Acknowledgement and General Information for Entities That File Returns Electronically	2018
Name(s) as shown on return Winprobe Corporation	Employer Identification Number **-**9567
Entity address	
11662 Lakeshore Place	
North Palm Beach, FL 33408	
Thank you for participating in IRS e-file.	
1. X 2018 7004 income tax retum for Federal was filed of The electronic filing services were provided by D Brooks and Associates CPAs	electronically. 5 PA .
2. X 7004 income tax return was accepted on 04-05-2019 using a Person an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to e The submission ID assigned to this return is 6030082019095ii31yna	nal Identification Number (PIN) as nter or generate a PIN signature.
PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RE	

Form	1120	0		U.S	. Corporatio	on Income	e Tax	Return			L	OMB No. 1545-0123
		Treasury	For calendar year 2018 or tax year beginning, 2018, ending, 20							2018		
Internal F	levenue				irs.gov/Form1120	for instruction	ns and	the latest info	ormatio		Employ	
(attac	b Life/nonlife consoli-			Name Winprobe	Corporation						65-	er identification number 0949567 orporated
dated 2 Perso	l return	•••••	TYPE OR	Number, street, a	nd room or suite no. If	a P.O. box, see	instructi	ons.			09-	23-1999
3 Perso			PRINT	11662 Lak	eshore Place					D		sets (see instructions)
	nstructio	attached		City or town, state	or province, country	and ZIP or foreig	n postal	code				
- Sche	uule IVI-3			North Pal	m Beach		FL	33408		\$		222,963
			E Check	if: (1) Initi	al return (2)	Final return	(3)	Name change	(4)	A	ddress cha	inge
		Gross receipts						1a	22	5,47	8	
		Returns and allo						1b			-	
		Balance. Subtra									1c	225,478
		0	`	,							2	005 450
Ð		·			\cdots						3	225,478
ncome	_							• • • • • • •			4	
<u>n</u>											6	
											7	
					D (Form 1120))						8	
		1 0	`		line 17 (attach Forr						9	
					tement)						10	22
		Total income.								. ►	11	225,500
;;					- attach Form 1125		_			. ►	12	33,333
	13	Salaries and wa	ages (less	employment crea	dits)						13	405,992
iou	14	Repairs and ma	aintenance								14	1,536
ncti	15	Bad debts .									15	
ded	16	Rents									16	68,595
on deductions.)	17	Taxes and licen	ises					Wks. Ta	ax/Li	с	17	394
	18	Interest (see ins	structions)							• •	18	
tions for limitations	-	Charitable contr									19	
mit	20	Depreciation fro	om Form 4	562 not claimed	on Form 1125-A or	elsewhere on	retum (attach Form 45	62)	•••	20	1,355
or Li	21	•								21		
Is fe		0				••••	• • • •		• • •	•••	22	
tior		Pension, profit-s									23	
Deductions (See instruc											24	15,875
inst											25	
see											26	378,342
s (S					26 deduction and spec						27 28	905,422
tion				ion (see instruction					me II.	•••	20	(679,922)
luct		1 0			olumn (c))						-	
Dec					· · · · · · · · · · · · · · · · · · ·						29c	
					line 28. See instruc						30	(679,922)
s, S											31	0
Tax, Refundable Credits, & Payments					, Part II, line 12)						32	
ents					et tax liability (Sche						33	
aymo	34	Estimated tax p	enalty. Se	e instructions. Ch	eck if Form 2220 is	attached .		· · · · · · · ·	. ►		34	
P	35	Amount owed.	. If line 33	is smaller than t	he total of lines 31,	, 32, and 34, er	nter am	ount owed .			35	
ax, F	36	Overpayment.	If line 33 i	is larger than the	total of lines 31, 3	2, and 34, ente	er amou	unt overpaid			36	
-	37	Enter amount fi	rom line 3	6 you want: Cree	dited to 2019 estin	nated tax 🕨		F	Refunde	ed ►	37	
					nis return, including accor				best of m	/ knowle	edge and b	elief, it is true, correct,
Sign		complete. Deciaratio	or preparel	tomer man taxpayer	no based on an iniomiati	on or which prepare	a nas any	mowieuge.		м	ay the IRS	discuss this return
Here		alter G Sc	ott				resid	ent		w	ith the pre	parer shown below?
	S	ignature of officer			Date	Title				S	ee instruct	
D - ' '		Print/Type prepar			Preparer's signature			Date		Check	if	PTIN
Paid		David D						10-15-20		self-em		P01039037
Prepa					ssociates CPA	as Pa					27-13	19467
Use (лпу	Firm's address		PGA Boule		0			Phone r			07
			Paim	beach Gar	dens FL 3341	U			<u> (</u>	54/5	592-25	/ /

Form	1120 (2018) Winprobe Corporation	65-0949	567 Page 2
Sc	hedule C Dividends, Inclusions, and Special Deductions (a) Dividends and inclusions	(b) %	(c) Special deductions (a) × (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed		
2	stock)	50	
2	stock)	65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations	see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities	23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities	26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs	50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs	65	
8	Dividends from wholly owned foreign subsidiaries	100	
9	Subtotal. Add lines 1 through 8. See instructions for limitations	see instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958	100	
		100	
11	Dividends from affiliated group members	100	
12	Dividends from certain FSCs	100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign	400	
14	corporation (excluding hybrid dividends) (see instructions)	100	
	(including any hybrid dividends)		
15	Section 965(a) inclusion	see instructions	
16a			
	the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)	100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s)	100	
	5471) (see instructions)		
C	Other inclusions from CFCs under subpart F not included on line 15, 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)		
17	Global Intangible Low-Taxed Income (GILTI)(attach Form(s) 5471 and Form 8992)		
18	Gross-up for foreign taxes deemed paid		
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3		
20	Other dividends		
21	Deduction for dividends paid on certain preferred stock of public utilities		
22	Section 250 deduction (attach Form 8993)		
23	Total dividends and inclusions. Add lines 9 through 20. Enter here and on page 1,		
	line 4		
24	Total special deductions. Add lines 9 through 22, column (c). Enter here and on page 1, line 29b	· · · · 🕨	

Form	1120 (2018) Winprobe Corporation	65-09495	67 Page 3
So	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		
2	Income tax. See instructions	2	0
3	Base erosion minimum tax (attach Form 8991)	3	
4	Add lines 2 and 3	4	0
5a	Foreign tax credit (attach Form 1118)	0	
b	Credit from Form 8834 (see instructions) 5b		
С	General business credit (attach Form 3800)	0	
d	Credit for prior year minimum tax (attach Form 8827)		
е	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) ••••••••••••••••••••••••••••••••••••		
С	Interest due under the look-back method - completed long-term contracts (attach		
	Form 8697)		
d	Interest due under the look-back method - income forecast method (attach Form		
	8866)		
е	Alternative tax on qualifying shipping activities (attach Form 8902) 9e		
f	Other (see instructions - attach statement)		
10	Total. Add lines 9a through 9f		
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	0
Part	II - Section 965 Payments (see instructions)		
12	2018 net 965 tax liability paid from Form 965-B, Part II, column (k), line 2. Enter here an on page 1, line 32	12	
Part	III - Payments, Refundable Credits, and Section 965 Net Tax Liability		
13	2017 overpayment credited to 2018		
14	2018 estimated tax payments		
15	2018 refund applied for on Form 4466		()
16	Combine lines 13, 14, and 15		
17	Tax deposited with Form 7004		
18	Withholding (see instructions)		
19	Total payments. Add lines 16, 17, and 18	19	
20	Refundable credits from:		
a	Form 2439		
b	Form 4136		
C.	Form 8827, line 8c		
d	Other (attach statement - see instructions) 20d		
21	Total credits. Add lines 20a through 20d		
22	2018 net 965 tax liability from Form 965-B, Part I, column (d), line 2. See instructions		
23	Total payments, credits, and section 965 net tax liability Add lines 19, 21, and 22. Enter here and on page		
	line 33	23	Earm 4400 (0040)
EEA			Form 1120 (2018)

	1120 (2018) Winprobe Corporation		65-	0949567	Pa	age 4
Scł	nedule K Other Information (see instructions)	_				
1	Check accounting method: a 🗌 Cash b 🗴 Accrual	c ☐ 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	t-subsidiary controlled group	?			x
	If "Yes," enter name and EIN of the parent corporation 🕨					
4	At the end of the tax year:					
	a Did any foreign or domestic corporation, partnership (including	any entity treated as a partn	ership), trust, or tax-exemp	ot		
	organization own directly 20% or more, or own, directly or indir	ectly, 50% or more of the to	tal voting power of all class	ses of the		
	corporation's stock entitled to vote? If "Yes," complete Part I of	Schedule G (Form 1120) (a	ttach Schedule G)			х
	b Did any individual or estate own directly 20% or more, or own,	directly or indirectly, 50% or	more of the total voting po	ower of all		
	classes of the corporation's stock entitled to vote? If "Yes," cor	mplete Part II of Schedule G	(Form 1120) (attach Schee	dule G)	х	
5	At the end of the tax year, did the corporation:					
а	Own directly 20% or more, or own, directly or indirectly, 50% or more of the	e total voting power of all classe	s of stock entitled to vote of			
	any foreign or domestic corporation not included on Form 851, Affiliations	Schedule? For rules of construct	tive ownership, see instructior	ns		x
	If "Yes," complete (i) through (iv) below.					
	(i) Name of Corporation	(ii) Employer Identification Number	(iii) Country of Incorporation	(iv) Percent Owned in Vo		
		(if any)		Stock		
b C	own directly an interest of 20% or more, or own, directly or indirectly, an interest	erest of 50% or more in any fore	ign or domestic partnership			
(i	ncluding an entity treated as a partnership) or in the beneficial interest of a	trust? For rules of constructive	ownership, see instructions			х
If	"Yes," complete (i) through (iv) below.					
	(i) Name of Entity	(ii) Employer Identification Number	(iii) Country of Organization	(iv) Maxim Percentage Ow		
	(i) Name of Entity	(if any)		Profit, Loss, or (
6	During this tax year, did the corporation pay dividends (other than	stock dividends and distributi	ions in exchange for stock)	in		
	excess of the corporation's current and accumulated earnings and	profits? See sections 301 a	and 316			х
	If "Yes," file Form 5452, Corporate Report of Nondividend Distrik	outions. See the instructions	for Form 5452.			
	If this is a consolidated return, answer here for the parent corporat	ion and on Form 851 for eac	h subsidiary.			
7	At any time during the tax year, did one foreign person own, directly	y or indirectly, at least 25% o	of the total voting power of	all		
	classes of the corporation's stock entitled to vote or at least 25%	of the total value of all classe	es of the corporation's stoc	:k?		x
	For rules of attribution, see section 318. If "Yes," enter:					
	(a) Percentage owned ► and (b) Owne	er's country				
	(c) The corporation may have to file Form 5472, Information Re	turn of a 25% Foreign-Owne	ed U.S. Corporation or a F	oreign		
	Corporation Engaged in a U.S. Trade or Business. Enter the num	ber of Forms 5472 attached	▶0			
8	Check this box if the corporation issued publicly offered debt instru	uments with original issue dis		► 🗌		
	If checked, the corporation may have to file Form 8281, Informat	tion Return for Publicly Offer	red Original Issue Discour	t Instruments.		
9	Enter the amount of tax-exempt interest received or accrued durin	g 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 for	rego the carryback period, ch	heck here (see instructions))▶□		
	If the corporation is filing a consolidated return, the statement requ					
	or the election will not be valid.					
12	Enter the available NOL carryover from prior tax years (do not rec	luce it by any deduction repo	orted on			
	page 1, line 29a.)			,287,518		
FFA			•	Form 11	20 (20	118)

Form	n 1120 (2018)	Winprobe Corporation	65-0949567		Page 5
Sc	chedule K	Other Information (continued from page 4)			
13	Are the corpor	ation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets	s at the end of the	Yes	No
	tax year less th	nan \$250,000?		x	
	If "Yes," the co	rporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount o	f cash distributions		
	and the book v	alue of property distributions (other than cash) made during the tax year > \$			
14		ion required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instruction			x
	If "Yes." compl	ete and attach Schedule UTP.			
15a		ation make any payments in 2018 that would require it to file Form(s) 1099?		x	
		will the corporation file required Forms 1099?		x	
16		ear, did the corporation have an 80% or more change in ownership, including a change due to redemption of its			x
17	• •	equent to this tax year, but before the filing of this return, did the corporation dispose of more than			
	•	a taxable, non-taxable, or tax deferred transaction?			x
18		ation receive assets in a section 351 transfer in which any of the transferred assets had a fair mai			~
10		f more than \$1 million?			x
10					•
19		poration's tax year, did the corporation make any payments that would require it to file Forms 1042			
~~					x
20		ion operating on a cooperative basis?			x
21	•	year, did the corporation pay or accrue any interest or royalty for which the deducton is not allowed			
	267A? See ins				x
		the total amount of the disallowed deductions > \$			
22		pration have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See section			
					x
		ete and attach Form 8991.			
23	Did the corpora	ation have an election under section 163(j) for any real property trade or business or any farming l			
	ι,	rear? See instructions			х
24	•	pration satisfy one of the following conditions and the corporation does not own a pass-through	· ·		
		ear carryover, excess business interest expense? See instructions		х	
а	The corporatio	n's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years	s preceding the		
	-	r do not exceed \$25 million, and the corporation is not a tax shelter, or			
b	The corporatio	n only has business interest expense from (1) an electing real property trade or business, (2) an electing real property trade or business	ecting farming		
	business, or (3) certain utility businesses under section 163(j)(7).			
	If "No," comple	te and attach Form 8990.			
25	Is the corporation	ion attaching Form 8996 to certify as a Qualified Opportunity Fund?			х
	If "Yes," enter a	amount from Form 8996, line 13			
EEA			Form 112	20 (201	8)

Form 1120 (2018) Winprobe Corporation Schedule L Balance Sheets per Books		of tax year	End of ta	A Year Page
Assets	(a)	(b)	(c)	(d)
1 Cash		76,188		41,872
2a Trade notes and accounts receivable				•
b Less allowance for bad debts	(-	()	
3 Inventories	/	29,558	/	53,279
4 U.S. government obligations			-	55,275
5 Tax-exempt securities (see instructions)			-	
6 Other current assets (attach statement)	Statement #8	126,720	-	126,720
7 Loans to shareholders	Scucemente #0	1207720	-	1207720
8 Mortgage and real estate loans			-	
9 Other investments (attach statement)			-	
0a Buildings and other depreciable assets	21,011		21,011	
b Less accumulated depreciation	(18,564)	2,447	(19,919)	1,092
1a Depletable assets	(10,504)	2,11/	(19,919)	1,092
b Less accumulated depletion	(-	(
2 Land (net of any amortization)	()			
3a Intangible assets (amortizable only)				
b Less accumulated amortization	(
4 Other assets (attach statement)	()			
		224 012		222.002
5 Total assets	-	234,913		222,963
Liabilities and Shareholders' Equity				100 107
6 Accounts payable			-	129,193
7 Mortgages, notes, bonds payable in less than 1 year				
8 Other current liabilities (attach statement)	Statement #11	2,916		80,000
9 Loans from shareholders		3,454,400	-	
Mortgages, notes, bonds payable in 1 year or more .		229,000	-	227,920
1 Other liabilities (attach statement)			-	
2 Capital stock: a Preferred stock				
b Common stock	7,832	7,832	13,107	13,107
3 Additional paid-in capital		1,549,150		5,572,275
4 Retained earnings-Appropriated (attach statement)				
5 Retained earnings-Unappropriated		(5,008,385)	-	(5,799,532
Adjustments to shareholders' equity (attach statement)				
27 Less cost of treasury stock		()	<u> </u>	
8 Total liabilities and shareholders' equity		234,913		222,963
Schedule M-1 Reconciliation of Incom		-		
Note: The corporation may b				
1 Net income (loss) per books	(791,147)		on books this year	
2 Federal income tax per books			nis return (itemize):	
3 Excess of capital losses over capital gains		Tax-exempt intere	est \$	
4 Income subject to tax not recorded on books				
this year (itemize):				
			s return not charged	
5 Expenses recorded on books this year not		-	ome this year (itemize):	
deducted on this return (itemize):			····\$ <u>1,355</u>	
a Depreciation \$		b Charitable contrib	outions \$	
b Charitable contributions \$				
c Travel and entertainment \$337				
				1,355
Statement #16 112,243	112,580	9 Add lines 7 and 8		1,355
6 Add lines 1 through 5	(678,567)		line 28)-line 6 less line 9	(679,922
Schedule M-2 Analysis of Unappropria				
1 Balance at beginning of year	(5,008,385)	5 Distributions:	a Cash	
2 Net income (loss) per books	(791,147)	-	b Stock	
3 Other increases (itemize):			c Property	
		6 Other decreases	(itemize):	
		7 Add lines 5 and 6		

Form	1125-A
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Cost of Goods Sold

OMB No. 1545-0123

(Rev.	(Rev. November 2018) Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.				5-0123
Depar Intern	tment of the Treasury al Revenue Service	► Go to www.irs.gov/Form1125A for the latest information.			
Name	1		Employ	er identification nu	mber
Wi	nprobe Corpo	ration	65-	-0949567	
1	Inventory at beginning	of year		29,	558
2	Purchases			23,	721
3	Cost of labor				
4	Additional section 263	A costs (attach schedule)			
5	Other costs (attach sch	nedule)			
6	Total. Add lines 1 thro	bugh 5		53,	279
7	Inventory at end of year	ar		53,	279
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 you	r tax retum. See instructions			0
9a	Check all methods use	d for valuing closing inventory:			
	(i) 🗌 Cost				
	(ii) 🔀 Lower of cost o	r market			
	(iii) 🗌 Other (Specify	method used and attach explanation.)			
b	Check if there was a w	ritedown of subnormal goods			
с	Check if the LIFO inve	ntory method was adopted this tax year for any goods (if checked, attach Form 970)			
d	If the LIFO inventory m	nethod 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	X No
f	Was there any change	in determining quantities, cost, or valuations between opening and closing inventory? If "Yes,"	I		
	attach explanation .			🗌 Yes	🛛 No

Form	3800

General Business Credit

OMB No. 1545-0895

				2018
Depart	ment of the Treasury	Go to www.irs.gov/Form3800 for instructions and the latest information.		Attachment
	al Revenue Service (99)	You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return		Attachment Sequence No. 22
	(s) shown on return			ying number
	inprobe Co			-0949567
Pa		Year Credit for Credits Not Allowed Against Tentative Minimum Tax (IMT)	
	,	ructions and complete Part(s) III before Parts I and II.)		
1		credit from line 2 of all Parts III with box A checked	1	
2	-	edits from line 2 of all Parts III with box B checked 2		
3		e passive activity credits allowed for 2018. See instructions	3	
4	, ,	neral business credit to 2018. Enter the amount from line 2 of Part III with		
_		ee instructions for statement to attach	4	
5		ral business credit from 2019. Enter the amount from line 2 of Part III with		
	box D checked. Se		5	
6	Add lines 1, 3, 4, a		6	0
		ole Credit		
7	Regular tax before			
		r the sum of the amounts from Form 1040, line 11a, and Schedule 2		
		e 46, or the sum of the amounts from Form 1040NR, lines 42 and 44		
	•	ter the amount from Form 1120, Schedule J, Part I, line 2; or the		
	applicable line of		7	
		ts. Enter the sum of the amounts from Form 1041, Schedule G,		
•		or the amount from the applicable line of your returm		
8	Alternative minimu			
		r the amount from Form 6251, line 11		
	•	tter -0	8	
	 Estates and trus 	ts. Enter the amount from Schedule I (Form 1041), line 56		
				0
9	Add lines 7 and 8		9	0
40-	E and the fact and diff.			
10a	Foreign tax credit		-	
b		credits (see instructions)	10-	0
С	Add lines 10a and	10b	10c	0
	Not in come tour	Culturent line 40e from line O. Marcon, alvin lines 40 through 45 and actor, O. on line 40		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	Not regular tax	Subtract line 10c from line 7. If zero or less, enter -0 12 0		
12	Net regular tax. S		-	
13	Eptor 25% (0.25)	of the excess, if any, of line 12 over \$25,000. See		
13				
14	Tentative minimum		-	
14		r the amount from Form 6251, line 9		
		tter -0		
	•	ts. Enter the amount from Schedule I	-	
	(Form 1041), line			
15	()·	f line 13 or line 14	15	0
15	0	m line 13 of line 14	15	0
10		of line 6 or line 16	10	0
.,		See the line 17 instructions if there has been an ownership change, acquisition,	1/	0
	or reorganization.	אין איז		
	or reorganization.			

For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2018)

EEA

Form 3800 (2018) Winprobe Corporation Part II Allowable Credit (continued)

ГС	Anowable Credit (continued)		
Not	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 2	26.
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 2018. 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	112,243
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 2018. See instructions	33	
34	Carryforward of business credit to 2018. 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 2019. 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	112,243
37	Enter the smaller of line 29 or line 36	37	0
20	Credit allowed for the current year. Add lines 29 and 27		
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. Schedule 3 (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	0

EEA

Form 3800 (2018)

	n 3800 (2018)			Page 3
Nam	e(s) shown on return			Identifying number
	nprobe Corporation			65-0949567
	rt III General Business Credits or Eligible Small Business Credit	s (se	ee instructions)	
	plete a separate Part III for each box checked below. See instructions.			
	· · · · · · · · · · · · · · · · · · ·	erved		
В		erved		
С			nall Business Credit	t Carryforwards
D		erved		
	If you are filing more than one Part III with box A or B checked, complete and attach first an			
	all Parts III with box A or B checked. Check here if this is the consolidated Part III		(b)	<u> </u>
Net			If claiming the cre	edit Enter the appropriate
	: On any line where the credit is from more than one source, a separate Part III is needed for each		from a pass-throu entity, enter the E	ign i i i i i i i i i i i i i i i i i i
1 a	-through entity. Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the L	
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
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)	11		
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		
Т	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	_1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1р		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	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 oxide sequestration (Form 8933)	1x		
y z	Qualified plug-in electric vehicle (carryforward only)	1y 1z		
a		1aa		
b		1bb		
ZZ				
	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
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		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	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 activities (Form 6765)	4i		112,243
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z		4z		110 040
5 6	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		<u>112,243</u> 112,243
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		<u> </u>

HEDULE G orm 1120) . December 2011) artment of the Treasury	Corpo	Certain Perso ration's Voting ► Attach to Form 1120	Stock		OMB No. 1545-0123
nal Revenue Service		 See instructions. 		Employer iden	tification number (EIN)
linprobe Corpor	ration				65-0949567
art I Certain Entiti columns (i) the as a partnersh	es Owning the Corporation rough (v) below for any for hip), trust, or tax-exempt of 6 or more of the total voting	eign or domestic correction or domestic correction that ow	propration, part ns directly 20%	nership (inclue or more, or o	Question 4a). Comp ding any entity treat wns, directly or
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Orga	nization (v) Per	rcentage Owned in Voting Stock
				*	
Question 4b) more, or own	viduals and Estates Own . Complete columns (i) thro s, directly or indirectly, 50° to vote (see instructions).	ough (iv) below for % or more of the to	any individual of	or estate that	owns directly 20% o
	Name of Individual or Estate		Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
lter G Scott		54	5-57-8246	US	89
					1

4562	De
TUUL	(Inc
	4562

preciation and Amortization

FOIII	(Including Information on Listed Property)						2018			
Depart	Department of the Treasury			your tax return					Attachment	
	I Revenue Service (99)	► G	o to <i>www.irs.go</i>					mation.		Sequence No. 179
,	s) shown on return			E	Business or activity		his form relates			Identifying number
	<u>iprobe Cor</u>				FORM 1					65-0949567
Pa		•	e Certain Pro	• •						
		• •	isted property,							
1	Maximum amount	,							1	
2	Total cost of section								2	
3								3 4		
4 5	Dollar limitation for			-					4	
5	separately, see ins				-		0		5	
6	Separately, see ma	(a) Description of pro			(b) Cost (business			cted cost		
<u> </u>		(a) Description of pro	operty			use only)				
7	Listed property. En	ter the amount fr	om line 29			7				
8	Total elected cost			unts in column (c), lines 6 and 7	·			8	
9	Tentative deductio						· · · · · · · · · · · · · · · · · · ·		9	-
10	Carryover of disall	owed deduction f	rom line 13 of yo	ur 2017 Form 45	562				10	
11	Business income li	mitation. Enter th	e smaller of busi	iness income (ne	ot less than zer	o) or lir	ne 5. See instr	uctions	11	
12	Section 179 expen	se deduction. Ad	d lines 9 and 10,	but don't enter r	more than line 1	1			12	
13	Carryover of disall	owed deduction t	o 2019. Add lines	s 9 and 10, less	line 12 🕨 🕨	13				
Note	Don't use Part II o									
Pa								isted pr	operty	y. See instructions.)
14	Special depreciation									
	during the tax year								14	
15	Property subject to								15	
16	Other depreciation								16	1,355
Pai	rt III MACRS	S Depreciatio	on (Don't inc			structio	ons.)			
17	MACDS deduction	a far acceta place	ad in convice in t		ction A				17	
18	MACRS deduction If you are electing				-				17	
10	asset accounts, ch	• • •					-			
			laced in Servi					al Depr	eciati	on System
	0001101	TE Accord	(b) Month and year	(c) Basis for depr	eciation	Ī			colati	
	(a) Classification of p	property	placed in service	(business/investm only-see instruct			(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property			· ·	,					-
b	5-year property									
С	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property				25	yrs.		S/	Ľ	
h	Residential rental		-		27.5	yrs.	MM	S/	Ľ	
	property				27.5	yrs.	MM	S/		
i	Nonresidential real				39	yrs.	MM	S/		
	property						MM	S/		
		: - Assets Place	ced in Service	During 2018	Tax Year Us	ing th	e Alternativ			ion System
<u>20a</u>	Class life							S/		
b	12-year					yrs.		S/		
<u>د</u>	30-year					yrs.	MM	S/		
	40-year	ary (See instru	uctions)		40	yrs.	MM	S/	L	
21	Listed property. Er		1						21	
21	Total. Add amoun			••••••••••••••••••••••••••••••••••••••	20 in column 6	···· hns (r	line 21 Enter	•••		
	here and on the ap		-						22	1,355
23	For assets shown		-							±,333
	portion of the basis				•••••	23				
							-			

OMB No. 1545-0172

Form 6765	Credit for Increasing Research Activities		OMB No. 1545-0619
Rev. December 2018)	Attach to your tax return.	-	• • •
epartment of the Treasury ternal Revenue Service	► Go to www.irs.gov/Form6765 for instructions and the latest information	n.	Attachment Sequence No. 81
ame(s) shown on return		Identifying nu	
inprobe Cor	poration	65-094	49567
	Credit. Skip this section and go to Section B if you are electing or previously elect		
Iternative simplified		,	0,
1 Certain amounts p	aid or incurred to energy consortia (see instructions)	1	
	yments to qualified organizations (see instructions) 2 561, 2		
•	tion base period amount		
4 Subtract line 3 from	n line 2. If zero or less, enter -0-	4	561,21
5 Wages for qualifie	d services (do not include wages used in figuring the		
	sredit)		
6 Cost of supplies			
7 Rental or lease co	sts of computers (see instructions)		
	le percentage of contract research expenses. See		
instructions			
9 Total qualified res	earch expenses. Add lines 5 through 8	0	
	ercentage, but not more than 16% (0.16) (see instructions) 10	%	
11 Enter average and	ual gross receipts. See instructions		
•	the percentage on line 10	0	
	om line 9. If zero or less, enter -0	0	
	50% (0.50)	0	
	of line 13 or line 14	15	
6 Add lines 1, 4, and		16	561,21
	ne reduced credit under section 280C? ► Yes No X		,
If "Yes," multiply li	ne 16 by 15.8% (0.158). 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		
	statement that must be attached. Fiscal year filers: see instructions. Members os or businesses under common control: see instructions for the statement that		
	statement that must be attached. Fiscal year filers: see instructions, Members os or businesses under common control: see instructions for the statement that	.#681 17	112,24
of controlled group must be attached	os or businesses under common control: see instructions for the statement that	.#681 17	112,24
of controlled group must be attached Section B - Alternat	bs or businesses under common control: see instructions for the statement that	18	112,24
of controlled group must be attached Section B - Alternat 18 Certain amounts p	by or businesses under common control: see instructions for the statement that 		112,24
of controlled group must be attached Section B - Alternat 18 Certain amounts p 19 Basic research pa	by or businesses under common control: see instructions for the statement that		112,24
of controlled group must be attached Section B - Alternat 18 Certain amounts p 19 Basic research pa instructions)	bes or businesses under common control: see instructions for the statement that		112,24
of controlled group must be attached fection B - Alternat Rectain amounts p Basic research pa instructions) Qualified organiza	aid or incurred to energy consortia (see the line 1 instructions)	18	112,24
of controlled group must be attached fection B - Alternat Certain amounts p Basic research pa instructions) Qualified organiza Subtract line 20 fro	aid or incurred to energy consortia (see the line 1 instructions) 19 tion base period amount (see the line 3 instructions) 20	· · 18 . · 21	112,24
of controlled group must be attached fection B - Alternat B Certain amounts p Basic research pa instructions) Qualified organiza Subtract line 20 fro 22 Add lines 18 and 2	aid or incurred to energy consortia (see the line 1 instructions) Image: Statement line 2 yments to qualified organizations (see the line 2 19 iton base period amount (see the line 3 instructions) 20	· · 18 · · 21 · · 22	112,24
of controlled group must be attached fection B - Alternat Basic research pa instructions) Qualified organiza Subtract line 20 fr Add lines 18 and 2 Multiply line 22 by	aid or incurred to energy consortia (see the line 1 instructions) Statement ywents to qualified organizations (see the line 2 19 tion base period amount (see the line 3 instructions) 20 20% (0.20) 20% (0.20)	· · 18 · · 21 · · 22	112,24
of controlled group must be attached ection B - Alternat Basic research pa instructions) Qualified organiza Subtract line 20 fm Add lines 18 and 2 Multiply line 22 by Wages for qualifie	aid or incurred to energy consortia (see the line 1 instructions) Statement tion base period amount (see the line 3 instructions) 19 amount 19. If zero or less, enter -0- 20 20% (0.20) 20 d services (do not include wages used in figuring the 19	· · 18 · · 21 · · 22	112,24
of controlled group must be attached ection B - Alternat B Certain amounts p Basic research pa instructions) Qualified organiza Subtract line 20 fro Qualified lines 18 and 2 Multiply line 22 by Wages for qualifie work opportunity of	aid or incurred to energy consortia (see the line 1 instructions) Statement yments to qualified organizations (see the line 2 19 tion base period amount (see the line 3 instructions) 20 orm line 19. If zero or less, enter -0- 20 20% (0.20) 24	· · 18 · · 21 · · 22	112,24
of controlled group must be attached fection B - Alternat Certain amounts p Basic research pa instructions) Qualified organiza Subtract line 20 fro Add lines 18 and 2 Multiply line 22 by Wages for qualifie work opportunity of Society of supplies	aid or incurred to energy consortia (see the line 1 instructions) 19 tion base period amount (see the line 3 instructions) 20 om line 19. If zero or less, enter -0- 20 20% (0.20) 24	· · 18 · · 21 · · 22	112,24
of controlled group must be attached fection B - Alternat Certain amounts p Basic research pa instructions) Qualified organiza Subtract line 20 fro Add lines 18 and 2 Multiply line 22 by Wages for qualifie work opportunity of Cost of supplies Rental or lease co	aid or incurred to energy consortia (see the line 1 instructions) 19 iton base period amount (see the line 3 instructions) 20 om line 19. If zero or less, enter -0- 20 20% (0.20) 21 20% (0.20) 24 20% (0.20) 24 25	· · 18 · · 21 · · 22	112,24
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of controlled group must be attached ection B - Alternat B Certain amounts p Basic research pa instructions) Qualified organiza Subtract line 20 fr 20 Add lines 18 and 2 Add lines 18 and 2 Multiply line 22 by Wages for qualifie work opportunity of Cost of supplies Rental or lease co 27 Enter the applicab line 8 instructions	aid or incurred to energy consortia (see the line 1 instructions) Statement tion base period amount (see the line 3 instructions) 19 aid or or less, enter -0 20 orm line 19. If zero or less, enter -0 20 20% (0.20) 24 credit) 24 credit) 24 credit) 26 energy consortia (see the line 7 instructions) 26	· · 18 · · 21 · · 22	112,24
of controlled group must be attached ection B - Alternat B Certain amounts p Basic research pa instructions) Qualified organiza Subtract line 20 fm 20 Add lines 18 and 2 23 Multiply line 22 by 24 Wages for qualifie work opportunity of 25 Cost of supplies 26 Rental or lease co 27 Enter the applicab line 8 instructions 28 Total qualified rese	aid or incurred to energy consortia (see the line 1 instructions) yments to qualified organizations (see the line 2 tion base period amount (see the line 3 instructions) 19 20 tom line 19. If zero or less, enter -0 11 20% (0.20) 20% (0.20) 20% (0.20) 20% (o.20) 21 22 23 24 25 26 26 27 28	· · 18 · · 21 · · 22	112,24
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of controlled group must be attached fection B - Alternat (18) Certain amounts p (19) Basic research paris instructions) (20) Qualified organiza (21) Subtract line 20 fm (22) Add lines 18 and 2 (23) Multiply line 22 by (24) Wages for qualifie work opportunity of (25) Cost of supplies (26) Rental or lease co (27) Enter the applicab line 8 instructions (28) Total qualified rese (29) Enter your total qu you had no qualified	aid or incurred to energy consortia (see the line 1 instructions) yments to qualified organizations (see the line 2 19 toon base period amount (see the line 3 instructions) om line 19. If zero or less, enter -0- 20% (0.20) d services (do not include wages used in figuring the credit) credit) ercedit) to computers (see the line 7 instructions) 24 25 26 epercentage of contract research expenses. See the 27 alified research expenses for the prior 3 tax years. If ed research expenses in any one of those years, skip	· · 18 · · 21 · · 22	112,24
of controlled group must be attached fection B - Alternat Bection B - Alternat Bection B - Alternat Besic research painstructions) Qualified organiza Subtract line 20 fr Add lines 18 and 2 Multiply line 22 by Wages for qualifie work opportunity of Cost of supplies Rental or lease co Finter the applicab line 8 instructions Total qualified rese Enter your total qui you had no qualified lines 30 and 31 .	aid or incurred to energy consortia (see the line 1 instructions) yments to qualified organizations (see the line 2 ition base period amount (see the line 3 instructions) om line 19. If zero or less, enter -0- 20% (0.20) d services (do not include wages used in figuring the credit) sts of computers (see the line 7 instructions) 26 27 28 28 27 28 28 29	· · 18 · · 21 · · 22	112,24
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of controlled group must be attached Section B - Alternat Bection B - Alternat Certain amounts p Basic research pa instructions) Qualified organiza Subtract line 20 fr Add lines 18 and 2 Multiply line 22 by Wages for qualifie work opportunity of Cost of supplies Rental or lease co Penter the applicab line 8 instructions Total qualified rese Penter your total qu you had no qualifie lines 30 and 31 . Divide line 29 by 6 Subtract line 30 fr	as or businesses under common control: see instructions for the statement that ve Simplified Credit. Skip this section if you are completing Section A. aid or incurred to energy consortia (see the line 1 instructions) yments to qualified organizations (see the line 2 iton base period amount (see the line 3 instructions) yments 19. If zero or less, enter -0- 20% (0.20) at services (do not include wages used in figuring the credit) eredit) asts of computers (see the line 7 instructions) earch expenses. Add lines 24 through 27 alified research expenses for the prior 3 tax years. If ad research expenses in any one of those years, skip	· · · 18 · · · 21 · · · 22 · · · 23	

Section B - Alternative Simplified Credit (continued)

33	Add lines 23 and 32	33	
34	Are you electing the reduced credit under section 280C? ► Yes No		
	If "Yes," multiply line 33 by 79% (0.79). 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	112,243
37	Credit for increasing research activities from partnerships, S corporations, estates, and trusts	37	
38	Add lines 36 and 37	38	112,243
	 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 credit on Form 3800, Part III, line 1c	40	
Secti	on D - Qualified Small Business Payroll Tax Election and Payroll Tax Credit. Skip this section if the payroll tax	election	does
not ap	oply. See instructions.		
41	Check this box if you are a qualified small business electing the payroll tax credit. See instructions		
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 the applicable line of Form 8974, Part 1, column (e).		
	Members of controlled groups or businesses under common control: see instructions for the		
	statement that must be attached	44	
EEA		Fo	orm 6765 (Rev. 12-2018

Form 7004
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

EEA

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

OMB No. 1545-0233

►	File a	separate	application	for ea	ach return.	
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► Go to www.irs.gov/Form7004 for instructions and the latest information.

	Name			Identifying	g number
Print	Winprobe Corporatio	on			040567
or	Number, street, and room or suite no. (If P.O. box,			65-0	949567
Туре			.)		
Type	City, town, state, and ZIP code (If a foreign addres		vince or state, and country (follow the country's pra	actice for en	tering postal code))
	North Palm Beach	s, enter ony, prov	FL 33408		
Note:	File request for extension by the due date of the return	ım. See instruc			
Part				er Retu	rns. See instructions.
1	Enter the form code for the return listed below				
Applic	cation	Form	Application		Form
Is For	:	Code	Is For:		Code
Form 7	706-GS(D)	01	Form 1120-ND (section 4951 taxes	6)	20
Form 7	706-GS(T)	02	Form 1120-PC		21
-	1041 (bankruptcy estate only)	03	Form 1120-POL		22
	1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT		23
-	1041 (trust)	05	Form 1120-RIC		24
	1041-N	06	Form 1120S		25
	1041-QFT	07	Form 1120-SF		26
Form 7		08	Form 3520-A		27
Form 7		09	Form 8612		28
Form 7		11 12	Form 8613		29
Form	1120-C	34	Form 8725 Form 8804		<u> </u>
	1120-C		Form 8831		32
	1120-FSC	16	Form 8876		33
	1120-H	17	Form 8924		35
	1120-L	18	Form 8928		36
	1120-ND	19			
Part		t			
2	If the organization is a foreign corporation that			e United S	States,
2	check here				
3	If the organization is a corporation and is the check here			solidated	
	If checked, attach a statement listing the nam			\cdot \cdot \cdot \cdot \cdot \cdot	
	covered by this application.	e, address, a			on member
4	If the organization is a corporation or partners	ship that qual	ifies under Regulations section 1 6081	-5. check	here►
-	The application is for calendar year 20 18 ,		-	ending	, 20 .
	Short tax year. If this tax year is less than 12	-] Final	
		olidated retur			tach explanation.)
6	Tentative total tax			. 6	0
-	Total assume the order of the Order of the St			_	2
7	Total payments and credits. See instructions	• • • • •	••••••••••••••••••	. 7	0
8	Balance due. Subtract line 7 from line 6. See			. 8	0
For Pri	vacy Act and Paperwork Reduction Act Notice, se	e separate in	structions.		Form 7004 (Rev. 12-2018)

Form 8879-C	IRS e-file Signature Authorization for Fo	orm 1120	OMB No. 1545-0123
	For calendar year 2018, or tax year beginning , 2018, ending		_ 2018
Department of the Treasury	Do not send to the IRS. Keep for your records.		- 2010
Internal Revenue Service	Go to www.irs.gov/Form8879C for the latest information		
Name of corporation		Employer identification r	
Winprobe Cor		65-094956	7
	urn Information (Whole dollars only)		
(rm 1120, line 11)		<u>1</u> 225,500 <u>2</u> (679,922)
	(Form 1120, line 30)	t t t t t t t t t t t t t t t t t t t	3
`	prm 1120, line 35)	t t t t t t t t t t t t t t t t t t t	4
	prm 1120, line 36)	t	5
	tion and Signature Authorization of Officer. Be sure to get a		rporation's return.
2018 electronic income ta true, correct, and comple electronic income tax retu- send the corporation's re- transmission, (b) the real the U.S. Treasury and its institution account indicat the financial institution to 1-888-353-4537 no later in the processing of the e- issues related to the pay- income tax return and, if a Officer's PIN: check one X I authorize on the corpora- As an officer of	D Brooks and Associates CPApe enter my PIN 811	weledge and belief, it is ne copy of the corpora nediate service provid or reason for rejection and. If applicable, I au t) entry to the financia wed on this return, an usury Financial Agent e financial institutions er inquiries and resolv he corporation's elect	s tion's er to n of the thorize I I d at s involved e ronic
return.			
Officer's signature	Date ► <u>03-25-201</u>	9_ Title ► Pres	ident
Part III Certific	ation and Authentication		
ERO's EFIN/PIN. Enter	your six-digit EFIN followed by your five-digit self-selected PIN.	603008 813 do not	170 enter all zeros
corporation indicated abo	meric entry is my PIN, which is my signature on the 2018 electronically filed inco ove. 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	nts of Pub. 3112, IRS	
ERO's signature		Date ► <u>10-15</u> -	-2019
	ERO Must Retain This Form - See Instructior Do Not Submit This Form to the IRS Unless Requeste		

For Paperwork Reduction Act Notice, see instructions.

Federal Supporting Statements	2018 PG01
Name(s) as shown on return Winprobe Corporation	Tax ID Number 65-0949567
Form 1120 - Line 10 - Other Income	Statement #1
Description Interest	Amount 22
Total	22
Form 1120 - Line 26 - Other Deductions	PG01 s Statement #5
Description Form 6765 Credit Adjustment Bank charges Education and training Freight Legal and professional Meals 50% limit Miscellaneous Office expense Supplies Telephone Travel Utilities Research and Development Opto Accoustic Materials OA Lab Total	Amount (112,243) 10,099 200 6,102 17,695 338 9,832 3,164 419 6,255 4,513 1,173 418,957 8,842 2,996 378,342
Schedule L - Line 6	PG01 Statement #8
DescriptionBeg Of TInvestment in Smart126	Year End Of Year ,720126,720
Total126	,720 126,720

Federal Supporting Statements Name(s) as shown on return	2018 PG01	
Winprobe Corporation	65-094	9567
Schedule L - Line 18	Statement	#11
Description Payroll llabilities Line of Credit		20,000
Customer Deposits		<u>60,000</u>
Total	2,916	80,000
Schedule M-1 Line 5C Expenses recorded on Books DESCRIPTION Form 6765 Credit Adjustment Total	112	nt #16 OUNT <u>,243</u> <u>,243</u>
Form 6765 - Line 17/34 - Explana	PG01 ation Statemer	nt #681
	Line Amount	
Research adn Development Costs	26 561,215	

		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.	5.	2018
ORP	ORATION NAME			EIN
W	inprobe Corp	oration		65-0949567
				Form 1120, line 17
axe	s and Licenses			Form 1120-C, line 15
				Form 1120-H, line 12
1	State income taxes		1	
2	State franchise taxes		2	
3	City income taxes		3	
4	City franchise taxes		4	
5	Real estate taxes		5	
6	Local property taxes		6	
7	Intangible property taxe	20	7	
8	Payroll taxes		8	
	Less: credit from Form	0046	9	
9 10				
	Foreign taxes paid		10	
	Occupancy taxes		11	204
	Other miscellaneous ta	ixes	12	394
13	Licenses		13	
14	Total to Form 1120, Pa	ige 1, Line 17	14	394

	n is included in UBIA ection 199A calculations.					Depre		On Deta	il Listing							2018 PAGE 1	
	'UBIA" in lower right corner.						For you	r records o	only								
me(s) as shown on return													Social sec	curity number/El	N	
W	inprobe Corporation				I I								1	65	-0949567		
	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	de	Bonus preciation	Depreciable Basis	Life	M	ethod	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AM ⁻ Curre
	HP 4100 Printer	02052002	1,396		100.00		PY	977	419	5			0	1,396		1,396	
	Sony E-Solution Lapto	01092003	2,173		100.00		PY	1,521	652	5			0	2,173		2,173	
		01232013	2,825		100.00		PY	1,413	1,412		SL	ΗY	20	2,682	143	2,825	
		06282013	1,059		100.00		PY	530	529		SL	HY	20	1,007	52	1,059	
		08292013	6,857		100.00		PY	3,429	3,428		SL	HY	14.286		490	6,124	
	Office Equipment	01292014	2,470		100.00		PY	1,235	1,235		SL	ΗY	20	2,100	247	2,347	
	Office Equipment	02252014	2,631		100.00		PY	1,316	1,315	5	SL	ΗY	20	2,237	263	2,500	
		03312014	270		100.00		PY	135	135		SL	ΗY	20	230	27	257	
		09242014	1,200 130		100.00		PY PY	600 65	600 65		SL SL	НҮ НҮ	20 20	1,020 85	120 13	1,140 98	
	Totals		21,011						9,790					18,564	1,355	19,919	
	12000410			1	1				2,190				1	10,004			

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

		(Keep fo	or your records)		2018
e(s) as shown on re	etum 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 2018	Unused Loss	Unused Sec 170(d)(2)(B)
1998				Expiring this year	Expiring this year
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	
2016	795,107			795,107	
2017	933,651			933,651	
	Current year NOL		Applied to Prior Years	Remaining 2018 NOL carryover	
2018	679,922			679,922	
	Future years NOL		Applied to 2018		
Future Years					
TOTALS	5,967,440		0	5,967,440	

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 re	cords)		2018
.,	hown on return					Tax ID Number
Winpr	obe Corp	oration				65-0949567
Code <u>A</u>			Original Credit	Original Credit	Carryback	Carryover to
Number	D	escription	Amount	Allowed	to 2017	2019
3468		escription	Amount	Allowed	2017	2019
6765	Investment	ooroh				
8586	Increasing res					
8826	Disabled acces	•				
8835						
8845	Indian employn	ectricity & refined coal				
8820		nem				
8874	Orphan drug New markets					
8881	Small employe	r ponsion plan				
8882	Employer-prov					
8864		newable diesel fuels				
8896		sel fuel production				
8906	Distilled spirits					
0000	Reserved					
8908	Energy efficier	nt home				
0000	Reserved					
8910	Alternative mo	tor vehicle				
8911	Alternative fuel					
8830	Enhanced oil r					
8923	Mine rescue te					
	Reserved	0				
8932	Employer diffe	rential wage payments				
8933	Carbon dioxide					
8936	Qualified plug-	in electric drive				
	Reserved					
5884-A	Credits for disa	aster area employers				
1065-B	Electing large	partnership				
8904	Oil & gas prod	uction from marginal wells				
8844	Empowerment	zone credit				
3468	Investment					
5884	Work opportur	nity				
6478	Biofuel Produc	xer				
8586	Low-income he	ousing				
8835	Renewable ele	ectricity & refined coal				
8846	Employer taxes	s paid on tips				
8900	Qualified railro	ad track maintenance				
8941		r health insurance				
6765	Increasing res	earch activities	112,243			112,243
8994	Employer paid	family and medical leave				
	Totals		112,243			112,243

Carryover/Carryforward Worksheet 2018 Form 1120 (Keep for your records) Name(s) as shown on return Tax ID Number Winprobe Corporation 65-0949567 To Next Year Form 1120 Contributions carryover 5,967,440 Net Operating Loss Carryover AMT Net Operating Loss Carryover Schedule D (Form 1120) Unused capital loss carryover Reserved for future use Carryover expiring this year Capital loss carryover to next year Form 2220 Тах Form 3800 112,243 General business credit carryforward Form 4562 Form 4797 Nonrecaptured net section 1231 losses from WK_1231C Reserved for future use Reserved Reserved for future use Form 8827 Minimum tax credit carryforward

Name(s) as shown on retum

Winprobe Corporation

Identifying number 65-0949567

	2016 FEDERAL	2017 FEDERAL	2018 FEDERAL	DIFFERENCE BETWEEN 2017 & 2018
Net receipts	119,000	141,007	225,478	84,471
Cost of goods sold	(29,517)	35,576	0	(35,576)
Gross profit	148,517	105,431	225,478	120,047
Gross rents				
Gross royalties				
Capital gain net income				
Net gain/loss from 4797				
Other income			22	22
	148,517	105,431	225,500	120,069
	140,517	105,451	223,300	120,005
Compensation of officers	83,333	200,000	33,333	(166,667)
Salaries and wages	165,000	165,000	405,992	240,992
Repairs and maintenance	320	676	1,536	860
Bad debts	520	070	1,330	000
Rents	94,371	81,819	68,595	(13,224)
_	16,251	25,087	394	(24,693)
Taxes and licenses	10,251		594	(328)
		328		(320)
Charitable contributions	1 607	1 540	1,355	(102)
Depreciation	1,607	1,548	1,355	(193)
Depletion				
Advertising				
Pension, profit-sharing	15 622	16.015	15 055	(240)
Employee benefits	15,633	16,215	15,875	(340)
Domestic production activities ded		F 4 0 4 0 0	272.240	(100.000)
Other deductions	567,109	548,409	378,342	(170,067)
Total deductions	943,624	1,039,082	905,422	(133,660)
NOL deduction				
Special deductions				
Taxable income	(795,107)	(933,651)	(679,922)	253,729
Total tax				
Estimated taxes paid	*			
Total payments line 33				
Amount owed				
Overpayment				
Applied to estimate				
Refund				
-				
RESIDENT STATE	FL	FL	FL	
Taxable				
Тах				
Overpayment				
Balance Due				
L	2016	2017	2018	DIFFERENCE

	Florida Corporate Income/Franchise Tax Return	
	FEIN 65-0949567	DS01
	FEIN_ 65-0949567	F-1120, R. 01/19
For c	alendar year 2018 or tax year beginning , 2018 ending	Rule 12C-1.051 Florida Administrative Code Effective 01/19 Page 1 of 6
89	3402018123100020050377365094956700002	
Name Addre City/S	have been made to name have been made to name	
Corr	nputation of Florida Net Income Tax	
1.	Federal taxable income (see instructions)	
•	Attach pages 1-5 of federal return Check here if negative X	679922.00
2.	State income taxes deducted in computing federal taxable income	
~	(attach schedule)	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 X Yes Yes	679922.00
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 X	680689.00
7.	Florida portion of adjusted federal income (see instructions) Check here if negative X	680689.00
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 Operation 10 O	0.00
12.	Credits against the tax (from Schedule V)	0.00
13.	Total corporate income/franchise tax due (Line 11 minus Line 12)	0.00
14.	a) Penalty: F-2220 0.00 b) Other 0.00 c) Interest: F-2220 0.00 d) Other 0.00	0 00
45		0.00 0.00
15.	Total of Lines 13 and 14	0.00
16.		0.00
47		0.00
17.	Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon.	0.00
10	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	
19.	Refund: Enter amount of overpayment to be refunded here and on payment coupon	0.00

Florida Corporate Income/Franchise Tax Return

Payment Coupon for Florida Corporate In	ncome Tax Return	 DS01
	YEAR ENDING 12-31-18	F-1120
To should be and the your appoint, analogo your about	with toy roturn when mailing	R. 01/19

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

Name WINPROBE Address 11662 City/State/ZIP	CORPORATION LAKESHORE PLACE,		day of the 4th month after the close of the due 1st day of the 5th month after the close
NORTH	PALM BEACH, FL 33408		
650949567	0	0	0
20180101	76700	0	0
20181231	-68068900	0	0
00000000	0.00000	0	0

00000000	0.00000	0	0
001	0	0	0
200	0	0	0
-67992200	0	0	0
0	0	0	0

FEIN 65-0949567

DS01 F-1120 R. 01/19 Page 2 of 6

	This return is considered incomplete unless a copy of the federal return is attached.							
If your return is not	signed, or improperly signed and verified, it will be subject to a penalty. The statute	of limitations will not start until your return is properly signed and verified. Your						
return must be com	pleted in its entirety.							
	Under penalties of perjury, I declare that I have examined this return, include	ing 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 base	ed on all information of which preparer has any knowledge.						
Sign here		Title						
lighticite	Signature of officer (must be an original signature) Date 0	3/25/2019 PRESIDENT						
Paid	Preparer's	Preparer Preparer's check if self-						
preparers		0/15/2019 employed P01039037						
only	Firm's name (or yours if self-employed)							
	and address 4044 PGA BOULEVARD	PALM BEAC ZIP > 33410						
	All Taxpayers Must Answer Questions A Through M Below - See Instructions							
A. State of inco	rporation: DELAWARE	G-2. Part of a federal consolidated return? YES NO 🔀 If yes, provide:						
B. Florida Secre	etary of State document number:	FEIN from federal consolidated return:						
C. Florida conse	olidated return? YES NO 🔀	Name of corporation:						
D. Initial re	eturn Final return (final federal return filed)	G-3. The federal common parent has sales, property, or payroll in Florida? YES NO 🔀						
E. Principal Bus	siness Activity Code (as pertains to Florida)	H. Location of corporate books: <u>11662 LAKESHORE PLACE</u>						
		city: NORTH PALM BEAC State: FL ZIP: 33408						
<u>3</u> <u>3</u>	- 9 1 1 0	I. Taxpayer is a member of a Florida partnership or joint venture? YES NO						
F. A Florida ext	ension of time was timely filed? YES NO	J. Enter date of latest IRS audit:						
		a) List years examined:						
G-1. Corporation	is a member of a controlled group? YES NO 🔀 If yes, attach list.	K. Contact person concerning this return: W. GUY SCOTT						
		a) Contact person telephone number: (561)626-4405						
		b) Contact person e-mail address: <u>GSCOTT@WINPROBE.CON</u>						
		L. Type of federal return filed 🛛 1120 🗌 1120S or						
Where to	Send Payments and Returns							
		Remember:						
	vable to and mail with return to:							
	epartment of Revenue	 Make your check payable to the Florida 						
	ennessee Street	Department of Revenue.						
Tallanass	ee FL 32399-0135							
If you are reque	sting a refund (Line 19), send your return to:	Write your FEIN on your check.						
	epartment of Revenue	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
PO Box 6	440	 Sign your check and return. 						
Tallahass	ee FL 32314-6440							
		 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 of	2
650949567	0	0	0
-67992200	0	0	0
0	0	0	0
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	FEIN	65-0949567	
		DATA Page 2 o	f 2
650949567	0	0	0
1.00000	0	0	0
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NAME	WINPROBE CORPORATION	FEIN	65-0949567	TAXABLE YEAR END
Sch	edule I - Additions and/or Adjustments to Fed	leral Taxa	able Income	
1. l	nterest excluded from federal taxable income (see instructions)			1.
2. L	Indistributed net long-term capital gains (see instructions)			2.
3. N	let operating loss deduction (attach schedule)			3.
4. N	let capital loss carryover (attach schedule)			4.
5. E	excess charitable contribution carryover (attach schedule)			5.
6. E	mployee benefit plan contribution carryover (attach schedule)			6.
7. E	Interprise zone jobs credit (Florida Form F-1156Z)			7.
8. A	d valorem taxes allowable as enterprise zone property tax credit (Florida Form F-	1158Z)		8.
9. (Suaranty association assessment(s) credit			9.
10. F	Rural and/or urban high crime area job tax credits			10.
11. 5	State housing tax credit			11.
12. F	Iorida Tax Credit Scholarship Program Credits			12.
13. F	Renewable energy tax credits			13.
14. N	lew markets tax credit			14.
15. E	Intertainment industry tax credit			15.
16. F	Research and Development tax credit			16.
17. E	nergy Economic Zone tax credit			17.
18. s	.168(k) IRC special bonus depreciation			18.
19. C	Other additions (attach schedule)			19.
20. T	otal Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3.			20.

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

NAME WINPROBE CORPORATION

FEIN 65-0949567

TAXABLE YEAR ENDING 12-31-18

NAME WINPROBE C		FEIN		9507	IA	XABLE YEAR EN	IDING	12-31-10	
Schedule III - Apporti	onment of Adjust	ed Federal Incor	ne						
III-A For use by taxpayers doing bus	iness outside Florida, excep	t those providing insurance	or transportation s	ervices.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. Rounded to Six De Places			(d) Weight actor in Column (b) is ze on Page 9 of the instruct		(e) Weighted Factor Rounded to Six Decir 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	s 1, 2, and 3, Column [e]). Ente	er here and on Schedule IV, L	ine 2.					1.000	0000
III-B For use in computing average va	alue of property (use original	WITH	IIN FLORIDA			Т	DTAL E	/ERYWHERE	
cost).		a. Beginning of year	b. Er	nd of year		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	C).00
2. Buildings and other depreciable asse	ets	0	.00	0	.00	0	.00	C).00
3. Land owned		0	.00	0	.00	0	.00	C).00
4. Other tangible and intangible (financi schedule)	ial org. only) assets (attach	0	.00	0	.00	0	.00	C).00
5. Total (Lines 1 through 4)				0	.00	0	.00	C).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) 6a. 0.00								
7. Rented property (8 times net annual	rent)				0.00				
a. Rented property in Florida .		••••••••••• 7a.			0.00	<u>_</u>		0 00	
b. Rented property Everywhere				••••	• • • • •	••••7b.		0.00	
8. Total (Lines 6 and 7). Enter on Line									
a. Enter Lines 6 a. plus 7 a. and als	so enter on Schedule III-A, Line	e 1,			0.00				
Column (a) for total average prop	•	•••••• 8a. —			0.00	<u> </u>			
 Enter Lines 6 b. plus 7 b. and als Column (b) for total average prop 		91,				••••8b.		0.00	
III-C Sales Factor				1		(a) THIN FLORIDA Jumerator)	тот	(b) TAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)						N/A			
2. Sales delivered or shipped	d to Florida purchasers							N/A	
3. Other gross receipts (rent		. when applicable)							
4. TOTAL SALES (Enter on	Schedule III-A, Line 3, 0	Columns [a] and [b])				0.00		C	0.00
III-D Special Apportionment Fra	ctions (see instructions)		a) WITHIN FLO	RIDA (t) TOTA	LEVERYWHERE		RIDA Fraction ([a]	
1. Insurance companies (atta	ch copy of Schedule T-	Annual Report)							
2. Transportation services									

. Apportionable adjusted federal income from Page 1, Line 6	1.
. Florida apportionment fraction (Schedule III-A, Line 4)	2.
. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.

NAMEWINPROBE CORPORATION	FEIN	65-0949567	TAXABLE YEAR EN	DING 12-31-18				
Schedule V - Credits Against the Corporate Income/Franchise Tax								
1. Florida health maintenance organization credit (attach assessm	nent notice)			1.				
2. Capital investment tax credit (attach certification letter)				2.				
3. Enterprise zone jobs credit (from Florida Form F-1156Z attache	d)			3.				
4. Community contribution tax credit (attach certification letter)				4.				
5. Enterprise zone property tax credit (from Florida Form F-1158Z	attached)			5.				
6. Rural job tax credit (attach certification letter)				6.				
7. Urban high crime area job tax credit (attach certification letter)				7.				
8. Hazardous waste facility tax credit				8.				
9. Florida alternative minimum tax (AMT) credit				9.				
10. Contaminated site rehabilitation tax credit (attach tax credit cert	ificate)			10.				
11. State housing tax credit (attach certification letter)				11.				
12. Florida Tax Credit: Scholarship Program Credits. (attach certifi	cate)			12.				
13. Florida renewable energy technologies investment tax credit				13.				
14. Florida renewable energy production tax credit				14.				
15. New markets tax credit				15.				
16. Entertainment industry tax credit				16.				
17. Research and Development tax credit				17.				
18. Energy Economic Zone tax credit				18.				
19. Other credits (attach schedule)				19.				
20. Total credits against the tax (sum of Lines 1 through 19 not to e	exceed the a	mount on Page 1, Line 11).	20.				
Enter total credits on Page 1, Line 12				20.				

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

			Amount
	Туре		Amount
	Total allocated to Florida		1
	(Enter here and on Page 1, Line 8		
Line 2.	Nonbusiness income (loss) allocated elsew	vhere	
	<u>Туре</u>	State/country allocated to	Amount
	Total allocated elsewhere		2.
Line 3.	Total nonbusiness income		
	Grand total. Total of Lines 1 and 2		3

(Enter here and on Schedule II, Line 7)



NAME WINPROBE CORPORATION

FEIN 65-0949567 TAXABLE YEAR ENDING 12-31-18

Estimated Tax Worksheet For Taxable Years Beginning On or After January 1, 2019

1.	Florida income expected in taxable yea	r	1. \$
2.	Florida exemption \$50,000 (Members of	f a controlled group, see instructions on Page 14 of	
		• • • • • • • • • • • • • • • • • • • •	2. \$
3.		ss Line 2)	
4.	Total Estimated Florida tax (5.5% of Lir	ne 3)	
	Less: Credits against the tax		4. \$
5.	Computation of installments:		
	Payment due dates and	If 6/30 year end, last day of 4th month,	
	payment amounts:	otherwise last day of 5th month - Enter 0.25 of Line 4	5a.
		Last day of 6th month - Enter 0.25 of Line 4	
		Last day of 9th month - Enter 0.25 of Line 4	
		Last day of fiscal year - Enter 0.25 of Line 4	
	NOTE: If your estimated tax should change	e during the year, you may use the amended computation	
	below to determine the amended amount	s to be entered on the declaration (Florida Form F-1120ES).	
1.	Amended estimated tax		\$
2.	Less:		
	(a) Amount of overpayment from last yea	r elected for credit	
	to estimated tax and applied to date	2a \$	
	(b) Payments made on estimated tax dec	laration (Florida Form F-1120ES) 2b \$	
			\$
4.	Amount to be paid (Line 3 divided by num	ber of remaining installments) 4.	\$

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below The forms are available online at floridarevenue.com/forms.						
Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.				
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.				
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.				
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.				
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.				
Form F-1120ES	Declaration/Installment of Florida Estimated	Rule 12C-1.051, F.A.C.				

DRAKE

OTHER SUBTRACTIONS FROM INCOME - FL NOLCD							
	(a)	(b)	(c)	(d)	(e)	(f)	
Tax Year	Adjusted Federal Income/Loss	FL Apport. Fraction	FL Apportioned NOLCO	NOLCO Applied	FL Net Income or Loss	NOL Carry Forward to Next Year	
Ieai	Income/Loss	Fraction	NOLCO			to mext real	
1998							
1999							
1333							
2000							
2001							
2001				•			
2002							
2003							
2004							
2005							
2006							
2007					*		
2008							
2009	(172,480)	1.000000	(172,480)		(172,480)	(172,480)	
		1 000000			(00, 220)	(001 010)	
2010	(29,338)	1.000000	(29,338)		(29,338)	(201,818)	
2011	5,952	1.000000	5,952	(5,952)		(195,866)	
201.0	(259,322)	1.000000				(AEE 100)	
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 8/7 19/)	
2014	(000,709)	1.000000	(000,709)		(000,709)	(1,847,194)	
2015	(1,681,485)	1.000000	(1,681,485)		(1,681,485)	(3,528,679)	
2016	(795,874)	1.000000	(795,874)		(795,874)	(4,324,553)	
2010	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.000000				(1,521,555)	
2017	(934,418)	1.000000	(934,418)		(934,418)	(5,258,971)	
2018	(680,689)	1.000000	(680,689)		(680,689)	(5,939,660)	

WINPROBE CORPORATION

FEIN

65-0949567

TAXABLE YEAR ENDING 12-31-2018

	FL Su	btractions 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
2012				
2013	5,372	3,835	767	77
2014				
2015				
2016				
2017				
2018				
		C		
		otractions for Bonus		•
Tax Year	FL Bonus Depreciation Addback	Amount used in prior years	Subtraction Applied in the current tax year	Amount Remaining
Tax Year	(Schedule I, line 15)	in prior years	(Schedule II, line 10)	Remaining
2012				
2013				
2014				

2015

2016

2017

2018

NAME

FLINST	Filing Instructions	2018			
Name(s) as shown on return WINPROBE CORPORATIO	DN	SSN or EIN 65-0949567			
DATE TO FILE BY:	05-01-2019				
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				
RETURN IS ELIGIBLE FOR EFILING					