

2020

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

TYPE OR PRINT	Name Ultravision Corporation
	Number, street, and room or suite no. If a P.O. box, see instructions STE 204
	11911 US Highway 1
	City or town, state or province, country and ZIP or foreign postal code North Palm Beach FL 33408

B Employer identification number
65-0949567

C Date incorporated
09-23-1999

D Total assets (see instructions)
\$ **392,626**

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

Income	1a Gross receipts or sales.	1a	531,482	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		531,482
	2 Cost of goods sold (attach Form 1125-A)	2		127,807
	3 Gross profit. Subtract line 2 from line 1c	3		403,675
	4 Dividends and inclusions (Schedule C, line 23)	4		
	5 Interest	5		
	6 Gross rents	6		
	7 Gross royalties	7		
	8 Capital gain net income (attach Schedule D (Form 1120))	8		
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		
10 Other income (see instructions - attach statement)	Statement #1.	10	10,000	
11 Total income. Add lines 3 through 10		11	413,675	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions - attach Form 1125-E)	12		
	13 Salaries and wages (less employment credits)	13	277,359	
	14 Repairs and maintenance	14	1,370	
	15 Bad debts	15		
	16 Rents	16	58,575	
	17 Taxes and licenses	Wks. Tax/Lic.	17	44,711
	18 Interest (see instructions)	18	19,970	
	19 Charitable contributions	19		
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	256	
	21 Depletion	21		
	22 Advertising	22		
	23 Pension, profit-sharing, etc., plans	23		
	24 Employee benefit programs	24	24,934	
	25 Reserved for future use	25		
	26 Other deductions (attach statement)	Statement #5.	26	556,380
	27 Total deductions. Add lines 12 through 26		27	983,555
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28	(569,880)
29a Net operating loss deduction (see instructions)	29a			
b Special deductions (Schedule C, line 24)	29b			
c Add lines 29a and 29b	29c			
Tax, Refundable Credits, & Payments	30 Taxable income. Subtract line 29c from line 28. See instructions	30	(569,880)	
	31 Total tax (Schedule J, Part I, line 11)	31	0	
	32 2020 net 965 tax liability paid (Schedule J, Part II, line 12)	32		
	33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23)	33		
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34		
	35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed	35		
	36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid	36		
37 Enter amount from line 36 you want: Credited to 2021 estimated tax ▶ Refunded ▶ 37				

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

Helen Scott Signature of officer	_____ Date	President Title	_____ Date
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May the IRS discuss this return with the preparer shown below?
See instructions. ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name David Brooks	Preparer's signature _____	Date 06-04-2021	Check <input type="checkbox"/> if self-employed	PTIN XXXXXXXXXX
	Firm's name ▶ D Brooks and Associates	Firm's EIN ▶ _____		Phone no. _____	
	Firm's address ▶ 4440 PGA Blvd Suite 104	_____		_____	
	Palm Beach Gardens FL 33410	(561) 429-6225			

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)		(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed 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	
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 corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Section 965(a) inclusion		See instructions	
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of 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) 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 column (a), lines 9 through 20. Enter here and on page 1, line 4			
24	Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b ▶			

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

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions	<input type="checkbox"/>		
2	Income tax. See instructions		2	0
3	Base erosion minimum tax amount (attach Form 8991)		3	
4	Add lines 2 and 3		4	0
5a	Foreign tax credit (attach Form 1118)	5a	0	
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (attach Form 3800)	5c	0	
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e.		6	
7	Subtract line 6 from line 4		7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	0
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Interest/tax due under Section 453A(c) and/or Section 453(l)	9f		
g	Other (see instructions - attach statement)	9g		
10	Total. Add lines 9a through 9g.		10	
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	2020 net 965 tax liability paid from Form 965-B, Part II, column (k), line 4. Enter here and on page 1, line 32	12	
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Part III - Payments, Refundable Credits, and Section 965 Net Tax Liability

13	2019 overpayment credited to 2020	13	
14	2020 estimated tax payments	14	
15	2020 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	
17	Tax deposited with Form 7004	17	
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18.	19	
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Reserved for future use	20c	
d	Other (attach statement - see instructions)	20d	
21	Total credits. Add lines 20a through 20d.	21	
22	2020 net 965 tax liability from Form 965-B, Part I, column (d), line 4. See instructions.	22	
23	Total payments, credits, and section 965 net tax liability Add lines 19, 21, and 22. Enter here and on page 1, line 33	23	

Schedule K		Other Information (see instructions)	
1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____		Yes	No
2 See the instructions and enter the:			
a Business activity code no. ▶ 339110			
b Business activity ▶ Research and Development			
c Product or service ▶ Ultrasound			
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidary 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 partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)			X
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)		X	
5 At the end of the tax year, did the corporation:			
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions.			X
If "Yes," complete (i) through (iv) below.			
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions			X
If "Yes," complete (i) through (iv) below.			
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316			X
If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. See the instructions for Form 5452.			
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.			
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of 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 classes of the corporation's stock?			X
For rules of attribution, see section 318. If "Yes," enter:			
(a) Percentage owned ▶ _____ and (b) Owner's country ▶ _____			
(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ 0			
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ <input type="checkbox"/>			
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.			
9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____			
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ 41			
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) ▶ <input type="checkbox"/>			
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.			
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) ▶ \$ 6,696,539			

Schedule K**Other Information** (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?		X
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ \$ _____		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		X
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments in 2020 that would require it to file Form(s) 1099?		
b If "Yes," did or will the corporation file required Form(s) 1099?		
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20 Is the corporation operating on a cooperative basis?		X
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions ▶ \$ _____		
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3))		X
If "Yes," complete and attach Form 8991.		
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the corporation satisfy one or more of the following conditions? See instructions.		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," complete and attach Form 8990.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter amount from Form 8996, line 15 ▶ \$ 0		
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		X
Percentage: By Vote		By Value

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)		
1	Cash		91,476		11,235		
2a	Trade notes and accounts receivable	109,431		49,116			
b	Less allowance for bad debts	()	109,431	()	49,116		
3	Inventories		228,080		194,549		
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach statement)	Statement #8	126,720		137,720		
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10a	Buildings and other depreciable assets	21,011		21,011			
b	Less accumulated depreciation	(20,749)	262	(21,005)	6		
11a	Depletable assets						
b	Less accumulated depletion	()		()			
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization	()		()			
14	Other assets (attach statement)						
15	Total assets		555,969		392,626		
Liabilities and Shareholders' Equity							
16	Accounts payable		38,633		70,319		
17	Mortgages, notes, bonds payable in less than 1 year						
18	Other current liabilities (attach statement)	Statement #11	221,072		477,285		
19	Loans from shareholders		104,000		325,577		
20	Mortgages, notes, bonds payable in 1 year or more						
21	Other liabilities (attach statement)						
22	Capital stock: a Preferred stock						
	b Common stock	12,221	12,221	12,221	12,221		
23	Additional paid-in capital		7,538,752		7,538,752		
24	Retained earnings-Appropriated (attach statement)						
25	Retained earnings-Unappropriated		(7,358,709)		(8,031,528)		
26	Adjustments to shareholders' equity (attach statement)						
27	Less cost of treasury stock	()		()			
28	Total liabilities and shareholders' equity		555,969		392,626		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	(672,819)	7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____	
2	Federal income tax per books				
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize): _____				
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____ c Travel and entertainment \$ 1,100		8	Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____	
	Statement #16 101,839	102,939	9	Add lines 7 and 8	
6	Add lines 1 through 5	(569,880)	10	Income (page 1, line 28)-line 6 less line 9	(569,880)

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

1	Balance at beginning of year	(7,358,709)	5	Distributions: a Cash	
2	Net income (loss) per books	(672,819)		b Stock	
3	Other increases (itemize): _____			c Property	
			6	Other decreases (itemize): _____	
			7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	(8,031,528)	8	Balance at end of year (line 4 less line 7)	(8,031,528)

Form **1125-A**

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service**Cost of Goods Sold**

► Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.

► Go to www.irs.gov/Form1125A for the latest information.

OMB No. 1545-0123

Name Ultravision Corporation		Employer identification number 65-0949567
1	Inventory at beginning of year	1 228,080
2	Purchases	2 94,276
3	Cost of labor	3
4	Additional section 263A costs (attach schedule)	4
5	Other costs (attach schedule)	5
6	Total. Add lines 1 through 5	6 322,356
7	Inventory at end of year	7 194,549
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8 127,807

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost

(ii) ☒ Lower of cost or market

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

b Check if there was a writedown of subnormal goods ► ☐

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

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

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

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

Department of the Treasury
Internal Revenue Service (99)

- 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.

Attachment
Sequence No. **22**

Name(s) shown on return

Identifying number

Ultravision Corporation**65-0949567****Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**

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

1	General business credit from line 2 of all Parts III with box A checked	1	101,839
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2020. See instructions	3	
4	Carryforward of general business credit to 2020. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
	Check this box if the carryforward was changed or revised from the original reported amount ► <input type="checkbox"/>		
5	Carryback of general business credit from 2021. Enter the amount from line 2 of Part III with box D checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	101,839

Part II Allowable Credit

7	Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return	7	
8	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 11 • Corporations. Enter -0- • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54	8	
9	Add lines 7 and 8	9	0
10a	Foreign tax credit 10a		
b	Certain allowable credits (see instructions) 10b		
c	Add lines 10a and 10b	10c	0
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16.	11	0
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0- 12	0	
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions 13		
14	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 9 • Corporations. Enter -0- • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52	14	
15	Enter the greater of line 13 or line 14	15	0
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	0
17	Enter the smaller of line 6 or line 16	17	0
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		

For Paperwork Reduction Act Notice, see separate instructions.

Form **3800** (2020)

Part II Allowable Credit (continued)**Note:** If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 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 2020. 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	
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 2020. See instructions	33	
34	Carryforward of business credit to 2020. 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 Check this box if the carryforward was changed or revised from the original reported amount	34	<input type="checkbox"/>
35	Carryback of business credit from 2021. 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	0
37	Enter the smaller of line 29 or line 36.	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. Schedule 3 (Form 1040) line 6 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b	38	0

Name(s) shown on return

Identifying number

Ultravision Corporation

65-0949567

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

Complete a separate Part III for each box checked below. See instructions.

- A** ☒ General Business Credit From a Non-Passive Activity **E** ☐ Reserved
B ☐ General Business Credit From a Passive Activity **F** ☐ Reserved
C ☐ General Business Credit Carryforwards **G** ☐ Eligible Small Business Credit Carryforwards
D ☐ General Business Credit Carrybacks **H** ☐ Reserved

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

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	101,839
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (carryforward only)	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 Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	101,839
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	101,839

* See instructions for limitation on this credit.

Form 3800 (2020)

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

- ▶ Attach to Form 1120.
- ▶ See instructions.

OMB No. 1545-0123

Employer identification number (EIN)

65-0949567

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).

[illegible]

Certain Individuals and Estates Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

[illegible]

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2020

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

► Attach to your tax return.
► Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Ultravision Corporation

FORM 1120

65-0949567

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	256

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

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a 12-year			12 yrs.		S/L	
b 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	256
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2020)

Credit for Increasing Research Activities

OMB No. 1545-0619

► **Attach to your tax return.**
► **Go to www.irs.gov/Form6765 for instructions and the latest information.**

Attachment
Sequence No. **676**

Name(s) shown on return

Identifying number

Ultravision Corporation

65-0949567

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

1	Certain amounts paid or incurred to energy consortia (see instructions)		1	
2	Basic research payments to qualified organizations (see instructions)	2	509,195	
3	Qualified organization base period amount	3		
4	Subtract line 3 from line 2. If zero or less, enter -0-		4	509,195
5	Wages for qualified services (do not include wages used in figuring the work opportunity credit)	5		
6	Cost of supplies	6		
7	Rental or lease costs of computers (see instructions)	7		
8	Enter the applicable percentage of contract research expenses. See instructions	8		
9	Total qualified research expenses. Add lines 5 through 8	9	0	
10	Enter fixed-base percentage, but not more than 16% (0.16) (see instructions)	10	%	
11	Enter average annual gross receipts. See instructions	11		
12	Multiply line 11 by the percentage on line 10	12	0	
13	Subtract line 12 from line 9. If zero or less, enter -0-	13	0	
14	Multiply line 9 by 50% (0.50)	14	0	
15	Enter the smaller of line 13 or line 14		15	0
16	Add lines 1, 4, and 15		16	509,195
17	Are you electing the reduced credit under section 280C? ► Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If "Yes," multiply line 16 by 15.8% (0.158). If "No," multiply line 16 by 20% (0.20) and see the instructions for the statement that must be attached. Members of controlled groups or businesses under common control, see instructions for the statement that must be attached		17	101,839

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

18	Certain amounts paid or incurred to energy consortia (see the line 1 instructions)		18	
19	Basic research payments to qualified organizations (see the line 2 instructions)	19		
20	Qualified organization base period amount (see the line 3 instructions)	20		
21	Subtract line 20 from line 19. If zero or less, enter -0-		21	
22	Add lines 18 and 21		22	
23	Multiply line 22 by 20% (0.20)		23	
24	Wages for qualified services (do not include wages used in figuring the work opportunity credit)	24		
25	Cost of supplies	25		
26	Rental or lease costs of computers (see the line 7 instructions)	26		
27	Enter the applicable percentage of contract research expenses. See the line 8 instructions	27		
28	Total qualified research expenses. Add lines 24 through 27	28		
29	Enter your total qualified research expenses for the prior 3 tax years. If you had no qualified research expenses in any one of those years, skip lines 30 and 31	29		
30	Divide line 29 by 6.0	30		
31	Subtract line 30 from line 28. If zero or less, enter -0-	31		
32	Multiply line 31 by 14% (0.14). If you skipped lines 30 and 31, multiply line 28 by 6% (0.06)		32	
33	Add lines 23 and 32		33	
34	Are you electing the reduced credit under section 280C? ► Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," multiply line 33 by 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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **6765** (Rev. 12-2020)

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	101,839
37	Credit for increasing research activities from partnerships, S corporations, estates, and trusts	37	
38	Add lines 36 and 37	38	101,839
	<ul style="list-style-type: none"> • 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. <p>Note: Qualified small business filers, other than partnerships and S corporations, electing the payroll tax credit must complete Form 3800 before completing Section D.</p>		
39	Amount allocated to beneficiaries of the estate or trust (see instructions)	39	
40	Estates and trusts, subtract line 39 from line 38. For eligible small businesses, report the credit on Form 3800, Part III, line 4i. See instructions. For filers other than eligible small businesses, report the credit on Form 3800, Part III, line 1c	40	

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

41	Check this box if you are a qualified small business electing the payroll tax credit. See instructions <input checked="checked" type="checkbox"/>		
42	Enter the portion of line 36 elected as a payroll tax credit (do not enter more than \$250,000). See instructions	42	101,839
43	General business credit carryforward from the current year (see instructions). Partnerships and S corporations, skip this line and go to line 44	43	101,839
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	101,839

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

OMB No. 1545-0233

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

**Print
or
Type**

Name Ultravision Corporation	Identifying number 65-0949567
STE 204	
Number, street, and room or suite no. (If P.O. box, see instructions.) 11911 US Highway 1	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) North Palm Beach FL 33408	

Note: File request for extension by the due date of the return. 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 **1** **2**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ► ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ► ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ► ☐
- 5a The application is for calendar year 20 20 , or tax year beginning _____, 20 _____, and ending _____, 20 _____.
- b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions-attach explanation.)

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

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

Form **7004** (Rev. 12-2018)

For calendar year 2020, or tax year beginning _____, 2020, ending _____

2020Department 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.**

Name of corporation

Employer identification number

Ultravision Corporation**65-0949567****Part I Tax Return Information** (Whole dollars only)

1	Total income (Form 1120, line 11)	1	413,675
2	Taxable income (Form 1120, line 30)	2	(569,880)
3	Total tax (Form 1120, line 31)	3	0
4	Amount owed (Form 1120, line 35)	4	0
5	Overpayment (Form 1120, line 36)	5	0

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 2020 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **D Brooks and Associates** to enter my PIN **67894** as my signature
ERO firm name do not enter all zeros
 on the corporation's 2020 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2020 electronically filed income tax return.

Officer's signature ►

Date ► **04-12-2021**Title ► **President****Part III Certification and Authentication**

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

XXXXXX **81170**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ►

Date ► **06-04-2021**

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

Federal Supporting Statements**2020** PG01

Name(s) as shown on return

Tax ID Number

Ultravision Corporation

65-0949567

Form 1120 - Line 10 - Other Income

Statement #1

Description	Amount
Grant Income	10,000
Total	10,000

Form 1120 - Line 26 - Other Deductions

PG01
Statement #5

Description	Amount
Form 6765 Credit Adjustment	(101,839)
Accounting cost	50,600
Automobile and truck expenses	6,699
Bank charges	987
Commissions	9,375
Insurance	743
Workers Comp Insurance	1,738
Legal and professional	33,946
Meals 50% limit	1,101
Office expense	6,952
Outside services and independent contractors	11,800
Postage/Shipping	5,989
Software	2,187
Telephone	3,211
Tools	3,038
Travel	989
Utilities	4,276
Trade Shows	5,393
Research and Development	509,195
Total	556,380

Federal Supporting Statements

2020 PG01

Name(s) as shown on return

Tax ID Number

Ultravision Corporation

65-0949567

Schedule L - Line 6

Statement #8

Description	Beg Of Year	End Of Year
Investment in Smart Deposits	126,720	126,720
		11,000
Total	126,720	137,720

Schedule L - Line 18

PG01

Statement #11

Description	Beg Of Year	End Of Year
Paypal Loan	82,692	
Line of Credit		86,624
Customer Deposits	138,380	39,580
Payroll Tax Liab		1,496
PPP Loan		199,585
SBA EIDL Loan		150,000
Total	221,072	477,285

Schedule M-1 Line 5C Expenses recorded on Books

PG01

Statement #16

DESCRIPTION	AMOUNT
Form 6765 Credit Adjustment	101,839
Total	101,839

Federal Supporting Statements**2020 PG01**

Name(s) as shown on return

Ultravision Corporation

Tax ID Number

65-0949567

Form 6765 - Line 17/34 - Explanation

Statement #681

Type And Location Of Deduction
Research and Development Costs

Line
26

Amount
509,195

Client Copy

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.

2020

CORPORATION NAME

Ultravision Corporation

EIN

65-0949567

Taxes and Licenses

Form 1120, line 17

Form 1120-C, line 15

Form 1120-H, line 12

1	State income taxes	1	
2	State franchise taxes	2	
3	City income taxes	3	
4	City franchise taxes	4	
5	Real estate taxes	5	
6	Local property taxes	6	
7	Intangible property taxes	7	
8	Payroll taxes	8	32,816
9	Less: credit from Form 8846	9	
10	Foreign taxes paid	10	
11	Occupancy taxes	11	
12	Other miscellaneous taxes	12	
13	Licenses	13	11,895
14	Total to Form 1120, Page 1, Line 17	14	44,711

Depreciation Detail Listing

FORM 1120

For your records only

2020

PAGE 1

Social security number/EIN

65-0949567

65-0949567

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	HP 4100 Printer	02052002	1,396		100.00		PY 977	419	5		0	1,396		1,396	
2	Sony E-Solution Lapto	01092003	2,173		100.00		PY 1,521	652	5		0	2,173		2,173	
3	Office Equipment	01232013	2,825		100.00		PY 1,413	1,412	5		0	2,825		2,825	
4	Office Equipment	06282013	1,059		100.00		PY 530	529	5		0	1,059		1,059	
5	Office Equipment	08292013	6,857		100.00		PY 3,429	3,428	7	SL HY	14.286	6,614	243	6,857	
6	Office Equipment	01292014	2,470		100.00		PY 1,235	1,235	5		0	2,470		2,470	
7	Office Equipment	02252014	2,631		100.00		PY 1,316	1,315	5		0	2,631		2,631	
8	Office Equipment	03312014	270		100.00		PY 135	135	5		0	270		270	
9	Office Equipment	09242014	1,200		100.00		PY 600	600	5		0	1,200		1,200	
10	Office Equipment	01262016	130		100.00		PY 65	65	5	SL HY	20	111	13	124	
Totals			21,011					9,790				20,749	256	21,005	

256 ST ADJ:

Next Year's Depreciation Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Ultravision Corporation

65-0949567

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
1120	1	HP 4100 Printer	02-05-2002	1,396	M	5	
1120	1	Sony E-Solution Laptop	01-09-2003	2,173	M	5	
1120	1	Office Equipment	01-23-2013	2,825	SL	5	
1120	1	Office Equipment	06-28-2013	1,059	SL	5	
1120	1	Office Equipment	08-29-2013	3,428	SL	7	
1120	1	Office Equipment	01-29-2014	2,470	SL	5	
1120	1	Office Equipment	02-25-2014	2,631	SL	5	
1120	1	Office Equipment	03-31-2014	270	SL	5	
1120	1	Office Equipment	09-24-2014	1,200	SL	5	
1120	1	Office Equipment	01-26-2016	65	SL	5	6
		TOTAL					6

Client Copy

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

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Ultravision Corporation

65-0949567

Year	Loss Carryover/ Carryback	Increase of NOL Due to Sec 170(d)(2)(B) Contribution Reduction*	Loss Applied to 2020	Unused Loss	Unused Sec 170(d)(2)(B)
2000				Expiring this year	Expiring this year
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	
2018	679,922			679,922	
2019	729,099			729,099	
	Current year NOL		Applied to Prior Years	Remaining 2020 NOL carryover	
2020	569,880			569,880	
	Future years NOL		Applied to 2020		
Future Years					
TOTALS	7,266,419		0	7,266,419	0

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

**Worksheet for Figuring General Business
Credit Carryforward**

Form 6765

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Ultravision Corporation

65-0949567

Form 6765, Section D, line 43

1. Enter the sum of the following lines from Form 3800, Part I, line 6, and Part II, line 25 and line 36	1.	<u>101,839</u>
2. Enter the amount from Form 3800, Part II, line 38	2.	<u>0</u>
3. Subtract line 2 from line 1	3.	<u>101,839</u>
4. Enter the amount from Form 3800, Part I, line 5, and Part II, line 35	4.	<u> </u>
5. Current year general business credit carryforward. Subtract line 4 from line 3. If zero or less, enter -0-	5.	<u>101,839</u>

Client Copy

Carryover/Carryforward Worksheet

Form 1120

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Ultravision Corporation

65-0949567

Form 1120

Contributions carryover

Net Operating Loss Carryover

To Next Year

7,266,419

Schedule D (Form 1120)

Unused capital loss carryover

Reserved for future use

Carryover expiring this year

Capital loss carryover to next year

Form 2220

Tax

Form 3800

General business credit carryforward

Form 4562

Section 179 Carryover

Form 4797

Nonrecaptured net section 1231 losses from WK_1231C

Reserved for future use

Reserved

Reserved for future use

Form 8827

Minimum tax credit carryforward

1120 TAX RETURN COMPARISON
2018 / 2019 / 2020

2020

Name(s) as shown on return
Ultravision Corporation

Identifying number
65-0949567

	2018 FEDERAL	2019 FEDERAL	2020 FEDERAL	DIFFERENCE BETWEEN 2019 & 2020
Net receipts	225,478	595,561	531,482	(64,079)
Cost of goods sold		172,394	127,807	(44,587)
Gross profit	225,478	423,167	403,675	(19,492)
Dividends				
Interest				
Gross rents				
Gross royalties				
Capital gain net income				
Net gain/loss from 4797				
Other income	22		10,000	10,000
Total income	225,500	423,167	413,675	(9,492)
Compensation of officers	33,333			
Salaries and wages	405,992	259,721	277,359	17,638
Repairs and maintenance	1,536	426	1,370	944
Bad debts				
Rents	68,595	97,427	58,575	(38,852)
Taxes and licenses	394	52,876	44,711	(8,165)
Interest		11,321	19,970	8,649
Charitable contributions				
Depreciation	1,355	830	256	(574)
Depletion				
Advertising				
Pension, profit-sharing				
Employee benefits	15,875	21,544	24,934	3,390
Domestic production activities ded				
Other deductions	378,342	708,121	556,380	(151,741)
Total deductions	905,422	1,152,266	983,555	(168,711)
NOL deduction				
Special deductions				
Taxable income	(679,922)	(729,099)	(569,880)	159,219
Total tax				
Estimated taxes paid				
Total payments line 33				
Amount owed				
Overpayment				
Applied to estimate				
Refund				
RESIDENT STATE	FL	FL	FL	
Taxable				
Tax				
Overpayment				
Balance Due				
	2018	2019	2020	DIFFERENCE

FLNOTES	Notes about the return	2020 PAGE 1
Name(s) as shown on return Ultravision Corporation		SSN/FEIN 65-0949567
<p>53 FL 1120</p> <p>If the corporation received an F-1065 from a partnership, the F-1065 should be attached to the F-1120 filing. Florida screen PDF can be used to attach the document to the return.</p> <p>Client Copy</p>		

2020 FL1120 Filing Instructions
Ultravision Corporation

Form filed:

FL1120 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

05-03-2021

Other instructions:

The return reflects neither a refund nor a balance due

Florida Corporate Income/Franchise Tax Return



FEIN 65-0949567

DS01

F-1120, R. 01/20

Rule 12C-1.051

Florida Administrative Code

Effective 01/21

Page 1 of 6

For calendar year 2020 or tax year beginning

, 2020 ending

8134020201231000200503783XXXXXXXXXX00002

Name **ULTRAVISION CORPORATION**
Address **11911 US HIGHWAY 1, STE 204**
City/State/ZIP **NORTH PALM BEACH, FL 33408**

☐ Check here if any changes have been made to name or address



Computation of Florida Net Income Tax

1. Federal taxable income (see instructions)
Attach pages 1-5 of federal return Check here if negative X 569880.00
2. State income taxes deducted in computing federal taxable income (attach schedule) Check here if negative 0.00
3. Additions to federal taxable income (from Schedule I) Check here if negative 0.00
4. Total of Lines 1, 2 and 3 Check here if negative X 569880.00
5. Subtractions from federal taxable income (from Schedule II) Check here if negative 0.00
6. Adjusted federal income (Line 4 minus Line 5) Check here if negative X 569880.00
7. Florida portion of adjusted federal income (see instructions) Check here if negative X 569880.00
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: 4.458% of Line 10 0.00
12. Credits against the tax (from Schedule V) 0.00
13. Total corporate income/franchise tax due (Line 11 minus Line 12) 0.00
14. a) Penalty: F-2220 0.00 b) Other 0.00
c) Interest: F-2220 0.00 d) Other 0.00 Line 14 Total ▶ 0.00
15. Total of Lines 13 and 14 0.00
16. Payment credits: Estimated tax payments 16a \$ 0.00
Tentative tax payment 16b \$ 0.00 0.00
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon.
If the amount is negative (overpayment), enter on Line 18 and/or Line 19 0.00
18. Credit: Enter amount of overpayment **credited** to next year's estimated tax here and on payment coupon 0.00
19. Refund: Enter amount of overpayment to be **refunded** here and on payment coupon 0.00

Payment Coupon for Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 12-31-20

DS01

F-1120

R. 01/20

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

Name **ULTRAVISION CORPORATION**
Address **11911 US HIGHWAY 1, STE 204**
City/State/ZIP **STE 204**
NORTH PALM BEACH, FL 33408

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

XXXXXXXXXX	0	0	0
20200101	0	0	0
20201231	-56988000	0	0
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001	0	0	0
200	0	0	0
-56988000	0	0	0
0	0	0	0



FEIN 65-0949567

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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

Sign here	Signature of officer (must be an original signature)	Date 04/12/2021	Title	PRESIDENT
Paid preparers only	Preparer's signature	Date 06/04/2021	Preparer check if self-employed	Preparer's PTIN
	Firm's name (or yours if self-employed) and address	D BROOKS AND ASSOCIATES 4440 PGA BLVD SUITE 104 PALM	FEIN	XXXXXXXXXX
		ZIP	33410	

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

A. State of incorporation: <u>DELAWARE</u>	G-2. Part of a federal consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, provide: FEIN from federal consolidated return: _____ Name of corporation: _____
B. Florida Secretary of State document number: _____	G-3. The federal common parent has sales, property, or payroll in Florida? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
C. Florida consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	H. Location of corporate books: <u>11911 US HIGHWAY 1</u> City: <u>NORTH PALM BEAC</u> State: <u>FL</u> ZIP: <u>33408</u>
D. <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (final federal return filed)	I. Taxpayer is a member of a Florida partnership or joint venture? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
E. Principal Business Activity Code (as pertains to Florida) <u>3 3 9 1 1 0</u>	J. Enter date of latest IRS audit: _____ a) List years examined: _____
F. A Florida extension of time was timely filed? YES <input type="checkbox"/> NO <input type="checkbox"/>	K. Contact person concerning this return: <u>W. GUY SCOTT</u> a) Contact person telephone number: <u>(561) 626-4405</u> b) Contact person e-mail address: <u>GSCOTT@WINPROBE.COM</u>
G-1. Corporation is a member of a controlled group? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, attach list.	L. Type of federal return filed <input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 1120S or _____

Online Information Reporting Requirement

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

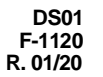
Where to Send Payments and Returns

Make check payable to and mail with return to:
Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a **refund** (Line 19), send your return to:
Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- Make your check payable to the Florida Department of Revenue.
- Write your FEIN on your check.
- Sign your check and return.
- Attach a copy of your federal return.
- Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



DATA Page 1 of 2

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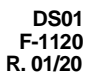
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NAME ULTRAVISION CORPORATION

FEIN 65-0949567

TAXABLE YEAR ENDING 12-31-20

Schedule I - Additions and/or Adjustments to Federal Taxable Income

1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida Tax Credit Scholarship Program Credits	12.
13. Florida Renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. s. 168(k) IRC special bonus depreciation	18.
19. Other additions (attach schedule)	19.
20. Total 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 \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____ Total ►	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ►	2.
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) SEE FL_NOL	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)	10.
11. Other subtractions (attach statement)	11.
12. Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.	12.



NAME ULTRAVISION CORPORATION FEIN 65-0949567 TAXABLE YEAR ENDING 12-31-20

Schedule III - Apportionment of Adjusted Federal Income

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

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

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

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

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

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

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

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



NAME ULTRAVISION CORPORATION

FEIN

65-0949567

TAXABLE YEAR ENDING 12-31-20

Schedule V - Credits Against the Corporate Income/Franchise Tax

1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (attach certificate)	12.
13. Florida renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. Other credits (attach schedule)	18.
19. Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	19.

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type

Amount

Total allocated to Florida 1.
(Enter here and on Page 1, Line 8)

Line 2. Nonbusiness income (loss) allocated elsewhere

Type

State/country allocated to

Amount

Total allocated elsewhere 2.

Line 3. Total nonbusiness income

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



NAME ULTRAVISION CORPORATION

FEIN 65-0949567

TAXABLE YEAR ENDING 12-31-20

Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2021

1. Florida income expected in taxable year 1. \$ _____
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) 2. \$ _____
3. Estimated Florida net income (Line 1 less Line 2) 3. \$ _____
4. Total Estimated Florida tax (4.458% of Line 3) \$ _____
- Less: Credits against the tax \$ _____ 4. \$ _____
5. Computation of installments:
- Payment due dates and
payment amounts:
- If 6/30 year end, last day of 4th month,
otherwise last day of 5th month - Enter 0.25 of Line 4 5a. _____
- Last day of 6th month - Enter 0.25 of Line 4 5b. _____
- Last day of 9th month - Enter 0.25 of Line 4 5c. _____
- Last day of fiscal year - Enter 0.25 of Line 4 5d. _____

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

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

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 Income/Franchise Tax	Rule 12C-1.051, F.A.C.

NAME ULTRAVISION CORPORATIONFEIN 65-0949567TAXABLE YEAR ENDING 12-31-2020

OTHER SUBTRACTIONS FROM INCOME - FL NOLCD						
Tax Year	(a) Adjusted Federal Income/Loss	(b) FL Apport. Fraction	(c) FL Apportioned NOLCO	(d) NOLCO Applied	(e) FL Net Income or Loss	(f) NOL Carry Forward to Next Year
2000						
2001						
2002						
2003						
2004						
2005						
2006						
2007						
2008						
2009	(172,480)	1.000000	(172,480)		(172,480)	(172,480)
2010	(29,338)	1.000000	(29,338)		(29,338)	(201,818)
2011	5,952	1.000000	5,952	(5,952)		(195,866)
2012	(259,322)	1.000000	(259,322)		(259,322)	(455,188)
2013	(585,297)	1.000000	(585,297)		(585,297)	(1,040,485)
2014	(806,709)	1.000000	(806,709)		(806,709)	(1,847,194)
2015	(1,681,485)	1.000000	(1,681,485)		(1,681,485)	(3,528,679)
2016	(795,874)	1.000000	(795,874)		(795,874)	(4,324,553)
2017	(934,418)	1.000000	(934,418)		(934,418)	(5,258,971)
2018	(680,689)	1.000000	(680,689)		(680,689)	(5,939,660)
2019	(729,869)	1.000000	(729,869)		(729,869)	(6,669,529)
2020	(569,880)	1.000000	(569,880)		(569,880)	(7,239,409)