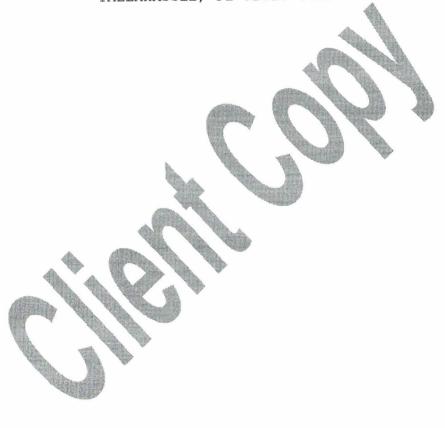
\$0.00

ADDRESS TO FILE:

FLORIDA DEPARTMENT OF REVENUE

PO BOX 6440

TALLAHASSEE, FL 32314-6440



Form **8879-C**

IRS e-file Signature Authorization for Form 1120

	For calendar year 2017, or tax year beginning, 2017, ending		- 2017
Department of the Treasury	Do not send to the IRS. Keep for your records.		_ 2017
Internal Revenue Service	► Go to www.irs.gov/Form8879C for the latest informat	ion.	
Name of corporation		Employer identification r	number
<u>Winprobe Cor</u>	poration	65-094956	7
Part I Tax Ret	urn Information (Whole dollars only)		
	orm 1120, line 11)		1 105,431
2 Taxable income	(Form 1120, line 30)		2 (933,651)
	120, line 31)		3
	orm 1120, line 34)		4
	orm 1120, line 35)		5
Part II Declara	tion and Signature Authorization of Officer. Be sure to get a	copy of the cor	
2017 electronic income ta true, correct, and complete electronic income tax retusend the corporation's re- transmission, (b) the rea- the U.S. Treasury and its institution account indicate the financial institution to 1-888-353-4537 no later in the processing of the e- issues related to the payr	y, I declare that I am an officer of the above corporation and that I have examined ax return and accompanying schedules and statements and to the best of my know the I further declare that the amounts in Part I above are the amounts shown on the turn. I consent to allow my electronic return originator (ERO), transmitter, or intermentum to the IRS and to receive from the IRS (a) an acknowledgement of receipt of son for any delay in processing the return or refund, and (c) the date of any refundesignated Financial Agent to initiate an electronic funds withdrawal (direct debit) and in the tax preparation software for payment of the corporation's federal taxes over debit the entry to this account. To revoke a payment, I must contact the U.S. Treast than 2 business days prior to the payment (settlement) date. I also authorize the electronic payment of taxes to receive confidential information necessary to answer ment. I have selected a personal identification number (PIN) as my signature for the applicable, the corporation's consent to electronic funds withdrawal.	vledge and belief, it is e copy of the corpora ediate service provide or reason for rejection and. If applicable, I au entry to the financial wed on this retum, and sury Financial Agent a e financial institutions or inquiries and resolve	s tion's er to n of the thorize d at involved
Officer's PIN: check one	box only D Brooks and Associates CPA to enter my PIN 6789	24	
		g 4 as my si ter all zeros	ignature
As an officer of return.	of the corporation, I will enter my PIN as my signature on the corporation's 2017 el	ectronically filed inco	ome tax
Officer's signature	Date ▶ 04-20-2018	}_ Title ▶ <u>Presi</u>	dent
Part III Certific	ation and Authentication		
J. di. viii	ation and radiomioation		
ERO's EFIN/PIN. Enter y	our six-digit EFIN followed by your five-digit self-selected PIN.	603008 811	70
corporation indicated abo	meric entry is my PIN, which is my signature on the 2017 electronically filed incomove. I confirm that I am submitting this return in accordance with the requirement tion, and Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS e-File (MeF)	ne tax return for the s of Pub. 3112 , IRS	e-file
ERO's signature	D	pate ▶ <u>10-15-</u>	-2018

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