

E-file Authorization for Corporations

(December 2022)

For calendar year 2022, or tax year beginning _____, 20____, ending _____, 20_____

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Use for efile authorizations for Form 1120, 1120-F or 1120S.
Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879CORP for the latest information.

Name of corporation

THE KIND GROUP, LLC

Employer identification number

46-1657110

Part I Information (Whole dollars only)

| | | | |
|---|---|---|------------|
| 1 | Total income (Form 1120, line 11) | 1 | |
| 2 | Total income (Form 1120-F, Section II, line 11) | 2 | |
| 3 | Total income (loss) (Form 1120-S, line 6) | 3 | 2,041,094. |

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 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are 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 acknowledgment 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 _____ to enter my PIN

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

 as my signature
ERO firm name
on the corporation's electronically filed income tax return.

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

Officer's signature _____ Date _____ Title OWNER

Part III Certification and Authentication

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 1 | 3 | 9 | 1 | 1 | 0 | 5 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 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 04/05/2023

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

Department of the Treasury Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. Go to www.irs.gov/Form1120S for instructions and the latest information.

2022

For calendar year 2022 or tax year beginning , 2022, ending , 20

Table with columns for A S election effective date, B Business activity code number, C Check if Sch. M-3 attached, Name, TYPE OR PRINT, D Employer identification number, E Date incorporated, F Total assets (see instructions)

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination I Enter the number of shareholders who were shareholders during any part of the tax year J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Main table with columns for Income, Deductions, Tax and Payments. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 7 Compensation of officers, 19 Other deductions, 22a Excess net passive income, 25 Amount owed, 26 Overpayment.

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.

Signature lines for Officer, Date, Title, Owner, and a box for 'May the IRS discuss this return with the preparer shown below? See instructions. Yes No'

Paid Preparer Use Only section with fields for Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Schedule B Other Information (see instructions)

- | | Yes | No |
|---|-----|----|
| 1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____ | | |
| 2 See the instructions and enter the: a Business activity <u>Sales</u> b Product or service <u>Sales</u> | | |
| 3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation | | X |
| 4 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 stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below | | X |

| (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage of Stock Owned | (v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made |
|-------------------------|--|--------------------------------|--------------------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- | | Yes | No |
|--|-----|----|
| b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below | | X |

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

- | | Yes | No |
|---|-----|----|
| 5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below. (i) Total shares of restricted stock (ii) Total shares of non-restricted stock | | X |
| b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below. (i) Total shares of stock outstanding at the end of the tax year (ii) Total shares of stock outstanding if all instruments were executed | | X |
| 6 Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction? | | X |
| 7 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. | | |
| 8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions \$ _____ | | |
| 9 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 |
| 10 Does the corporation satisfy one or more of the following? 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 \$27 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 , Limitation on Business Interest Expense Under Section 163(j). | | |
| 11 Does the corporation satisfy both of the following conditions? | | X |
| a The corporation's total receipts (see instructions) for the tax year were less than \$250,000. | | |
| b The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1. | | |

| Schedule B Other Information (see instructions) <i>(continued)</i> | | Yes | No |
|---|---|-----|----|
| 12 | During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$ _____ | | X |
| 13 | During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions | | X |
| 14a | Did the corporation make any payments in 2022 that would require it to file Form(s) 1099? | | X |
| b | If "Yes," did or will the corporation file required Form(s) 1099? | | |
| 15 | Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$ _____ | | X |

| Schedule K Shareholders' Pro Rata Share Items | | Total amount | |
|---|--|--------------|----------|
| Income (Loss) | 1 Ordinary business income (loss) (page 1, line 21) | 1 | 216,074. |
| | 2 Net rental real estate income (loss) (attach Form 8825) | 2 | |
| | 3a Other gross rental income (loss) 3a | | |
| | b Expenses from other rental activities (attach statement) 3b | | |
| | c Other net rental income (loss). Subtract line 3b from line 3a 3c | | |
| | 4 Interest income 4 | | |
| | 5 Dividends: a Ordinary dividends 5a b Qualified dividends 5b | | |
| | 6 Royalties 6 | | |
| | 7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) 7 | | |
| | 8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) 8a b Collectibles (28%) gain (loss) 8b c Unrecaptured section 1250 gain (attach statement) 8c | | |
| 9 Net section 1231 gain (loss) (attach Form 4797) 9 | | | |
| 10 Other income (loss) (see instructions) Type: 10 | | | |
| Deductions | 11 Section 179 deduction (attach Form 4562) 11 | | |
| | 12a Charitable contributions 12a | | |
| | b Investment interest expense 12b | | |
| | c Section 59(e)(2) expenditures Type: 12c | | |
| d Other deductions (see instructions) Type: 12d | | | |
| Credits | 13a Low-income housing credit (section 42(j)(5)) 13a | | |
| | b Low-income housing credit (other) 13b | | |
| | c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c | | |
| | d Other rental real estate credits (see instructions) Type: 13d | | |
| | e Other rental credits (see instructions) Type: 13e | | |
| | f Biofuel producer credit (attach Form 6478) 13f g Other credits (see instructions) Type: 13g | | |
| Inter-national | 14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance <input type="checkbox"/> | | |
| Alternative Minimum Tax (AMT) Items | 15a Post-1986 depreciation adjustment 15a | | |
| | b Adjusted gain or loss 15b | | |
| | c Depletion (other than oil and gas) 15c | | |
| | d Oil, gas, and geothermal properties—gross income 15d | | |
| | e Oil, gas, and geothermal properties—deductions 15e | | |
| | f Other AMT items (attach statement) 15f | | |
| Items Affecting Shareholder Basis | 16a Tax-exempt interest income 16a | | |
| | b Other tax-exempt income 16b | | |
| | c Nondeductible expenses 16c | | 31,497. |
| | d Distributions (attach statement if required) (see instructions) 16d | | 0. |
| | e Repayment of loans from shareholders 16e | | |
| | f Foreign taxes paid or accrued 16f | | |

| Schedule K Shareholders' Pro Rata Share Items <i>(continued)</i> | | Total amount | |
|---|--|---------------------|----------|
| Other Information | 17a Investment income | 17a | |
| | b Investment expenses | 17b | |
| | c Dividend distributions paid from accumulated earnings and profits | 17c | 0. |
| | d Other items and amounts (attach statement) ** SEC 199A INFO: SEE STMT A | | |
| Reconciliation | 18 Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f . | 18 | 216,074. |

| Schedule L Balance Sheets per Books | | Beginning of tax year | | End of tax year | |
|---|--|-----------------------|-------------------|-----------------|-------------------|
| Assets | | (a) | (b) | (c) | (d) |
| 1 | Cash | | 729,526. | | 939,395. |
| 2a | Trade notes and accounts receivable | | | | |
| b | Less allowance for bad debts | () | | () | |
| 3 | Inventories | | 788,176. | | 1,012,251. |
| 4 | U.S. government obligations | | | | |
| 5 | Tax-exempt securities (see instructions) | | | | |
| 6 | Other current assets (attach statement) | | | | |
| 7 | Loans to shareholders | | | | |
| 8 | Mortgage and real estate loans | | | | |
| 9 | Other investments (attach statement) | | | | |
| 10a | Buildings and other depreciable assets | | | | |
| b | Less accumulated depreciation | () | | () | |
| 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) | | 7,781. | | 12,000. |
| 15 | Total assets | | 1,525,483. | | 1,963,646. |
| Liabilities and Shareholders' Equity | | | | | |
| 16 | Accounts payable | | 89,610. | | 110,031. |
| 17 | Mortgages, notes, bonds payable in less than 1 year | | | | |
| 18 | Other current liabilities (attach statement) | | | | |
| 19 | Loans from shareholders | | 500,000. | | 500,000. |
| 20 | Mortgages, notes, bonds payable in 1 year or more | | | | |
| 21 | Other liabilities (attach statement) | | | | |
| 22 | Capital stock | | | | |
| 23 | Additional paid-in capital | | 292,605. | | 525,770. |
| 24 | Retained earnings | | 643,268. | | 827,845. |
| 25 | Adjustments to shareholders' equity (attach statement) | | | | |
| 26 | Less cost of treasury stock | () | | () | |
| 27 | Total liabilities and shareholders' equity | | 1,525,483. | | 1,963,646. |

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

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

| | | | | | |
|----------|--|----------|----------|--|----------|
| 1 | Net income (loss) per books | 184,577. | 5 | Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): | |
| 2 | Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) ----- | | a | Tax-exempt interest \$ ----- | |
| 3 | Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize): | | 6 | Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize): | |
| a | Depreciation \$ ----- | | a | Depreciation \$ ----- | |
| b | Travel and entertainment \$ 31,497. | 31,497. | 7 | Add lines 5 and 6 | |
| 4 | Add lines 1 through 3 | 216,074. | 8 | Income (loss) (Schedule K, line 18). Subtract line 7 from line 4 | 216,074. |

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

| | (a) Accumulated adjustments account | (b) Shareholders' undistributed taxable income previously taxed | (c) Accumulated earnings and profits | (d) Other adjustments account |
|--|-------------------------------------|---|--------------------------------------|-------------------------------|
| 1 Balance at beginning of tax year | 450,167. | 0. | 0. | 0. |
| 2 Ordinary income from page 1, line 21 | 216,074. | | | |
| 3 Other additions | | | | |
| 4 Loss from page 1, line 21 | () | | | |
| 5 Other reductions Meals and entertainment | (31,497.) | | | () |
| 6 Combine lines 1 through 5 | 634,744. | 0. | 0. | 0. |
| 7 Distributions | 0. | 0. | 0. | 0. |
| 8 Balance at end of tax year. Subtract line 7 from line 6 | 634,744. | 0. | 0. | 0. |

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
▶ **Go to www.irs.gov/Form1125A for the latest information.**

| | | | |
|------------------------------------|--|---|-----------|
| Name The Kind Group, LLC | | Employer identification number 46-1657110 | |
| 1 | Inventory at beginning of year | 1 | 788,176 |
| 2 | Purchases | 2 | 2,651,866 |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach schedule) <i>See Statement</i> | 4 | 245,290 |
| 5 | Other costs (attach schedule) <i>Shipping</i> | 5 | 200,423 |
| 6 | Total. Add lines 1 through 5 | 6 | 3,885,755 |
| 7 | Inventory at end of year | 7 | 1,012,251 |
| 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 | 2,873,504 |

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

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

Small business taxpayers. For tax years beginning after December 31, 2017, the following apply.

- A small business taxpayer (defined below), may use a method of accounting for inventories that either: (1) treats inventories as nonincidental materials and supplies, or (2) conforms to the taxpayer's financial accounting treatment of inventories.
- A small business taxpayer is not required to capitalize costs under section 263A.

General Instructions

Purpose of Form

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S, or 1065, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of

merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for certain taxpayers. A small business taxpayer (defined below), can adopt or change its accounting method to account for inventories in the same manner as material and supplies that are nonincidental, or conform to its treatment of inventories in an applicable financial statement (as defined in section 451(b)(3)), or if it does not have an applicable financial statement, the method of accounting used in its books and records prepared in accordance with its accounting procedures. See section 471(c)(3).

A small business taxpayer claiming exemption from the requirement to keep inventories is changing its method of accounting for purposes of section 481. For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on changing to this method of accounting, see Form 3115 and the Instructions for Form 3115.

Small business taxpayer. A small business taxpayer is a taxpayer that (a) has average annual gross receipts of \$25 million or less (indexed for inflation) for the 3 prior tax years, and (b) is not a tax shelter (as defined in section 448(d)(3)). See Pub. 538.

Uniform capitalization rules. The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

- The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.
- Real property or personal property (tangible and intangible) acquired for resale.
- The production of real property and tangible personal property for use in its trade or business or in an activity engaged in for profit.

A small business taxpayer (defined above) is not required to capitalize costs under section 263A. See section 263A(i).

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.

Schedule K-1 (Form 1120-S)

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022, or tax year

beginning [] / [] / 2022 ending [] / [] / []

Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number 46-1657110
B Corporation's name, address, city, state, and ZIP code The Kind Group, LLC 1808 Brielle Ave Asbury Park NJ 07712
C IRS Center where corporation filed return Kansas City, MO 64999-0013
D Corporation's total number of shares Beginning of tax year End of tax year

Part II Information About the Shareholder

E Shareholder's identifying number 139-66-7936
F Shareholder's name, address, city, state, and ZIP code Anthony Gagliardi 421 W. Lincoln Ave Oakhurst NJ 07755
G Current year allocation percentage 99.00000 %
H Shareholder's number of shares Beginning of tax year End of tax year
I Loans from shareholder Beginning of tax year \$ 495,000. End of tax year \$ 495,000.

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Amount, and Other information. Includes rows for Ordinary business income (loss) 213,913., Net rental real estate income (loss), Other net rental income (loss), Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss) 31,182., Other income (loss) 0., Section 179 deduction, Other deductions, and Other information STMT.

* See attached statement for additional information.

Statement A—QBI Pass-through Entity Reporting

| | | | |
|---|---|---|--|
| Corporation's name: The Kind Group, LLC | | Corporation's EIN: 46-1657110 | |
| Shareholder's name: Anthony Gagliardi | | Shareholder's identifying no: 139-66-7936 | |
| | | 1120S, Line 21 | |
| | | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
| | | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
| Shareholder's share of: | | | |
| QBI or qualified PTP items subject to shareholder-specific determinations: | | | |
| | Ordinary business income (loss) | 213,913. | |
| | Rental income (loss) | | |
| | Royalty income (loss) | | |
| | Section 1231 gain (loss) | | |
| | Other income (loss) | | |
| | Section 179 deduction | | |
| | Other deductions | | |
| | W-2 wages | 127,636. | |
| | UBIA of qualified property | | |
| | Section 199A dividends | | |

Statement A—QBI Pass-through Entity Reporting

| | | | |
|---|---|--|--|
| Corporation's name: | | Corporation's EIN: | |
| Shareholder's name: | | Shareholder's identifying no: | |
| | | | |
| | | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
| | | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
| Shareholder's share of: | | | |
| QBI or qualified PTP items subject to shareholder-specific determinations: | | | |
| | Ordinary business income (loss) | | |
| | Rental income (loss) | | |
| | Royalty income (loss) | | |
| | Section 1231 gain (loss) | | |
| | Other income (loss) | | |
| | Section 179 deduction | | |
| | Other deductions | | |
| | W-2 wages | | |
| | UBIA of qualified property | | |
| | Section 199A dividends | | |

Schedule K-1 (Form 1120-S)

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022, or tax year

beginning [] / [] / 2022 ending [] / []

Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number 46-1657110
B Corporation's name, address, city, state, and ZIP code The Kind Group, LLC 1808 Brielle Ave Asbury Park NJ 07712
C IRS Center where corporation filed return Kansas City, MO 64999-0013
D Corporation's total number of shares Beginning of tax year End of tax year

Part II Information About the Shareholder

E Shareholder's identifying number 139-80-0646
F Shareholder's name, address, city, state, and ZIP code Joseph Vecchione 578 Washington Blvd, #935 Marina Del Rey CA 90292
G Current year allocation percentage 1.00000 %
H Shareholder's number of shares Beginning of tax year End of tax year
I Loans from shareholder Beginning of tax year \$ 5,000. End of tax year \$ 5,000.

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Amount, and Other information. Includes rows for Ordinary business income (loss), Net rental real estate income (loss), Other net rental income (loss), Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, and Other information.

* See attached statement for additional information.

Statement A—QBI Pass-through Entity Reporting

| | | | |
|---|---|---|--|
| Corporation's name: The Kind Group, LLC | | Corporation's EIN: 46-1657110 | |
| Shareholder's name: Joseph Vecchione | | Shareholder's identifying no: 139-80-0646 | |
| | | 1120S, Line 21 | |
| Shareholder's share of: | | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
| QBI or qualified PTP items subject to shareholder-specific determinations: | | | |
| | Ordinary business income (loss) | 2,161. | |
| | Rental income (loss) | | |
| | Royalty income (loss) | | |
| | Section 1231 gain (loss) | | |
| | Other income (loss) | | |
| | Section 179 deduction | | |
| | Other deductions | | |
| | W-2 wages | 1,289. | |
| | UBIA of qualified property | | |
| | Section 199A dividends | | |

Statement A—QBI Pass-through Entity Reporting

| | | | |
|---|---|--|--|
| Corporation's name: | | Corporation's EIN: | |
| Shareholder's name: | | Shareholder's identifying no: | |
| | | | |
| Shareholder's share of: | | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
| QBI or qualified PTP items subject to shareholder-specific determinations: | | | |
| | Ordinary business income (loss) | | |
| | Rental income (loss) | | |
| | Royalty income (loss) | | |
| | Section 1231 gain (loss) | | |
| | Other income (loss) | | |
| | Section 179 deduction | | |
| | Other deductions | | |
| | W-2 wages | | |
| | UBIA of qualified property | | |
| | Section 199A dividends | | |

QuickZoom to Other Copy _____

Page 1

| | | | |
|--|-------------------------------------|--------------------------------------|-------------------------------------|
| Corporation's Name: <u>The Kind Group, LLC</u> | | Corporation's EIN: <u>46-1657110</u> | |
| | | | |
| | 1120S, Line 21 | | |
| <input type="checkbox"/> PTP | <input type="checkbox"/> PTP | <input type="checkbox"/> PTP | <input type="checkbox"/> PTP |
| <input type="checkbox"/> Aggregated | <input type="checkbox"/> Aggregated | <input type="checkbox"/> Aggregated | <input type="checkbox"/> Aggregated |
| <input checked="" type="checkbox"/> SSTB | <input type="checkbox"/> SSTB | <input type="checkbox"/> SSTB | <input type="checkbox"/> SSTB |
| Shareholder's share of: | | | |
| QBI or qualified PTP items subject to shareholder-specific determinations: | | | |
| Ordinary business inc (loss) | _____ | <u>216,074.</u> | _____ |
| Rental income (loss) | _____ | _____ | _____ |
| Royalty income (loss) | _____ | _____ | _____ |
| Section 1231 gain (loss) | _____ | _____ | _____ |
| Other income (loss) | _____ | _____ | _____ |
| Section 179 deduction | _____ | _____ | _____ |
| Other deductions | _____ | _____ | _____ |
| W-2 wages | _____ | <u>128,925.</u> | _____ |
| UBIA of qualified property | _____ | _____ | _____ |
| Qualified REIT dividends | _____ | _____ | |

Corporation's Name: _____ Corporation's EIN: _____



| | | |
|--|--|--|
| <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
|--|--|--|

Shareholder's share of:
QBI or qualified PTP items subject to shareholder-specific determinations:

| | | | | |
|--|-------|-------|-------|-------|
| Ordinary business inc (loss) | _____ | _____ | _____ | _____ |
| Rental income (loss) | _____ | _____ | _____ | _____ |
| Royalty income (loss) | _____ | _____ | _____ | _____ |
| Section 1231 gain (loss) | _____ | _____ | _____ | _____ |
| Other income (loss) | _____ | _____ | _____ | _____ |
| Section 179 deduction | _____ | _____ | _____ | _____ |
| Other deductions | _____ | _____ | _____ | _____ |
| W-2 wages | _____ | _____ | _____ | _____ |
| UBIA of qualified property | _____ | _____ | _____ | _____ |

Qualified REIT dividends

199A Worksheet by Activity

2022

▶ Keep for your records

| | |
|--|--|
| Corporation's name <u>The Kind Group, LLC</u> | Corporation's EIN <u>46-1657110</u> |
|--|--|

QuickZoom to 199A Summary ▶ _____

| | |
|--|--|
| Aggregation Code: _____ | Trade or Business: <u>1120S, Line 21</u> EIN: <u>46-1657110</u> |
| Is this activity a qualified trade/business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Specified Service Trade or Business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

QBI or qualified PTP items subject to shareholder-specific determinations:

| | | | |
|---|-----------------|------------|-----------------|
| 1 a Ordinary business income (loss) 1 a | <u>216,074.</u> | | |
| b Adjustments b | | | |
| c Adjusted ordinary business income (loss) | | 1 c | <u>216,074.</u> |
| 2 a Rental income (loss) 2 a | | | |
| b Adjustments b | | | |
| c Adjusted rental income (loss) | | 2 c | |
| 3 a Royalty income (loss) 3 a | | | |
| b Adjustments b | | | |
| c Adjusted royalty income (loss) | | 3 c | |
| 4 a Section 1231 gain (loss) 4 a | | | |
| b Adjustments b | | | |
| c Adjusted section 1231 gain (loss) | | 4 c | |
| 5 Other income (loss) 5 | | 5 | |
| 6 a Section 179 deduction 6 a | | | |
| b Adjustments b | | | |
| c Adjusted section 179 deduction | | 6 c | |
| 7 Other deductions 7 | | 7 | |
| 8 a W-2 wages 8 a | <u>128,925.</u> | | |
| b Adjustments b | | | |
| c Adjusted W-2 Wages | | 8 c | <u>128,925.</u> |
| 9 a UBIA of qualified property 9 a | | | |
| b Adjustments b | | | |
| c Adjusted UBIA of qualified property | | 9 c | |

Section 179 Carryover Detail for this Activity

| | Section 179 Regular Tax | Section 179 QBI |
|--|------------------------------------|----------------------------|
| Tentative Section 179 deduction from current year assets | | |
| Part I: Prior Year Carryovers by Year and Category | | |
| A Before 2018 | | 0. |
| B 2018 | | |
| C 2019 | | |
| D 2020 | | |
| E 2021 | | |
| Total prior year carryovers to this year | | |

| | Section 179 Regular Tax | Section 179 QBI |
|--|------------------------------------|----------------------------|
| Part II: 179 Deduction Allowed by Year and Category | | |
| Total 179 deduction allowed for this activity in current year | | |
| A Amount allowed from 2022 | | |
| B Amount allowed from before 2018 | | |
| C Amount allowed from 2018 | | |
| D Amount allowed from 2019 | | |
| E Amount allowed from 2020 | | |
| F Amount allowed from 2021 | | |

| | Section 179 Regular Tax | Section 179 QBI |
|--|------------------------------------|----------------------------|
| Part III: Total Carryforward to 2023 by Year and Category | | |
| A Carryforward from 2022 | | |
| B Carryforward from before 2018 | | |
| C Carryforward from 2018 | | |
| D Carryforward from 2019 | | |
| E Carryforward from 2020 | | |
| F Carryforward from 2021 | | |
| Total carryforward to next year | | |

Additional Information From 2022 US Form 1120S: Income Tax Return for S Corp

Form 1120S: S-Corporation Tax Return

Other Deductions

Continuation Statement

| Description | Amount |
|------------------------------|-----------------|
| Accounting | 3,000. |
| Automobile and truck expense | 36,266. |
| Bank charges | 6,178. |
| Commissions | 138. |
| Dues and subscriptions | 31,121. |
| Gifts | 1,100. |
| Insurance | 13,590. |
| Legal and professional | 20,877. |
| Meals (50%) | 31,498. |
| Office expense | 29,584. |
| Supplies | 6,238. |
| Telephone | 680. |
| Travel | 53,058. |
| Utilities | 22,420. |
| credit card processing | 94,163. |
| payroll processing | 3,918. |
| Total | 353,829. |

Form 1125-A: Cost of Goods Sold

Additional Section 263A Costs Statement

Continuation Statement

| Additional Costs | Additional Amount |
|------------------|-------------------|
| Freight-in | 237,967 |
| Other purchase | 7,323 |
| Total | 245,290 |

**CORPORATION BUSINESS TAX
ESTIMATED PAYMENT WORKSHEET**

CBT-150S

**BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY
CORPORATION BUSINESS TAX ELECTRONICALLY**

DO NOT CUT THIS PAGE – DO NOT MAIL – FOR REFERENCE ONLY

REV 03/23/23 PRO

Corporation Business Tax Statement of Estimated Tax Worksheet
CBT-150S

Due Date: 04/18/23 Voucher #: 1 Beginning 01/01/2023 and ending 12/31/2023
1030
46-1657110

THE KIND GROUP, LLC
1808 BRIELLE AVE
ASBURY PARK NJ 07712

| | | |
|---|----|--------|
| 1. Amount of this installment | 1. | 375.00 |
| 2. Amount of overpayment credit (See instruction 5) | 2. | 0.00 |
| 3. Amount of this installment payment | 3. | 375.00 |
| (Line 1 minus Line 2) | | |

Payments should be made electronically.

**CORPORATION BUSINESS TAX
ESTIMATED PAYMENT WORKSHEET**

CBT-150S

**BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY
CORPORATION BUSINESS TAX ELECTRONICALLY**

DO NOT CUT THIS PAGE – DO NOT MAIL – FOR REFERENCE ONLY

REV 03/23/23 PRO

Corporation Business Tax Statement of Estimated Tax Worksheet
CBT-150S

Due Date: 06/15/23 Voucher #: 2 Beginning 01/01/2023 and ending 12/31/2023
1030
46-1657110

THE KIND GROUP, LLC
1808 BRIELLE AVE
ASBURY PARK NJ 07712

| | | |
|---|----|--------|
| 1. Amount of this installment | 1. | 375.00 |
| 2. Amount of overpayment credit (See instruction 5) | 2. | 0.00 |
| 3. Amount of this installment payment | 3. | 375.00 |
| (Line 1 minus Line 2) | | |

Payments should be made electronically.

**CORPORATION BUSINESS TAX
ESTIMATED PAYMENT WORKSHEET**

CBT-150S

**BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY
CORPORATION BUSINESS TAX ELECTRONICALLY**

DO NOT CUT THIS PAGE – DO NOT MAIL – FOR REFERENCE ONLY

REV 03/23/23 PRO

Corporation Business Tax Statement of Estimated Tax Worksheet
CBT-150S

Due Date: 09/15/23 Voucher #: 3 Beginning 01/01/2023 and ending 12/31/2023
1030
46-1657110

THE KIND GROUP, LLC
1808 BRIELLE AVE
ASBURY PARK NJ 07712

| | | |
|---|----|--------|
| 1. Amount of this installment | 1. | 375.00 |
| 2. Amount of overpayment credit (See instruction 5) | 2. | 0.00 |
| 3. Amount of this installment payment | 3. | 375.00 |
| (Line 1 minus Line 2) | | |

Payments should be made electronically.

**CORPORATION BUSINESS TAX
ESTIMATED PAYMENT WORKSHEET**

CBT-150S

**BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY
CORPORATION BUSINESS TAX ELECTRONICALLY**

DO NOT CUT THIS PAGE – DO NOT MAIL – FOR REFERENCE ONLY

REV 03/23/23 PRO

Corporation Business Tax Statement of Estimated Tax Worksheet
CBT-150S

Due Date: 12/15/23 Voucher #: 4 Beginning 01/01/2023 and ending 12/31/2023
1030
46-1657110

THE KIND GROUP, LLC
1808 BRIELLE AVE
ASBURY PARK NJ 07712

| | | |
|---|----|--------|
| 1. Amount of this installment | 1. | 375.00 |
| 2. Amount of overpayment credit (See instruction 5) | 2. | 0.00 |
| 3. Amount of this installment payment | 3. | 375.00 |
| (Line 1 minus Line 2) | | |

Payments should be made electronically.

New Jersey Corporation Business Tax Return
For Tax Years Ending On or After July 31, 2022 Through June 30, 2023

Tax year beginning 01/01, 2022, and ending 12/31, 2022

The surtax enacted under P.L. 2018, c.48 does not apply to New Jersey S corporations.

| | | |
|--|---|--|
| FEDERAL EMPLOYER I.D. NUMBER 46-1657110 | N.J. CORPORATION NUMBER 0400-5385-50 | Date of NJ S Corporation election <u>01012016</u> |
| CORPORATION NAME THE KIND GROUP, LLC | | State and date of incorporation <u>NJ 01012016</u> |
| MAILING ADDRESS 1808 BRIELLE AVE | | Date authorized to do business in New Jersey <u>01012016</u> |
| CITY ASBURY PARK | STATE NJ | ZIP CODE 07712 |
| Check applicable return type: <input type="checkbox"/> Initial <input type="checkbox"/> Amended Enter Amended code: <input type="checkbox"/> <input type="checkbox"/> If code 10, enter reason: _____ | | Federal business activity code <u>424990</u> |
| | | Corporation books are in the care of <u>OWNER</u> at <u>1808 BRIELLE AVE, ASBURY PARK, NJ 07712</u> |
| | | Phone Number (<u>888</u>) <u>330-2353</u> |
| | | Check if applicable (see instructions): <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Qualified Subchapter S Subsidiary <input type="checkbox"/> Claiming P.L. 86-272 Parent ID#: _____ |

| | | |
|---|------|--------|
| 1. Taxable net income subject to federal corporate income taxation from Schedule A, Part II, line 5 (if a net loss, enter zero)..... | 1. | 0. |
| 2. AMOUNT OF TAX – Multiply line 1 by the applicable tax rate (see instructions)..... | 2. | 0. |
| 3. Tax Credits (from Schedule A-3, Part I, line 30) (see instructions)..... | 3. | |
| 4. TAX LIABILITY – Subtract line 3 from line 2 or enter the minimum tax from Schedule A-GR, whichever is greater (see instructions)..... | 4. | 1,500. |
| 5. Installment Payment (only applies if line 4 is \$375 or less – see instructions)..... | 5. | |
| 6. Professional Corporation Fees (Schedule PC, Part II, line 7)..... | 6. | |
| 7. TOTAL TAX AND PROFESSIONAL CORPORATION FEES (add lines 4, 5, and 6)..... | 7. | 1,500. |
| 8. a. Payments and Credits (see instructions)..... | 8a. | 1,595. |
| b. Payments made by Partnerships on behalf of taxpayer (include copies of all NJK-1s)..... | 8b. | |
| c. Refundable Tax Credits (from Schedule A-3, Part II, line 6) (see instructions)..... | 8c. | |
| d. Total Payments and Credits – Add lines 8a, 8b, and 8c..... | 8d. | 1,595. |
| 9. Balance of Tax Due – If line 8d is less than line 7, subtract line 8d from line 7..... | 9. | |
| 10. Pro Rata Share of S Corp Income for nonconsenting shareholders (from Schedule K, Part VII, line 6, column C or Schedule K Liquidated, Part VII, line 6 columns C plus E)..... | 10. | |
| 11. a. Gross Income Tax paid on behalf of nonconsenting shareholders (see instructions)..... | 11a. | |
| b. Pass-Through Business Alternative Income Tax Credit from Form 329 (see instructions) (Amount entered cannot be more than amount on line 11a)..... | 11b. | |
| c. Balance of tax paid on behalf of nonconsenting shareholders – Subtract line 11b from line 11a..... | 11c. | |
| 12. Penalty and Interest Due (see instructions)..... | 12. | 88. |
| 13. Total Balance Due – Add lines 9, 11c, and 12..... | 13. | |
| 14. Amount Overpaid – If line 8d is greater than the sum of lines 7, 11c, and 12, subtract lines 7, 11c, and 12 from line 8d..... | 14. | 7. |
| 15. Amount of line 14 to be Refunded..... | 15. | 7. |
| 16. Amount of line 14 to be Credited to 2023 Tax Return..... | 16. | |
| 17. Amount of line 14 to be Credited to a Combined Group and tax year to which it is to be applied <input type="checkbox"/> 2022 or <input type="checkbox"/> 2023..... | 17. | |

| | |
|--|--|
| CERTIFICATION OF INACTIVITY (See instructions) | <p>If the corporation is inactive, page 1, the Annual General Questionnaire, and Schedules A (parts I and II), A-2, A-3, A-4, and A-GR must be completed. A corporate officer must sign and certify below:</p> <p><input type="checkbox"/> By marking the check box to the left, I certify that the corporation did not conduct any business, did not have any income, receipts, or expenses, and did not own any assets during the entire period covered by the tax return.</p> <p>(Date) _____ (Signature of Corporate Officer) _____ (Title) _____</p> |
|--|--|

| | |
|---|---|
| SIGNATURE AND VERIFICATION (See instructions) | <p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, forms, and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I understand that pursuant to <u>N.J.S.A. 54:10A-14(a)</u>, I must include copies of the federal return(s), forms, and schedules with my New Jersey return. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.</p> <p style="text-align: right;">OWNER</p> <p>(Date) _____ (Signature of Duly Authorized Officer of Taxpayer) <u>14 IMLAY LN</u> _____ (Title) <u>KEVIN GILMARTIN</u> <u>FARMINGDALE NJ 07727</u> <u>P01449226</u></p> <p>(Date) _____ (Signature of Individual Preparing Return) _____ (Address) _____ (Preparer's ID Number) <u>GILMARTIN CONSULTING 14 IMLAY LN</u> <u>FARMINGDALE NJ 07727</u> <u>30-0870968</u></p> <p>(Name of Tax Preparer's Employer) _____ (Address) _____ (Employer's ID Number)</p> |
|---|---|

NAME AS SHOWN ON RETURN
THE KIND GROUP, LLC

FEDERAL ID NUMBER
46-1657110

ANNUAL GENERAL QUESTIONNAIRE (See instructions)

All taxpayers must answer the following questions. Riders must be provided where necessary.

1. Type of business MANUFACTURING
Principal products handled MANUFACTURING
2. State the location of the actual seat of management or control of the corporation NJ
3. Did one or more other corporations own beneficially, or control, a majority of the stock of taxpayer corporation or did the same interests own beneficially, or control, a majority of the stock of taxpayer corporation and of one or more other corporations?
 Yes No
If yes, provide a rider indicating the name and FEIN of the controlled corporation, the name and FEIN of the controlling/parent corporation, and the percentage of stock owned or controlled.
4. These questions must be answered by corporations with a controlling interest in certain commercial property.
- a. During the period covered by the return, did the taxpayer acquire or dispose of directly or indirectly a controlling interest in certain commercial property?
 Yes – Answer question 4b below. No
- b. Was the CITT-1, *Controlling Interest Transfer Tax*, filed with the Division of Taxation?
 Yes. Provide a rider indicating the information and include a copy of the CITT-1.
 No. Provide a rider indicating the name and FEIN of the transferee, the name and FEIN of the transferor, and the assessed value of the property.
5. Does this corporation own any Qualified Subchapter S Subsidiaries (QSSS)?
 Yes No
If yes, provide a rider indicating the name, address, and FEIN of the subsidiary, whether the subsidiary made a New Jersey QSSS election, and whether the activities of the subsidiary are included in this return.
6. If the taxpayer is a unitary subsidiary of a combined group filing a New Jersey combined return from which the taxpayer is excluded, did the taxpayer distribute dividends or deemed dividends in the current tax year?
 Yes No
If yes, provide a rider indicating the name and FEIN of the entity to which the dividends were paid (deemed), the amount of dividends, and unitary ID number of the combined group.
7. Is the taxpayer an intangible holding company or is the taxpayer's income, directly or indirectly, from intangible property or related service activities that are deductible against the income of members of a combined group?
 Yes No
If yes, provide a rider indicating the names and ID numbers of the combined group or the related members and detail the taxpayer's income that is deductible against their income.
8. Is income from sources outside the United States included in taxable net income on Schedule A?
 Yes No NA
If yes, provide a rider indicating such items of gross income, the source, the deductions, and the amount of foreign taxes paid. Enter on Schedule A, Part I, line 37b, the difference between the net of such income and the amount of foreign taxes paid not previously deducted (include a rider).
9. Does the taxpayer have related parties or affiliates that file combined returns in New Jersey?
 Yes No
10. Is the taxpayer part of a group that files a New Jersey combined return but is excluded from the combined return?
 Yes No
If yes, name of the managerial member of the combined group: _____
11. Has the taxpayer or the preparer completing this return on the taxpayer's behalf taken any uncertain tax positions when filing this return or their federal tax return? For more information see Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10, formerly FASB Interpretation No. 48 (FIN 48).
 Yes – Include a rider detailing the information. No
12. Does the taxpayer own or lease real or tangible property in New Jersey?
 Yes No
13. Does the taxpayer have payroll in New Jersey?
 Yes No

NAME AS SHOWN ON RETURN
THE KIND GROUP, LLC

FEDERAL ID NUMBER
46-1657110

ALL TAXPAYERS MUST COMPLETE THIS SCHEDULE

Schedule A COMPUTATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS)

PART I - COMPUTATION OF ENTIRE NET INCOME

| | | | | |
|------|----|---|------|------------|
| 1. | a. | Gross receipts or sales | 1a. | 4,914,598. |
| | b. | Less: Returns and allowances | 1b. | |
| | c. | Total - Subtract line 1b from line 1a..... | 1c. | 4,914,598. |
| 2. | | Less: Cost of goods sold (from Schedule A-2, line 8)..... | 2. | 2,873,504. |
| 3. | | Gross profit - Subtract line 2 from line 1c | 3. | 2,041,094. |
| 4. | | Net gain (loss) from Form 4797 (include Form 4797) (see instructions) | 4. | |
| 5. | | Other income (loss) (include schedule)..... | 5. | |
| 6. | | Total Income (loss). Add lines 3 through 5..... | 6. | 2,041,094. |
| 7. | | Compensation of officers (from Schedule F)..... | 7. | |
| 8. | | Salaries and wages (less employment credits) | 8. | 128,925. |
| 9. | | Repairs | 9. | 6,960. |
| 10. | | Bad debts | 10. | 450,000. |
| 11. | | Rents | 11. | 110,018. |
| 12. | | Taxes | 12. | 14,171. |
| 13. | | Interest..... | 13. | |
| 14a. | | Depreciation | 14a. | |
| 14b. | | Depreciation claimed on Schedule A-2 and elsewhere on return..... | 14b. | |
| 14c. | | Subtract line 14b from line 14a..... | 14c. | |
| 15. | | Depletion (do not deduct oil and gas depletion) | 15. | |
| 16. | | Advertising..... | 16. | 761,117. |
| 17. | | Pension, profit-sharing, etc., plans | 17. | |
| 18. | | Employee benefit programs..... | 18. | |
| 19. | | Other deductions (include schedule)..... See Statement | 19. | 353,829. |
| 20. | | Total deductions (add lines 7 through 19)..... | 20. | 1,825,020. |
| 21. | | Ordinary income (loss) from trade or business activities. Subtract line 20 from line 6 (see instructions)..... | 21. | 216,074. |
| 22. | a. | Gross income from all rental activities..... | 22a. | |
| | b. | Expenses related to the above rental activities (include schedule) | 22b. | |
| | c. | Net income (loss) from all rental activities. Subtract line 22b from 22a..... | 22c. | |
| 23. | | Portfolio income (loss): | | |
| | a. | Interest income | 23a. | |
| | b. | Dividend income | 23b. | |
| | c. | Royalty income | 23c. | |
| | d. | Capital gain net income (include Schedule D (Form 1120-S)) | 23d. | |
| | e. | Other portfolio income (loss) (include schedule)..... | 23e. | |
| 24. | | Net gain (loss) under section 1231 (include federal Form 4797)..... | 24. | |
| 25. | | Other income (loss) (include schedule)..... | 25. | |
| 26. | | Section 179 expense deduction (include federal Form 4562) (see instructions)..... | 26. | |
| 27. | | Deductions related to portfolio income (loss) | 27. | |
| 28. | | Other deductions (include schedule)..... | 28. | |
| 29. | | Add lines 21 through 28..... | 29. | 216,074. |
| 30. | | Charitable contributions (limited to 10% of line 29)..... | 30. | |
| 31. | | Taxable income before net operating loss and special deductions. Subtract line 30 from line 29. (see instructions)..... | 31. | 216,074. |

NAME AS SHOWN ON RETURN
THE KIND GROUP, LLCFEDERAL ID NUMBER
46-1657110**Schedule A COMPUTATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS)**

| | | |
|--|------|----------|
| 32. Taxable income before net operating loss and special deductions from page 3, line 31 | 32. | 216,074. |
| 33. Interest on federal, state, municipal, and other obligations not included above (see instructions) | 33. | |
| 34. New Jersey State and other states' income taxes deducted above (see instructions) | 34. | 1,595. |
| 35. Taxes paid by the corporation on behalf of the shareholder (see instructions) | 35. | |
| 36. a. Depreciation modification being added to income (from Schedule S) | 36a. | |
| b. Depreciation modification being subtracted from income (from Schedule S) | 36b. | |
| 37. a. Deduction for IRC Section 78 Gross-up not deducted at line 43 below | 37a. | |
| b. Other deductions and additions. Explain on separate rider (see instructions) | 37b. | |
| c. Related party interest addback (Schedule G, Part I) | 37c. | |
| d. Related party intangibles expenses and costs addback (Schedule G, Part II) | 37d. | |
| e. Add back any other federally exempt income not reported elsewhere on Schedule A (see instructions) | 37e. | |
| 38. Entire net income before net operating loss deduction and dividend exclusion (net lines 32 through 37(e)) | 38. | 217,669. |
| 39. Allocation factor from Schedule J (if all receipts were derived from only New Jersey sources, enter 1.000000) | 39. | 1.000000 |
| 40. Allocated Entire Net Income before net operating loss deductions and dividend exclusion - Multiply line 38 by line 39 and enter the result here (if zero or less, enter zero on line 45) | 40. | 217,669. |
| 41. Deduction for Current Converted Net Operation Losses (from Form 500S) (Amount entered cannot be more than amount on line 40.) | 41. | |
| 42. Allocated Entire Net Income before allocated dividend exclusion - Subtract line 41 from line 40 (if zero or less, enter zero here and on line 45) | 42. | 217,669. |
| 43. Allocated Dividend Exclusion (from Schedule R, line 13) | 43. | |
| 44. Reserved for future use | 44. | |
| 45. Allocated Entire Net Income - Subtract line 43 from line 42 | 45. | 217,669. |

PART II (See instructions)

| | | |
|--|----|----------|
| 1. Entire net income that is subject to federal corporate income taxation (see instructions) | 1. | |
| 2. Allocation factor from Schedule J (if all receipts were derived from only New Jersey sources, enter 1.000000) | 2. | 1.000000 |
| 3. Allocated Entire Net Income before net operating loss deductions multiply line 1 by line 2. | 3. | 0. |
| 4. Deduction for Available Converted Net Operation Losses (from Form 500S) (Amount entered cannot be more than amount on line 3.) | 4. | |
| 5. Taxable Net Income subject to federal corporate income taxation (carry to page 1, line 1, ONLY if amount is more than zero) - Subtract line 4 from line 3 | 5. | 0. |

Schedule A-2 COST OF GOODS SOLD (See instructions) All data must match amounts reported on federal Form 1125-A of the federal pro forma or federal return, whichever is applicable.

| | | |
|---|----|------------|
| 1. Inventory at beginning of year | 1. | 788,176. |
| 2. Purchases | 2. | 2,651,866. |
| 3. Cost of labor | 3. | |
| 4. Additional section 263A costs | 4. | 245,290. |
| 5. Other costs (include schedule) | 5. | 200,423. |
| 6. Total - Add lines 1 through 5 | 6. | 3,885,755. |
| 7. Inventory at end of year | 7. | 1,012,251. |
| 8. Cost of goods sold - Subtract line 7 from line 6. Enter here and on Schedule A, Part I, line 2 | 8. | 2,873,504. |

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| NAME AS SHOWN ON RETURN THE KIND GROUP, LLC | FEDERAL ID NUMBER 46-1657110 |
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Schedule A-3 SUMMARY OF TAX CREDITS (See instructions)

PART I – Tax Credits Used Against Liability

| | | |
|--|-----|--|
| 1. New Jobs Investment Tax Credit from Form 304 | 1. | |
| 2. Angel Investor Tax Credit from Form 321 | 2. | |
| 3. Business Employment Incentive Program Tax Credit from Form 324 | 3. | |
| 4. Pass-Through Business Alternative Income Tax Credit from Form 329 | 4. | |
| 5. EITHER: a. Urban Enterprise Zone Employee Tax Credit from Form 300 | 5. | |
| OR b. Urban Enterprise Zone Investment Tax Credit from Form 301 | | |
| 6. Redevelopment Authority Project Tax Credit from Form 302 | 6. | |
| 7. Manufacturing Equipment and Employment Investment Tax Credit from Form 305 | 7. | |
| 8. Research and Development Tax Credit from Form 306 | 8. | |
| 9. Neighborhood Revitalization State Tax Credit from Form 311 | 9. | |
| 10. Effluent Equipment Tax Credit from Form 312 | 10. | |
| 11. Economic Recovery Tax Credit from Form 313 | 11. | |
| 12. AMA Tax Credit from Form 315 | 12. | |
| 13. Business Retention and Relocation Tax Credit from Form 316 | 13. | |
| 14. Sheltered Workshop Tax Credit from Form 317 | 14. | |
| 15. Film Production Tax Credit from Form 318 | 15. | |
| 16. Urban Transit Hub Tax Credit from Form 319 | 16. | |
| 17. Grow NJ Tax Credit from Form 320 | 17. | |
| 18. Wind Energy Facility Tax Credit from Form 322 | 18. | |
| 19. Residential Economic Redevelopment and Growth Tax Credit from Form 323 | 19. | |
| 20. Public Infrastructure Tax Credit from Form 325 | 20. | |
| 21. Reserved for future use | 21. | |
| 22. Film and Digital Media Tax Credit from Form 327 | 22. | |
| 23. Tax Credit for Employers of Employees With Impairments from Form 328 | 23. | |
| 24. Apprenticeship Program Tax Credit from Form 330 | 24. | |
| 25. Tax Credit for Employer of Organ/Bone Marrow Donor from Form 331 | 25. | |
| 26. Tiered Subsidiary Dividend Pyramid Tax Credit from Form 332 | 26. | |
| 27. Innovation Evergreen Fund Tax Credit from Form 334 | 27. | |
| 28. Unit Concrete Products Tax Credit from Form 335 | 28. | |
| 29. Other Tax Credit (see instructions) | 29. | |
| 30. Total tax credits – Add lines 1 through 29. Enter here and on page 1, line 3 | 30. | |

PART II – Refundable Tax Credits

| | | |
|--|----|--|
| 1. Refundable portion of New Jobs Investment Tax Credit from Form 304 | 1. | |
| 2. Refundable portion of Angel Investor Tax Credit from Form 321 | 2. | |
| 3. Refundable portion of Business Employment Incentive Program Tax Credit from Form 324 | 3. | |
| 4. Refundable portion of Pass-Through Business Alternative Income Tax Credit from Form 329 | 4. | |
| 5. Other Tax Credit to be refunded | 5. | |
| 6. Total amount of tax credits to be refunded. Enter here and on page 1, line 8c | 6. | |

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| NAME AS SHOWN ON RETURN THE KIND GROUP, LLC | FEDERAL ID NUMBER 46-1657110 |
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ALL CORPORATIONS MUST COMPLETE THIS SCHEDULE AND SUBMIT IT WITH THEIR CBT-100S TAX RETURN

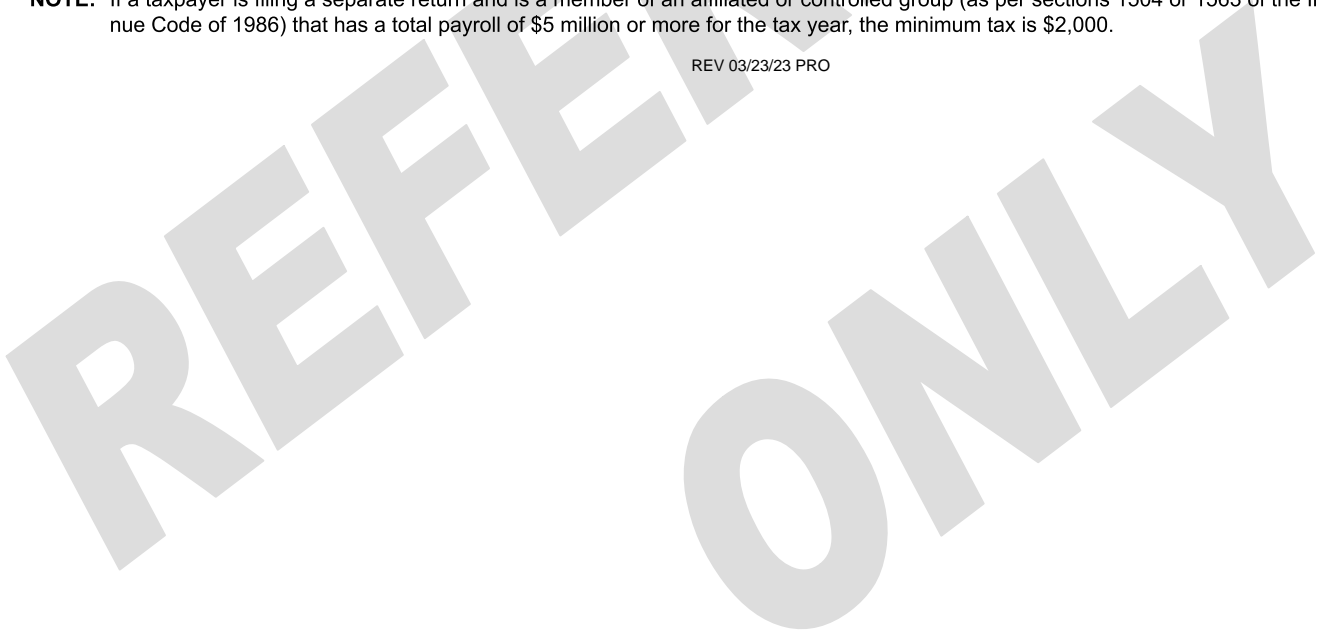
Schedule A-4 SUMMARY SCHEDULE (See instructions)

| | | | | | |
|---|----|----|--|-----|------------|
| Interest and Intangible Costs and Expenses | | | Dividend Exclusion Information | | |
| 1. Schedule G, Part I, line b..... | 1. | 0. | 7. Schedule R, line 7 | 7. | 0. |
| 2. Schedule G, Part II, line b..... | 2. | 0. | 8. Schedule R, line 9 | 8. | 0. |
| Schedule J Information | | | Schedule A-GR Information | | |
| 3. Schedule J, line 1f..... | 3. | | 9. Schedule A-GR, line 6..... | 9. | 5,000,000. |
| 4. Schedule J, line 1g..... | 4. | | Schedule P Information | | |
| 5. Schedule J, line 1h..... | 5. | | 10. Schedule P, Part III, line 1 | 10. | 0. |
| | | | 11. Schedule P, Part III, line 2..... | 11. | 0. |
| Net Operational Income Information | | | | | |
| 6. Schedule O, Part III, line 31..... | 6. | 0. | | | |

Schedule A-GR C MPUTATION OF NEW JERSEY GROSS RECEIPTS AND MINIMUM TAX (See instr.)
Complete this schedule only if the amount reported on page 1, line 2 is less than \$1,500. Members of an affiliated or controlled group, see note below.

| | | |
|--|----|------------|
| 1. Enter sales of tangible personal property shipped to points within New Jersey..... | 1. | |
| 2. Enter services if the benefit of the service is received in New Jersey | 2. | 5,000,000. |
| 3. Enter rentals of property situated in New Jersey..... | 3. | |
| 4. Enter royalties for the use in New Jersey of patents, copyrights, and trademarks..... | 4. | |
| 5. Enter all other business receipts earned in New Jersey..... | 5. | |
| 6. Total New Jersey Gross Receipts..... | 6. | 5,000,000. |
| 7. Enter minimum tax per instructions. Enter here and on page 1, line 4..... | 7. | 1,500. |

NOTE: If a taxpayer is filing a separate return and is a member of an affiliated or controlled group (as per sections 1504 or 1563 of the Internal Revenue Code of 1986) that has a total payroll of \$5 million or more for the tax year, the minimum tax is \$2,000.



| | |
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| NAME AS SHOWN ON RETURN THE KIND GROUP, LLC | FEDERAL ID NUMBER 46-1657110 |
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Schedule F

CORPORATE OFFICERS – GENERAL INFORMATION AND COMPENSATION (See instr.)

Data must match amounts reported on federal Form 1125-E of the federal pro forma or federal return, whichever is applicable.

| (1) Name and Current Address of Officer | (2) Social Security Number | (3) Title | (4) Dates Employed in this position | | (5) Percentage of Corporation Stock Owned | | (6) Amount of Compensation |
|--|-------------------------------|--------------|--|---------|--|-----------|-------------------------------|
| | | | From | To | Common | Preferred | |
| ANTHONY GAGLIARDI 1808 Brielle Ave Asbury Park NJ 07712 | 139-66-7936 | OWNER | 01/01/18 | Present | 100.0000 | 0.0000 | 0. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| a. Total compensation of officers..... | | | | | | | 0. |
| b. Less: Compensation of officers claimed elsewhere on the return..... | | | | | | | |
| c. Balance of compensation of officers (include here and on Schedule A, Part I, line 7)..... | | | | | | | 0. |

Schedule G

PART I – Interest (See Instructions)

1. Was interest paid, accrued, or incurred to a related member(s) deducted from entire net income?

Yes. Fill out the following schedule. No.

| Name of Related Member | Federal ID Number | Relationship to Taxpayer | Amounts |
|------------------------|-------------------|--------------------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|------------------------|
| a. Total amount of interest deducted..... | |
| b. Subtract: Exceptions (see instructions)..... | () |
| c. Related party interest expenses disallowed for New Jersey purposes (include here and on Schedule A, Part I, line 37c)..... | |

PART II – Interest Expenses and Costs and Intangible Expenses and Costs (See instr.)

1. Were intangible expenses and costs, including intangible interest expenses and costs, paid, accrued, or incurred to related members, deducted from entire net income? Yes. Fill out the following schedule. No.

| Name of Related Member | Federal ID Number | Relationship to Taxpayer | Type of Intangible Expense Deducted | Exception Amounts |
|------------------------|-------------------|--------------------------|-------------------------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|--|--|
| a. Total amount of intangible expenses and costs deducted..... | |
| b. Subtract: Exceptions (see instructions)..... | |
| c. Related party intangible expenses and costs addback (include here and on Schedule A, Part I, line 37d)..... | |

NOTE: For tax years beginning on or after January 1, 2018, the treaty exceptions have been limited pursuant to P.L. 2018, c. 48. See Schedule G-2 instructions for more information.

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|--|---------------------------------|
| NAME AS SHOWN ON RETURN THE KIND GROUP, LLC | FEDERAL ID NUMBER 46-1657110 |
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Schedule H

TAXES (See instructions)

Include all taxes paid or accrued during the accounting period wherever deducted on Schedule A.

| | (A) Corporation Franchise Business Taxes* | (B) Corporation Business/ Occupancy Taxes* | (C) Property Taxes | (D) U.C.C. or Payroll Taxes | (E) Other Taxes/ Licenses (include schedule) | (F) Total |
|---|--|---|--------------------------|-----------------------------------|---|--------------|
| 1. New Jersey Taxes | 1,595. | | | 12,576. | | 14,171. |
| 2. Other States & U.S. Possessions | | | | | | |
| 3. City and Local Taxes | | | | | | |
| 4. Taxes Paid to Foreign Countries | | | | | | |
| 5. Total | 1,595. | | | 12,576. | | 14,171. |
| 6. Combine lines 5(a) and 5(b) | | 1,595. | | | | |
| 7. Sales & Use Taxes Paid by a Utility Vendor | | | | | | |
| 8. Add lines 6 and 7 | | 1,595. | | | | |
| 9. Federal Taxes | | | | 12,576. | 0. | 12,576. |
| 10. Total (Combine line 5 and line 9) | 1,595. | | | 25,152. | 0. | 26,747. |

* Include on line 4 taxes paid or accrued to any foreign country, state, province, territory, or subdivision thereof.

Schedule J

COMPUTATION OF ALLOCATION FACTOR (See instructions)

All taxpayers, regardless of entire net income reported on Schedule A, Part I, line 38, Form CBT-100S, must complete Schedule J. This schedule can be omitted if the taxpayer does not have receipts outside New Jersey, in which case the allocation factor will be 100% (1.000000).

For tax years ending on and after July 31, 2019, services are sourced based on market sourcing, not cost of performance.

| 1. Receipts: | AMOUNTS (omit cents) | |
|---|----------------------|--|
| a. From sales of tangible personal property shipped to points within New Jersey..... | a. | |
| b. From services if the benefit of the service is received in New Jersey | b. | |
| c. From rentals of property situated in New Jersey | c. | |
| d. From royalties for the use in New Jersey of patents, copyrights, and trademarks | d. | |
| e. All other business receipts earned in New Jersey | e. | |
| f. Total New Jersey receipts (Total of lines 1a to 1e, inclusive)..... | f. | |
| g. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere..... | g. | |
| h. Allocation Factor (Percentage in New Jersey (line 1f) divided by line 1g). Carry the fraction 6 decimal places. Do not express as a percent. Include here and on Schedule A, Part I, line 39, and Schedule A, Part II, line 2..... | h. | |

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| NAME AS SHOWN ON RETURN THE KIND GROUP, LLC | FEDERAL ID NUMBER 46-1657110 |
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Schedule K SHAREHOLDERS' SHARES OF INCOME, DEDUCTIONS, ETC. (See instructions)

PART I

| | |
|---|-----------|
| 1. Total number of shareholders..... | 2 |
| 2. Total number of nonresident shareholders..... | 1 |
| 3. a. Total number of nonconsenting shareholders..... | 0 |
| b. Percentage of stock owned | 0.00000 % |

PART II NEW JERSEY S CORPORATION INCOME (LOSS)

| | | |
|---|----|----------|
| 1. Amount from Schedule A, Part I, line 21..... | 1. | 216,074. |
| 2. Add the following amounts from federal 1120-S, Schedule K | | |
| a. Net income (loss) from rental real estate activities..... a. | | |
| b. Net income (loss) from other rental activities b. | | |
| c. Interest income c. | | |
| d. Dividend income d. | | |
| e. Royalty income e. | | |
| f. Net short-term capital gain (loss)..... f. | | |
| g. Net long-term capital gain (loss)..... g. | | |
| h. Other portfolio income (loss)..... h. | | |
| i. Net gain (loss) under sections 1231 and/or 179..... i. | | |
| j. Other income j. | | |
| k. Tax-exempt interest income..... k. | | |
| l. Other tax-exempt income l. | | |
| Total of 2a through 2l..... | 2. | |
| 3. Add line 1 plus line 2 | 3. | 216,074. |
| 4. Additions: | | |
| a. Interest income on state and municipal bonds other than New Jersey..... a. | | |
| b. New Jersey State and other states' income taxes deducted in arriving at line 3 including taxes paid on behalf of the shareholder b. | | 1,595. |
| c. All expenses included in line 3 to generate tax-exempt income c. | | |
| d. Losses included in line 3 from U.S. Treasury and other obligations pursuant to <u>N.J.S.A. 54A:6-14</u> and <u>6-14.1</u> ... d. | | |
| e. Other additions e. | | |
| Total of 4a through 4e..... | 4. | 1,595. |
| 5. Add line 3 plus line 4 | 5. | 217,669. |
| 6. Subtractions: | | |
| a. U.S. Treasury and other interest income included in line 3 from investments exempt under <u>N.J.S.A. 54A:6-14</u> and <u>6-14.1</u> a. | | |
| b. Gains included in line 3 from U.S. Treasury and other obligations pursuant to <u>N.J.S.A. 54A:6-14</u> and <u>6-14.1</u> ... b. | | |
| c. IRC Section 179 expense from federal Schedule K..... c. | | |
| d. Federal 50% of business meal expenses and 100% of entertainment expenses d. | | 31,497. |
| e. Charitable contributions from federal Schedule K e. | | |
| f. Other subtractions f. | | |
| Total of 6a through 6f..... | 6. | 31,497. |
| 7. New Jersey depreciation adjustment from Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP | 7. | |
| 8. New Jersey S Corporation Income (Loss) - Line 5 minus line 6 plus or minus line 7..... | 8. | 186,172. |

PART III ALLOCATION OF S CORPORATION INCOME (LOSS)

| | | |
|---|-----|----------|
| 1. New Jersey S Corporation Income (Loss) (Part II, line 8)..... | 1. | 186,172. |
| a. Current period nonoperational activity (Schedule O, Part I, line 34)..... | 1a. | 0. |
| b. Nonunitary partnership income/loss (from Schedule P-1, Part II, line 4)..... | 1b. | |
| 2. Total operational income (loss) (line 1 minus lines 1a and 1b)..... | 2. | 186,172. |
| 3. Allocation factor (Schedule J, line 1h)..... | 3. | 1.000000 |
| 4. Allocated operational income (loss) (line 3 x line 2)..... | 4. | 186,172. |
| 5. Nonoperational income (loss) (Schedule O, Part III, line 31)..... | 5. | 0. |
| a. Nonunitary partnership income (from Schedule P-1, Part II, line 5)..... | 5a. | |
| 6. Total allocated income (loss) (line 4 plus lines 5 and 5a)..... | 6. | 186,172. |
| 7. New Jersey CBT reported on CBT-100S (Page 1, line 2 minus line 3)..... | 7. | 0. |
| 8. New Jersey allocated income (loss) (line 6 minus line 7)..... | 8. | 186,172. |
| 9. Income (loss) not allocated to New Jersey (line 1 minus line 6)..... | 9. | 0. |

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| NAME AS SHOWN ON RETURN THE KIND GROUP, LLC | FEDERAL ID NUMBER 46-1657110 |
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PART IV – A ANALYSIS OF NEW JERSEY ACCUMULATED ADJUSTMENTS ACCOUNT

| | (A) New Jersey AAA | (B) Non New Jersey AAA | (C) Total of Columns (A) & (B) |
|--|-----------------------|---------------------------|-----------------------------------|
| 1. Beginning balance..... | 473,953. | 0. | 473,953. |
| 2. Net pro rata share of S corporation income..... | 186,172. | 0. | 186,172. |
| 3. Other income/loss..... | | | |
| 4. Other reductions (include schedule)..... | | | |
| 5. Total lines 1-4..... | 660,125. | 0. | 660,125. |
| 6. Distributions..... | 0. | 0. | 0. |
| 7. Ending balance (line 5 minus line 6)..... | 660,125. | 0. | 660,125. |

PART IV – B NEW JERSEY EARNINGS AND PROFITS

| | | |
|--|----|--|
| 1. Beginning balance..... | 1. | |
| 2. Additions/Adjustments..... | 2. | |
| 3. Dividends paid..... | 3. | |
| 4. Ending balance (line 1 plus line 2 minus line 3)..... | 4. | |

PART V SUMMARY OF RESIDENT SHAREHOLDERS' PRO RATA SHARES

| (A) Name | (B) Social Security Number | (C) Pro Rata Share Income/Loss | (D) Distributions | (E) Share of Pass-Through Business Alternative Income Tax |
|----------------------|-------------------------------|-----------------------------------|----------------------|--|
| 1. ANTHONY GAGLIARDI | 139-66-7936 | 184,310. | 0. | 0. |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. Total..... | | 184,310. | 0. | 0. |

PART VI SUMMARY OF CONSENTING NONRESIDENT SHAREHOLDERS' PRO RATA SHARES

| (A) Name | (B) Social Security Number | Pro Rata Share Income/Loss | | (E) Distributions | (F) Share of Pass-Through Business Alternative Income Tax |
|---------------------|-------------------------------|----------------------------|----------------------------|----------------------|--|
| | | (C) Allocated to NJ | (D) Not Allocated to NJ | | |
| 1. JOSEPH VECCHIONE | 139-80-0646 | 1,862. | 0. | 0. | 0. |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. Total..... | | 1,862. | 0. | 0. | 0. |

PART VII SUMMARY OF NONCONSENTING SHAREHOLDERS' PRO RATA SHARES

| (A) Name | (B) Social Security Number | Pro Rata Share Income/Loss | | (E) Distributions | (F) Gross Income Tax Paid | (G) Share of Pass-Through Business Alternative Income Tax |
|---------------|-------------------------------|----------------------------|----------------------------|----------------------|------------------------------|--|
| | | (C) Allocated to NJ | (D) Not Allocated to NJ | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. Total..... | | | | | | |

NAME AS SHOWN ON RETURN
THE KIND GROUP, LLC

FEDERAL ID NUMBER
46-1657110

Schedule K Liquidated S CORPORATIONS SHAREHOLDERS' SHARES OF INCOME, DEDUCTIONS, ETC. (See instructions)

PART I

1. Total number of shareholders.....
2. Total number of nonresident shareholders.....
3. a. Total number of nonconsenting shareholders.....
- b. Percentage of stock owned%
4. Enter date the assets were fully disposed.....
5. Enter date the shareholders' stock was fully disposed ...

PART II NJ S CORPORATION INCOME(LOSS) WORKSHEET UPON COMPLETE LIQUIDATION

| | Column A S Corp Income Prior to Disposition of Assets | Column B Income, Gains/Losses from Disposition of Assets in Complete Liquidation |
|--|---|---|
| 1. Amount from Schedule A, Part I, line 21..... | 1. | |
| 2. Add the following amounts from federal 1120-S, Schedule K | | |
| a. Net income (loss) from rental real estate activities | 2a. | |
| b. Net income (loss) from other rental activities | 2b. | |
| c. Interest income..... | 2c. | |
| d. Dividend income..... | 2d. | |
| e. Royalty income..... | 2e. | |
| f. Net short-term capital gain (loss) | 2f. | |
| g. Net long-term capital gain (loss) | 2g. | |
| h. Other portfolio income (loss)..... | 2h. | |
| i. Net gain (loss) under sections 1231 and/or 179 | 2i. | |
| j. Other income..... | 2j. | |
| k. Tax-exempt interest income | 2k. | |
| l. Other tax-exempt income..... | 2l. | |
| 3. Add line 1 plus lines 2a through 2l..... | 3. | |
| 4. Additions: | | |
| a. Interest income on state and municipal bonds other than New Jersey..... | 4a. | |
| b. New Jersey State and other states' income taxes deducted in arriving at line 3 including taxes paid on behalf of the shareholder | 4b. | |
| c. All expenses included in line 3 to generate tax-exempt income | 4c. | |
| d. Losses included in line 3 from U.S. Treasury and other obligations pursuant to N.J.S.A. 54A:6-14 and 6-14.1 | 4d. | |
| e. Other additions..... | 4e. | |
| 5. Add line 3 plus lines 4a through 4e | 5. | |
| 6. Subtractions: | | |
| a. U.S. Treasury and other interest income included in line 3 from investments exempt under N.J.S.A. 54A:6-14 and 6-14.1 | 6a. | |
| b. Gains included in line 3 from U.S. Treasury and other obligations pursuant to N.J.S.A. 54A:6-14 and 6-14.1 | 6b. | |
| c. IRC Section 179 expense from federal Schedule K..... | 6c. | |
| d. Federal 50% of business meal expenses and 100% of entertainment expenses..... | 6d. | |
| e. Charitable contributions from federal Schedule K..... | 6e. | |
| f. Other subtractions..... | 6f. | |
| Total of 6a through 6f..... | 6. | |
| 7. New Jersey depreciation adjustment from Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP | 7. | |
| 8. Total Income (Loss) – Line 5 minus line 6 plus or minus line 7 | 8. | |

PART III ALLOCATION OF INCOME (LOSS)

| | | |
|--|-----|--|
| 1. Income from Line 8, Part II column A and column B | 1. | |
| a. Current period nonoperational activity (Schedule O, Part I, line 34)..... | 1a. | |
| b. Nonunitary partnership income/loss (from Schedule P-1, Part II, line 4) | 1b. | |
| 2. Total operational income (loss) (line 1 minus lines 1a and 1b)..... | 2. | |
| 3. Allocation factor (Schedule J, line 1h) | 3. | |
| 4. Allocated operational income (loss) (line 3 x line 2)..... | 4. | |
| 5. Nonoperational income (loss) (Schedule O, Part III, line 31) | 5. | |
| a. Nonunitary partnership income (from Schedule P-1, Part II, line 5) | 5a. | |
| 6. Total allocated income (loss) (line 4 plus lines 5 and 5a)..... | 6. | |
| 7. New Jersey CBT reported on CBT-100S (Page 1, line 2 minus line 3)..... | 7. | |
| 8. New Jersey allocated income (loss) (line 6 minus line 7)..... | 8. | |
| 9. Income (loss) not allocated to New Jersey (line 1 minus line 6)..... | 9. | |

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| NAME AS SHOWN ON RETURN THE KIND GROUP, LLC | FEDERAL ID NUMBER 46-1657110 |
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Schedule K Liquidated S CORPORATIONS SHAREHOLDERS' SHARES OF INCOME, DEDUCTIONS, ETC. (See instructions)

PART IV – A ANALYSIS OF NEW JERSEY ACCUMULATED ADJUSTMENTS ACCOUNT

| | (A) New Jersey AAA | (B) Non New Jersey AAA | (C) Total of Columns (A) & (B) |
|---|-----------------------|---------------------------|-----------------------------------|
| 1. Beginning balance..... | | | |
| 2. Net pro rata share of S corporation income | | | |
| 3. Other income/loss | | | |
| 4. Other reductions (include schedule) | | | |
| 5. Total lines 1-4..... | | | |
| 6. Distributions | | | |
| 7. Ending balance (line 5 minus line 6) | | | |

PART IV – B NEW JERSEY EARNINGS AND PROFITS

| | |
|---|----|
| 1. Beginning balance..... | 1. |
| 2. Additions/Adjustments | 2. |
| 3. Dividends paid | 3. |
| 4. Ending balance (line 1 plus line 2 minus line 3) | 4. |

REV 03/23/23 PRO

REFERENCED ONLY

Schedule K Liquidated S CORPORATIONS SHAREHOLDERS' SHARES OF INCOME, DEDUCTIONS, ETC. (See instructions)

NAME AS SHOWN ON RETURN

PART V SUMMARY OF RESIDENT SHAREHOLDERS' PRO RATA SHARES

| (A) Name | (B) Social Security Number | (C) Pro Rata Share Income/Loss | (D) Gain/Loss of Disposition of Assets | (E) Distributions | (F) Share of Pass-Through Business Alternative Income Tax |
|---------------|-------------------------------|-----------------------------------|---|----------------------|--|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. Total..... | | | | | |

PART VI SUMMARY OF CONSENTING NONRESIDENT SHAREHOLDERS' PRO RATA SHARES

| (A) Name | (B) Social Security Number | Pro Rata Share Income/Loss | | Gain/Loss of Disposition of Assets | | (G) Distributions | (H) Share of Pass-Through Business Alternative Income Tax |
|---------------|-------------------------------|----------------------------|----------------------------|------------------------------------|----------------------------|----------------------|--|
| | | (C) Allocated to NJ | (D) Not Allocated to NJ | (E) Allocated to NJ | (F) Not Allocated to NJ | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. Total..... | | | | | | | |

FEDERAL ID NUMBER

PART VII SUMMARY OF NONCONSENTING SHAREHOLDERS' PRO RATA SHARES

| (A) Name | (B) Social Security Number | Pro Rata Share Income/Loss | | Gain/Loss of Disposition of Assets | | (G) Distributions | (H) Gross Income Tax Paid | (I) Share of Pass-Through Business Alternative Income Tax |
|---------------|-------------------------------|----------------------------|----------------------------|------------------------------------|----------------------------|----------------------|------------------------------|--|
| | | (C) Allocated to NJ | (D) Not Allocated to NJ | (E) Allocated to NJ | (F) Not Allocated to NJ | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. Total..... | | | | | | | | |

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| | |
|--|---------------------------------|
| NAME AS SHOWN ON RETURN THE KIND GROUP, LLC | FEDERAL ID NUMBER 46-1657110 |
|--|---------------------------------|

Schedule PC PER CAPITA LICENSED PROFESSIONAL FEE (See instructions)

1. Is the corporation a Professional Corporation (PC) formed pursuant to N.J.S.A. 14A:17-1 et seq. or any similar law from a possession or territory of the United States, a state, or political subdivision thereof? Yes. This schedule must be included with the return. No.
2. How many licensed professionals are owners, shareholders, and/or employees from this Professional Corporation (PC) as of the first day of the privilege period? 2 or less, complete Part I. More than 2, complete Part I and Part II (if additional space is needed, include a rider).

PART I – Provide the following information for each of the licensed professionals in the PC. Include a rider if additional space is needed.

| Name | Address | FID/SSN |
|------|---------|---------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

PART II – Complete only if there are more than 2 licensed professionals listed above.

| | | |
|---|----|--|
| 1. Enter number of resident and nonresident professionals with physical nexus with New Jersey _____ x \$150 | 1. | |
| 2. Enter number of nonresident professionals without physical nexus with New Jersey _____ x \$150 x allocation factor of the PC | 2. | |
| 3. Total Fee Due – Add line 1 and line 2 | 3. | |
| 4. Installment Payment – 50% of line 3 | 4. | |
| 5. Total Fee Due (line 3 plus line 4) | 5. | |
| 6. Less prior year 50% installment payment and credit (if applicable) | 6. | |
| 7. Balance of Fee Due (line 5 minus line 6). If the result is zero or above, include the amount here and on page 1, line 6 | 7. | |
| 8. Credit to next year’s Professional Corporation Fee (if line 7 is below zero, enter the amount here) | 8. | |

Schedule P-1 PARTNERSHIP INVESTMENT ANALYSIS (See instructions)

PART I – Partnership Information

| (1) Name of Partnership, LLC, or Other Entity and Federal ID Number | (2) Date and State where Organized | (3) Percentage of Ownership | (4) | | (5) Tax Accounting Method | | (6) New Jersey Nexus | | (7) Tax Payments Made on Behalf of Taxpayer by Partnerships |
|--|---------------------------------------|--------------------------------|-----------------|-----------------|------------------------------|----------------------|-------------------------|----|--|
| | | | Limited Partner | General Partner | Flow Through | Separate Accounting* | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Enter total of column 7 here and on page 1, line 8b

*Taxpayers using a separate accounting method must complete Part II.

PART II – Separate Accounting of Nonunitary Partnership Income

| (1) Nonunitary Partnership's Federal ID Number | (2) Distributive Share of Income/Loss from Nonunitary Partnership | (3) Partnership's Allocation Factor (See instructions) | (4) Taxpayer's Share of Income Allocated to New Jersey (Multiply column 2 by column 3) |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Total column 2. Enter amount here and Schedule K or K liquidated, Part III, line 1b | | |
| 5. | Total column 4. Enter amount here and Schedule K or K liquidated, Part III, line 5a | | |

If additional space is needed, include a rider.

NAME AS SHOWN ON RETURN
THE KIND GROUP, LLC

FEDERAL ID NUMBER
46-1657110

Schedule S – Depreciation and Safe Harbor Leasing (See Instructions)

Part I – From Federal Form 4562

| | | |
|--|----|--|
| 1. IRC § 179 Deduction | 1. | |
| 2. Special Depreciation Allowance – for qualified property placed in service during the tax year | 2. | |
| 3. MACRS | 3. | |
| 4. ACRS | 4. | |
| 5. Other Depreciation | 5. | |
| 6. Listed Property | 6. | |
| 7. Total federal depreciation claimed in arriving at Schedule A, Part I, line 28 | 7. | |

Include Federal Form 4562 and Federal Depreciation Worksheet

Modification at Schedule A, Part I, line 32 – Depreciation and Certain Safe Harbor Lease Transactions

| | | |
|--|-----|--|
| 8. Prior year New Jersey depreciation (see instructions) | 8. | |
| 9. Current year New Jersey depreciation (see instructions). Enter total from Depreciation Worksheet I | 9. | |
| 10. Total New Jersey Depreciation. Add lines 8 and 9 | 10. | |
| 11. IRC § 179 limitation – Enter the lesser of line 1 or \$25,000 | 11. | |
| 12. Accumulated MACRS or bonus depreciation over accumulated New Jersey depreciation on physical disposal of recovery property. Enter total from Depreciation Worksheet II | 12. | |
| 13. Other additions (include an explanation/reconciliation) | 13. | |
| 14. Other deductions (include an explanation/reconciliation) | 14. | |
| 15. ADJUSTMENT – Add lines 7 and 13. Subtract lines 10, 11, and 14. If line 12 is positive, add line 12 to the result. If line 12 is negative, subtract line 12 from the result. (If line 15 is positive, enter at Schedule A, Part I, line 36a. If line 15 is negative, enter at Schedule A, Part I, line 36b) | 15. | |

Part II – New Jersey Depreciation for Gas, Electric, and Gas and Electric Public Utilities (See instructions)

| | | |
|--|-----|--|
| 1. Total depreciation claimed in arriving at Schedule A, Part I, line 21 | 1. | |
| 2. Federal depreciation for assets placed in service after January 1, 1998 | 2. | |
| 3. Net – Subtract line 2 from line 1 | 3. | |
| 4. New Jersey depreciation allowable on the Single Asset Account (Assets placed in service prior to January 1, 1998) | | |
| a. Total adjusted federal depreciable basis as of December 31, 1997 | 4a. | |
| b. Excess book depreciable basis over federal tax basis as of December 31, 1997 | 4b. | |
| c. Less accumulated federal basis for all Single Asset Account property sold, retired, or disposed of to date | 4c. | |
| d. Total (line 4a plus line 4b less line 4c) | 4d. | |
| 5. New Jersey Depreciation – Divide line 4d by 30 | | |
| 6. New Jersey Adjustment | | |
| a. Depreciation adjustment for assets placed in service prior to Jan. 1, 1998 – Subtract line 5 from line 3 .. | 6a. | |
| b. Special bonus depreciation adjustment from Schedule S, Part I, line 15 (see instructions) | 6b. | |
| 7. Total Adjustment – Add lines 6a and 6b and enter the result. (If line 7 is positive, enter at Schedule A, Part I, line 36a. If line 7 is negative, enter as a positive number at Schedule A, Part I, line 36b.) | 7. | |

| | |
|--|---------------------------------|
| NAME AS SHOWN ON RETURN THE KIND GROUP, LLC | FEDERAL ID NUMBER 46-1657110 |
|--|---------------------------------|

New Jersey Depreciation Worksheet I (See instructions)

| | (A) Classification of Property | (B) Basis for Depreciation | (C) Bonus Depreciation (30% or 50%) | (D) Convention | (E) Method | (F) Federal Depreciation Deduction | (G) New Jersey Depreciation Deduction (See Instructions) |
|-----|---|-------------------------------|--|-------------------|---------------|---------------------------------------|---|
| 1. | 3-year property | | | | | | |
| 2. | 5-year property | | | | | | |
| 3. | 7-year property | | | | | | |
| 4. | 10-year property | | | | | | |
| 5. | 15-year property | | | | | | |
| 6. | 20-year property | | | | | | |
| 7. | 25-year property | | | | | | |
| 8. | Residential rental property | | | | | | |
| 9. | Nonesidential rental property | | | | | | |
| 10. | Total Column G (Enter amount on Schedule S, Part I, line 9) | | | | | | |

New Jersey Depreciation Worksheet II – Disposal of Recovery Property (See Instructions)

| | (A) Description of Property | (B) Date Acquired: month, day, year | (C) Date Sold: month, day, year | (D) Federal Depreciation | (E) New Jersey Depreciation | (F) Excess/Deficiency |
|-----|--------------------------------|---|---------------------------------------|-----------------------------|--------------------------------|--------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 15. | | | | | | |
| 16. | Total Column F | | | | | |

CBT-160-A

NJ Division of Taxation
(11-22)

Underpayment of Estimated NJ Corporation Business Tax

For Taxpayers With Gross Receipts of Less Than \$50 Million
Submit with your tax return (Form CBT-100, CBT-100S, or CBT-100U)

| | | |
|--|---------------------------------|---|
| Name as Shown on Return THE KIND GROUP, LLC | Federal ID Number 46-1657110 | Unitary ID Number, if applicable NU |
|--|---------------------------------|---|

Part I How to Calculate Your Underpayment
Note: If you meet any of the exceptions that eliminate the underpayment charge for **any** quarter, complete Part II.

| | |
|---|--------|
| 1. Amount of 2022 tax – See instructions for line 1 on reverse side..... | 1,500. |
| 2. 90% of line 1 – If you were qualified and elected to make a single payment in lieu of paying installments of estimated tax, enter zero (see instructions)..... | 1,350. |
| 3. Prior year's tax – Enter the amount from line 6b, page 1 of the 2021 CBT-100 or line 4, page 1 of the 2021 CBT-100S, or line 5, page 1 of the 2021 CBT-100U..... | 1,500. |
| 4. Enter the lesser of lines 2 or 3..... | 1,350. |

| | (a) | (b) | (c) | (d) |
|--|------------|------------|------------|------------|
| 5. Enter in columns (a) through (d) the installment dates that correspond to the 15th day of the fourth, sixth, ninth, and 12th months of your tax year (see instructions)..... | 04/18/2022 | 06/15/2022 | 09/15/2022 | 12/15/2022 |
| 6. Enter 25% of line 4 in columns (a) through (d)..... | 338. | 338. | 338. | 338. |
| 7. (a) Amount paid or credited for each period..... | 0. | 0. | 0. | 0. |
| (b) Overpayment of previous installment (enter any overpayment shown on line 9 that is more than the total of all prior underpayments as a credit against the next installment)..... | | | | |
| 8. Add lines 7a and 7b..... | 0. | 0. | 0. | 0. |
| 9. Underpayment (subtract line 8 from line 6) or overpayment (subtract line 6 from line 8)..... | 338. | 338. | 338. | 338. |

Part II Exceptions (See Instructions)

| | | | | |
|---|--------------|------------|--------------|-------------|
| 10. Total amount paid or credited from the beginning of the tax year through the installment dates that correspond to the 15th day of the fourth, sixth, ninth, and 12th months of your tax year..... | 0. | 0. | 0. | 0. |
| 11. Exception 1 – Tax based on the facts shown on the prior year's return but using current year's rates. See instructions regarding periods of less than one year..... | 25% of tax | 50% of tax | 75% of tax | 100% of tax |
| | 22.5% of tax | 45% of tax | 67.5% of tax | 90% of tax |
| 12. Exception 2 – Tax based on annualized tax..... | | | | |

Part III Installment Interest Due (See Instructions)

| | | | | |
|--|------------|------------|------------|------------|
| 13. Amount of underpayment from line 9..... | 338. | 338. | 338. | 338. |
| 14. Enter same installment dates used above at line 5..... | 04/18/2022 | 06/15/2022 | 09/15/2022 | 12/15/2022 |
| 15. Enter the date of payment or the 15th day of the fourth month after the close of the tax year, whichever is earlier..... | 04/18/2023 | 04/18/2023 | 04/18/2023 | 04/18/2023 |
| 16. Number of months from the date on line 14 to the date on line 15. (A part of a month is deemed to be a full month.)..... | 12 | 11 | 8 | 5 |
| 17. Interest..... SEE WORKSHEET | 28. | 27. | 20. | 13. |
| 18. Installment interest due – Add columns (a), (b), (c), and (d) of line 17. Enter the total here and on page 1, line 12, of Form CBT-100, page 1, line 12, of CBT-100S, or page 1, line 14, of CBT-100U..... | 88. | | | |

**SCHEDULE
NJ-K-1**
(Form CBT-100S)
2022

**State of New Jersey
Division of Taxation
Shareholder's Share of Income/Loss**

For Calendar Year 2021, or tax year beginning _____, _____ and ending _____, _____

| | |
|---|--|
| Shareholder's identifying number 139-66-7936 | Federal employer identification number 46-1657110 |
| Shareholder's name, address, and ZIP Code ANTHONY GAGLIARDI 421 W. LINCOLN AVE OAKHURST NJ 07755 | Corporation's name, address, and ZIP Code THE KIND GROUP, LLC 1808 BRIELLE AVE ASBURY PARK NJ 07712 |

See instructions and reverse side

Part I

- Shareholder's percentage of stock ownership for tax year 99.00000 %
- Shareholder resident nonresident
- Shareholder consenting nonconsenting
- Check applicable box: Final NJ-K-1 Amended NJ-K-1
- Date the shareholder's stock was fully disposed..... _____

Part II

- S Income/Loss allocated to NJ 184,310.
- S Income/Loss not allocated to NJ 0.
- Pro rata share of S Corporation Income/Loss (line 1 plus line 2)..... 184,310.
- Gain/Loss on disposition of assets allocated to NJ
- Gain/Loss on disposition of assets not allocated to NJ
- Total Gain/Loss from disposition of assets (line 4 plus line 5).....
- Total payments made on behalf of shareholder.....
- Share of Pass-Through Business Alternative Income Tax.....
- Distributions..... 0.

Shareholder: Follow the reporting instructions contained in your NJ Income Tax return packet and in publication GIT-9S, *Income From S Corporations*.

This schedule must be included with your NJ Income Tax return.

Part III Shareholder's NJ Accumulated Adjustments Account

| | New Jersey AAA | Non New Jersey AAA |
|---|----------------|--------------------|
| 1. Beginning balance | 473,953. | |
| 2. Income/Loss | 184,310. | |
| 3. Other Income/Loss | | |
| 4. Other reductions | | |
| 5. Total lines 1-4 | 658,263. | |
| 6. Distributions | 0. | |
| 7. Ending Balance (line 5 minus line 6) | 658,263. | |

Part IV Shareholder's NJ Earnings and Profits Account

- Beginning balance
- Additions/Adjustments
- Dividends received
- Ending balance (line 1 plus line 2 minus line 3)

Part V

- Interest paid to shareholder (per 1099-INT)
- Indebtedness:
 - From corporation to shareholder:
 - From shareholder to corporation:
- Shareholder's HEZ deduction:

INSTRUCTIONS FOR SCHEDULE NJ-K-1

**For additional information see publication GIT-9S, *Income From S Corporations*
(Available on the Division's [website](#))**

PART I

- Line 1 Shareholder's percentage of stock ownership as reported on federal 1120-S.
- Line 2 Indicate shareholder's residency status at year's end.
- Line 3 Indicate whether shareholder is a consenting or nonconsenting shareholder.
- Line 4 If applicable, indicate if this schedule is a final or amended NJ-K-1.
- Line 5 Enter date shareholder received final distribution (cash and/or property).

PART II

- Line 1 Enter shareholder's share of New Jersey allocated S corporation income/loss from Part III, line 8 of Schedule K or from Part III, line 8, column A of Schedule K Liquidated.
New Jersey S corporations that claim a credit for taxes paid to other jurisdictions in accordance with N.J.A.C. 18:7-8.3 will report 100% of the shareholder's net pro rata share as allocated to New Jersey.
- Line 2 Enter shareholder's share of S corporation income/loss not allocated to New Jersey from Part III, line 9 of Schedule K or from Part III, line 9, column A of Schedule K Liquidated.
- Line 4 Enter shareholder's share of New Jersey allocated income, gains/losses from disposition of assets from Part III, line 8, column B of Schedule K Liquidated.
- Line 5 Enter shareholder's share of income, gains/losses from disposition of assets not allocated to New Jersey from Part III, line 9, column B of Schedule K Liquidated.
- Line 7 Enter total payments made on behalf of the shareholder as reported in Part VII, column F of Schedule K or in Part VII, column (H) of Schedule K Liquidated.
- Line 8 Enter Share of Pass-Through Business Alternative Income Tax as reported in Part V, column E, Part VI, column F, or Part VII, column G of Schedule K and Part V, column F, Part VI, column H, or Part VII, column I of Schedule K Liquidated.
- Line 9 Enter distributions shareholder received during the year as reported in Part V, VI, or VII, of Schedule K or Schedule K Liquidated.

PART III

- Lines 1–7 Enter shareholder's share of New Jersey Accumulated Adjustments (AAA) from Part IV-A, Schedule K or Schedule K Liquidated.

PART IV

- Lines 1–4 Enter shareholder's share of New Jersey Earnings and Profits from Part IV-B, Schedule K or Schedule K Liquidated.

PART V

- Line 1 Enter the amount of any interest paid to the shareholder that should be reported by the S corporation on federal Form 1099-INT. Include any other interest paid to the shareholder that was deducted by the S corporation in arriving at income reflected in Part II, line 8 of Schedule K or Schedule K Liquidated.
- Line 2 a. Enter the total amount of the corporation's indebtedness to the shareholder at year's end or prior to final distribution.
b. Enter the total amount of the shareholder's indebtedness to the corporation at year's end or prior to final distribution.
- Line 3 If a New Jersey electing S corporation is a qualified primary care medical or dental practice located in or within 5 miles of a Health Enterprise Zone (HEZ), the corporation must determine if the shareholders are entitled to an HEZ deduction and the amount. The shareholder's deduction is entered on the shareholder's Schedule NJ-K-1 and deducted on the shareholder's Gross Income Tax return. See the Division's website, nj.gov/taxation, for qualification and calculation information.

NOTE: A New Jersey electing S corporation doing business in New Jersey may file a NJ-1080-C composite return on behalf of its qualified nonresident shareholders who elect to be included in the composite filing. Every participating shareholder must make the election to be part of the composite return in writing each year by using Form NJ-1080E, Election to Participate in Composite Return, or a form substantially similar.

**SCHEDULE
NJ-K-1**
(Form CBT-100S)
2022

**State of New Jersey
Division of Taxation
Shareholder's Share of Income/Loss**

For Calendar Year 2021, or tax year beginning _____, _____ and ending _____, _____

| | |
|---|--|
| Shareholder's identifying number 139-80-0646 | Federal employer identification number 46-1657110 |
| Shareholder's name, address, and ZIP Code JOSEPH VECCHIONE 578 WASHINGTON BLVD, #935 MARINA DEL REY CA 90292 | Corporation's name, address, and ZIP Code THE KIND GROUP, LLC 1808 BRIELLE AVE ASBURY PARK NJ 07712 |

See instructions and reverse side

Part I

- Shareholder's percentage of stock ownership for tax year 1.00000 %
- Shareholder resident nonresident
- Shareholder consenting nonconsenting
- Check applicable box: Final NJ-K-1 Amended NJ-K-1
- Date the shareholder's stock was fully disposed..... _____

Part II

- S Income/Loss allocated to NJ 1,862.
- S Income/Loss not allocated to NJ 0.
- Pro rata share of S Corporation Income/Loss (line 1 plus line 2)..... 1,862.
- Gain/Loss on disposition of assets allocated to NJ _____
- Gain/Loss on disposition of assets not allocated to NJ _____
- Total Gain/Loss from disposition of assets (line 4 plus line 5)..... _____
- Total payments made on behalf of shareholder..... _____
- Share of Pass-Through Business Alternative Income Tax..... _____
- Distributions..... 0.

Shareholder: Follow the reporting instructions contained in your NJ Income Tax return packet and in publication GIT-9S, *Income From S Corporations*.

This schedule must be included with your NJ Income Tax return.

Part III Shareholder's NJ Accumulated Adjustments Account

| | New Jersey AAA | Non New Jersey AAA |
|---|----------------|--------------------|
| 1. Beginning balance | 0. | 0. |
| 2. Income/Loss | 1,862. | 0. |
| 3. Other Income/Loss | | |
| 4. Other reductions | | |
| 5. Total lines 1-4 | 1,862. | 0. |
| 6. Distributions | 0. | 0. |
| 7. Ending Balance (line 5 minus line 6) | 1,862. | 0. |

Part IV Shareholder's NJ Earnings and Profits Account

- Beginning balance
- Additions/Adjustments
- Dividends received
- Ending balance (line 1 plus line 2 minus line 3)

Part V

- Interest paid to shareholder (per 1099-INT)
- Indebtedness:
 - From corporation to shareholder:
 - From shareholder to corporation:
- Shareholder's HEZ deduction:

INSTRUCTIONS FOR SCHEDULE NJ-K-1

**For additional information see publication GIT-9S, *Income From S Corporations*
(Available on the Division's [website](#))**

PART I

- Line 1 Shareholder's percentage of stock ownership as reported on federal 1120-S.
- Line 2 Indicate shareholder's residency status at year's end.
- Line 3 Indicate whether shareholder is a consenting or nonconsenting shareholder.
- Line 4 If applicable, indicate if this schedule is a final or amended NJ-K-1.
- Line 5 Enter date shareholder received final distribution (cash and/or property).

PART II

- Line 1 Enter shareholder's share of New Jersey allocated S corporation income/loss from Part III, line 8 of Schedule K or from Part III, line 8, column A of Schedule K Liquidated.
- New Jersey S corporations that claim a credit for taxes paid to other jurisdictions in accordance with N.J.A.C. 18:7-8.3 will report 100% of the shareholder's net pro rata share as allocated to New Jersey.
- Line 2 Enter shareholder's share of S corporation income/loss not allocated to New Jersey from Part III, line 9 of Schedule K or from Part III, line 9, column A of Schedule K Liquidated.
- Line 4 Enter shareholder's share of New Jersey allocated income, gains/losses from disposition of assets from Part III, line 8, column B of Schedule K Liquidated.
- Line 5 Enter shareholder's share of income, gains/losses from disposition of assets not allocated to New Jersey from Part III, line 9, column B of Schedule K Liquidated.
- Line 7 Enter total payments made on behalf of the shareholder as reported in Part VII, column F of Schedule K or in Part VII, column (H) of Schedule K Liquidated.
- Line 8 Enter Share of Pass-Through Business Alternative Income Tax as reported in Part V, column E, Part VI, column F, or Part VII, column G of Schedule K and Part V, column F, Part VI, column H, or Part VII, column I of Schedule K Liquidated.
- Line 9 Enter distributions shareholder received during the year as reported in Part V, VI, or VII, of Schedule K or Schedule K Liquidated.

PART III

- Lines 1–7 Enter shareholder's share of New Jersey Accumulated Adjustments (AAA) from Part IV-A, Schedule K or Schedule K Liquidated.

PART IV

- Lines 1–4 Enter shareholder's share of New Jersey Earnings and Profits from Part IV-B, Schedule K or Schedule K Liquidated.

PART V

- Line 1 Enter the amount of any interest paid to the shareholder that should be reported by the S corporation on federal Form 1099-INT. Include any other interest paid to the shareholder that was deducted by the S corporation in arriving at income reflected in Part II, line 8 of Schedule K or Schedule K Liquidated.
- Line 2
- a. Enter the total amount of the corporation's indebtedness to the shareholder at year's end or prior to final distribution.
 - b. Enter the total amount of the shareholder's indebtedness to the corporation at year's end or prior to final distribution.
- Line 3 If a New Jersey electing S corporation is a qualified primary care medical or dental practice located in or within 5 miles of a Health Enterprise Zone (HEZ), the corporation must determine if the shareholders are entitled to an HEZ deduction and the amount. The shareholder's deduction is entered on the shareholder's Schedule NJ-K-1 and deducted on the shareholder's Gross Income Tax return. See the Division's website, nj.gov/taxation, for qualification and calculation information.

NOTE: A New Jersey electing S corporation doing business in New Jersey may file a NJ-1080-C composite return on behalf of its qualified nonresident shareholders who elect to be included in the composite filing. Every participating shareholder must make the election to be part of the composite return in writing each year by using Form NJ-1080E, Election to Participate in Composite Return, or a form substantially similar.

Computation of Interest on Underpayment of Estimated Tax

▶ Attach to your return

| | |
|---|---|
| Name as Shown on Return THE KIND GROUP LLC | Employer Identification No. 46-1657110 |
|---|---|

First Quarter

| Date | Description | Amount | Balance | Mos. | Rate | Penalty | Total |
|-------------------------------|-------------|--------|---------|------|------|---------|-------|
| 04/18/22 | Amount due | 338. | 338. | 3 | 6.25 | 5.28 | 5. |
| 07/01/22 | Rate change | | 338. | 3 | 7.75 | 6.55 | 7. |
| 10/01/22 | Rate change | | 338. | 6 | 9.25 | 15.63 | 16. |
| 04/18/23 | Filing date | 338. | 0. | | | | |
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| Total first quarter | | | | | | | 28. |

Second Quarter

| Date | Description | Amount | Balance | Mos. | Rate | Penalty | Total |
|--------------------------------|-------------|--------|---------|------|------|---------|-------|
| 06/15/22 | Amount due | 338. | 338. | 1 | 6.25 | 1.76 | 2. |
| 07/01/22 | Rate change | | 338. | 3 | 7.75 | 6.55 | 7. |
| 10/01/22 | Rate change | | 338. | 7 | 9.25 | 18.24 | 18. |
| 04/18/23 | Filing date | 338. | 0. | | | | |
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| Total second quarter | | | | | | | 27. |

Third Quarter

| Date | Description | Amount | Balance | Mos. | Rate | Penalty | Total |
|-------------------------------|-------------|--------|---------|------|------|---------|-------|
| 09/15/22 | Amount due | 338. | 338. | 1 | 7.75 | 2.18 | 2. |
| 10/01/22 | Rate change | | 338. | 7 | 9.25 | 18.24 | 18. |
| 04/18/23 | Filing date | 338. | 0. | | | | |
| | | | | | | | |
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| Total third quarter | | | | | | | 20. |

Fourth Quarter

| Date | Description | Amount | Balance | Mos. | Rate | Penalty | Total |
|---|-------------|--------|---------|------|------|---------|------------|
| 12/15/22 | Amount due | 338. | 338. | 5 | 9.25 | 13.03 | 13. |
| 04/18/23 | Filing date | 338. | 0. | | | | |
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| Total fourth quarter | | | | | | | 13. |
| Total for all quarters | | | | | | | 88. |

Additional Information From 2022 New Jersey S Corporation Business Tax Return

CBT-100S: Corporation Business Return Schedule A: Other Deductions Statement

Continuation Statement

| Description | Amount |
|------------------------------|-----------------|
| ACCOUNTING | 3,000. |
| AUTOMOBILE AND TRUCK EXPENSE | 36,266. |
| BANK CHARGES | 6,178. |
| COMMISSIONS | 138. |
| DUES AND SUBSCRIPTIONS | 31,121. |
| GIFTS | 1,100. |
| INSURANCE | 13,590. |
| LEGAL AND PROFESSIONAL | 20,877. |
| MEALS (50%) | 31,498. |
| OFFICE EXPENSE | 29,584. |
| SUPPLIES | 6,238. |
| TELEPHONE | 680. |
| TRAVEL | 53,058. |
| UTILITIES | 22,420. |
| CREDIT CARD PROCESSING | 94,163. |
| PAYROLL PROCESSING | 3,918. |
| Total | 353,829. |

CBT-100S: Corporation Business Return Schedule A-2: Other Costs Statement

Continuation Statement

| Description | Amount |
|--------------|-----------------|
| SHIPPING | 200,423. |
| Total | 200,423. |

E-file Authorization for Corporations

(December 2022)

For calendar year 2022, or tax year beginning _____, 20____, ending _____, 20_____

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Use for efile authorizations for Form 1120, 1120-F or 1120S.
Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879CORP for the latest information.

Name of corporation

THE KIND GROUP, LLC

Employer identification number

46-1657110

Part I Information (Whole dollars only)

| | | | |
|---|---|---|------------|
| 1 | Total income (Form 1120, line 11) | 1 | |
| 2 | Total income (Form 1120-F, Section II, line 11) | 2 | |
| 3 | Total income (loss) (Form 1120-S, line 6) | 3 | 2,041,094. |

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 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are 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 acknowledgment 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 _____ to enter my PIN

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

 as my signature
ERO firm name do not enter all zeros
 on the corporation's electronically filed income tax return.

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

Officer's signature _____ Date _____ Title OWNER

Part III Certification and Authentication

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 1 | 3 | 9 | 1 | 1 | 0 | 5 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 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 04/05/2023

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

U.S. Income Tax Return for an S Corporation

Department of the Treasury
Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
Go to www.irs.gov/Form1120S for instructions and the latest information.

2022

For calendar year 2022 or tax year beginning _____, 2022, ending _____, 20

| | | | |
|---|----------------------|--|---|
| A S election effective date 01/01/2018 | TYPE OR PRINT | Name The Kind Group, LLC | D Employer identification number 46-1657110 |
| B Business activity code number (see instructions) 424990 | | Number, street, and room or suite no. If a P.O. box, see instructions. 1808 Brielle Ave | E Date incorporated 01/01/2016 |
| C Check if Sch. M-3 attached <input type="checkbox"/> | | City or town, state or province, country, and ZIP or foreign postal code Asbury Park NJ 07712 | F Total assets (see instructions) \$ 1,963,646. |

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. Yes No
H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination
I Enter the number of shareholders who were shareholders during any part of the tax year 2
J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

| | | | | |
|--|---|------------|------------|------------|
| Income | 1a Gross receipts or sales | 1a | 4,914,598. | |
| | b Returns and allowances | 1b | | |
| | c Balance. Subtract line 1b from line 1a | 1c | | 4,914,598. |
| | 2 Cost of goods sold (attach Form 1125-A) | 2 | | 2,873,504. |
| | 3 Gross profit. Subtract line 2 from line 1c | 3 | | 2,041,094. |
| | 4 Net gain (loss) from Form 4797, line 17 (attach Form 4797) | 4 | | |
| 5 Other income (loss) (see instructions—attach statement) | 5 | | | |
| 6 Total income (loss). Add lines 3 through 5 | 6 | | 2,041,094. | |
| Deductions (see instructions for limitations) | 7 Compensation of officers (see instructions—attach Form 1125-E) | 7 | | |
| | 8 Salaries and wages (less employment credits) | 8 | | 128,925. |
| | 9 Repairs and maintenance | 9 | | 6,960. |
| | 10 Bad debts | 10 | | 450,000. |
| | 11 Rents | 11 | | 110,018. |
| | 12 Taxes and licenses | 12 | | 14,171. |
| | 13 Interest (see instructions) | 13 | | |
| | 14 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) | 14 | | |
| | 15 Depletion (Do not deduct oil and gas depletion.) | 15 | | |
| | 16 Advertising | 16 | | 761,117. |
| | 17 Pension, profit-sharing, etc., plans | 17 | | |
| | 18 Employee benefit programs | 18 | | |
| | 19 Other deductions (attach statement) See Statement | 19 | | 353,829. |
| | 20 Total deductions. Add lines 7 through 19 | 20 | | 1,825,020. |
| | 21 Ordinary business income (loss). Subtract line 20 from line 6 | 21 | | 216,074. |
| Tax and Payments | 22a Excess net passive income or LIFO recapture tax (see instructions) | 22a | | |
| | b Tax from Schedule D (Form 1120-S) | 22b | | |
| | c Add lines 22a and 22b (see instructions for additional taxes) | 22c | | |
| | 23a 2022 estimated tax payments and 2021 overpayment credited to 2022 | 23a | | |
| | b Tax deposited with Form 7004 | 23b | 0. | |
| | c Credit for federal tax paid on fuels (attach Form 4136) | 23c | | |
| | d Add lines 23a through 23c | 23d | | 0. |
| | 24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 24 | | |
| | 25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed | 25 | | 0. |
| | 26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid | 26 | | |
| 27 Enter amount from line 26: Credited to 2023 estimated tax Refunded | 27 | | | |

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.

| | | | |
|----------------------|------|----------------|--|
| Signature of officer | Date | Owner Title | May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------|------|----------------|--|

| | | | | | |
|-------------------------------|--|---|--------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name Kevin Gilmartin | Preparer's signature Kevin Gilmartin | Date 04/05/2023 | Check <input type="checkbox"/> if self-employed | PTIN P01449226 |
| | Firm's name Gilmartin Consulting | Firm's EIN 30-0870968 | | | |
| | Firm's address 14 Imlay Ln Farmingdale NJ 07727 | Phone no. (585) 315-7150 | | | |

Schedule B Other Information (see instructions)

| | | | |
|----------|--|------------|-----------|
| 1 | Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____ | Yes | No |
| 2 | See the instructions and enter the: a Business activity <u>Sales</u> b Product or service <u>Sales</u> | | |
| 3 | At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation . . . | | X |
| 4 | 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 stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below | | X |

| (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage of Stock Owned | (v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made |
|-------------------------|--|--------------------------------|--------------------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | | |
|----------|---|--|----------|
| b | Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below | | X |
|----------|---|--|----------|

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

| | | | |
|-----------|---|--|----------|
| 5a | At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below. (i) Total shares of restricted stock (ii) Total shares of non-restricted stock | | X |
|-----------|---|--|----------|

| | | | |
|----------|--|--|----------|
| b | At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below. (i) Total shares of stock outstanding at the end of the tax year (ii) Total shares of stock outstanding if all instruments were executed | | X |
|----------|--|--|----------|

| | | | |
|----------|--|--|----------|
| 6 | Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction? | | X |
|----------|--|--|----------|

| | | | |
|----------|--|--|--|
| 7 | 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. | | |
|----------|--|--|--|

| | | | |
|----------|--|--|--|
| 8 | If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions \$ _____ | | |
|----------|--|--|--|

| | | | |
|----------|---|--|----------|
| 9 | 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 |
|----------|---|--|----------|

| | | | |
|-----------|--|--|----------|
| 10 | Does the corporation satisfy one or more of the following? 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 \$27 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 , Limitation on Business Interest Expense Under Section 163(j). | | |

| | | | |
|-----------|---|--|----------|
| 11 | Does the corporation satisfy both of the following conditions? | | X |
| a | The corporation's total receipts (see instructions) for the tax year were less than \$250,000. | | |
| b | The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1. | | |

| Schedule B Other Information (see instructions) <i>(continued)</i> | | Yes | No |
|---|---|-----|----|
| 12 | During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? | | X |
| | If "Yes," enter the amount of principal reduction \$ _____ | | |
| 13 | During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions | | X |
| 14a | Did the corporation make any payments in 2022 that would require it to file Form(s) 1099? | | X |
| b | If "Yes," did or will the corporation file required Form(s) 1099? | | |
| 15 | Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? | | X |
| | If "Yes," enter the amount from Form 8996, line 15 \$ _____ | | |

| Schedule K Shareholders' Pro Rata Share Items | | Total amount | |
|---|---|--------------|----------|
| Income (Loss) | 1 Ordinary business income (loss) (page 1, line 21) | 1 | 216,074. |
| | 2 Net rental real estate income (loss) (attach Form 8825) | 2 | |
| | 3a Other gross rental income (loss) 3a | | |
| | b Expenses from other rental activities (attach statement) 3b | | |
| | c Other net rental income (loss). Subtract line 3b from line 3a 3c | | |
| | 4 Interest income 4 | | |
| | 5 Dividends: a Ordinary dividends 5a | | |
| | b Qualified dividends 5b | | |
| | 6 Royalties 6 | | |
| | 7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) 7 | | |
| 8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) 8a | | | |
| b Collectibles (28%) gain (loss) 8b | | | |
| c Unrecaptured section 1250 gain (attach statement) 8c | | | |
| 9 Net section 1231 gain (loss) (attach Form 4797) 9 | | | |
| 10 Other income (loss) (see instructions) Type: 10 | | | |
| Deductions | 11 Section 179 deduction (attach Form 4562) 11 | | |
| | 12a Charitable contributions 12a | | |
| | b Investment interest expense 12b | | |
| | c Section 59(e)(2) expenditures Type: 12c | | |
| d Other deductions (see instructions) Type: 12d | | | |
| Credits | 13a Low-income housing credit (section 42(j)(5)) 13a | | |
| | b Low-income housing credit (other) 13b | | |
| | c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c | | |
| | d Other rental real estate credits (see instructions) Type: 13d | | |
| | e Other rental credits (see instructions) Type: 13e | | |
| | f Biofuel producer credit (attach Form 6478) 13f | | |
| g Other credits (see instructions) Type: 13g | | | |
| Inter-national | 14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance <input type="checkbox"/> | | |
| Alternative Minimum Tax (AMT) Items | 15a Post-1986 depreciation adjustment 15a | | |
| | b Adjusted gain or loss 15b | | |
| | c Depletion (other than oil and gas) 15c | | |
| | d Oil, gas, and geothermal properties—gross income 15d | | |
| | e Oil, gas, and geothermal properties—deductions 15e | | |
| | f Other AMT items (attach statement) 15f | | |
| Items Affecting Shareholder Basis | 16a Tax-exempt interest income 16a | | |
| | b Other tax-exempt income 16b | | |
| | c Nondeductible expenses 16c | | 31,497. |
| | d Distributions (attach statement if required) (see instructions) 16d | | 0. |
| | e Repayment of loans from shareholders 16e | | |
| | f Foreign taxes paid or accrued 16f | | |

| Schedule K Shareholders' Pro Rata Share Items (continued) | | Total amount | |
|--|--|---------------------|----------|
| Other Information | 17a Investment income | 17a | |
| | b Investment expenses | 17b | |
| | c Dividend distributions paid from accumulated earnings and profits | 17c | 0. |
| | d Other items and amounts (attach statement) ** SEC 199A INFO: SEE STMT A | | |
| Reconciliation | 18 Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f . | 18 | 216,074. |

| Schedule L Balance Sheets per Books | | Beginning of tax year | | End of tax year | |
|---|--|-----------------------|-------------------|-----------------|-------------------|
| Assets | | (a) | (b) | (c) | (d) |
| 1 | Cash | | 729,526. | | 939,395. |
| 2a | Trade notes and accounts receivable | | | | |
| b | Less allowance for bad debts | () | | () | |
| 3 | Inventories | | 788,176. | | 1,012,251. |
| 4 | U.S. government obligations | | | | |
| 5 | Tax-exempt securities (see instructions) | | | | |
| 6 | Other current assets (attach statement) | | | | |
| 7 | Loans to shareholders | | | | |
| 8 | Mortgage and real estate loans | | | | |
| 9 | Other investments (attach statement) | | | | |
| 10a | Buildings and other depreciable assets | | | | |
| b | Less accumulated depreciation | () | | () | |
| 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) | | 7,781. | | 12,000. |
| 15 | Total assets | | 1,525,483. | | 1,963,646. |
| Liabilities and Shareholders' Equity | | | | | |
| 16 | Accounts payable | | 89,610. | | 110,031. |
| 17 | Mortgages, notes, bonds payable in less than 1 year | | | | |
| 18 | Other current liabilities (attach statement) | | | | |
| 19 | Loans from shareholders | | 500,000. | | 500,000. |
| 20 | Mortgages, notes, bonds payable in 1 year or more | | | | |
| 21 | Other liabilities (attach statement) | | | | |
| 22 | Capital stock | | | | |
| 23 | Additional paid-in capital | | 292,605. | | 525,770. |
| 24 | Retained earnings | | 643,268. | | 827,845. |
| 25 | Adjustments to shareholders' equity (attach statement) | | | | |
| 26 | Less cost of treasury stock | () | | () | |
| 27 | Total liabilities and shareholders' equity | | 1,525,483. | | 1,963,646. |

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

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

| | | | | | |
|----------|--|----------|----------|--|----------|
| 1 | Net income (loss) per books | 184,577. | 5 | Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): | |
| 2 | Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) ----- | | a | Tax-exempt interest \$ ----- | |
| 3 | Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize): | | 6 | Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize): | |
| a | Depreciation \$ ----- | | a | Depreciation \$ ----- | |
| b | Travel and entertainment \$ 31,497. | 31,497. | 7 | Add lines 5 and 6 | |
| 4 | Add lines 1 through 3 | 216,074. | 8 | Income (loss) (Schedule K, line 18). Subtract line 7 from line 4 | 216,074. |

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

| | (a) Accumulated adjustments account | (b) Shareholders' undistributed taxable income previously taxed | (c) Accumulated earnings and profits | (d) Other adjustments account |
|--|-------------------------------------|---|--------------------------------------|-------------------------------|
| 1 Balance at beginning of tax year | 450,167. | 0. | 0. | 0. |
| 2 Ordinary income from page 1, line 21 | 216,074. | | | |
| 3 Other additions | | | | |
| 4 Loss from page 1, line 21 | () | | | |
| 5 Other reductions Meals and entertainment | (31,497.) | | | () |
| 6 Combine lines 1 through 5 | 634,744. | 0. | 0. | 0. |
| 7 Distributions | 0. | 0. | 0. | 0. |
| 8 Balance at end of tax year. Subtract line 7 from line 6 | 634,744. | 0. | 0. | 0. |

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
▶ **Go to www.irs.gov/Form1125A for the latest information.**

| | | | |
|------------------------------------|--|---|-----------|
| Name The Kind Group, LLC | | Employer identification number 46-1657110 | |
| 1 | Inventory at beginning of year | 1 | 788,176 |
| 2 | Purchases | 2 | 2,651,866 |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach schedule) <i>See Statement</i> | 4 | 245,290 |
| 5 | Other costs (attach schedule) <i>Shipping</i> | 5 | 200,423 |
| 6 | Total. Add lines 1 through 5 | 6 | 3,885,755 |
| 7 | Inventory at end of year | 7 | 1,012,251 |
| 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 | 2,873,504 |

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

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

Small business taxpayers. For tax years beginning after December 31, 2017, the following apply.

- A small business taxpayer (defined below), may use a method of accounting for inventories that either: (1) treats inventories as nonincidental materials and supplies, or (2) conforms to the taxpayer's financial accounting treatment of inventories.
- A small business taxpayer is not required to capitalize costs under section 263A.

General Instructions

Purpose of Form

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S, or 1065, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of

merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for certain taxpayers. A small business taxpayer (defined below), can adopt or change its accounting method to account for inventories in the same manner as material and supplies that are nonincidental, or conform to its treatment of inventories in an applicable financial statement (as defined in section 451(b)(3)), or if it does not have an applicable financial statement, the method of accounting used in its books and records prepared in accordance with its accounting procedures. See section 471(c)(3).

A small business taxpayer claiming exemption from the requirement to keep inventories is changing its method of accounting for purposes of section 481. For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on changing to this method of accounting, see Form 3115 and the Instructions for Form 3115.

Small business taxpayer. A small business taxpayer is a taxpayer that (a) has average annual gross receipts of \$25 million or less (indexed for inflation) for the 3 prior tax years, and (b) is not a tax shelter (as defined in section 448(d)(3)). See Pub. 538.

Uniform capitalization rules. The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

- The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.
- Real property or personal property (tangible and intangible) acquired for resale.
- The production of real property and tangible personal property for use in its trade or business or in an activity engaged in for profit.

A small business taxpayer (defined above) is not required to capitalize costs under section 263A. See section 263A(i).

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.

Schedule K-1 (Form 1120-S)

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022, or tax year

beginning [] / [] / 2022 ending [] / [] / []

Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number 46-1657110
B Corporation's name, address, city, state, and ZIP code The Kind Group, LLC 1808 Brielle Ave Asbury Park NJ 07712
C IRS Center where corporation filed return Kansas City, MO 64999-0013
D Corporation's total number of shares Beginning of tax year End of tax year

Part II Information About the Shareholder

E Shareholder's identifying number 139-66-7936
F Shareholder's name, address, city, state, and ZIP code Anthony Gagliardi 421 W. Lincoln Ave Oakhurst NJ 07755
G Current year allocation percentage 99.00000 %
H Shareholder's number of shares Beginning of tax year End of tax year
I Loans from shareholder Beginning of tax year \$ 495,000. End of tax year \$ 495,000.

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Amount, and Other information. Includes rows for Ordinary business income (loss) 213,913., Net rental real estate income (loss), Other net rental income (loss), Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss) 31,182., Other income (loss) 0., Section 179 deduction, Other deductions, and Other information STMT.

18 More than one activity for at-risk purposes*
19 More than one activity for passive activity purposes*

* See attached statement for additional information.

Statement A—QBI Pass-through Entity Reporting

| | | | |
|---|---|---|--|
| Corporation's name: The Kind Group, LLC | | Corporation's EIN: 46-1657110 | |
| Shareholder's name: Anthony Gagliardi | | Shareholder's identifying no: 139-66-7936 | |
| | | 1120S, Line 21 | |
| | | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
| | | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
| Shareholder's share of: | | | |
| QBI or qualified PTP items subject to shareholder-specific determinations: | | | |
| | Ordinary business income (loss) | 213,913. | |
| | Rental income (loss) | | |
| | Royalty income (loss) | | |
| | Section 1231 gain (loss) | | |
| | Other income (loss) | | |
| | Section 179 deduction | | |
| | Other deductions | | |
| | W-2 wages | 127,636. | |
| | UBIA of qualified property | | |
| | Section 199A dividends | | |

Statement A—QBI Pass-through Entity Reporting

| | | | |
|---|---|--|--|
| Corporation's name: | | Corporation's EIN: | |
| Shareholder's name: | | Shareholder's identifying no: | |
| | | | |
| | | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
| | | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
| Shareholder's share of: | | | |
| QBI or qualified PTP items subject to shareholder-specific determinations: | | | |
| | Ordinary business income (loss) | | |
| | Rental income (loss) | | |
| | Royalty income (loss) | | |
| | Section 1231 gain (loss) | | |
| | Other income (loss) | | |
| | Section 179 deduction | | |
| | Other deductions | | |
| | W-2 wages | | |
| | UBIA of qualified property | | |
| | Section 199A dividends | | |

Schedule K-1 (Form 1120-S)

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022, or tax year

beginning [] / [] / 2022 ending [] / [] / []

Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number 46-1657110
B Corporation's name, address, city, state, and ZIP code The Kind Group, LLC 1808 Brielle Ave Asbury Park NJ 07712
C IRS Center where corporation filed return Kansas City, MO 64999-0013
D Corporation's total number of shares Beginning of tax year End of tax year

Part II Information About the Shareholder

E Shareholder's identifying number 139-80-0646
F Shareholder's name, address, city, state, and ZIP code Joseph Vecchione 578 Washington Blvd, #935 Marina Del Rey CA 90292
G Current year allocation percentage 1.00000 %
H Shareholder's number of shares Beginning of tax year End of tax year
I Loans from shareholder Beginning of tax year \$ 5,000. End of tax year \$ 5,000.

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Amount, and Other information. Rows include Ordinary business income (loss) 2,161., Net rental real estate income (loss), Other net rental income (loss), Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, and Other information.

18 More than one activity for at-risk purposes*
19 More than one activity for passive activity purposes*

* See attached statement for additional information.

Statement A—QBI Pass-through Entity Reporting

| | | | |
|---|---|---|--|
| Corporation's name: The Kind Group, LLC | | Corporation's EIN: 46-1657110 | |
| Shareholder's name: Joseph Vecchione | | Shareholder's identifying no: 139-80-0646 | |
| | | 1120S, Line 21 | |
| | | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
| | | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
| Shareholder's share of: | | | |
| QBI or qualified PTP items subject to shareholder-specific determinations: | | | |
| | Ordinary business income (loss) | 2,161. | |
| | Rental income (loss) | | |
| | Royalty income (loss) | | |
| | Section 1231 gain (loss) | | |
| | Other income (loss) | | |
| | Section 179 deduction | | |
| | Other deductions | | |
| | W-2 wages | 1,289. | |
| | UBIA of qualified property | | |
| | Section 199A dividends | | |

Statement A—QBI Pass-through Entity Reporting

| | | | |
|---|---|--|--|
| Corporation's name: | | Corporation's EIN: | |
| Shareholder's name: | | Shareholder's identifying no: | |
| | | | |
| | | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
| | | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
| Shareholder's share of: | | | |
| QBI or qualified PTP items subject to shareholder-specific determinations: | | | |
| | Ordinary business income (loss) | | |
| | Rental income (loss) | | |
| | Royalty income (loss) | | |
| | Section 1231 gain (loss) | | |
| | Other income (loss) | | |
| | Section 179 deduction | | |
| | Other deductions | | |
| | W-2 wages | | |
| | UBIA of qualified property | | |
| | Section 199A dividends | | |

| | | | |
|--|-------------------------------------|--------------------------------------|-------------------------------------|
| Corporation's Name: <u>The Kind Group, LLC</u> | | Corporation's EIN: <u>46-1657110</u> | |
| | | | |
| | 1120S, Line 21 | | |
| <input type="checkbox"/> PTP | <input type="checkbox"/> PTP | <input type="checkbox"/> PTP | <input type="checkbox"/> PTP |
| <input type="checkbox"/> Aggregated | <input type="checkbox"/> Aggregated | <input type="checkbox"/> Aggregated | <input type="checkbox"/> Aggregated |
| <input checked="" type="checkbox"/> SSTB | <input type="checkbox"/> SSTB | <input type="checkbox"/> SSTB | <input type="checkbox"/> SSTB |
| Shareholder's share of: | | | |
| QBI or qualified PTP items subject to shareholder-specific determinations: | | | |
| Ordinary business inc (loss) | _____ | <u>216,074.</u> | _____ |
| Rental income (loss) | _____ | _____ | _____ |
| Royalty income (loss) | _____ | _____ | _____ |
| Section 1231 gain (loss) | _____ | _____ | _____ |
| Other income (loss) | _____ | _____ | _____ |
| Section 179 deduction | _____ | _____ | _____ |
| Other deductions | _____ | _____ | _____ |
| W-2 wages | _____ | <u>128,925.</u> | _____ |
| UBIA of qualified property | _____ | _____ | _____ |
| Qualified REIT dividends | _____ | _____ | |

Corporation's Name: _____ Corporation's EIN: _____

| | | |
|--|--|--|
| | | |
| <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |

Shareholder's share of:
 QBI or qualified PTP items subject to shareholder-specific determinations:

| | | | | | |
|----------------------------------|-------|-------|-------|-------|-------|
| Ordinary business inc (loss) . | | | | | |
| Rental income (loss) | _____ | _____ | _____ | _____ | _____ |
| Royalty income (loss) | _____ | _____ | _____ | _____ | _____ |
| Section 1231 gain (loss) . . . | _____ | _____ | _____ | _____ | _____ |
| Other income (loss) | _____ | _____ | _____ | _____ | _____ |
| Section 179 deduction | _____ | _____ | _____ | _____ | _____ |
| Other deductions | _____ | _____ | _____ | _____ | _____ |
| W-2 wages | _____ | _____ | _____ | _____ | _____ |
| UBIA of qualified property . . . | _____ | _____ | _____ | _____ | _____ |
| Qualified REIT dividends | | | | | |

199A Worksheet by Activity

2022

▶ Keep for your records

| | |
|--|--|
| Corporation's name <u>The Kind Group, LLC</u> | Corporation's EIN <u>46-1657110</u> |
|--|--|

QuickZoom to 199A Summary ▶ _____

| | |
|--|--|
| Aggregation Code: _____ | Trade or Business: <u>1120S, Line 21</u> EIN: <u>46-1657110</u> |
| Is this activity a qualified trade/business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Specified Service Trade or Business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

QBI or qualified PTP items subject to shareholder-specific determinations:

| | | | |
|---|-----------------|------------|-----------------|
| 1 a Ordinary business income (loss) 1 a | <u>216,074.</u> | | |
| b Adjustments b | | | |
| c Adjusted ordinary business income (loss) | | 1 c | <u>216,074.</u> |
| 2 a Rental income (loss) 2 a | | | |
| b Adjustments b | | | |
| c Adjusted rental income (loss) | | 2 c | |
| 3 a Royalty income (loss) 3 a | | | |
| b Adjustments b | | | |
| c Adjusted royalty income (loss) | | 3 c | |
| 4 a Section 1231 gain (loss) 4 a | | | |
| b Adjustments b | | | |
| c Adjusted section 1231 gain (loss) | | 4 c | |
| 5 Other income (loss) 5 | | 5 | |
| 6 a Section 179 deduction 6 a | | | |
| b Adjustments b | | | |
| c Adjusted section 179 deduction | | 6 c | |
| 7 Other deductions 7 | | 7 | |
| 8 a W-2 wages 8 a | <u>128,925.</u> | | |
| b Adjustments b | | | |
| c Adjusted W-2 Wages | | 8 c | <u>128,925.</u> |
| 9 a UBIA of qualified property 9 a | | | |
| b Adjustments b | | | |
| c Adjusted UBIA of qualified property | | 9 c | |

Section 179 Carryover Detail for this Activity

| | Section 179 Regular Tax | Section 179 QBI |
|--|------------------------------------|----------------------------|
| Tentative Section 179 deduction from current year assets | | |
| Part I: Prior Year Carryovers by Year and Category | | |
| A Before 2018 | | 0. |
| B 2018 | | |
| C 2019 | | |
| D 2020 | | |
| E 2021 | | |
| Total prior year carryovers to this year | | |

| | Section 179 Regular Tax | Section 179 QBI |
|--|------------------------------------|----------------------------|
| Part II: 179 Deduction Allowed by Year and Category | | |
| Total 179 deduction allowed for this activity in current year | | |
| A Amount allowed from 2022 | | |
| B Amount allowed from before 2018 | | |
| C Amount allowed from 2018 | | |
| D Amount allowed from 2019 | | |
| E Amount allowed from 2020 | | |
| F Amount allowed from 2021 | | |

| | Section 179 Regular Tax | Section 179 QBI |
|--|------------------------------------|----------------------------|
| Part III: Total Carryforward to 2023 by Year and Category | | |
| A Carryforward from 2022 | | |
| B Carryforward from before 2018 | | |
| C Carryforward from 2018 | | |
| D Carryforward from 2019 | | |
| E Carryforward from 2020 | | |
| F Carryforward from 2021 | | |
| Total carryforward to next year | | |

Additional Information From 2022 US Form 1120S: Income Tax Return for S Corp

Form 1120S: S-Corporation Tax Return

Other Deductions

Continuation Statement

| Description | Amount |
|------------------------------|-----------------|
| Accounting | 3,000. |
| Automobile and truck expense | 36,266. |
| Bank charges | 6,178. |
| Commissions | 138. |
| Dues and subscriptions | 31,121. |
| Gifts | 1,100. |
| Insurance | 13,590. |
| Legal and professional | 20,877. |
| Meals (50%) | 31,498. |
| Office expense | 29,584. |
| Supplies | 6,238. |
| Telephone | 680. |
| Travel | 53,058. |
| Utilities | 22,420. |
| credit card processing | 94,163. |
| payroll processing | 3,918. |
| Total | 353,829. |

Form 1125-A: Cost of Goods Sold

Additional Section 263A Costs Statement

Continuation Statement

| Additional Costs | Additional Amount |
|------------------|-------------------|
| Freight-in | 237,967 |
| Other purchase | 7,323 |
| Total | 245,290 |