Fill in this information to identify the case:

United States Bankruptcy Court for the:

District of Delaware
(State)

Case number (*If known*): _____ Chapter 11

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy 06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals,* is available.

1. **Debtor's name** Tentrr, Inc.

2. **All other names debtor used in the last 8 years**
   Include any assumed names, trade names, and *doing business as* names

3. **Debtor's federal Employer Identification Number** (EIN) 47 – 3054018

4. **Debtor's address**

Principal place of business

25 West 39th Street
Number Street

Suite No. 7007

New York NY 10018
City State ZIP Code

USA
County

Mailing address, if different from principal place of business

Number Street

P.O. Box

New York
City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. **Debtor's website** (URL) www.tentrr.com

Debtor Tentrr, Inc. Case number (*if known*)
Name

6. Type of debtor

- ☑ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- ☐ Partnership (excluding LLP)
- ☐ Other. Specify: _____

7. Describe debtor's business

A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☑ None of the above

B. *Check all that apply:*

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See http://www.uscourts.gov/four-digit-national-association-naics-codes .

454110 ___ ___

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

Check one:

- ☐ Chapter 7
- ☐ Chapter 9
- ☑ Chapter 11. *Check **all** that apply*:
  - ☑ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than $3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
  - ☑ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than $7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
  - ☐ A plan is being filed with this petition.
  - ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
  - ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
  - ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

Debtor Tentrr, Inc. Case number (*if known*)
Name

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

☑ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

List all cases. If more than 1, attach a separate list.

☑ No

☐ Yes. Debtor _____ Relationship _____

District _____ When _____
MM / DD / YYYY

Case number, if known _____

11. Why is the case filed in *this district*?

Check all that apply:

☑ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☑ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (*Check all that apply.*)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____
Number Street

_____

_____ _____ _____
City State ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

Debtor Tentrr, Inc. Case number (*if known*)_____
Name

13. Debtor's estimation of available funds

Check one:

- ☑ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

☐ 1-49	☐ 1,000-5,000	☐ 25,001-50,000
☐ 50-99	☐ 5,001-10,000	☐ 50,001-100,000
☑ 100-199	☐ 10,001-25,000	☐ More than 100,000
☐ 200-999		

15. Estimated assets

☐ $0-$50,000	☑ $1,000,001-$10 million	☐ $500,000,001-$1 billion
☐ $50,001-$100,000	☐ $10,000,001-$50 million	☐ $1,000,000,001-$10 billion
☐ $100,001-$500,000	☐ $50,000,001-$100 million	☐ $10,000,000,001-$50 billion
☐ $500,001-$1 million	☐ $100,000,001-$500 million	☐ More than $50 billion

16. Estimated liabilities

☐ $0-$50,000	☑ $1,000,001-$10 million	☐ $500,000,001-$1 billion
☐ $50,001-$100,000	☐ $10,000,001-$50 million	☐ $1,000,000,001-$10 billion
☐ $100,001-$500,000	☐ $50,000,001-$100 million	☐ $10,000,000,001-$50 billion
☐ $500,001-$1 million	☐ $100,000,001-$500 million	☐ More than $50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 1/2/2023
MM / DD / YYYY

✘ /s/Anand Subramanian
Signature of authorized representative of debtor

Anand Subramanian
Printed name

Title CEO

Debtor Tentrr, Inc. Name

Case number (*if known*)

18. Signature of attorney

✘ /s/ Frederick B. Rosner
Signature of attorney for debtor

Date 1/2/2023
MM / DD / YYYY

Frederick B. Rosner
Printed name

The Rosner Law Group LLC
Firm name

824 N. Market Street, Suite 810
Number Street

Wilmington
City

DE
State

19801
ZIP Code

(302) 777-111
Contact phone

rosner@teamrosner.com
Email address

3995
Bar number

DE
State

RESOLUTION

TENTRR, INC.

DECEMBER 30, 2022

At a duly noticed telephonic meeting of the Board of Directors of Tentrr, Inc. ("Tentrr" or the "Company" at which all directors were present held on December 30, 2022, the following resolution was passed unanimously:

WHEREAS, the Company expanded quickly due to increased demand during the coronavirus pandemic;

WHEREAS, demand has not kept up with the Company's rapid expansion, causing a cash flow problem;

WHEREAS, many of the Company's cash flow problems are attributable to its equipment lease with Farnam, the terms of which the Board considers to be unfair and inappropriate and not reflective of the market;

WHEREAS, the Company has made sustained efforts to bring the Farnam equipment lease into market terms, but has not succeeded in doing so;

WHEREAS, the Board believes the Company will be best positioned to deal with the Farnam equipment lease problem in a Chapter 11 proceeding by utilizing the tools available through the United States Bankruptcy Code, 11 U.S.C. §§ 101 *et seq*. (the "Bankruptcy Code");

WHEREAS, the Board has a good faith belief that the Company can successfully reorganize and provide greater value to all constituencies through a Chapter 11 reorganization proceeding then by any other action;

WHEREAS, the Board has reviewed and considered materials presented by legal and financial advisors of the Company regarding the liabilities and liquidity situation of Tentrr, the strategic alternatives available to it, and the impact of the foregoing, the availability of financing both in and outside of chapter 11, as well as the impact of the proposed filing on the business of Tentrr;

WHEREAS, the Board has received advice from the legal and financial advisors of Tentrr regarding the possible need to wind up, liquidate or to restructure its debt, and especially options to resolve the situation with Farnam, and has fully considered each of the strategic alternatives available to Tentrr, and the impact of the foregoing on the business, the assets and the stakeholders of Tentrr;

WHEREAS, the Board has previously approved the terms of a debtor-in-possession financing in the case of a Chapter 11 filing, and believes that the Company has arranged sufficient financing for a successful reorganization through Chapter 11;

WHEREAS, the Board, based on advice from legal and financial advisors, has determined that in order to preserve the assets and going concern value of Tentrr, it is in the best interests of Tentrr and all of its stakeholders for Tentrr to file a petition under chapter 11, title 11, of the United States Code and to elect treatment pursuant to subchapter V;

WHEREAS, the Board has further reviewed and considered the recommendations of the legal advisors to and management of Tentrr regarding the relief that would be necessary and advisable to obtain from a Bankruptcy Court to allow Tentrr to effectively transition into a chapter 11 under title 11 of the United States Code (collectively, the "First Day Relief");

WHEREAS, the Board has determined in a proper exercise of its business judgment, and after numerous opportunities to question the Company's legal advisors and management, that it is fair, appropriate, advisable, necessary, and in the best interests of Tentrr, its secured and unsecured creditors, equity holder, employees, and other stakeholders that Tentrr file or cause to be filed a voluntary petition for relief under the provisions of chapter 11, subchapter V, of the Bankruptcy Code and to seek the First Day Relief;

WHEREFORE, the Board desires to hereby adopt the following resolutions:

RESOLVED, it is desirable and in the best interests of Tentrr, its secured and unsecured creditors, equity holders, employees, and other stakeholders, that Tentrr (i) file or cause to be filed a voluntary petition for relief pursuant to the provisions of chapter 11 of the Bankruptcy Code, (ii) elect treatment pursuant to subchapter V of the Bankruptcy Code, and (iii) seek the First Day Relief;

RESOLVED, that Anand Subramanian ("Subramanian"), acting alone, be, and hereby is, authorized and empowered to execute and file on behalf of Tentrr all petitions, schedules, lists and other motions, papers or documents which he deems to be necessary or advisable, and to take any and all actions that he deems necessary or proper to obtain relief pursuant to chapter 11 of the Bankruptcy Code, subchapter V, and to obtain the First Day Relief;

RESOLVED that Subramanian be, and hereby is, authorized and directed to serve as an Authorized Signatory on behalf of the Company, and to take any actions which he deems necessary or advisable in connection with, any case commenced by Tentrr under the Bankruptcy Code, and all related matters, including, without limitation, appointing additional Authorized Signatories as he sees fit without further resolution and determining venue without further resolution, and any such prior actions taken by Subramanian or any other party in furtherance of the resolutions herein are hereby ratified in their entirety;

RESOLVED, that the Authorized Signatory be, and hereby is, authorized and directed in the name and on behalf of Tentrr to employ the law firm of Mayerson & Hartheimer, PLLC ("M & H"), as general bankruptcy counsel to represent and assist Tentrr in carrying out its duties under the Bankruptcy Code upon such terms and conditions as the Authorized Signatory deems appropriate, and any prior actions in connection with the employment of Mayerson & Hartheimer, PLLC, are hereby ratified in their entirety;

RESOLVED, that the Authorized Signatory be, and hereby is, authorized and directed in the name and on behalf of of Tentrr to employ the law firm of The Rosner Law Group LLC ("Rosner"), as its local Delaware bankruptcy counsel to assist M&H in carrying out its duties as general bankruptcy counsel and to advise the Company with respect to Delaware law and custom upon such terms and conditions as the Authorized Signatory deems appropriate, and any prior actions in connection with the employment of Rosner are hereby ratified in their entirety;

RESOLVED, that the Authorized Signatory be, and hereby is, authorized and directed in the name and on behalf of Tentrr to employ Aaron Feldon and Johnny Chau as its financial advisors to continue with their present responsibilities and to represent and assist Tentrr in carrying out its financial duties under the Bankruptcy Code upon similar terms to their present employment and upon such terms and conditions as the Authorized Party deems appropriate, and any prior actions in connection with the employment of Mr. Feldon and Mr. Chau are hereby ratified in their entirety;

RESOLVED, that the Authorized Signatory be, and hereby is, authorized and directed in the name and on behalf of Tentrr to employ the firm of Omni Agent Solutions ("Omni") to assist with preparation of the chapter 11 petition, the schedules, and the Statement of Financial Affairs and to assist with service, claims, noticing and solicitation to the extent the Authorized Signatory deems necessary, upon such terms and conditions as the Authorized Party deems appropriate, and any prior actions in connection with the employment of Omni are hereby ratified in their entirety;

RESOLVED, that the Authorized Signatory be, and hereby is, authorized and directed in the name and on behalf of Tentrr to employ any other professionals to assist Tentrr in carrying out its duties under the Bankruptcy Code and to take any and all actions to advance the rights, duties and obligations of Tentrr, including, without limitation, counsel, accountants, financial advisors, and appraisers, upon such terms and such conditions as the Authorized Party deems appropriate;

RESOLVED, that the Authorized Signatory is hereby authorized and directed in the name and on behalf of Tentrr to execute appropriate retention agreements, pay appropriate retainers, and cause

to be filed all appropriate applications for authority to retain the services of the foregoing professionals as necessary or appropriate;

RESOLVED, that in addition to the specific authorizations heretofore conferred upon the Authorized Signatory, each and every member of senior management of Tentrr, whether now existing or subsequently appointed, and their designees, shall be, and each of them, acting alone, hereby is, authorized, directed, and empowered in the name of and on behalf of Tentrr to take or cause to be taken any and all such further actions, to execute and deliver any and all agreements, certificates, instruments, and other documents, and to pay all expenses, including filing fees, in each case as in such officer's judgment shall be necessary or desirable to fully carry out the intent and accomplish the purposes of the Resolutions adopted herein;

RESOLVED, that the Authorized Signatory be, and hereby is, authorized and directed on behalf of and in the name of Tentrr to negotiate, finalize, and execute, in his sole discretion, all documents relating to the debtor-in-possession financing and use of cash collateral previously approved by this Board, and all actions previously taken with respect to such debtor-in-possession financing and use of cash collateral are hereby ratified and approved;

RESOLVED, that the Authorized Party is hereby authorized and directed to open such debtor-in-possession bank account or accounts in the name of Tentrr at such bank as he deems appropriate and with such signatories as he deems appropriate, and to transfer any or all funds currently in bank accounts of Tentrr to the debtor-in-possession bank account (s) in accordance with any orders entered by the Bankruptcy Court with respect to the Company's cash management;

RESOLVED that all acts, actions and transactions relating to the matters contemplated by the foregoing Resolutions done in the name of and on behalf of Tentrr, which acts would have been approved by the foregoing Resolutions except that such acts were taken before these Resolutions were adopted, are hereby in all respects approved and ratified in their entirety; and

RESOLVED, that any member of senior management of Tentrr may certify a copy of these Resolutions as being in full force and effect until they are withdrawn in writing by the Authorized Signatory, and a copy of these Resolutions shall be filed in the records of Tentrr.

* *

I, Anand Subramanian, the chief Executive Officer of Tentrr, Inc., hereby certify under penalty of perjury that the foregoing resolution was duly adopted on December 30, 2022, and remains in

full force and effect without any new amendments or substitutions as of this 2nd day of January, 2023.

/s/ Anand Subramanian

Anand Subramanian

Fill in this information to identify the case:

Debtor name **Tentrr, Inc.**

United States Bankruptcy Court for the: DISTRICT OF DELAWARE

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended *Schedule* _____
- ■ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 2, 2023**

X **/s/ Anand Subramanian**
Signature of individual signing on behalf of debtor

Anand Subramanian
Printed name

CEO
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Tentrr, Inc

United States Bankruptcy Court for the: _____ District of Delaware (State)

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider,* as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim. If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Farnam Street Financial Inc. 5850 Opus Pkwy, Ste 240 Minnetonka, MN 55343	952-908-0850 accounting@farnamstreet.net	Trade Debt	C,U,D			$1,373,459.31
2	Celtic Bank 268 South State St. Suite 300 Salt Lake City, Utah 84111	800-509-6191 help@celticbank.com	Loan				$250,000.00
3	RealDecoy US Inc. 1000 N West St, Ste 1200 Wilmington, DE 19801	(613) 234-9330	Services				$78,180.00
4	IPFS of New York, LLC 170 Northpointe Pkwy, Ste 300 Amherst, NY 14228	800-888-3050	Loan				$59,565.14
5	Brex Inc. 12832 Frontrunner Blvd, Ste 500 Draper, UT 84020	833-228-2044 notices@brex.com	Trade Debt				$51,000.00
6	NP Accel, LLC 750 B St, Ste 1400 San Diego, CA 92101	ar@npaccel.com	Services	C,U,D			$49,440.00
7	Finn Dixon & Herling LLP 6 Landmark Sq, Ste 600 Stamford, CT 06901	203-325-5000 ktroy@fdh.com	Legal Services				$32,360.70
8	Ansel Jason Sears 110 Florence Avenue Rye, NY 10580	917-750-1826 jaysears@jaysears.com	Professional				$20,214.58

Debtor Tentrr, Inc
Name

Case number (*if known*)_____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Finn Partners 301 East 57th Street New York NY, 10022	Evelyn Yap 212-715-1600 evelyn.yap@finnpartners.com	Professional Services	C,U,D.			$13,000.00
10	James Berger 505 West 37th St, Ste 211 New York, NY 10018	James Berger 917-449-2846 jamesberger2001@gmail.com	Legal Services				$12,037.50
11	Clique Affiliate Marketing 760 Aspen Drive Park City, UT 84098	435-252-3955 bboyd@cliqueaffiliate.com	Professional Services	C,U,D.			$8,581.44
12	Grimes Professional Dirt Busters 17 Hollycrest Blvd Covington, LA 70433	985-788-8201 grimescleaning@yahoo.com	Professional Services	C,U,D.			$7,700.00
13	Impact Tech, Inc. 223 E. De La Guerra Street Santa Barbara, CA 93101	805-324-6021 privacy@impact.com	IT Services	C,U,D			$4,221.88
14	Gutterson & Cohen Tax Specialists, LLC 445 Broadhollow Rd, Ste 230 Melville, NY 11747	631-629-4344 mmccarthy@ajccpapc.com	Professional Services	C,U,D.			$3,750.00
15	Sensible Weather Co. 730 Arizona Avenue Santa Monica, CA 90401	424-367-1964 accounting@sensibleweather.com	Insurance				$3,458.99
16	UPS PO Box 809488 Chicago, IL 60680		Shipping Services				$2,563.28
17	Pax Builders 156 Reid Watson Rd Deer Lodge, TN 37726	(715) 664-8307	Construction Services				$1,800.00
18	Uline Ship Supplies PO Box 88741 Chicago, IL 60680	262-612-4200	Supplier				$1,591.89
19	Aspira Connected Experiences PO Box 840480 Dallas, TX 75284	ar@AspiraConnect.com	Professional Services				$1,094.80
20	Robert Daniel 319 Congressional Drive Morganville, NJ 07751	robertdaniel824@gmail.com	Consulting Services				$1,000.00

United States Bankruptcy Court
District of Delaware

In re **Tentrr, Inc.** Debtor(s)

Case No.

Chapter **11**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Tentrr, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

1. West Venture Partners, L.P.

2. Tribeca Venture Partners, LLC

January 2, 2023
Date

/s/ Anand Subramanian
Anand Subramanian
CEO

United States Bankruptcy Court
District of Delaware

In re **Tentrr, Inc.** Debtor(s)

Case No.

Chapter **11**

VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **January 2, 2023**

/s/ Anand Subramanian
Anand Subramanian/CEO
Signer/Title

Aboudi Kabbani
29325 CA-41
Coarsegold CA 93614
USA

Adam Kessler
3516 Sunbelt Dr
Clarksville TN 37042
USA

Adobe Inc.
345 Park Ave
San Jose CA 95110
USA

AgileBits, Inc.
4711 Yonge St Fl 10
Toronto Ontario M2N 6K8
Canada

Aircall.io, Inc
233 Park Ave S Fl 11
New York NY 10003
USA

Alexandria Dowdy
446 Hill Rd
Birdsboro PA 19508
USA

Algolia, Inc.
301 Howard St Ste 300
San Francisco CA 94105
USA

Alli AI LLC.
5810 Shelby Oaks Dr Ste B
Memphis TN 38134
USA

Allison Madziar
711 Oak St
Essexville MI 48732-1526
USA

Alyson Eastman
75 Mt Independence Rd
Orwell VT 05760
USA

Amazon Web Services, Inc.
410 Terry Avenue North ATTN: AWS Legal
Seattle WA 98109-5210
USA

Amy Randolph
1431 Hye Albert Rd
Hye TX 78635
USA

Anand Subramanian
54 Cranbury Neck Road
Cranbury NJ 08512
USA

Andrew Ranck
2367 Groninger Valley Rd
Mifflin PA 17058
USA

Angela Timmons
7917 Hunters valley rd
Mariposa Ca 95338
USA

Anna Frumes
Underhill rd
Catskill NY 12414
USA

Anna Sides
2106 nw 90th street
Seattle WA 98117
USA

Ansel Jason Sears
110 Florence Avenue
Rye NY 10580
USA

AppHub LLC
PO Box 953
Cheshire CT 06410
USA

Apple, Inc.
1 Apple Park Way
Cupertino CA 95014
USA

Asana, Inc.
633 Folsom St Ste 100
San Francisco CA 94107
USA

Autumn Sepulveda
10672 Ridgetop Rd
Whitmore CA 96096
USA

Avalara, Inc.
255 S King St Ste 1800
Seattle WA 98104
USA

BEAR LAKE MONSTER STORAGE
85 North 395 West HIghway 89
Garden City UT 84028
USA

Ben Glenn
36000 US-101
Willits CA 95490
USA

Bitly, Inc.
139 5th Ave Fl 5
New York NY 10010
USA

Brett Solomano
Adamana Road
Adamana AZ 86028
USA

Brex
12832 Frontrunner Blvd
Suite 500
Draper UT 84020
USA

Brian Polnasek
452 North Rd.
Stroudsburg PA 18360
USA

Bruce Langlois
11630 East Fulton St
Lowell MI 49331
USA

Caitlyn Merriam
44 East Street
Claremont NH 03743
USA

Carlene Davila
Clarence Harris Rd
Burlington Flats NY 13315
USA

Carol Boom
329 US Hwy 158
East Gatesville NC 27938
USA

Carrie Brown
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Pamplin VA 23958
USA

Casey McCarthy
30-44 29th Street
Apt 6S
Astoria NY 11102
USA

CELONIS, INC
One World Trade Center
87th Floor NY 10007
USA

Charles Socks Jr.
9089 Valley Rd
Berkeley Springs WV 25411
USA

Checkr, Inc.
1 Montgomery St Ste 2400
San Francisco CA 94104
USA

Cheryl Peacock
205 Goldie Garrett Rd
Marble NC 28905
USA

Chris Tyler
6510 South 6th Street,
Klamath Falls OR 97603
USA

Christine Serpas
18388 Co Rd 65
Moffat CO 81143
USA

Clique Affiliate marketing
760 Aspen Drive
Park City UT 84098
USA

Courtney Bostwick
2564 Innisfail Ln
Clemmons NC 27012-8693
USA

Craig Pearson
3218 Zacks Fork Rd.
Lenoir NC 28645
USA

Curt Cragg
225 Bear Bluff Ln
Walling TN 38587
USA

Dan Wood
3559 Willow Way
Portola CA 96122
USA

Dane & Annemarie Eglie
2618 County Road
Guffey CO
USA

Datadog, Inc.
620 8th Ave Fl 45
New York City NY 10018
USA

Dave Reese
308 High Ridge Rd
Delta PA 17314
USA

Davenport Land & Garden
PO Box 229
Davenport NY 13750
USA

DAVENPORT LAND AND GARDEN
PO BOX 229
DAVENPORT NY 13750
USA

David Allan Delanoy
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Effort PA 18330
USA

Dawn Stiefeld
5317 S greensferry rd
Coeur d'Alene ID 83814
USA

Decathlon Alpha IV, L.P.
1441 West Ute Boulevard,
Suite 240
Park city UT 84098
USA

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315 Ridge Rd
Southampton Township NJ 08088
USA

Diana Saucedo
3445 Wynola Rd.
Julian CA 92036
USA

Dillard Waring
331 Talerico Rd
Ghent NY 12075
USA

Dominick D'Agostino
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Levittown NY 11756
USA

Dropbox, Inc.
301 Howard Ste 200
San Francisco CA 94105
USA

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Boulder Creek Area
Boulder Creek CA 95006
USA

Earl Valdez
16578 CO-142
San Luis CO 81152
USA

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USA

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Bryson City NC 28713
USA

Esteban Andres Vargas
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Central Islip NY 11722
USA

Evan Schwartz
35 Bell hollow rd
Putnam Valley NY 10579
USA

Facebook, Inc.
1601 Willow Rd
Menlo Park CA 94025
USA

Farnam Street Financial Inc.
5850 Opus Parkway
Suite 240
Minnetonka MN 55343
USA

Feedback Group LLC
St Nicholas Pl
Leicester Leicester LE1 4LD
United Kingdom

Figma, Inc.
760 Market St Fl 5
San Francisco CA 94102
USA

Finn Dixon & Herling LLP
6 Landmark Square
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Stamford CT 06901-2704
USA

Finn Partners
301 East 57th Street
New York NY 10022
USA

Florence Behavin
15984 County Rd 75.1
Trinidad CO 81082
USA

Freightwise, LLC
214 Centerview Dr
#100
Brentwood TN 37027
USA

FullStory, Inc.
1745 Peachtree Rd NW Ste G
Atlanta GA 30309
USA

Gareth Chisholm
250 Seeley St
16
Brooklyn NY 11218
USA

Getwebcraft Limited
Klimentos 41-43
Klimentos Tower
Flat/Office 25
Nicosia 1061

Ghost Foundation Ltd
160 Robinson Road #14-04
Sbf Ctr Singapore 68914
Singapore

GitHub, Inc.
88 Colin P Kelly Jr St
San Francisco CA 94107
USA

Google LLC
1600 Amphitheatre Parkway
Mountain View CA 94043
USA

Google Workspace
1600 Amphitheatre Parkway
Mountain View CA 94043
USA

Greg Haugen
5th Ave
Deer Park WI 54007
USA

Grimes Professional Dirt Busters
17 Hollycrest Blvd
Covington LA 70433
USA

GrubHub Holdings, Inc.
PO Box 71649
Chicago IL 60694-1649
USA

Guesty, Inc.
2 Eliezer Kaplan St
Tel Aviv Tel Aviv
Israel

Gutterson & Cohen Tax Specialists, LLC
445 Broadhollow Road
Ste 230
Melville NY 11747
USA

House of Hope (Bryan Braddock)
404 Freight Rd.
Florence SC 29505
USA

Hubspot Inc.
25 1st St Fl 2
Cambridge MA 02141
USA

Impact Tech, Inc.
223 E. De La Guerra Street
Santa Barbara CA 93101
USA

INDUSTRIOUS
25 W 39TH STREET
NEW YORK NY 10018
USA

Intuit Limited
8046 S Shawnee St
Aurora CT 80016
USA

IPFS of New York, LLC
170 Northpointe Pkwy
Ste 300
Amherst NY 14228
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USA

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Lodi CA 95242
USA

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Atlanta GA 30310
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USA

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USA

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Glenn CA 95943
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Raleigh NC 27607
USA

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Eagle Point OR 97524
USA

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Coeur d'Alene ID 83814
USA

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Crab Orchard KY 40419
USA

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San Francisco CA 94111
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Orford NH 03777
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USA

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1543 Beahm Town Rd
Culpepper VA 22701
USA

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Blue Hill ME 04614
USA

Klaviyo, Inc.
125 Summer St Fl 6
Boston MA 02111
USA

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USA

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Peoa UT 84061
USA

Kristie Lowery Gray
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Sweeney TX 77480
USA

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Cathlamet WA 98612
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Natasha Houston
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USA

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USA

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Seeley lake MT 59868
USA

Nick Corp
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Bow WA 98232
USA

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USA

Patrick Gallagher
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Murrells Inlet SC 29576-5437
USA

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Grahamsville NY 12740
USA

Paul Robert Weber
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USA

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156 Reid Watson Rd
Deer Lodge TN 37726
USA

Pearse Marschner
314 Wenger Lane
Woodstock VA 22664
USA

Postman, Inc.
55 2nd St Ste 300
San Francisco CA 94105
USA

R Software Inc.
2 Shaw Alley
San Francisco CA 94105
USA

RA Outdoors, LLC dba Aspira
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Robert Petrucci
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USA

Scott Ewing
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Easley SC 29640
USA

Sean Fassett
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USA

Semrush, Inc.
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Boston MA 02199
USA

Sensible Weather Co.
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Santa Monica CA 90401
USA

Shelby Ortenzio
14200 Avalon Rd Apt 420
Winter Garden FL 34787-8600
USA

SHLEPPERS MOVING AND STORAGE
434 EAST 165TH ST
BRONX NY 10456
USA

Shopify, Inc.
16150 Aviation Loop 15429
Brooksville FL 34604
USA

Slab, Inc.
340 S Lemon Ave #8017
Walnut CA 91789
USA

Slack Technologies, LLC
500 Howard St
San Francisco CA 94105
USA

SmartBear Software, Inc.
450 Artisan Way
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Putnam Valley NY 10579
USA

Stripe
185 Berry St
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Stripe, Inc.
510 Townsend St
San Francisco CA 94103
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Stanardsville VA 22973
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101 Spear St Fl 1
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Uline Ship Supplies
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Chicago IL 60680-1741
USA

UPS
PO Box 809488
Chicago IL 60680-9488
USA

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Chocowinity NC 27817
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USA

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44 Berry Street, Apt 4F
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USA

Zapier, Inc.
243 Buena Vista Ave
Sunnyvale CA 94086
USA

Zavier (D'Andrea) Boykin
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Chambers AZ 86502
USA

Zebrafish Labs, Inc.
423 Tehama St
San Francisco CA 94103
USA

Zebulon Jensen
230 N Arrowhead Ln
Mesquite NV 89027
USA

Zendesk, Inc.
989 Market St
San Francisco CA 94103
USA

Zowie, Inc.
8 The Grn
Dover DE 19901
USA

Tentrr, Inc.

Profit and Loss

January - October, 2022

	TOTAL
Income	
40000 Booking Revenues	
Signature Booking Revenue - OTA	
40020 3rd Party Site Rental Fees	753,801.08
40022 3rd Party Cleaning Fees	65.00
40023 3rd Party Late Cancel Fees	15,237.75
Total Signature Booking Revenue - OTA	**769,103.83**
Signature Booking Revenue - Tentrr.com	
40001 Tentrr.com Rental Fees	1,246,605.45
40002 Tentrr.com Extras	64,325.63
40003 Tentrr.com Cleaning Fees	895.00
40004 Tentrr.com Late Cancel Fees	24,492.07
40005 Tentrr.com Discounts	-10,754.39
40007 Tentrr.com Booking Fees	196,507.22
Total Signature Booking Revenue - Tentrr.com	**1,522,070.98**
State Park Revenue	
40100 State Park Booking Fee - Tentrr.com	35,949.95
40101 Maine State Parks Rental Fees	
40101b Tentrr.com Maine Revenue	17,051.00
40101c OTA Maine Revenue	23,730.80
Total 40101 Maine State Parks Rental Fees	**40,781.80**
40102 Michigan State Parks Rental Fees	
40102a State Site Michigan Revenue	132,411.00
Total 40102 Michigan State Parks Rental Fees	**132,411.00**
40104 Louisiana State Parks Rental Fees	
40104b Tentrr.com Louisiana Revenue	67,470.00
40104c OTA Louisiana Revenue	10,012.80
Total 40104 Louisiana State Parks Rental Fees	**77,482.80**
40105 West Virginia State Parks Rental Fees	
40105a State Site West Virginia Revenue	62,529.00
40105b Tentrr.com West Virginia Revenue	21,736.00
40105c OTA West Virginia Revenue	27,046.36

Tentrr, Inc.

Profit and Loss

January - October, 2022

	TOTAL
Total 40105 West Virginia State Parks Rental Fees	**111,311.36**
40106 New York State Parks Rental Fees	
40106b Tentrr.com New York Revenue	42,836.00
40106c OTA New York Revenue	8,985.79
Total 40106 New York State Parks Rental Fees	**51,821.79**
40108 Mississippi State Park Rental Fees	
40108b Tentrr.com Mississippi Revenue	72,376.00
40108c OTA Mississippi Revenue	27,865.10
Total 40108 Mississippi State Park Rental Fees	**100,241.10**
40109 Nebraska State Park Rental Fees	
40109b Tentrr.com Nebraska Revenue	13,596.00
40109c OTA Nebraska Revenue	3,674.00
Total 40109 Nebraska State Park Rental Fees	**17,270.00**
Total State Park Revenue	**567,269.80**
Total 40000 Booking Revenues	**2,858,444.61**
40200 Site Sales Revenue	
40205 Moose Membership	1,310,059.18
40215 Rabbit Subscriptions	-622.00
Total 40200 Site Sales Revenue	**1,309,437.18**
40260 Tentrr Pass Revenue	15,000.00
40300 Mercantile Sales	64,076.23
40300a Mercantile Shipping Income	3,892.29
40300b Mercantile Refunds	-1,121.21
Total 40300 Mercantile Sales	**66,847.31**
40350 Partnership Revenue	59,400.00
40360 Sensible Weather Revenue	15,865.05
Total Income	**$4,324,994.15**
Cost of Goods Sold	
50000 CampKeeper Payouts	
50001 CampKeeper Payouts - Tentrr.com	939,871.21
50002 CampKeeper Payouts - 3rd Party	482,167.44
Total 50000 CampKeeper Payouts	**1,422,038.65**

Tentrr, Inc.

Profit and Loss

January - October, 2022

	TOTAL
50005 State Parks Cost of Sales	
50010 State Parks Payouts	
50013 SP Payouts - MI State Parks	
50013a SP Payouts - MI State Parks - State Site	13,843.10
Total 50013 SP Payouts - MI State Parks	**13,843.10**
50015 SP Payouts - ME State Parks	
50015b SP Payouts - ME State Parks - Tentrr.com	33,488.80
Total 50015 SP Payouts - ME State Parks	**33,488.80**
50016 SP Payouts - LA State Parks	1,918.48
50016b SP Payouts - LA State Parks - Tentrr.com	5,790.11
Total 50016 SP Payouts - LA State Parks	**7,708.59**
50017 SP Payouts - WV State Parks	390.22
50017a SP Payouts - WV State Parks - State SIte	12,505.80
50017b SP Payouts - WV State Parks - Tentrr.com	8,680.71
Total 50017 SP Payouts - WV State Parks	**21,576.73**
50018 SP Payouts - NY State Parks	358.15
50018b SP Payouts - NY State Parks - Tentrr.com	5,801.46
Total 50018 SP Payouts - NY State Parks	**6,159.61**
50021 SP Payouts - MS State Parks	4,449.41
50021b SP Payouts - MS State Parks - Tentrr.com	6,047.65
Total 50021 SP Payouts - MS State Parks	**10,497.06**
50022 SP Payouts - NE State Parks	
50022b SP Payouts - NE State Parks - Tentrr.com	2,190.63
Total 50022 SP Payouts - NE State Parks	**2,190.63**
50032 SP Payouts - TX State Parks	40.40
Total 50010 State Parks Payouts	**95,504.92**
50020 State Park Maintenance Costs	
50024 SP Maintenance Costs - UT State Parks	2,688.90
50026 SP Maintenance Costs - LA State Parks	76.29
50028 SP Maintenance Costs - NY State Parks	5,000.00
Total 50020 State Park Maintenance Costs	**7,765.19**
Total 50005 State Parks Cost of Sales	**103,270.11**
50100 3rd Party Channel Fees	
50103 Guesty Fees	107,145.15
50104 Homeaway Fees	9,249.60
50106 Sensible Weather Fees	16,974.63
50107 Misc. OTA Fees	39,594.65
Total 50100 3rd Party Channel Fees	**172,964.03**

Tentrr, Inc.

Profit and Loss

January - October, 2022

	TOTAL
50200 Mercantile COGS	32,688.79
50200a Mercantile Shipping, Freight & Delivery	3,242.98
Total 50200 Mercantile COGS	**35,931.77**
Other Costs - COS	
50400 Stripe Transaction Fees	87,009.65
50410 Quickbooks Transaction Fees	31,001.17
50420 US Credit Merchant Fee	1,867.67
Total Other Costs - COS	**119,878.49**
Total Cost of Goods Sold	**$1,854,083.05**
GROSS PROFIT	**$2,470,911.10**
Expenses	
60050 Charitable Donations	1,000.00
60090 Design Services	900.00
Advertising & Marketing Roll-Up	
60000 Advertising and Marketing	
60001 SEO	145,230.48
60002 Google Ads	252,448.38
60003 Facebook Ads	134,560.45
60004 Digital Ad Spending	0.00
60006 Marketing	28,500.00
60007 Content Production	1,000.00
60009 Print Media	1,991.36
60011 Promotional Spending & SWAG	3,670.58
60012 PR & Events	47,737.44
60013 Branding & Materials	2,641.60
60014 Photography / Video	6,421.27
60015 Lead Generation Expenses	3,350.00
60018 Promotional Gift Cards Issued	46,466.71
60019 3rd Party Software & Tools	12,000.00
60020 Partnership Expenses	8,900.00
60021 Affiliate Marketing	40,608.17
Total 60000 Advertising and Marketing	**735,526.44**
Total Advertising & Marketing Roll-Up	**735,526.44**
Equipment and Machinery Lease & Rental Rollup	
60390 Equipment and Machinery Lease & Rental	
60390a Equipment	1,867,268.76
Total 60390 Equipment and Machinery Lease & Rental	**1,867,268.76**
Total Equipment and Machinery Lease & Rental Rollup	**1,867,268.76**

Tentrr, Inc.

Profit and Loss

January - October, 2022

	TOTAL
G&A Overhead Roll-Up	
60300 G&A Overhead	
60303 Insurance	
60303a General Liability	107,980.10
60303c D&O	7,329.48
60303d Cyber	29,510.26
60303e EPL	5,906.66
60303f Auto Insurance	3,110.52
Total 60303 Insurance	**153,837.02**
60304 Dues & Subscriptions	9,524.27
60305 Filing Fees	8,573.51
60306 Bank Fees & Interest Expense	
60306a Bank Service Charges	506.73
60306b Financing Fees	2,705.97
60306c Shopify Fees	1,192.82
Total 60306 Bank Fees & Interest Expense	**4,405.52**
60308 Conferences and Seminars	6,630.92
Total 60300 G&A Overhead	**182,971.24**
Total G&A Overhead Roll-Up	**182,971.24**
HR & Personnel Roll-Up	
60100 HR & Personnel	
60101 Payroll	
60102 Corporate	370,833.40
60103 Marketing	
60103a Marketing (W2)	411,437.50
60103b Marketing (1099)	8,421.17
Total 60103 Marketing	**419,858.67**
60104 Platform	377,823.79
60105 Demand	112,287.88
60106 Supply and Logistics	
60106a Logistics (W-2)	160,450.53
60106b Logistics (1099)	91,444.73
60106c Supply CDR (W-2)	258,416.58
60106d Supply CSS (W-2)	203,745.64
60106e CDR/CSS (1099)	31,749.07
60106k Sales (W2)	102,833.33
60106l Sales (1099)	68,866.39

Tentrr, Inc.

Profit and Loss

January - October, 2022

	TOTAL
Total 60106 Supply and Logistics	**917,506.27**
60107 Customer Service	
60107a Customer Service (W-2)	320,106.00
60107b Customer Service (1099)	82,630.78
Total 60107 Customer Service	**402,736.78**
60108 CampGuides	
60108a CampGuide (W-2)	93,037.44
60108b CampGuide (1099)	212,299.39
Total 60108 CampGuides	**305,336.83**
60109 Talent Acquisition	77,638.94
60123 Commissions	130,000.00
60124 Employee Bonuses	52,000.00
Total 60101 Payroll	**3,166,022.56**
60125 Payroll Benefits	
60126 Healthcare Premium	144,567.00
60127 Dental Premium	10,852.99
60128 Vision Premium	1,785.16
60129 Life Insurance	335.49
Total 60125 Payroll Benefits	**157,540.64**
60130 Payroll Taxes	
60131 Social Security	145,976.76
60132 Medicare	37,559.79
60133 FUTA	2,225.90
60134 SUI	16,076.78
60135 NY MCTMT	-14.67
Total 60130 Payroll Taxes	**201,824.56**
60140 HR and Payroll Processing Fees	
60141 TriNet PEO	49,951.17
60142 Gusto	9,388.64
Total 60140 HR and Payroll Processing Fees	**59,339.81**
60150 Other Payroll Expenses	
60152 Workers Comp	7,168.70
60153 COBRA Admin	750.00
Total 60150 Other Payroll Expenses	**7,918.70**
Total 60100 HR & Personnel	**3,592,646.27**
Total HR & Personnel Roll-Up	**3,592,646.27**
Materials & Install	
60190 Materials & Install (Non-CapEx)	12,867.86
Total Materials & Install	**12,867.86**

Tentrr, Inc.

Profit and Loss

January - October, 2022

	TOTAL
Office & Other Roll-Up	
60200 Office & Other	
60210 NYC Office	
60210a Rent - NYC Office	4,795.00
60210b Telecom - NYC Office	18,823.59
60210d Office Supplies - NYC Office	4,608.38
60210g Postage & Delivery - NYC Office	732.21
60210h Moving & Storage - NYC Office	11,437.50
Total 60210 NYC Office	**40,396.68**
60220 Oneonta, NY	
60220a Rent - Oneonta, NY	22,000.00
60220c Telecom - Oneonta, NY	2,264.60
60220d Utilities - Oneonta, NY	8,224.75
60220e Office Supplies - Oneonta, NY	509.49
60220f Repairs & Maintenance - Oneonta, NY	543.05
60220g Garbage Removal - Oneonta, NY	10,080.78
Total 60220 Oneonta, NY	**43,622.67**
60240 Auto Expense	
60243 Repairs and Maintenance	2,254.91
60245 Other	319.75
60247 Parking and Tolls	66.99
Total 60240 Auto Expense	**2,641.65**
60250 Travel & Entertainment	
60251 Travel (Airfare & Hotels)	37,413.64
60252 Entertainment & Meals	22,329.55
60253 Transportation	53,215.66
60254 Office Outings	617.68
60255 Travel Meals	5,446.89
60256 Employee Tentrr Trips	10,523.74
Total 60250 Travel & Entertainment	**129,547.16**
Total 60200 Office & Other	**216,208.16**
Other OpEx Roll-Up	
60900 Other OpEx	
60990 Test Transactions	510.05
Total 60900 Other OpEx	**510.05**
Total Other OpEx Roll-Up	**510.05**
Total Office & Other Roll-Up	**216,718.21**

Tentrr, Inc.

Profit and Loss

January - October, 2022

	TOTAL
Professional Services Roll-Up	
60500 Professional Services	
60501 Accounting | Finance	155,581.24
60502 Legal & iBanking	69,518.00
60503 Recruiting	80,576.24
60504 Technology Consultants	7,800.00
60505 Tech Outsourcing	164,560.00
60507 Advertising & Marketing Consultants	4,150.00
60508 Sales Consultants	130,872.91
60509 Misc Consultants	36,730.00
Total 60500 Professional Services	**649,788.39**
Total Professional Services Roll-Up	**649,788.39**
Research and Development	188,420.00
Tech & Product Roll-Up	
60400 Tech & Product	
60401 Technology	
Google Cloud	30,685.90
Tech Software and Services	186,634.18
Web Hosting	48,714.01
Total 60401 Technology	**266,034.09**
60402 Website	
e-commerce Website	923.36
Website Domain	725.49
Total 60402 Website	**1,648.85**
Total 60400 Tech & Product	**267,682.94**
Total Tech & Product Roll-Up	**267,682.94**
Total Expenses	**$7,715,790.11**
NET OPERATING INCOME	**$ -5,244,879.01**
Other Income	
80000 Other Income	1,416.58
80001 Sales Tax Vendor Credit	57.26
Total Other Income	**$1,473.84**
Other Expenses	
70000 Taxes	1,069.00
70002 New York State	2,775.00
70004 Utah Taxes	100.00
70005 LouisianaTaxes	550.00
70006 Mississippi Taxes	25.00
70007 North Carolina Taxes	200.00
Total 70000 Taxes	**4,719.00**

Tentrr, Inc.

Profit and Loss

January - October, 2022

	TOTAL
70010 Sales Tax Paid	132,403.29
70050 Interest Expense	387,229.64
70100 Depreciation Expense	
70101 Vehicles	1,944.40
70102 Tools / Equipment	1,587.34
70104 Computers	15,914.47
70106 Farnam Capitalized Materials	1,688,789.55
Total 70100 Depreciation Expense	**1,708,235.76**
70200 Amortization Expense	
70202 Domain	333.30
70203 Farnam Capitalized Install	476,215.10
Total 70200 Amortization Expense	**476,548.40**
79000 Other Expense Writeoffs	79.00
Reconciliation Discrepancies	-14.82
Total Other Expenses	**$2,709,200.27**
NET OTHER INCOME	**$ -2,707,726.43**
NET INCOME	**$ -7,952,605.44**

Tentrr, Inc.

Statement of Cash Flows

January - October, 2022

	TOTAL
OPERATING ACTIVITIES	
Net Income	-7,960,895.99
Adjustments to reconcile Net Income to Net Cash provided by operations:	
11002 CampKeeper Receivables:Moose Sales (A/R)	-78,820.00
11011 CampKeeper Receivables:Michigan State Parks (A/R)	-10,008.90
11014 CampKeeper Receivables:Louisiana State Parks (A/R)	-7,329.00
11015 CampKeeper Receivables:West Virginia State Parks (A/R)	-36,685.98
11200 Accounts Receivable	17,900.00
11210 OTA Receivables	-53,530.03
12050 Inventory Asset:Inventory Asset - Mercantile	0.00
12060 Inventory Asset:Farnam Capitalized Materials	-2,325,903.19
12060a Inventory Asset:Farnam Capitalized Materials:Accumulated Depreciation	1,688,789.55
12070 Farnam Capitalized Install	-899,405.43
12070a Farnam Capitalized Install:Accumulated Amortization	476,215.10
12500 Prepaid Expenses	-54,010.72
12510 Lowes Escrow	-22,349.81
12602 Deferred CK Expense:Deferred CK Expense - Tentrr	-97,775.65
12603 Deferred CK Expense:Deferred CK Expense - 3rd Party	-46,418.89
12604 Deferred Discounts	932.01
12605 Deferred 3rd Party Channel Fees	-5,736.54
12607 Shopify Account	-401.10
12608 Deferred Shopify Fees	-24.91
12612 Temporary Clearing Account	0.00
12614 QB Site Sales Clearing Account	8,932.45
101 Vehicles:Trailers:Depreciation	1,944.40
12701 Computers:Accumulated Depreciation - Computers	15,914.47
12702a Domain Name:Accumulated Amortization - Domain Name	333.30
12703a Equipment:Accumulated Depreciation - Equipment	254.04
Tools & Machinery:Tools & Machinery - Oneonta, NY (CapEx):Accumulated Depreciation - T&M Oneonta, NY	1,333.30
12710 Accounts Payable OpEx	663,652.44
12752 Brex	6,132.22
20001 Accrued Expenses:Accrued Employee Reimb Payable	-2,707.63
20002 Accrued Expenses:Accrued Legal Fees	32,326.40
20004 Accrued Expenses:Accrued Expenses Misc	-162,800.00
20005 Accrued Bonuses	-26,991.95
20006 Accrued Commissions	-37,963.48
20026 National Partners PFco of NY	7,477.83
20027 IPFS of New York	32,859.44
20032 Deferred Revenue:Deferred Booking Fees	-9,061.40
20034 Deferred Revenue:Deferred Tentrr Site Rental Fees	-12,644.80
20035 Deferred Revenue:Deferred 3rd Party Site Rental Fees	1,829.69
20036 Deferred Revenue:Deferred Extras	-522.80
20038 Deferred Revenue:Deferred Cleaning Fees	-295.00
20039 Deferred Revenue:Deferred 3rd Party Cleaning Fees	0.00

Tentrr, Inc.

Statement of Cash Flows

January - October, 2022

	TOTAL
20057 Gift Cards	13,276.09
20058 Deferred Mercantile Sales	1,473.91
20071 Partner Fees Owed:CK Fees Owed	-15,731.69
20072a Partner Fees Owed:State Park Fees Owed:State Park Fees Owed - MI	5,102.60
20072c Partner Fees Owed:State Park Fees Owed:State Park Fees Owed - ME	-8,265.35
20072d Partner Fees Owed:State Park Fees Owed:State Park Fees Owed - LA	9,549.56
20072e Partner Fees Owed:State Park Fees Owed:State Park Fees Owed - WV	9,956.82
20072f Partner Fees Owed:State Park Fees Owed:State Park Fees Owed - NY	2,048.37
20072h Partner Fees Owed:State Park Fees Owed:State Park Fees Owed - MS	-562.08
20072i Partner Fees Owed:State Park Fees Owed:State Park Fees Owed - NE	1,808.13
20072j Partner Fees Owed:State Park Fees Owed:State Park Fees Owed - TX	268.60
20073 Partner Fees Owed:OTA Fees Owed	14,030.09
20082a Farnam Lease Liability:Farnam Lease TE123118-001	-323,835.96
20082b Farnam Lease Liability:Farnam Lease TE123118-002	-687,276.30
20082d Farnam Lease Liability:Farnam Lease TE123118-004	3,225,308.67
20090 Sales Tax Payable	-497.79
Payroll Liabilities:Wages Payable	-25,042.15
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	**1,287,050.95**
Net cash provided by operating activities	**$ -6,673,845.04**
INVESTING ACTIVITIES	
100 Vehicles:Trailers:Original cost	0.01
12080i TentKits:TentKits Deployed (Combined Tentkits)	26,140.46
12700 Computers:Computers - CapEx	-26,753.11
12703 Equipment:Equipment - CapEx	-1,524.21
Computers	-0.01
Equipment	-0.01
Tools & Machinery	0.00
Tools & Machinery:Tools & Machinery - Oneonta, NY (CapEx)	0.03
Vehicles:Trailers	0.03
Security Deposits:Farnam Financial Inc.:Lease TE123118-005	-260,637.99
Net cash provided by investing activities	**$ -262,774.80**
FINANCING ACTIVITIES	
Decathlon Loan	216,075.23
Preferred Stock:Claude Wasserstein	332.80
Net cash provided by financing activities	**$216,408.03**
NET CASH INCREASE FOR PERIOD	**$ -6,720,211.81**
Cash at beginning of period	6,873,088.33
CASH AT END OF PERIOD	**$152,876.52**

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

Direct Deposit/Debit Report

Name: TENTRR, INC. Employer Identification Number: 47-3054018

Unit	Form	Name of Financial Institution	Account Type	Routing Number	Account Number	Debit/Deposit Date	Amount
MS	83-105	SILICON VALLEY BANK	CHECKING	121140399	3302551386	DEBIT 10/11/22	25.
NC	CD-405	SILICON VALLEY BANK	CHECKING	121140399	3302551386	DEBIT 10/11/22	200.
NJ	CBT-100	SILICON VALLEY BANK	CHECKING	121140399	3302551386	DEBIT 10/11/22	769.
NY	CT-3	SILICON VALLEY BANK	CHECKING	121140399	3302551386	DEBIT 10/11/22	997.
NY	CT-3M	SILICON VALLEY BANK	CHECKING	121140399	3302551386	DEBIT 10/11/22	253.
VT	CO-411	SILICON VALLEY BANK	CHECKING	121140399	3302551386	DEBIT 10/11/22	300.

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747
631-629-4344

October 11, 2022

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

S T A T E M E N T

PREPARATION OF 2021 CORPORATION RETURN(S).....	$ 2250.00
ADDITONAL STATES	1500.00
AMOUNT DUE	$ 3750.00

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747
631-629-4344

OCTOBER 11, 2022

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

TENTRR, INC.:

WE HAVE PREPARED AND ENCLOSED YOUR 2021 CORPORATION INCOME TAX RETURNS FOR THE YEAR ENDED DECEMBER 31, 2021.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-C TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE IRS. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE CALIFORNIA FORM 100 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE FTB.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE CALIFORNIA ESTIMATED INCOME TAX DUE DATES AND REQUIRED PAYMENTS ARE AS FOLLOWS:

INSTALLMENT NO. 4 BY 12/15/22 . . . . . $800

THESE PAYMENTS MUST BE FILED AND PAID ELECTRONICALLY VIA THE FRANCHISE TAX BOARD WEBSITE AT:

WWW.FTB.CA.GOV/PAY

THE FLORIDA FORM F-1120 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FLORIDA DOR, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE FLORIDA DOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FLORIDA DOR.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE GEORGIA FORM 600 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE GA DOR, PLEASE SIGN, DATE AND RETURN FORM 8453-C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE GA DOR. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE GA DOR.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE LOUISIANA FORM CIFT-620 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE LDR, PLEASE SIGN, DATE AND RETURN FORM LA8453C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE LDR. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE LDR.

NO PAYMENT IS REQUIRED AS YOU ARE TO RECEIVE A REFUND IN THE AMOUNT OF $550.

THE MAINE FORM 1120ME RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE ME DOR, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE ME DOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE ME DOR.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE MISSISSIPPI FORM 83-105 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE MS DOR, PLEASE SIGN, DATE AND RETURN FORM 8453-C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE MS DOR. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE MS DOR.

YOUR BALANCE DUE OF $25 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM 83-105 BALANCE DUE. REFER TO FORM 83-105 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

THE NH BUSINESS ENTERPRISE/PROFITS TAX FORM BT-SUMMARY RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE NH DRA, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE NH DRA. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NH DRA.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE NEW JERSEY FORM CBT-100 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE NEW JERSEY DOR, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE NEW JERSEY DOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NEW JERSEY DOR.

YOUR BALANCE DUE OF $769 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CBT-100 BALANCE DUE. REFER TO FORM CBT-100 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

THIS RETURN INCLUDES A PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX OF $19.

THE NEW YORK FORM CT-3 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE NYSDTF, PLEASE SIGN, DATE AND RETURN FORM TR-579-CT TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE NYSDTF. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE NYSDTF.

YOUR BALANCE DUE OF $997 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CT-3 BALANCE DUE. REFER TO FORM CT-3 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

THIS RETURN INCLUDES A PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX OF $78.

THE NEW YORK ESTIMATED INCOME TAX DUE DATES AND REQUIRED PAYMENTS ARE AS FOLLOWS:

INSTALLMENT NO. 4 BY 12/15/22 . . . . . $2,670

THESE PAYMENTS MUST BE FILED AND PAID ELECTRONICALLY VIA THE NEW YORK STATE CORPORATION TAX WEBSITE AT:

HTTPS://WWW.TAX.NY.GOV/ONLINE/

THE NORTH CAROLINA FORM CD-405 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE NCDOR, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE NCDOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NCDOR.

YOUR BALANCE DUE OF $200 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CD-405 BALANCE DUE. REFER TO FORM CD-405 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

THE NORTH CAROLINA BUSINESS CORPORATION ANNUAL REPORT SHOULD BE MAILED AS SOON AS POSSIBLE TO:

SECRETARY OF STATE
BUSINESS REGISTRATION DIVISION
POST OFFICE BOX 29525
RALEIGH, NC 27626-0525

ENCLOSE A CHECK OR MONEY ORDER FOR $25, PAYABLE TO SECRETARY OF STATE.

THE PENNSYLVANIA FORM RCT-101 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE PADOR, PLEASE SIGN, DATE AND RETURN FORM PA-8879-C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE PADOR. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE PADOR.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE TENNESSEE FORM FAE 170 SHOULD BE MAILED ON OR BEFORE DECEMBER 15, 2022 TO:

TENNESSEE DEPT. OF REVENUE
ANDREW JACKSON STATE OFFICE BLDG.
500 DEADERICK STREET
NASHVILLE, TN 37242

YOU HAVE A BALANCE DUE OF $240.

PAYMENT MUST BE MADE ELECTRONICALLY VIA THE TENNESSEE DEPT. OF REVENUE WEBSITE AT:

HTTPS://TNTAP.TN.GOV/ESERVICES/_/

THE UTAH FORM TC-20 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE USTC, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE USTC. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE USTC.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE VERMONT FORM CO-411 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE VT DOT, PLEASE SIGN, DATE AND RETURN FORM 8879-VT-C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE VT DOT. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE VT DOT.

YOUR BALANCE DUE OF $300 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CO-411 BALANCE DUE. REFER TO FORM CO-411 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

THE NEW YORK CITY FORM NYC-2 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE NYC DOF, PLEASE SIGN, DATE AND RETURN NYC-579-COR TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE NYC DOF. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE NYC DOF.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE NEW YORK FORM CT-3M RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE NYSDTF, PLEASE SIGN, DATE AND RETURN FORM TR-579-CT TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE NYSDTF. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE NYSDTF.

YOUR BALANCE DUE OF $253 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CT-3M BALANCE DUE. REFER TO FORM CT-3M ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

THIS RETURN INCLUDES A PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX OF $10.

COPIES OF THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

ALAN J. COHEN

2021 TAX RETURN FILING INSTRUCTIONS

U.S. CORPORATION INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

AMOUNT OF TAX:

TOTAL TAX	$ 0
LESS: PAYMENTS AND CREDITS	$ 0
PLUS: INTEREST AND PENALTIES	$ 0
NO PAYMENT REQUIRED	$

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-C TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

DEPRECIATION VARIANCE REPORT

ASSET NUMBER	DESCRIPTION	ACCOUNTANT'S CALCULATED DEPRECIATION	SYSTEM CALCULATED DEPRECIATION	VARIANCE
15	TRAILERS	2,424.	1,212.	1,212.

Form **8879-C**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for Form 1120

For calendar year 2021, or tax year beginning _____, 2021, ending _____, 20 ___

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

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

OMB No. 1545-0123

2021

Name of corporation

TENTRR, INC.

Employer identification number

47-3054018

Part I Tax Return Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	2,510,860.
2	Taxable income (Form 1120, line 30)	2	-6,113,971.
3	Total tax (Form 1120, line 31)	3	
4	Amount owed (Form 1120, line 35)	4	
5	Overpayment (Form 1120, line 36)	5	

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2021 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize GUTTERSON & COHEN TAX SPECIALISTS LLC to enter my PIN 12345
ERO firm name **do not enter all zeros**

as my signature on the corporation's 2021 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2021 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ _____ Title ▶ PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 11357722752
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112,** IRS *e-file* Application and Participation, and **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 10/11/22

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

For Paperwork Reduction Act Notice, see instructions. Form **8879-C** (2021)

LHA

Form **1120**

Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2021 or tax year beginning _____, ending _____

EXTENSION GRANTED TO 10/15/22

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

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

TYPE OR PRINT

Name: TENTRR, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.: 25 W. 39TH STREET, 7TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10018

B Employer identification number: 47-3054018

C Date incorporated: 02/03/2015

D Total assets (see instructions): $ 12,332,543.

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

Income	1a	Gross receipts or sales	1a 4,846,290.	
	b	Returns and allowances	1b	
	c	Balance. Subtract line 1b from line 1a		1c 4,846,290.
	2	Cost of goods sold (attach Form 1125-A)		2 2,339,836.
	3	Gross profit. Subtract line 2 from line 1c		3 2,506,454.
	4	Dividends and inclusions (Schedule C, line 23)		4
	5	Interest		5
	6	Gross rents		6
	7	Gross royalties		7
	8	Capital gain net income (attach Schedule D (Form 1120))		8
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		9 -1,415.
	10	Other income (attach statement) SEE STATEMENT 1		10 5,821.
	11	**Total income.** Add lines 3 through 10 ▶		11 2,510,860.
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (attach Form 1125-E) ▶		12 490,555.
	13	Salaries and wages (less employment credits)		13
	14	Repairs and maintenance		14
	15	Bad debts		15 181,742.
	16	Rents		16 18,333.
	17	Taxes and licenses SEE STATEMENT 2		17 178,932.
	18	Interest (see instructions)		18 353,565.
	19	Charitable contributions SEE STATEMENT 3 AND SEE STATEMENT 4		19 0.
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		20 1,853,197.
	21	Depletion		21
	22	Advertising		22 568,851.
	23	Pension, profit-sharing, etc., plans		23
	24	Employee benefit programs		24 156,376.
	25	Reserved for future use		25
	26	Other deductions (attach statement) SEE STATEMENT 5		26 4,823,280.
	27	**Total deductions.** Add lines 12 through 26 ▶		27 8,624,831.
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28 -6,113,971.
	29a	Net operating loss deduction (see instructions) STATEMENT 6	29a 0.	
	b	Special deductions (Schedule C, line 24)	29b	
	c	Add lines 29a and 29b		29c
Tax, Refundable Credits, and Payments	30	**Taxable income.** Subtract line 29c from line 28. See instructions		30 -6,113,971.
	31	Total tax (Schedule J, Part I, line 11)		31 0.
	32	Reserved for future use		32
	33	Total payments and credits (Schedule J, Part III, line 23)		33
	34	Estimated tax penalty. See instructions. Check if Form 2220 is attached ▶ ☐		34
	35	**Amount owed.** If line 33 is smaller than the total of lines 31 and 34, enter amount owed		35 0.
	36	**Overpayment.** If line 33 is larger than the total of lines 31 and 34, enter amount overpaid		36
	37	Enter amount from line 36 you want: **Credited to 2022 estimated tax** ▶ **Refunded** ▶		37

Sign Here

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

Signature of officer _____ Date _____ ▶ PRESIDENT Title

May the IRS discuss this return with the preparer shown below? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
ALAN J. COHEN		10/11/22	☐	P00185030

Firm's name ▶ GUTTERSON & COHEN TAX SPECIALISTS LLC — Firm's EIN ▶ 81-3215466

Firm's address ▶ 445 BROADHOLLOW ROAD STE 230, MELVILLE, NY 11747 — Phone no. 631-629-4344

Schedule C **Dividends, Inclusions, and Special Deductions** (see instructions)

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

Schedule J Tax Computation and Payment (see instructions)

Part I - Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)) ▶ ☐				
2	Income tax. See instructions			2	0.
3	Base erosion minimum tax amount (attach Form 8991)			3	
4	Add lines 2 and 3			4	0.
5a	Foreign tax credit (attach Form 1118)	5a			
b	Credit from Form 8834 (see instructions)	5b			
c	General business credit (attach Form 3800)	5c			
d	Credit for prior year minimum tax (attach Form 8827)	5d			
e	Bond credits from Form 8912	5e			
6	**Total credits.** Add lines 5a through 5e			6	
7	Subtract line 6 from line 4			7	0.
8	Personal holding company tax (attach Schedule PH (Form 1120))			8	
9a	Recapture of investment credit (attach Form 4255)	9a			
b	Recapture of low-income housing credit (attach Form 8611)	9b			
c	Interest due under the look-back method-completed long-term contracts (attach Form 8697)	9c			
d	Interest due under the look-back method-income forecast method (attach Form 8866)	9d			
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e			
f	Interest/tax due under Section 453A(c) and/or Section 453(I)	9f			
g	Other (see instructions - attach statement)	9g			
10	**Total.** Add lines 9a through 9g			10	
11	**Total tax.** Add lines 7, 8, and 10. Enter here and on page 1, line 31			11	0.

Part II - Reserved For Future Use

12	Reserved for future use			12	

Part III - Payments and Refundable Credits

13	2020 overpayment credited to 2021			13	
14	2021 estimated tax payments			14	
15	2021 refund applied for on Form 4466			15	( )
16	Combine lines 13, 14, and 15			16	
17	Tax deposited with Form 7004			17	
18	Withholding (see instructions)			18	
19	**Total payments.** Add lines 16, 17, and 18			19	
20	Refundable credits from:				
a	Form 2439	20a			
b	Form 4136	20b			
c	Reserved for future use	20c			
d	Other (attach statement - see instructions)	20d			
21	**Total credits.** Add lines 20a through 20d			21	
22	Reserved for future use			22	
23	**Total payments and credits.** Add lines 19 and 21. Enter here and on page 1, line 33			23	

Schedule K Other Information (see instructions)

		Yes	No
1	Check accounting method: a ☐ Cash b ☒ Accrual c ☐ Other (specify) ▶		
2	See the instructions and enter the:		
a	Business activity code no. ▶ 454110		
b	Business activity ▶ CAMPING ONLINE MARKE		
c	Product or service ▶ SERVICE		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		X
	If "Yes," enter name and EIN of the parent corporation ▶		
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	X	
5	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on **Form 851,** Affiliations Schedule? For rules of constructive ownership, see instructions		X
	If "Yes," complete (i) through (iv) below.		

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

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

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

6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316		X
	If "Yes," file **Form 5452,** Corporate Report of Nondividend Distributions. See the instructions for Form 5452.		
	If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		
7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock?		
	For rules of attribution, see section 318. If "Yes," enter:		
	(a) Percentage owned ▶ _____ and **(b)** Owner's country ▶ _____		
	(c) The corporation may have to file **Form 5472,** Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ _____		
8	Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ ☐		
	If checked, the corporation may have to file **Form 8281,** Information Return for Publicly Offered Original Issue Discount Instruments.		
9	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ _____		
10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ 18		
11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ▶ ☐		
	If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12	Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) ▶ $ 19,842,836.		

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

		Yes	No
13	Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year **and** its total assets at the end of the tax year less than $250,000?		X
	If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ $		
14	Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		X
	If "Yes," complete and attach Schedule UTP.		
15a	Did the corporation make any payments in 2021 that would require it to file Form(s) 1099?		X
b	If "Yes," did or will the corporation file required Form(s) 1099?		
16	During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		X
17	During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18	Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than $1 million?		X
19	During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20	Is the corporation operating on a cooperative basis?		X
21	During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		X
	If "Yes," enter the total amount of the disallowed deductions ▶ $		
22	Does the corporation have gross receipts of at least $500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3))		X
	If "Yes," complete and attach Form 8991.		
23	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24	Does the corporation satisfy one or more of the following? See instructions		X
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $26 million and the corporation has business interest expense.		
c	The corporation is a tax shelter and the corporation has business interest expense.		
	If "Yes," complete and attach Form 8990.		
25	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter amount from Form 8996, line 15 ▶ $		
26	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		X
	Percentage: By Vote By Value		

Schedule L Balance Sheets per Books

Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1 Cash		1,794,642.		6,873,088.
2a Trade notes and accounts receivable	271,095.		434,439.	
b Less allowance for bad debts	( )	271,095.	( )	434,439.
3 Inventories		16,864.		0.
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (att. stmt.) STMT 7		224,410.		400,798.
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (att. stmt.)				
10a Buildings and other depreciable assets	4,959,727.		7,248,470.	
b Less accumulated depreciation	(2,685,661.)	2,274,066.	(4,135,912.)	3,112,558.
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)	290,109.		1,261,596.	
b Less accumulated amortization	(24,765.)	265,344.	(297,405.)	964,191.
14 Other assets (att. stmt.) STMT 8		381,371.		547,469.
15 Total assets		5,227,792.		12,332,543.
Liabilities and Shareholders' Equity				
16 Accounts payable		122,066.		292,189.
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (att. stmt.) STMT 9		2,956,742.		5,460,191.
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (att. stmt.) STMT 10		1,187,020.		1,685,120.
22 Capital stock: a Preferred stock	229.		229.	
b Common stock	800.	1,029.	800.	1,029.
23 Additional paid-in capital		21,764,062.		31,053,045.
24 Retained earnings - Appropriated (attach statement)				
25 Retained earnings - Unappropriated		-20,803,127.		-26,159,031.
26 Adjustments to shareholders' equity (attach statement)				
27 Less cost of treasury stock		( )		( )
28 Total liabilities and shareholders' equity		5,227,792.		12,332,543.

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

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

1 Net income (loss) per books	-5,355,904.	7 Income recorded on books this year not included on this return (itemize): Tax-exempt interest $ STMT 12 401,400.	401,400.
2 Federal income tax per books			
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize):			
5 Expenses recorded on books this year not deducted on this return (itemize): a Depreciation $ b Charitable contributions $ 5,050. c Travel and entertainment $ STMT 11 28,606.	33,656.	8 Deductions on this return not charged against book income this year (itemize): a Depreciation $ 390,323. b Charitable contributions $	390,323.
6 Add lines 1 through 5	-5,322,248.	9 Add lines 7 and 8	791,723.
		10 Income (page 1, line 28) - line 6 less line 9	-6,113,971.

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

1 Balance at beginning of year	-20,803,127.	5 Distributions: a Cash	
2 Net income (loss) per books	-5,355,904.	b Stock	
3 Other increases (itemize):		c Property	
		6 Other decreases (itemize):	
		7 Add lines 5 and 6	
4 Add lines 1, 2, and 3	-26,159,031.	8 Balance at end of year (line 4 less line 7)	-26,159,031.

Form **1125-A**

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

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

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

OMB No. 1545-0123

Name

TENTRR, INC.

Employer Identification number

47-3054018

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) SEE STATEMENT 13	5	2,339,836.
6	**Total.** Add lines 1 through 5	6	2,339,836.
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	2,339,836.

9 a 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? ☐ Yes ☒ No

If "Yes," attach explanation.

SCHEDULE G (Form 1120)
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Information on Certain Persons Owning the Corporation's Voting Stock

▶ **Attach to Form 1120.**

OMB No. 1545-0123

Name

TENTRR, INC.

Employer identification number (EIN)

47-3054018

Part I **Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock

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

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
MICHAEL D'AGOSTINO	041-82-6873		62.16%

SCHEDULE M-3 (Form 1120)
(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

Net Income (Loss) Reconciliation for Corporations With Total Assets of $10 Million or More

▶ Attach to Form 1120 or 1120-C.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name of corporation (common parent, if consolidated return): TENTRR, INC.

Employer identification number: 47-3054018

Check applicable box(es): (1) [X] Non-consolidated return (2) [ ] Consolidated return (Form 1120 only) (3) [ ] Mixed 1120/L/PC group (4) [ ] Dormant subsidiaries schedule attached

Part I Financial Information and Net Income (Loss) Reconciliation (see instructions)

1a Did the corporation file SEC Form 10-K for its income statement period ending with or within this tax year?
[ ] **Yes.** Skip lines 1b and 1c and complete lines 2a through 11 with respect to that SEC Form 10-K.
[X] **No.** Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared.

b Did the corporation prepare a certified audited non-tax-basis income statement for that period?
[ ] **Yes.** Skip line 1c and complete lines 2a through 11 with respect to that income statement.
[X] **No.** Go to line 1c.

c Did the corporation prepare a non-tax-basis income statement for that period?
[ ] **Yes.** Complete lines 2a through 11 with respect to that income statement.
[X] **No.** Skip lines 2a through 3c and enter the corporation's net income (loss) per its books and records on line 4a.

2a Enter the income statement period: Beginning _____ Ending _____

b Has the corporation's income statement been restated for the income statement period on line 2a?
[ ] **Yes.** (If "Yes," attach an explanation and the amount of each item restated.)
[ ] **No.**

c Has the corporation's income statement been restated for any of the five income statement periods immediately preceding the period on line 2a?
[ ] **Yes.** (If "Yes," attach an explanation and the amount of each item restated.)
[ ] **No.**

3a Is any of the corporation's voting common stock publicly traded?
[ ] **Yes.**
[ ] **No.** If "No," go to line 4a.

b Enter the symbol of the corporation's primary U.S. publicly traded voting common stock .....

c Enter the nine-digit CUSIP number of the corporation's primary publicly traded voting common stock .....

4a Worldwide consolidated net income (loss) from income statement source identified in Part I, line 1	4a	-5,355,904.
b Indicate accounting standard used for line 4a (see instructions): (1) [ ] GAAP (2) [ ] IFRS (3) [ ] Statutory (4) [ ] Tax-basis (5) [ ] Other (specify) _____		
5a Net income from nonincludible foreign entities (attach statement)	5a	( )
b Net loss from nonincludible foreign entities (attach statement and enter as a positive amount)	5b	
6a Net income from nonincludible U.S. entities (attach statement)	6a	( )
b Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount)	6b	
7a Net income (loss) of other includible foreign disregarded entities (attach statement)	7a	
b Net income (loss) of other includible U.S. disregarded entities (attach statement)	7b	
c Net income (loss) of other includible entities (attach statement)	7c	
8 Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach stmt.)	8	
9 Adjustment to reconcile income statement period to tax year (attach statement)	9	
10a Intercompany dividend adjustments to reconcile to line 11 (attach statement)	10a	
b Other statutory accounting adjustments to reconcile to line 11 (attach statement)	10b	
c Other adjustments to reconcile to amount on line 11 (attach statement)	10c	
11 Net income (loss) per income statement of includible corporations. Combine lines 4 through 10	11	-5,355,904.

Note: Part I, line 11, must equal Part II, line 30, column (a), or Schedule M-1, line 1 (see instructions).

12 Enter the total amount (not just the corporation's share) of the assets and liabilities of all entities included or removed on the following lines.

	Total Assets	Total Liabilities
a Included on Part I, line 4 ▶	12,332,543.	7,437,500.
b Removed on Part I, line 5 ▶		
c Removed on Part I, line 6 ▶		
d Included on Part I, line 7 ▶		

Form **1125-E**
(Rev. October 2016)
Department of the Treasury
Internal Revenue Service

Compensation of Officers

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.**
▶ **Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.**

OMB No. 1545-0123

Name
TENTRR, INC.

Employer Identification number
47-3054018

Note: Complete Form 1125-E only if total receipts are $500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1 ANAND SUBRAMANIAN	185-76-7731	100%	.85%		490,555.

2 Total compensation of officers	2	490,555.
3 Compensation of officers claimed on Form 1125-A or elsewhere on return	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return	4	490,555.

For Paperwork Reduction Act Notice, see separate instructions.

124451 04-01-21 LHA

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property) OTHER

▶ **Attach to your tax return.**

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

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
TENTRR, INC.	OTHER DEPRECIATION	47-3054018

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	1,027,009.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property		2,462,612.	3 YRS.	HY	200DB	820,788.
b	5-year property		21,286.	5 YRS.	HY	200DB	4,257.
c	7-year property		8,000.	7 YRS.	HY	200DB	1,143.
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,853,197.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles. **)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year:					
SEE STATEMENT 14					148,932.
43 Amortization of costs that began before your 2021 tax year				**43**	95,102.
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	244,034.

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE & FIXTURES	06/30/15	200DB	7.00	HY	17	6,418.			3,209.	3,209.	2,741.		287.	3,028.
2	COMPUTERS	06/30/15	200DB	5.00	HY	17	5,677.			2,839.	2,838.	2,790.		0.	2,790.
3	EQUIPMENT	06/30/15	200DB	5.00	HY	17	5,412.			2,706.	2,706.	2,662.		0.	2,662.
4	CAMPSITES	06/30/15	SL	39.00	MM	17	169,941.				169,941.	24,145.		4,357.	28,502.
5	CAMPSITES	06/30/16	SL	39.00	MM	17	276,720.				276,720.	32,229.		7,095.	39,324.
6	COMPUTERS	06/30/16	200DB	5.00	HY	17	11,995.				11,995.	11,304.		691.	11,995.
7	EQUIPMENT	06/30/16	200DB	7.00	HY	17	1,736.				1,736.	1,349.		155.	1,504.
8	FURNITURE & FIXTURES	06/30/16	200DB	7.00	HY	17	21,876.				21,876.	16,995.		1,951.	18,946.
9	COMPUTERS	06/30/17	200DB	5.00	HY	17	11,531.				11,531.	9,538.		1,328.	10,866.
10	CAMPSITES	06/30/17	SL	39.00	MM	17	28,955.				28,955.	2,629.		742.	3,371.
11	COMPUTERS	06/30/18	200DB	5.00	HY	17	28,074.				28,074.	19,989.		3,234.	23,223.
12	DOMAIN NAME	01/16/18		180M		43	6,000.				6,000.	1,167.		400.	1,567.
13	CAMPSITES	06/30/18	SL	39.00	MM	17	1,228,736.				1,228,736.	83,395.		31,505.	114,900.
14	FURNITURE & FIXTURES	06/30/18	200DB	7.00	HY	17	25,987.				25,987.	14,623.		3,246.	17,869.
15	(D)TRAILERS	06/15/18	200DB	5.00	HY	17	21,038.				21,038.	14,979.		1,212.	16,191.
16	FARNAM CAP INSTALL	01/31/19		36M		43	123.				123.	79.		41.	120.
17	FARNAM CAP INSTALL	03/31/19		36M		43	2,745.				2,745.	1,601.		915.	2,516.
18	FARNAM CAP INSTALL	04/30/19		36M		43	12,314.				12,314.	6,841.		4,105.	10,946.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	FARNAM CAP INSTALL	05/31/19		36M		43	42,834.				42,834.	22,607.		14,278.	36,885.
20	FARNAM CAP INSTALL	06/30/19		36M		43	45,069.				45,069.	22,535.		15,023.	37,558.
21	FARNAM CAP INSTALL	07/31/19		36M		43	68,283.				68,283.	32,245.		22,761.	55,006.
22	FARNAM CAP INSTALL	08/31/19		36M		43	25,783.				25,783.	11,459.		8,594.	20,053.
23	FARNAM CAP INSTALL	09/30/19		36M		43	11,011.				11,011.	4,588.		3,670.	8,258.
24	FARNAM CAP INSTALL	10/31/19		36M		43	10,756.				10,756.	4,183.		3,585.	7,768.
25	FARNAM CAP INSTALL	11/30/19		36M		43	5,818.				5,818.	2,101.		1,939.	4,040.
26	TENTKITS	04/30/19	200DB	3.00	HY	17	54,258.				54,258.	42,202.		8,036.	50,238.
27	TENTKITS	05/31/19	200DB	3.00	HY	17	59,190.				59,190.	46,038.		8,766.	54,804.
28	TENTKITS	06/30/19	200DB	3.00	HY	17	64,122.				64,122.	49,874.		9,496.	59,370.
29	FARNAM CAP MATERIALS	01/30/19	200DB	3.00	HY	17	690,820.				690,820.	537,319.		102,310.	639,629.
30	FARNAM CAP MATERIALS	02/28/19	200DB	3.00	HY	17	3,012.				3,012.	2,343.		446.	2,789.
31	FARNAM CAP MATERIALS	03/31/19	200DB	3.00	HY	17	1,601.				1,601.	1,246.		237.	1,483.
32	FARNAM CAP MATERIALS	04/30/19	200DB	3.00	HY	17	4,219.				4,219.	3,281.		625.	3,906.
33	FARNAM CAP MATERIALS	05/31/19	200DB	3.00	HY	17	9,586.				9,586.	7,456.		1,420.	8,876.
34	FARNAM CAP MATERIALS	06/30/19	200DB	3.00	HY	17	29,395.				29,395.	22,863.		4,353.	27,216.
35	FARNAM CAP MATERIALS	07/31/19	200DB	3.00	HY	17	62,879.				62,879.	48,908.		9,312.	58,220.
36	FARNAM CAP MATERIALS	08/31/19	200DB	3.00	HY	17	14,751.				14,751.	11,474.		2,185.	13,659.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION — OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	FARNAM CAP MATERIALS	09/30/19	200DB	3.00	HY	17	17,989.				17,989.	13,992.		2,664.	16,656.
38	FARNAM CAP MATERIALS	10/31/19	200DB	3.00	HY	17	11,320.				11,320.	8,805.		1,676.	10,481.
39	FARNAM CAP MATERIALS	11/30/19	200DB	3.00	HY	17	853.				853.	663.		126.	789.
40	FARNAM CAP MATERIALS	12/31/19	200DB	3.00	HY	17	467.				467.	364.		69.	433.
41	COMPUTERS	06/01/19	200DB	5.00	HY	17	21,609.				21,609.	11,237.		4,149.	15,386.
42	EQUIPMENT	06/15/18	200DB	7.00	HY	17	23,110.				23,110.	13,101.		2,886.	15,987.
43	COMPUTERS	06/01/20	200DB	5.00	HY	17	8,797.				8,797.	1,759.		2,815.	4,574.
44	FARNAM CAP MATERIALS	06/01/20	200DB	3.00	HY	17	1,650,543.				1,650,543.	550,126.		733,666.	1,283,792.
45	FARNAM CAP INSTALL	01/01/20		36M		43	59,374.				59,374.	19,791.		19,791.	39,582.
46	TENTKITS	06/01/20	200DB	3.00	HY	17	204,992.				204,992.	129,023.		75,969.	204,992.
47	TRAILERS	04/01/21	200DB	5.00	HY	19B	7,000.				7,000.			1,400.	1,400.
48	EQUIPMENT	09/23/21	200DB	7.00	HY	19C	8,000.				8,000.			1,143.	1,143.
49	COMPUTERS	06/01/21	200DB	5.00	HY	19B	14,286.				14,286.			2,857.	2,857.
50	FARNAM CAP INSTALL	01/31/21		36M		42	145,077.				145,077.			44,329.	44,329.
51	FARNAM CAP INSTALL	02/28/21		36M		42	27,550.				27,550.			7,653.	7,653.
52	FARNAM CAP INSTALL	03/31/21		36M		42	21,051.				21,051.			5,263.	5,263.
53	FARNAM CAP INSTALL	04/30/21		36M		42	64,533.				64,533.			14,341.	14,341.
54	FARNAM CAP INSTALL	05/31/21		36M		42	203,188.				203,188.			39,509.	39,509.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	FARNAM CAP INSTALL	06/30/21		36M		42	29,530.				29,530.			4,922.	4,922.
56	FARNAM CAP INSTALL	07/31/21		36M		42	48,952.				48,952.			6,799.	6,799.
57	FARNAM CAP INSTALL	08/31/21		36M		42	116,226.				116,226.			12,914.	12,914.
58	FARNAM CAP INSTALL	09/30/21		36M		42	104,244.				104,244.			8,687.	8,687.
59	FARNAM CAP INSTALL	10/31/21		36M		42	32,804.				32,804.			1,822.	1,822.
60	FARNAM CAP INSTALL	11/30/21		36M		42	96,932.				96,932.			2,693.	2,693.
61	FARNAM CAP INSTALL	12/31/21		36M		42	81,400.				81,400.			0.	
62	FARNAM CAP MATERIALS	01/31/21	200DB	3.00	HY	19A	895,771.				895,771.			298,560.	298,560.
63	FARNAM CAP MATERIALS	02/28/21	200DB	3.00	HY	19A	171,058.				171,058.			57,014.	57,014.
64	FARNAM CAP MATERIALS	03/31/21	200DB	3.00	HY	19A	91,149.				91,149.			30,380.	30,380.
65	FARNAM CAP MATERIALS	04/30/21	200DB	3.00	HY	19A	27,151.				27,151.			9,049.	9,049.
66	FARNAM CAP MATERIALS	05/31/21	200DB	3.00	HY	19A	306,166.				306,166.			102,045.	102,045.
67	FARNAM CAP MATERIALS	06/30/21	200DB	3.00	HY	19A	323,703.				323,703.			107,890.	107,890.
68	FARNAM CAP MATERIALS	07/30/21	200DB	3.00	HY	19A	383,356.				383,356.			127,773.	127,773.
69	FARNAM CAP MATERIALS	08/31/21	200DB	3.00	HY	19A	210,100.				210,100.			70,026.	70,026.
70	FARNAM CAP MATERIALS	09/30/21	200DB	3.00	HY	19A	1,912.				1,912.			637.	637.
71	FARNAM CAP MATERIALS	10/31/21	200DB	3.00	HY	19A	44,305.				44,305.			14,767.	14,767.
72	FARNAM CAP MATERIALS	11/30/21	200DB	3.00	HY	19A	7,941.				7,941.			2,647.	2,647.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION — OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* TOTAL OTHER DEPRECIATION & AMORT						8,531,104.			8,754.	8,522,350.	1,870,639.		2,097,231.	3,967,870.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						5,067,719.		0.	8,754.	5,058,965.	1,870,639.			2,992,750.
	ACQUISITIONS						3,463,385.		0.	0.	3,463,385.	0.			975,120.
	DISPOSITIONS/RETIRED						21,038.		0.	0.	21,038.	14,979.			16,191.
	ENDING BALANCE						8,510,066.		0.	8,754.	8,501,312.	1,855,660.			3,951,679.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ **Attach to your tax return.**

▶ **Go to www.irs.gov/Form4797 for instructions and the latest information.**

OMB No. 1545-0184

2021

Attachment Sequence No. **27**

Name(s) shown on return

TENTRR, INC.

Identifying number

47-3054018

1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	**1a**	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	**1b**	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	**1c**	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
DISPOSITION OF TRAILER						
	061518	040121	3,432.	16,191.	21,038.	-1,415.

3	Gain, if any, from Form 4684, line 39	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	**7**	-1,415.
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	**8**	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	**9**	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	**11**	(1,415.)
12	Gain, if any, from line 7 or amount from line 8, if applicable	**12**	
13	Gain, if any, from line 31	**13**	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	**14**	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	**15**	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	**16**	
17	Combine lines 10 through 16	**17**	-1,415.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	**18a**	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	**18b**	

Part III **Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** See line 1a before completing.)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126	29a				
b Enter the **smaller** of line 24 or 29a	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation. See instructions	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

TENTRR, INC. 47-3054018

FORM 1120 OTHER INCOME STATEMENT 1

DESCRIPTION	AMOUNT
MISCELLANEOUS	5,821.
TOTAL TO FORM 1120, LINE 10	5,821.

FORM 1120 TAXES AND LICENSES STATEMENT 2

DESCRIPTION	AMOUNT
PAYROLL TAXES	176,432.
LOUISIANA TAXES - BASED ON INCOME	549.
NEW YORK TAXES - BASED ON INCOME	1,826.
NEW YORK CITY TAXES - BASED ON INCOME	25.
UTAH TAXES - BASED ON INCOME	100.
TOTAL TO FORM 1120, LINE 17	178,932.

CURRENT YEAR CONTRIBUTIONS STATEMENT 3

DESCRIPTION	AMOUNT
VARIOUS	5,050.
TOTAL CURRENT YEAR CONTRIBUTIONS	5,050.

TENTRR, INC. 47-3054018

CONTRIBUTIONS STATEMENT 4

CURRENT YEAR CONTRIBUTIONS:		
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT		
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOOD INVENTORY CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOOD INVENTORY CONTRIBUTIONS SUBJECT TO 15% LIMIT		
QUALIFIED CONTRIBUTIONS SUBJECT TO 10% LIMIT	5,050	
CONTRIBUTION SUBJECT TO LIMITATION:		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2016		
FOR TAX YEAR 2017		
FOR TAX YEAR 2018	328	
FOR TAX YEAR 2019		
FOR TAX YEAR 2020		
TOTAL CARRYOVER	328	
CURRENT YEAR CONTRIBUTIONS	5,050	
TOTAL CONTRIBUTIONS AVAILABLE	5,378	
TAXABLE INCOME LIMITATION AS ADJUSTED	0	
EXCESS CONTRIBUTIONS	5,378	
ALLOWABLE CONTRIBUTIONS DEDUCTION		0
TOTAL CONTRIBUTION DEDUCTION		0

TENTRR, INC. 47-3054018

FORM 1120 OTHER DEDUCTIONS STATEMENT 5

DESCRIPTION	AMOUNT
AMORTIZATION	244,034.
AUTO AND TRUCK EXPENSE	15,338.
BANK CHARGES	789.
CARTING	10,214.
CONFERENCES AND SEMINARS	13,547.
CONSULTING SERVICES	549,755.
DUES & SUBSCRIPTIONS	5,854.
EQUIPMENT RENTAL	696,134.
INSURANCE	213,099.
IT SOFTWARE & SERVICES	196,434.
LEGAL AND PROFESSIONAL	237,561.
LICENSES AND PERMITS	8,744.
MEALS NOT SUBJECT TO LIMITATION	30,028.
MERCHANT ACCOUNT FEES	1,103.
MOVING EXPENSES	12,971.
OFFICE EXPENSES	7,577.
PAYROLL SERVICES FEE	46,464.
POSTAGE & DELIVERY	936.
SALARIES - PEO	2,372,606.
TELEPHONE EXPENSE	23,147.
TEST TRANSACTIONS	1,133.
TRAVEL	71,391.
UTILITIES	8,901.
WEB/DOMAIN HOSTING AND MAINT	55,520.
TOTAL TO FORM 1120, LINE 26	4,823,280.

NET OPERATING LOSS DEDUCTION STATEMENT 6

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	657,519.		657,519.	657,519.
12/31/16	1,773,694.		1,773,694.	1,773,694.
12/31/17	2,409,099.		2,409,099.	2,409,099.
12/31/18	6,838,116.		6,838,116.	6,838,116.
12/31/19	3,972,452.		3,972,452.	3,972,452.
12/31/20	4,191,956.		4,191,956.	4,191,956.
NOL AVAILABLE THIS YEAR			19,842,836.	19,842,836.

TENTRR, INC. 47-3054018

SCHEDULE L OTHER CURRENT ASSETS STATEMENT 7

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DEFERRED EXPENSES	117,595.	312,775.
LOWES ESCROW	53,197.	22,981.
PREPAID EXPENSES	53,618.	65,042.
TOTAL TO SCHEDULE L, LINE 6	224,410.	400,798.

SCHEDULE L OTHER ASSETS STATEMENT 8

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS	381,371.	547,469.
TOTAL TO SCHEDULE L, LINE 14	381,371.	547,469.

SCHEDULE L OTHER CURRENT LIABILITIES STATEMENT 9

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED EXPENSES	333,355.	689,171.
CREDIT CARDS PAYABLE	3,599.	4,124.
DEFERRED KEEPER EXPENSE		
DEFERRED REVENUE	61,173.	173,080.
FARNAM LEASE LIABILITY	2,507,290.	4,486,749.
GAP ACCOUNT	5,705.	
GIFT CARDS	27,801.	71,392.
OTHER PAYABLES		
PAYROLL LIABILITIES	15,292.	20,786.
SALES TAX PAYABLE	2,527.	1,318.
TENTKIT DEPLOYED		13,571.
TOTAL TO SCHEDULE L, LINE 18	2,956,742.	5,460,191.

TENTRR, INC. 47-3054018

SCHEDULE L OTHER LIABILITIES STATEMENT 10

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DECATHLON LOAN	755,635.	1,642,792.
IPFS		36,901.
LINE OF CREDIT	29,985.	0.
LOAN PAYABLE - PPP	401,400.	0.
NATIONAL PARTNERS		5,427.
TOTAL TO SCHEDULE L, LINE 21	1,187,020.	1,685,120.

SCHEDULE M-1 OTHER EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN THIS RETURN STATEMENT 11

DESCRIPTION	AMOUNT
AMORTIZATION	28,606.
TOTAL TO SCHEDULE M-1, LINE 5	28,606.

SCHEDULE M-1 OTHER INCOME RECORDED ON BOOKS NOT INCLUDED IN THIS RETURN STATEMENT 12

DESCRIPTION	AMOUNT
PPP LOANS, EIDL AND OTHER COVID GRANTS OR SUBSIDIES	401,400.
TOTAL TO SCHEDULE M-1, LINE 7	401,400.

FORM 1125-A OTHER COSTS STATEMENT 13

DESCRIPTION	AMOUNT
CAMPKEEPER PAYOUTS	1,867,250.
MERCANTILE	36,483.
SHIPPING LABELS	4,367.
SITE BOOKING FEES	164,932.
STATE PARK PAYOUTS	138,057.
TRANSACTION FEES	128,747.
TOTAL TO LINE 5	2,339,836.

TENTRR, INC. 47-3054018

FORM 4562 PART VI - AMORTIZATION STATEMENT 14

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORTIZABLE AMOUNT	(D) CODE SECTION	(E) PERIOD/ PERCENT	(F) AMORTIZATION THIS YEAR
FARNAM CAP INSTALL	01/31/21	145,077.		36M	44,329.
FARNAM CAP INSTALL	02/28/21	27,550.		36M	7,653.
FARNAM CAP INSTALL	03/31/21	21,051.		36M	5,263.
FARNAM CAP INSTALL	04/30/21	64,533.		36M	14,341.
FARNAM CAP INSTALL	05/31/21	203,188.		36M	39,509.
FARNAM CAP INSTALL	06/30/21	29,530.		36M	4,922.
FARNAM CAP INSTALL	07/31/21	48,952.		36M	6,799.
FARNAM CAP INSTALL	08/31/21	116,226.		36M	12,914.
FARNAM CAP INSTALL	09/30/21	104,244.		36M	8,687.
FARNAM CAP INSTALL	10/31/21	32,804.		36M	1,822.
FARNAM CAP INSTALL	11/30/21	96,932.		36M	2,693.
FARNAM CAP INSTALL	12/31/21	81,400.		36M	
TOTAL TO FORM 4562, LINE 42					148,932.

2021 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 100

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

AMOUNT OF TAX:

TOTAL TAX	$ 0
LESS: PAYMENTS AND CREDITS	$ 0
PLUS: OTHER AMOUNT	$ 0
PLUS: INTEREST AND PENALTIES	$ 0
NO PAYMENT REQUIRED	$

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-C TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE FTB. DO NOT MAIL A PAPER COPY OF THE RETURN.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

PAYMENT OF TAX MUST BE MADE ELECTRONICALLY VIA THE FRANCHISE TAX BOARD WEBSITE AT:

WWW.FTB.CA.GOV/PAY

2022 ESTIMATED TAX FILING INSTRUCTIONS

CALIFORNIA FORM 100-ES

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

AMOUNT OF TAX:

TOTAL ESTIMATED TAX	$	800
LESS CREDIT FROM PRIOR YEAR	$	0
LESS AMOUNT ALREADY PAID ON 2022 ESTIMATE	$	0
BALANCE DUE	$	800

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER	AMOUNT	DUE DATE
NO. 1	$ 0	APRIL 18, 2022
NO. 2	$ 0	JUNE 15, 2022
NO. 3	$ 0	SEPTEMBER 15, 2022
NO. 4	$ 800	DECEMBER 15, 2022

MAIL CHECK PAYABLE TO:

NOT APPLICABLE

MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:

PAYMENTS MUST BE FILED AND PAID ELECTRONICALLY VIA THE FRANCHISE TAX BOARD WEBSITE AT:
WWW.FTB.CA.GOV/PAY

SPECIAL INSTRUCTIONS:

Form at bottom of page.

Installment 1 - File and Pay by the 15th day of the 4th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2022 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

WORKSHEET FOR COMPUTATION OF ESTIMATED TAX
(Complete and retain for your files)

1.	Estimated Income	$	
2.	Tax - Amount on line 1 X _____ MINIMUM TAX LIABILITY	$	800
3.	Tax Credits	$	
4.	Balance (subtract line 3 from line 2) (not less than minimum tax, if applicable)	$	800
5.	Other taxes	$	
6.	Total estimated tax - Add lines 4 and 5 (not less than minimum tax, if applicable)	$	800
7.	Overpayment on prior year return designated to be credited to this estimate	$	
8.	Amount already paid towards estimated tax	$	
9.	Net estimated tax	$	800

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

Caution: The corporation may be required to pay electronically. See instructions.

Installment 1

TAXABLE YEAR **2022**

Corporation Estimated Tax

CALIFORNIA FORM **100-ES**

000000000000 TENT 47-3054018 000000000000 22 FORM 1
TYB 01-01-2022 TYE 12-31-2022
TENTRR INC

25 W 39TH STREET 7TH FLOOR
NEW YORK NY 10018

EST TAX AMT QSUB TAX AMT
Amount of Payment

Form at bottom of page.

Installment 2 - File and Pay by the 15th day of the 6th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2022 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

Caution: The corporation may be required to pay electronically. See instructions.

Installment 2

TAXABLE YEAR **2022**

Corporation Estimated Tax

CALIFORNIA FORM **100-ES**

000000000000 TENT 47-3054018 000000000000 22 FORM 1
TYB 01-01-2022 TYE 12-31-2022
TENTRR INC

25 W 39TH STREET 7TH FLOOR
NEW YORK NY 10018

EST TAX AMT QSUB TAX AMT
Amount of Payment

Form at bottom of page.

Installment 3 - File and Pay by the 15th day of the 9th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2022 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

Caution: The corporation may be required to pay electronically. See instructions.

Installment 3

TAXABLE YEAR **2022**

Corporation Estimated Tax

CALIFORNIA FORM **100-ES**

000000000000 TENT 47-3054018 000000000000 22 FORM 1
TYB 01-01-2022 TYE 12-31-2022
TENTRR INC

25 W 39TH STREET 7TH FLOOR
NEW YORK NY 10018

EST TAX AMT QSUB TAX AMT

Amount of Payment 0.

Form at bottom of page.

Installment 4 - File and Pay by the 15th day of the 12th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2022 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

Caution: The corporation may be required to pay electronically. See instructions.

Installment 4

TAXABLE YEAR **2022**

Corporation Estimated Tax

CALIFORNIA FORM **100-ES**

000000000000 TENT 47-3054018 000000000000 22 FORM 1
TYB 01-01-2022 TYE 12-31-2022
TENTRR INC

25 W 39TH STREET 7TH FLOOR
NEW YORK NY 10018

EST TAX AMT 800. QSUB TAX AMT

Amount of Payment 800.

TAXABLE YEAR **2021**

California Corporation Franchise or Income Tax Return

FORM **100**

TENT 47-3054018 000000000000 21
TYB 01-01-2021 TYE 12-31-2021
TENTRR INC

25 W 39TH STREET 7TH FLOOR
NEW YORK NY 10018

Schedule Q Questions *(continued on Side 2)*

A FINAL RETURN? • ☐ Dissolved ☐ Surrendered (withdrawn) ☐ Merged/Reorganized ☐ IRC Section 338 sale ☐ QSub election
Enter date (mm/dd/yyyy) • _____

B 1. Is income included in a combined report of a unitary group? • ☐ Yes ☒ No

If "Yes," indicate: ☐ Wholly within CA (R&TC 25101.15)
☐ Within and outside of CA

2. Is there a change in the members listed in Schedule R-7 from the prior year? • ☐ Yes ☐ No

3. Enter the number of members (including parent or key corporation) listed in the Schedule R-7, Part I, Section A, subject to income or franchise tax • _____

4. Is form FTB 3544 attached to the return? • ☐ Yes ☒ No

C 1. During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • ☐ Yes ☒ No

2. During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • ☐ Yes ☒ No

3. During this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under R&TC Section 62 (a)(2) and it was not reported on a previous year's tax return? • ☐ Yes ☒ No

(Yes requires filing of statement, penalties may apply - see instructions.)

State Adjustments

1	Net income (loss) before state adjustments. See instructions	1	-6,113,971	00
2	Amount deducted for foreign or domestic tax based on income or profits from Schedule A	2	2,500	00
3	Amount deducted for tax under the provisions of the Corporation Tax Law from Schedule A	3		00
4	Interest on government obligations	4		00
5	Net California capital gain from Side 6, Schedule D, line 11	5		00
6	Depreciation and amortization in excess of amount allowed under California law. Attach form FTB 3885	6		00
7	Net income from corporations not included in federal consolidated return. See instructions	7		00
8	Other additions. Attach schedule(s) SEE STATEMENT 1	8	15,014	00
9	Total. Add line 1 through line 8	9	-6,096,457	00

State Adjustments (con't)	10 Intercompany dividend elimination. Attach Schedule H (100)	10		00				
	11 Dividends received deduction. Attach Schedule H (100)	11		00				
	12 Additional depreciation allowed under CA law. Attach form FTB 3885	12		00				
	13 Capital gain from federal Form 1120, line 8	13		00				
	14 Charitable Contributions SEE STATEMENT 2	14		00				
	15 Other deductions. Attach schedule(s)	15		00				
	16 Total. Add line 10 through line 15				16		00	
	17 Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9				17	-6,096,457	00	
CA Net Income	18 Net income (loss) for state purposes. Complete Sch. R if apportioning or allocating income. See instructions				18	-158,258	00	
	19 Net operating loss (NOL) deduction. See instructions	19		00				
	20 EZ, TTA, or LAMBRA NOL carryover deduction. See instructions	20		00				
	21 Disaster loss deduction. See instructions	21		00				
	22 Net income for tax purposes. Combine line 19 through line 21. Then, subtract from line 18				22	-158,258	00	
Taxes	23 Tax. 8.8400 % x line 22 (at least minimum franchise tax, if applicable). See instructions				23	0	00	
	24 Credit name _____ code _____ amount ▶	24		00				
	25 Credit name _____ code _____ amount ▶	25		00				
	26 To claim more than two credits, see instructions	26		00				
	27 Add line 24 through line 26				27		00	
	28 **Balance.** Subtract line 27 from line 23 (at least minimum franchise tax, if applicable)				28	0	00	
	29 Alternative minimum tax. Attach Schedule P (100). See instructions				29		00	
	30 **Total tax.** Add line 28 and line 29				30		00	
Payments	31 Overpayment from prior year allowed as a credit	31		00				
	32 **2021 Estimated tax payments.** See instructions	32		00				
	33 2021 Withholding (Form 592-B and/or 593). See instructions	33		00				
	34 Amount paid with extension of time to file tax return	34		00				
	35 Total payments. Add line 31 through line 34				35		00	
Refund or Amount Due	36 **Use tax. This is not a total line.** See instructions	36		00				
	37 Payments balance. If line 35 is more than line 36, subtract line 36 from line 35				37		00	
	38 **Use tax balance.** If line 36 is more than line 35, subtract line 35 from line 36				38		00	
	39 **Franchise or income tax due.** If line 30 is more than line 37, subtract line 37 from line 30				39	0	00	
	40 **Overpayment.** If line 37 is more than line 30, subtract line 30 from line 37				40		00	
	41 Amount of line 40 to be credited to 2022 estimated tax				41		00	
	42 **Refund.** Subtract line 41 from line 40				42		00	
	See instructions to have the refund directly deposited. ☐ Checking ☐ Savings							
	42a. Routing number **42b.** Type **42c.** Account number							
	43 **a** Penalties and interest				43a		00	
	b ☐ Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.							
	44 **Total amount due.** Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result				44		00	

Schedule Q Questions *(continued from Side 1)*

D If the corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 in previous years, enter the date the water's-edge election ended (mm/dd/yyyy) ▪ _____

E Was the corporation's income included in a consolidated federal return? ▪ ☐ Yes ☒ No

F Principal business activity code. (**Do not** leave blank): ▪ 454110

Business activity CAMPING ONLINE MARKETPL

Product or service SERVICE

Schedule Q Questions *(continued on Side 3)*

G Date incorporated (mm/dd/yyyy): 02/03/2015 Where: • State DE Country UNITED STATES

H Date business began in California or date income was first derived from California sources ..... (mm/dd/yyyy) • 02/03/2015

I First return? ..... • [X] Yes [ ] No If "Yes" and this corporation is a successor to a previously existing business, check the appropriate box.

• **(1)** [ ] Sole proprietorship **(2)** [ ] Partnership **(3)** [ ] Joint venture **(4)** [ ] Corporation **(5)** [ ] Other
(Attach statement showing name, address, and FEIN/SSN/ITIN of previous business.)

J "Doing business as" name. See instructions: ..... •

K At any time during the taxable year, was more than 50% of the voting stock:

1. Of the corporation owned by any single interest? ..... • [ ] Yes [X] No
2. Of another corporation owned by this corporation? ..... • [ ] Yes [X] No
3. Of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? ..... • [ ] Yes [X] No

If 1 or 3 is "Yes," enter the country of the ultimate parent ..... •

If 1, 2, or 3 is "Yes," furnish a statement of ownership indicating pertinent names, addresses, and percentages of stock owned.
If the owner(s) is an individual, provide the SSN/ITIN and see FTB 1131 EN-SP, for more information.

L Has the corporation included a reportable transaction or listed transaction within this return? (See instructions for definitions) ..... • [ ] Yes [X] No
If "Yes," complete and attach federal Form 8886 for each transaction.

M Is this corporation apportioning or allocating income to California using Schedule R? ..... • [X] Yes [ ] No

N How many affiliates in the combined report are claiming immunity from taxation in California under Public Law 86-272? •

O Corporation headquarters are: ..... • **(1)** [X] Within California **(2)** [ ] Outside of California, within the U.S. **(3)** [ ] Outside of the U.S.

P Location of principal accounting records: 411 W 39TH ST 4TH FL, NEW YORK, NY 10018

Q Accounting method: ..... • **(1)** [ ] Cash **(2)** [X] Accrual **(3)** [ ] Other

R Does this corporation or any of its subsidiaries have a Deferred Intercompany Stock Account (DISA)? ..... • [ ] Yes [X] No
If "Yes," enter the total balance of all DISAs ..... • $

S Is this corporation or any of its subsidiaries a RIC? ..... • [ ] Yes [X] No

T Is this corporation treated as a REMIC for California purposes? ..... • [ ] Yes [X] No

U 1. Is this corporation a REIT for California purposes? ..... • [ ] Yes [X] No

2. If question U1 is "Yes," does the entity own any qualified REIT subsidiaries that are incorporated or qualified with the California Secretary of State? If yes, see instructions ..... • [ ] Yes [X] No

V Is this corporation an LLC or limited partnership electing to be taxed as a corporation for federal purposes? ..... • [ ] Yes [X] No
If "Yes", enter the effective date of the election (mm/dd/yyyy) .....

W Is this corporation to be treated as a credit union? ..... • [ ] Yes [X] No

X Is the corporation under audit by the IRS or has it been audited by the IRS in a prior year? ..... • [ ] Yes [X] No

Y Have all required information returns (e.g. federal Forms 1099, 5471, 5472, 8300, 8865, etc.) been filed with the Franchise Tax Board? [X] N/A [ ] Yes [ ] No

Z Does the taxpayer (or any corporation of the taxpayer's combined group, if applicable) own 80% or more of the stock of an insurance company? [ ] Yes [X] No

AA Did the corporation file the federal Schedule UTP (Form 1120)? ..... • [ ] Yes [X] No

BB Does any member of the combined report own an SMLLC or generate/claim credits that are attributable to an SMLLC? ..... • [ ] Yes [X] No

CC 1. Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? • [ ] Yes [X] No

2. If "Yes," when was the last report filed? (mm/dd/yyyy) • 3. Amount last remitted ■ $

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

Sign Here

Signature of officer ▶	Title	Date	• Telephone
	PRESIDENT		646-230-1040

Officer's email address (optional) ANAND@TENTRR.COM

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ [ ]	• PTIN
	10/11/22		P00185030

Firm's name (or yours, if self-employed) and address ▶ GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

• Firm's FEIN 81-3215466

• Telephone 631-629-4344

May the FTB discuss this return with the preparer shown above? See instructions ..... • [X] Yes [ ] No

Schedule A **Taxes Deducted.** Use additional sheet(s) if necessary.

(a) Nature of tax	(b) Taxing authority	(c) Total amount	(d) Nondeductible amount
SEE STATEMENT 3			00
			00
Total. Enter total of column (c) on Schedule F, line 17, and total of column (d) on Side 1, line 2 or line 3. If the corporation uses California computation method to compute the net income, see instructions.		178,932	2,500 00

Schedule F **Computation of Net Income.** See instructions.

Income	1 a) Gross receipts or gross sales 4,846,290 b) Less returns and allowance ____ c) Balance			1c	4,846,290	00
	2 Cost of goods sold. Attach federal Form 1125-A (California Schedule V)			2	2,339,836	00
	3 Gross profit. Subtract line 2 from line 1c			3	2,506,454	00
	4 Total dividends. Attach federal Schedule C (California Schedule H (100))			4		00
	5 a) Interest on obligations of the United States and U.S. instrumentalities			5a		00
	b) Other interest. Attach schedule			5b		00
	6 Gross rents			6		00
	7 Gross royalties			7		00
	8 Capital gain net income. Attach federal Schedule D (California Schedule D)			8		00
	9 Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)			9	-1,415	00
	10 Other income (loss). Attach schedule SEE STATEMENT 5			10	5,821	00
	11 **Total income.** Add line 3 through line 10			11	2,510,860	00
Deductions	12 Compensation of officers. Attach federal Form 1125-E or equivalent schedule	12	490,555 00		STMT 4	
	13 Salaries and wages (not deducted elsewhere)	13	00			
	14 Repairs and maintenance	14	00			
	15 Bad debts	15	181,742 00			
	16 Rents	16	18,333 00			
	17 Taxes (California Schedule A). See instructions	17	178,932 00			
	18 Interest. Attach schedule	18	353,565 00			
	19 Charitable Contributions. Attach schedule	19	0 00			
	20 Depreciation. Attach fed Form 4562 & FTB 3885 20 1,853,197 00					
	21 Less depreciation claimed elsewhere on return 21a 00	21b	1,853,197 00			
	22 Depletion. Attach schedule	22	00			
	23 Advertising	23	568,851 00			
	24 Pension, profit-sharing plans, etc.	24	00			
	25 Employee benefit plans	25	156,376 00			
	26 a) Total travel and entertainment 71,391 b) Deductible amounts	26b	71,391 00			
	27 Other deductions. Attach schedule SEE STATEMENT 6	27	4,751,889 00			
	28 Specific deduction for organizations under R&TC Section 23701r or 23701t. See instr	28	00			
	29 **Total deductions.** Add line 12 through line 28			29	8,624,831	00
	30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1			30	-6,113,971	00

Schedule J **Add-On Taxes and Recapture of Tax Credits.** See instructions.

1	LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: $ ____	1		00
2	Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)	2		00
3	Interest on tax attributable to installment: a Sales of certain timeshares and residential lots	3a		00
	b Method for nondealer installment obligations	3b		00
4	IRC Section 197(f)(9)(B)(ii) election	4		00
5	Credit recapture name: ____	5		00
6	Combine line 1 through line 5, revise Side 2, line 39 or line 40, whichever applies, by this amount. Write "Schedule J" to the left of line 39 or line 40	6		00

TENTRR INC 47-3054018

Schedule V Cost of Goods Sold

1	Inventory at beginning of year	1		00
2	Purchases	2		00
3	Cost of labor	3		00
4 a	Additional IRC Section 263A costs. Attach schedule	4a		00
b	Other costs. Attach schedule SEE STATEMENT 11	4b	2,339,836	00
5	Total. Add line 1 through line 4b	5	2,339,836	00
6	Inventory at end of year	6		00
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and on Side 4, Schedule F, line 2	7	2,339,836	00

Method of inventory valuation ▶

Was there any change in determining quantities, costs of valuations between opening and closing inventory? If "Yes," attach an explanation. ☐ Yes ☒ No

Enter California seller's permit number, if any ▶

Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐

If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory under LIFO

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation? ☐ Yes ☒ No

The corporation may not be required to complete Schedules L, M-1, and M-2. See Schedule M-1 instructions for reporting requirements.

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)
1 Cash		1,794,642		6,873,088
2 a Trade notes and accounts receivable	271,095		434,439	
b Less allowance for bad debts	( )	271,095	( )	434,439
3 Inventories		16,864		
4 Federal and state government obligations				
5 Other current assets. Attach sch(s) STMT 7		224,410		400,798
6 Loans to stockholders/officers. Att sch				
7 Mortgage and real estate loans				
8 Other investments. Attach sch(s)				
9 a Buildings and other fixed depreciable assets	4,959,727		7,248,470	
b Less accumulated depreciation	(2,685,661)	2,274,066	(4,135,912)	3,112,558
10 a Depletable assets				
b Less accumulated depletion	( )		( )	
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)	290,109		1,261,596	
b Less accumulated amortization	(24,765)	265,344	(297,405)	964,191
13 Other assets. Attach sch(s) STMT 8		381,371		547,469
14 **Total assets**		5,227,792		12,332,543
Liabilities and Stockholders' Equity				
15 Accounts payable		122,066		292,189
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities. Att. sch(s) STMT 9		2,956,742		5,460,191
18 Loans from stockholders. Att. sch(s)				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities. Attach sch(s) STMT 10		1,187,020		1,685,120
21 Capital stock: a Preferred stock	229		229	
b Common stock	800	1,029	800	1,029
22 Paid-in or capital surplus. Attach reconciliation		21,764,062		31,053,045
23 Retained earnings - Appropriated. Att. sch.				
24 Retained earnings - Unappropriated		-20,803,127		-26,159,031
25 Adjustments to shareholders' equity. Att. sch.				
26 Less cost of treasury stock		( )		( )
27 **Total liabilities and stockholders' equity**		5,227,792		12,332,543

TENTRR INC 47-3054018

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

If the corporation **completed** federal **Sch M-3 (Form 1120/1120F),** see instructions.

1 Net income per books		-5,355,904	7 Income recorded on books this year not included in this return (itemize)		
2 Federal income tax			a Tax-exempt interest $		
3 Excess of capital losses over capital gains			b Other $ 401,400		STMT 13
4 Taxable income not recorded on books this year (itemize)			c Total. Add line 7a and line 7b		401,400
5 Expenses recorded on books this year not deducted in this return (itemize)			8 Deductions in this return not charged against book income this year (itemize)		
a Depreciation $			a Depreciation $ 390,323		
b State taxes $			b State tax refunds $		
c Travel and entertainment $			c Other $		
d Other $ 28,606		STMT 12			
CONTR C/O 5,050			d Total. Add line 8a through line 8c		390,323
e Total. Add line 5a through line 5d		33,656	9 Total. Add line 7c and line 8d		791,723
6 Total. Add line 1 through line 5e		-5,322,248	10 Net income per return. Subtract line 9 from line 6		-6,113,971

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Side 5, Schedule L, line 24)

1 Balance at beginning of year		-20,803,127	5 Distributions: a Cash		
2 Net income per books		-5,355,904	b Stock		
3 Other increases (itemize)			c Property		
			6 Other decreases (itemize)		
			7 Total. Add line 5 and line 6		
4 Total. Add line 1 through line 3		-26,159,031	8 Balance at end of year. Subtract line 7 from line 4		-26,159,031

Schedule D California Capital Gains and Losses

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less. Use additional sheet(s) if necessary.

(a) Kind of property and description (Example, 100 shares of Z Co.)	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain (loss) (d) less (e)	
1						00
						00
2 Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37				2		00
3 Unused capital loss carryover from 2020				3		00
4 Net short-term capital gain (loss). Combine line 1 through line 3				4		00

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year. Use additional sheet(s) if necessary.

5						00
						00
6 Enter gain from Schedule D-1, line 9 and/or any capital gain distributions				6		00
7 Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37				7		00
8 Net long-term capital gain (loss). Combine line 5 through line 7				8		00
9 Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8)				9		00
10 Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4)				10		00
11 Total lines 9 and 10. Enter here and on Form 100, Side 1, line 5. If losses exceed gains, carry forward losses to 2022				11		00

TAXABLE YEAR **2021**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under IRC Sections 179 and 280F(b)(2))

139241 12-23-21
CALIFORNIA SCHEDULE **D-1**

Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.

Name(s) as shown on tax return	SSN, ITIN, CA SOS file no., California Corp. no., or FEIN
TENTRR INC	47-3054018

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year. Use federal Form 4684, Casualties and Thefts, to report involuntary conversions from casualty and theft.

1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on federal Form 1099-B or federal Form 1099-S (or a substitute statement), that you are including on line 2 or line 10, column (d), or line 23	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 27 due to the partial dispositions of MACRS assets. See instructions	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets. See instructions	1c	

2

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (Loss) Subtract (f) from the sum of (d) and (e)
STATEMENT 14			3,432	16,191	21,038	-1,415

3 Gain, if any, from federal Form 4684, line 39	3	
4 IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37	4	
5 IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)	5	
6 Gain, if any, from line 35, from other than casualty and theft	6	
7 Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows:	7	-1,415
IRC Section 179 Assets: For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instr. **Partnerships or LLCs (classified as partnerships):** Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. **S corporations:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. **All others:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: **Forms 540 and 540NR filers,** enter the gain on Schedule D (540 or 540NR), line 1, and skip lines 8, 9, and 12 below; **Forms 100 and 100W filers,** enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6, and skip lines 8, 9, and 12 below.		
8 Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions	8	
9 Subtract line 8 from line 7. If zero or less, enter -0-	9	0
S corporations: If line 9 is more than zero, enter this amount on Schedule D (100S), Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. **All others:** If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: **Forms 540 and 540NR filers,** enter as a capital gain on Schedule D (540 or 540NR), line 1; **Forms 100 and 100W filers,** enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions.		

Part II Section A - Ordinary Gains and Losses

10 Ordinary gains and losses not included on line 11 through line 16 (include property held 1 year or less):

11 Loss, if any, from line 7	11	(1,415)
12 Gain, if any, from line 7, or amount from line 8, if applicable. See instructions	12	
13 Gain, if any, from line 34	13	
14 Net gain or (loss) from federal Form 4684, line 31 and line 38a (completed using California amounts)	14	
15 Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions	15	
16 Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)	16	
17 Combine line 10 through line 16	17	-1,415
18 For all except individual tax returns, enter the amount from line 17 on the appropriate line of your tax return and skip line a and line b below. For individual tax returns, complete line a and line b below; see instructions.		
a If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii) of line 30 or line 35, enter that part of the loss here. See instructions	18a	
b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20	18b	

139242 12-23-21

Part II **Section B - Adjusting California Ordinary Gain or Loss** For individual tax returns (Forms 540 and 540NR) only.

19	Enter ordinary federal gain or (loss) from federal Schedule 1 (Form 1040), line 4	19	
20	Enter ordinary California gain or (loss) from line 18b	20	
21	Ordinary gain or loss adjustment: Compare line 19 and line 20. See instructions.		
a	If line 19 is more than line 20, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 4, col. B	21a	
b	If line 20 is more than line 19, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 4, col. C	21b	

Part III **Gain from Disposition of Property Under IRC Sections 1245, 1250, 1252, 1254, and 1255**

Description of IRC Sections 1245, 1250, 1252, 1254, and 1255 property.	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)
22 A		
B		
C		
D		

Relate the properties on lines 22A through 22D to these columns ▶		Property A	Property B	Property C	Property D
23	Gross sales price	23				
24	Cost or other basis plus expense of sale	24				
25	Depreciation (or depletion) allowed or allowable	25				
26	Adjusted basis. Subtract line 25 from line 24	26				
27	Total gain. Subtract line 26 from line 23	27				
28	**If IRC Section 1245 property:**					
a	Depreciation allowed or allowable from line 25	28a				
b	Enter the **smaller** of line 27 or line 28a	28b				
29	**If IRC Section 1250 property:** If straight-line depreciation was used, enter -0- on line 29g, except for a corporation subject to IRC Sec. 291:					
a	Additional depreciation after 12/31/76	29a				
b	Applicable percentage multiplied by the **smaller** of line 27 or line 29a	29b				
c	Subtract line 29a from line 27. If line 27 is not more than line 29a, skip line 29d and line 29e	29c				
d	Additional depreciation after 12/31/70 and before 1/1/77	29d				
e	Enter the **smaller** of line 29c or line 29d	29e				
f	IRC Section 291 amount (for corporations only)	29f				
g	Add line 29b, line 29e, and line 29f	29g				
30	**If IRC Section 1252 property:** Skip section if you did not dispose of farm land or if form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	30a				
b	Applicable percentage multiplied by line 30a	30b				
c	Enter the **smaller** of line 27 or line 30b	30c				
31	**If IRC Section 1254 property:**					
a	Intangible drilling and development costs deducted after 12/31/76	31a				
b	Enter the **smaller** of line 27 or line 31a	31b				
32	**If IRC Section 1255 property:**					
a	Applicable percentage of payments excluded from income under IRC Section 126	32a				
b	Enter the **smaller** of line 27 or line 32a	32b				

Summary of Part III Gains. Complete property column A through column D for line 23 through line 32b before going to line 33.

33	Total gains for all properties. Add column A through column D of line 27	33	
34	Add column A through column D of lines 28b, 29g, 30c, 31b, and 32b. Enter here and on line 13	34	
35	Subtract line 34 from line 33. Enter the portion from other than casualty and theft here and on line 6. Enter the portion from casualty and theft on federal Form 4684, line 33	35	

Part IV **Recapture Amounts Under IRC Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**

		(a) Expense deductions	(b) Recovery deductions
36	Expense deductions or recovery deductions. See instructions	36		
37	Depreciation or recovery deductions. See instructions	37		
38	Recapture amount. Subtract line 37 from line 36. See instructions	38		

TAXABLE YEAR **2021**

Apportionment and Allocation of Income

CALIFORNIA SCHEDULE **R**

Attach this schedule behind the California tax return and prior to the supporting schedules.

For calendar year 2021 or fiscal year beginning month (mm/dd/yyyy) , and ending (mm/dd/yyyy) .

Name as shown on your California tax return

TENTRR INC

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

Water's-Edge Filers Only: If controlled foreign corporations are included in the combined report, attach form FTB 2416.

Complete Schedule R (Side 1 and Side 2) and all applicable Schedules (R-1 through R-7). See General Information for Schedule R.

1 a	Net income (loss) after state adjustments from Form 100 or Form 100W, Side 2, line 17; Form 100S, Side 2, line 14; Form 100X, line 4. Form 565 and Form 568 filers: Enter the total of line 1 through line 11c from Schedule K (565 or 568) less the total of line 12 through line 13e from Schedule K (565 or 568)	1a	-6,096,457	00
b	Water's-edge foreign investment interest offset from form FTB 2424, line 17	1b		00
c	Total. Combine line 1a and line 1b	1c	-6,096,457	00

Nonbusiness Income (Loss) from All Sources. See General Information A for definitions and examples.

2	Dividends included on line 1a and not deducted on Form 100, Side 2, line 11; Form 100W, Side 2, lines 11a/b; or Form 100S, Side 2, lines 9 and 10	2		00	
3	Interest. Attach schedule	3		00	
4	Net income (loss) from the rental of property from Schedule R-3, line 3, column (c)	4		00	
5	Royalties. Attach schedule	5		00	
6	Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e)	6		00	
7	Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach sch	7		00	
8	Miscellaneous nonbusiness income (loss). Attach schedule	8		00	
9	Total nonbusiness income (loss). Combine line 2 through line 8		9		00

Business Income (Loss) before Apportionment (subject to a separate apportionment formula)

10	Nonunitary partnership or LLC business income (loss)	10		00	
11	Income (loss) from a separate trade or business. Attach supplemental Schedule R	11		00	
12	Business income (loss) deferred from prior years. See General Information L	12		00	
13	Capital gain (loss) netting subject to separate apportionment. See Gen Information M	13		00	
14	Total separately apportionable business income (loss). Combine line 10 through line 13		14		00
15	Tot business inc (loss) subject to apportionment for this trade or business, subtract the sum of ln 9 and ln 14 from ln 1c		15	-6,096,457	00
16	Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only)		16		00
17	Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16		17	-6,096,457	00
18 a	Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5		18a	2.5959	%
b	Business income (loss) apportioned to California. Multiply line 17 by line 18a		18b	-158,258	00

Nonbusiness Income (Loss) Allocable to California. If no income (loss) is allocable to California, do not complete line 19 through line 26, enter -0- on line 27 and go to Side 2, line 28.

19	Dividends and interest income (if taxpayer's commercial domicile is in California):			
a	Dividends included in line 2 above	19a		00
b	Interest included in line 3 above	19b		00
20	Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b)	20		00
21	Royalties. Attach schedule	21		00
22	Gain (loss) from the sale of assets within California from Schedule R-4, line 2, total of column (b) and column (d). Combined reporting groups, see General Information M	22		00
23	Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule	23		00
24	Miscellaneous nonbusiness income (loss). Attach schedule	24		00
25	Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24	25		00
26	Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J	26		00
27	Net nonbusiness income (loss) allocable to California. Subtract line 26 from line 25	27		00

Name as shown on your California tax return	SSN, ITIN, FEIN, CA corp no., or CA SOS file no.
TENTRR INC	

California Business Income (Loss) subject to a separate apportionment formula.

28	California business income (loss) from a nonunitary partnership or LLC	**28**		**00**			
29	California income (loss) from a separate trade or business. Attach supplemental schedule R.	**29**		**00**			
30	California business income (loss) deferred from prior yrs. See General Information L	**30**		**00**			
31	Total business income (loss) separately apportioned to California. Combine line 28 through line 30				**31**		**00**
Net Income (Loss) for California Purpose							
32	Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M				**32**		**00**
33	Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32				**33**	−158,258	**00**
34	Contributions adjustment from Schedule R-6, line 15				**34**		**00**
35	Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15				**35**	−158,258	**00**

Complete the applicable Schedules R-1 through R-7, starting on Side 3.

Name as shown on your California tax return

TENTRR INC

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

Schedule R-1 Apportionment Formula.

Part A Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

See General Information G and Specific Instructions.	(a) Total within and outside California	(b) Total within California	(c) Percent within California ((b) ÷ (a)) x 100
1 **Sales:** Gross receipts, less returns, and allowances	4,846,290		
a Sales delivered or shipped to California purchasers.			
(i) Shipped from outside California		125,954	
(ii) Shipped from within California		0	
b Sales shipped from California to:			
(i) The United States Government		0	
(ii) Purchasers in a state where the taxpayer is not taxable		0	
c Total other gross receipts	5,821		
(i) Sales from services			
(ii) Sales or other income from intangibles			
(iii) Sales from rental, leasing or licensing of tangible or real property			
(iv) Sales from other gross receipts		0	
d Sales from partnerships or LLCs treated as partnerships			
Total sales	4,852,111	125,954	
2 **Apportionment percentage.** Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Schedule R, Side 1, line 18a. See General Information H			2.5959 %

Part B Three-Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California ((b) ÷ (a)) x 100
1 **Property:** Use the average yearly value of owned real and tangible personal property used in the business at original cost. See General Information E. Exclude property not connected with the business and the value of construction in progress. Inventory			
Buildings			
Machinery and equipment (including delivery equipment)			
Furniture and fixtures			
Land			
Other tangible assets. Attach schedule			
Rented property used in the business. See General Information E			
Total property			%
2 **Payroll:** Use employee wages, salaries, commissions, and other compensation related to business income. See General Information F.			
Total payroll			%
3 **Sales:** Gross receipts, less returns, and allowances. See General Information G and Specific Instructions			
a Sales delivered or shipped to California purchasers.			
(i) Shipped from outside California			
(ii) Shipped from within California			
b Sales shipped from California to:			
(i) The United States Government			
(ii) Purchasers in a state where the taxpayer is not taxable			
c Total other gross receipts			
Total sales			%
4 **Total percent.** Add the percentages in col (c)			%
5 **Apportionment percentage.** Divide line 4 by 3, enter the result here and on Schedule R, Side 1, line 18a. See General Information H			%

Name as shown on your California tax return

TENTRR INC

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

Schedule R-2 Sales and General Questionnaire. Attach additional sheets if necessary.

1 Describe briefly the nature and location(s) of the California business activities.
CAMPING ONLINE MARKETPLACE

2 State the exact title and principal business activity of all joint ventures, partnerships, or LLCs in which the corporation has an interest.
N/A

3 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California where the purchaser is the U.S. Government? [X] Yes [ ] No If "No," explain.

4 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California to states in which the taxpayer is not subject to tax? See General Information G and Specific Instructions. [X] Yes [ ] No If "No," explain.

5 a Did the taxpayer use reasonable approximation to assign sales under Schedule R-1, Part A, line 1c (i)-(iv)? [ ] Yes [X] No
If "Yes," provide a brief description.

b Did the taxpayer change reasonable approximation method to assign sales from the last tax return filed? See Specific Instructions [ ] Yes [X] No
If "Yes," provide a brief description of the new method.

6 Are the nonbusiness items reported on Schedule R, Side 1, line 2 through line 8, and the apportionment factor items reported on Schedule R-1 treated consistently on all state tax returns filed by the taxpayer? [X] Yes [ ] No If "No," explain.

7 Has this corporation or any member of its combined unitary group changed the way income is apportioned or allocated to California from prior year tax returns? See General Information I. [ ] Yes [X] No If "Yes," explain.

8 Does the California sales figure on Schedule R-1 (or comparable sch in a combined report) include all sales shipped to California destinations? [X] Yes [ ] No
If "No," indicate the name of the selling member and the nature of the sales activity believed to be immune.

9 Does the California sales figure on Schedule R-1 (or comparable schedule in a combined report) include all sales delivered to customers outside California which have an ultimate destination in California? [X] Yes [ ] No If "No," explain.

Schedule R-3 Net Income (Loss) from the Rental of Nonbusiness Property

	(a) Total outside California	(b) Total within California	(c) Total outside and within California (a) + (b)
1 Income from rents			
2 Rental deductions			
3 Net income (loss) from rents. Subtract line 2 from line 1. Enter the result here and enter column (c) on Side 1, line 4; enter column (b) on Side 1, line 20			

Schedule R-4 Gain (Loss) from the Sale of Nonbusiness Assets

California sales of nonbusiness assets include transactions involving: (1) real property located in California; (2) tangible personal property, if it had a situs in California at the time of sale, or if the corporation is commercially domiciled in California and not taxable in the state where the property had a situs at the time of sale; and (3) intangible personal property if the corporation's commercial domicile is in California or the income is otherwise allocable to California.

Description of property sold	Real estate and other tangible assets		Intangible assets		Total
	(a) Gain (loss) from outside California	(b) Gain (loss) from within California	(c) Gain (loss) from outside California	(d) Gain (loss) from within California	(e) Gain (loss) (a) + (b) +(c) + (d)
1					
2 Total gain (loss)					

Enter total gain (loss) line 2, column (e) on Side 1, line 6 and enter total of line 2, columns (b) and (d) on Side 1, line 22.

Name as shown on your California tax return

TENTRR INC

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

Schedule R-5 Computation of Interest Offset.

Complete only if there are entries on line 2 and/or line 3 of Schedule R and if Schedule R-1 is required. See General Information J. **(California domiciliary only)**

1	Total interest expense deducted	1		
2	Water's-edge foreign investment interest offset from Side 1, line 1b	2		
3	Balance. Subtract line 2 from line 1	3		
4	Total interest income (Form 100 or Form 100W, Side 1, line 4 and Schedule F, line 5a and line 5b; or Form 100S, Side 1, line 3 and interest income included on Schedule F, line 5 or Schedule K, line 4)	4		
5	Nonbusiness interest income from Side 1, line 3	5		
6	Business interest income. Subtract line 5 from line 4		6	
7	Excess interest expense over business interest income. Subtract line 6 from line 3. If line 6 exceeds line 3, enter -0- here and on Side 1, line 16, and **do not** complete the rest of this schedule		7	
8	Total dividend income	8		
9	Deducted dividends from Form 100, Side 2, lines 10 and 11; Form 100W, Side 2, lines 10 and 11a/b; or Form 100S, Side 2, lines 9 and 10	9		
10	Net dividend income. Subtract line 9 from line 8		10	
11	Business dividend income	11		
12	Deducted dividends from Form 100, Side 2, lines 10 and 11; Form 100W, Side 2, lines 10 and 11a/b; or Form 100S, Side 2, lines 9 and 10, attributable to business dividend income	12		
13	Net business dividend income. Subtract line 12 from line 11		13	
14	Net nonbusiness dividend income. Subtract line 13 from line 10		14	
15	Total nonbusiness interest and dividend income. Add line 5 and line 14		15	
16	Enter the lesser of line 7 or line 15. Enter here and on Side 1, line 16		16	

If interest and/or dividend income is reported on Side 1, line 19a or line 19b, enter the allocable portion of Schedule R-5, line 16 on Side 1, line 26.
See General Information J. If no interest or dividend income is reported on Side 1, line 19a or line 19b, **do not** deduct any interest expense on Side 1, line 26.

Schedule R-6 Contributions Adjustment.

See General Information N.

1	Total contributions paid (current year and carryover amount)	1	5,050
2	Net income (loss) after state adjustments from Side 1, line 1c	2	-6,096,457
3	Portion of dividends deductible under R&TC Sections 24410 and 24411 (from Form 100, Side 2, line 11; Form 100W, lines 11a/b; or Form 100S, lines 9 and 10), and other adjustments. See General Information N	3	
4	Contributions deducted on Form 100, Form 100W, or Form 100S	4	
5	Total. Add line 2 through line 4. If zero or less, enter -0-	5	0
6	Multiply line 5 by 10% (.10)	6	
7	Net income (loss) for state purposes before contributions adjustment from Side 2, line 33	7	-158,258
8	Business dividends deductible on line 3 multiplied by the average apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5	8	
9	Amount of line 3 attributable to nonbusiness dividends reported on Side 1, line 19a	9	
10	Contributions deducted (from line 4 above) multiplied by the average apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5	10	
11	Total. Add line 7 through line 10. If zero or less, enter -0-	11	0
12	Multiply line 11 by 10% (.10)	12	
	Contributions Adjustment		
13	Enter the amount shown on line 10	13	
14	Amount of contributions allowable:		
	a If line 1 equals or exceeds line 6, enter the lesser of line 1 or line 12	14a	
	b If line 1 is less than line 6, divide line 11 by line 5. Then multiply line 1 by the result and enter here	14b	
15	Contributions adjustment. Subtract line 14a or line 14b from line 13. Enter here and on Side 2, line 34. If the result is a negative amount, enter in brackets	15	

TAXABLE YEAR **2021**

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

CALIFORNIA FORM **3805Q**

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name: TENTRR INC

California corporation number:

During the taxable year the corporation incurred the NOL, the corporation was a(n): [X] C corporation [ ] S corporation [ ] Exempt organization [ ] Limited liability company (electing to be taxed as a corporation)

FEIN: 47-3054018

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	158,258 00
2	2021 disaster loss included in line 1. Enter as a positive number	2	00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	158,258 00
4a	Enter the amount of the loss incurred by a new business included in line 3 — 4a 00		
4b	Enter the amount of the loss incurred by an eligible small business included in line 3 — 4b 00		
4c	Add line 4a and line 4b	4c	00
5	General NOL. Subtract line 4c from line 3	5	158,258 00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	158,258 00

Part II NOL carryover and disaster loss carryover limitations. See instructions.

	(g) Available balance
1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). **If the corporation taxable income is $1,000,000 or more, see inst**	0

Prior Year NOLs

	(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2020	(f) Amount used in 2021	(g)	(h) Carryover to 2022 col. (e) minus col. (f)
2								

Current Year NOLs

							col. (d) minus col. (f) See instructions.
3 2021		DIS					
4 2021		GEN	158,258				158,258
2021							
2021							
2021							

*** Type of NOL:** General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2021 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	1	00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2	00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3	00

TAXABLE YEAR **2021**

Corporation Depreciation and Amortization

47-3054018

CALIFORNIA FORM **3885**

Attach to Form 100 or Form 100W.

Corporation name: TENTRR INC

California corporation number:

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7 Listed property (elected IRC Section 179 cost)		7	

8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14	SEE STATEMENT 15							

15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h) — 15: 1,853,197

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	1,853,197
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	1,853,197
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19	SEE STATEMENT 16						

20 Total. Add the amounts in column (g)	20	244,034
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21	244,034
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	0

022

DO NOT MAIL THIS FORM TO THE FTB

Date Accepted _____

TAXABLE YEAR **2021**

California e-file Return Authorization for Corporations

FORM **8453-C**

Corporation name: TENTRR, INC.

California Corporation No., CA SOS file no., or FEIN: 47-3054018

Part I Tax Return Information (whole dollars only)

1	Total income (Form 100, line 9; Form 100S, line 8; Form 100W, line 9 or Form 100X, line 6)	1	-6,096,457
2	Taxable income (Form 100, line 22; Form 100S, line 20; Form 100W, line 22 or Form 100X, line 10)	2	-158,258
3	Total tax (Form 100, line 30; Form 100S, line 30; Form 100W, line 30 or Form 100X, line 18)	3	
4	Tax due (Form 100, line 39; Form 100S, line 40; Form 100W, line 36 or Form 100X, line 20)	4	
5	Overpayment (Form 100, line 40; Form 100S, line 41; Form 100W, line 37 or Form 100X, line 27)	5	

Part II Settle the Account Electronically for Taxable Year 2021

6 ☐ Direct deposit of refund (For Forms 100, 100S, and 100W only.)

7 ☐ Electronic funds withdrawal **7a** Amount **7b** Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2022 (These are NOT installment payments for the current amount the corporation owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				800.
9 Withdrawal Date				12/15/2022

Part IV Banking Information (Have you verified the corporation's banking information?)

10 Routing number _____

11 Account number **12** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the corporate account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2021 California income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. If the corporation is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the corporation's tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize the corporation return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the corporation's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here ▶ Signature of officer _____ Date _____ ▶ PRESIDENT Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above corporation's return and that the entries on form FTB 8453-C are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the corporation's return. I declare, however, that form FTB 8453-C accurately reflects the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-C on file for **four** years from the due date of the return or **four** years from the date the corporation return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ | Date 10/11/22 | Check if also paid preparer [X] | Check if self-employed ☐ | ERO's PTIN P00185030

Firm's name (or yours if self-employed) and address ▶ GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY

Firm's FEIN 81-3215466

ZIP code 11747

Under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address ▶ | Firm's FEIN | ZIP code

TENTRR, INC. 47-3054018

FORM 100/100W OTHER ADDITIONS STATEMENT 1

DESCRIPTION	AMOUNT
DISALLOWED AMOUNT OF IRS 100% BUSINESS MEALS EXPENSE	15,014.
TOTAL TO FORM 100/100W, OTHER ADDITIONS	15,014.

TENTRR, INC. 47-3054018

FORM 100/100W CONTRIBUTIONS		STATEMENT 2
NET INCOME AFTER STATE ADJUSTMENTS	-6,096,457	
DEDUCTION FOR DIVIDENDS RECEIVED	0	
NET INCOME ADJUSTED FOR CONTRIBUTION PURPOSES		-6,096,457
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS:		
5TH PRECEDING TAX YEAR	0	
4TH PRECEDING TAX YEAR	0	
3RD PRECEDING TAX YEAR	0	
2ND PRECEDING TAX YEAR	0	
1ST PRECEDING TAX YEAR	0	
TOTAL OF UNUSED CARRYOVER CONTRIBUTIONS		0
CURRENT YEAR CONTRIBUTIONS		5,050
COLLEGE ACCESS ADDBACK		0
TOTAL AVAILABLE CONTRIBUTIONS LESS COLLEGE ACCESS ADDBACK		5,050
10% OF NET INCOME AS ADJUSTED		0
EXCESS CONTRIBUTIONS		5,050
ALLOWABLE CONTRIBUTIONS DEDUCTION		0

FORM 100/100W, SCHEDULE A TAXES DEDUCTED STATEMENT 3

(A) NATURE OF TAX AND (B) TAXING AUTHORITY		(C) TOTAL TAXES	(D) NONDED AMOUNT
PAYROLL TAXES		176,432.	
BASED ON INCOME	LOUISIANA	549.	549.
BASED ON INCOME	NEW YORK	1,826.	1,826.
BASED ON INCOME	UTAH	100.	100.
BASED ON INCOME	CITY TAXES	25.	25.
TOTAL TO FORM 100/100W, SCHEDULE A		178,932.	2,500.

TENTRR, INC. 47-3054018

FORM 100/100W, SCHEDULE F COMPENSATION OF OFFICERS STATEMENT 4

(A) NAME OF OFFICER	(B) SOCIAL SECURITY NUMBER	(C) PCT OF TIME DEVOTED	PCT OF STK (D) COM	PCT OF STK (E) PFD	(F) AMOUNT OF COMPENSATION
ANAND SUBRAMANIAN	185-76-7731	100%	.85%		490,555.
TOTAL COMPENSATION OF OFFICERS					490,555.
LESS: COMPENSATION OF OFFICERS CLAIMED ELSEWHERE ON RETURN					
TOTAL TO FORM 100/100W, SCHEDULE F					490,555.

FORM 100/100W, SCHEDULE F OTHER INCOME STATEMENT 5

DESCRIPTION	AMOUNT
MISCELLANEOUS	5,821.
TOTAL TO FORM 100/100W, SCHEDULE F	5,821.

TENTRR, INC. 47-3054018

FORM 100/100W, SCHEDULE F OTHER DEDUCTIONS STATEMENT 6

DESCRIPTION	AMOUNT
AMORTIZATION	244,034.
AUTO AND TRUCK EXPENSE	15,338.
BANK CHARGES	789.
CARTING	10,214.
CONFERENCES AND SEMINARS	13,547.
CONSULTING SERVICES	549,755.
DUES & SUBSCRIPTIONS	5,854.
EQUIPMENT RENTAL	696,134.
INSURANCE	213,099.
IT SOFTWARE & SERVICES	196,434.
LEGAL AND PROFESSIONAL	237,561.
LICENSES AND PERMITS	8,744.
MEALS NOT SUBJECT TO LIMITATION	30,028.
MERCHANT ACCOUNT FEES	1,103.
MOVING EXPENSES	12,971.
OFFICE EXPENSES	7,577.
PAYROLL SERVICES FEE	46,464.
POSTAGE & DELIVERY	936.
SALARIES - PEO	2,372,606.
TELEPHONE EXPENSE	23,147.
TEST TRANSACTIONS	1,133.
UTILITIES	8,901.
WEB/DOMAIN HOSTING AND MAINT	55,520.
TOTAL TO FORM 100/100W, SCHEDULE F	4,751,889.

FORM 100/100W, SCHEDULE L OTHER CURRENT ASSETS STATEMENT 7

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DEFERRED EXPENSES	117,595.	312,775.
LOWES ESCROW	53,197.	22,981.
PREPAID EXPENSES	53,618.	65,042.
TOTAL TO FORM 100/100W, SCHEDULE L	224,410.	400,798.

TENTRR, INC. 47-3054018

FORM 100/100W, SCHEDULE L OTHER ASSETS STATEMENT 8

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS	381,371.	547,469.
TOTAL TO FORM 100/100W, SCHEDULE L	381,371.	547,469.

FORM 100/100W, SCHEDULE L OTHER CURRENT LIABILITIES STATEMENT 9

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED EXPENSES	333,355.	689,171.
CREDIT CARDS PAYABLE	3,599.	4,124.
DEFERRED KEEPER EXPENSE		
DEFERRED REVENUE	61,173.	173,080.
FARNAM LEASE LIABILITY	2,507,290.	4,486,749.
GAP ACCOUNT	5,705.	
GIFT CARDS	27,801.	71,392.
OTHER PAYABLES		
PAYROLL LIABILITIES	15,292.	20,786.
SALES TAX PAYABLE	2,527.	1,318.
TENTKIT DEPLOYED		13,571.
TOTAL TO FORM 100/100W, SCHEDULE L	2,956,742.	5,460,191.

FORM 100/100W, SCHEDULE L OTHER LIABILITIES STATEMENT 10

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DECATHLON LOAN	755,635.	1,642,792.
IPFS		36,901.
LINE OF CREDIT	29,985.	0.
LOAN PAYABLE - PPP	401,400.	0.
NATIONAL PARTNERS		5,427.
TOTAL TO FORM 100/100W, SCHEDULE L	1,187,020.	1,685,120.

TENTRR, INC. 47-3054018

FORM 100/100W, SCHEDULE V COST OF GOODS SOLD - OTHER COSTS STATEMENT 11

DESCRIPTION	AMOUNT
CAMPKEEPER PAYOUTS	1,867,250.
MERCANTILE	36,483.
SHIPPING LABELS	4,367.
SITE BOOKING FEES	164,932.
STATE PARK PAYOUTS	138,057.
TRANSACTION FEES	128,747.
TOTAL TO FORM 100/100W, SCHEDULE V	2,339,836.

FORM 100/100W, SCHEDULE M-1 EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN STATEMENT 12

DESCRIPTION	AMOUNT
AMORTIZATION	28,606.
TOTAL TO FORM 100/100W, SCHEDULE M-1	28,606.

FORM 100/100W, SCHEDULE M-1 INCOME RECORDED ON BOOKS NOT INCLUDED ON RETURN STATEMENT 13

DESCRIPTION	AMOUNT
PPP LOANS, EIDL AND OTHER COVID GRANTS OR SUBSIDIES	401,400.
TOTAL TO FORM 100/100W, SCHEDULE M-1	401,400.

TENTRR, INC. 47-3054018

CA SCHEDULE D-1 PART I - SALES OR EXCHANGES OF PROPERTY USED IN A TRADE OR BUSINESS AND INVOLUNTARY CONVERSIONS STATEMENT 14

(A) DESCRIPTION	(B) DATE ACQ	(C) DATE SOLD	(D) SALES PRICE	(E) DEPRE-CIATION ALLOWED	(F) COST OR BASIS	(G) GAIN OR LOSS
DISPOSITION OF TRAILER	06/15/18	04/01/21	3,432.	16,191.	21,038.	-1,415.
TOTAL			3,432.	16,191.	21,038.	-1,415.

TENTRR, INC. 47-3054018

FORM 3885 DEPRECIATION STATEMENT 15

ASSET NO.	DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRECIATION	BONUS
1	FURNITURE & FIXTURES	06/30/15	6,418.	2,741.	200DB	7.00	287.	
4	CAMPSITES	06/30/15	169,941.	24,145.	SL	39.00	4,357.	
5	CAMPSITES	06/30/16	276,720.	32,229.	SL	39.00	7,095.	
6	COMPUTERS	06/30/16	11,995.	11,304.	200DB	5.00	691.	
7	EQUIPMENT	06/30/16	1,736.	1,349.	200DB	7.00	155.	
8	FURNITURE & FIXTURES	06/30/16	21,876.	16,995.	200DB	7.00	1,951.	
9	COMPUTERS	06/30/17	11,531.	9,538.	200DB	5.00	1,328.	
10	CAMPSITES	06/30/17	28,955.	2,629.	SL	39.00	742.	
11	COMPUTERS	06/30/18	28,074.	19,989.	200DB	5.00	3,234.	
13	CAMPSITES	06/30/18	1,228,736.	83,395.	SL	39.00	31,505.	
14	FURNITURE & FIXTURES	06/30/18	25,987.	14,623.	200DB	7.00	3,246.	
15	TRAILERS	06/15/18	21,038.	14,979.	200DB	5.00	1,212.	
26	TENTKITS	04/30/19	54,258.	42,202.	200DB	3.00	8,036.	
27	TENTKITS	05/31/19	59,190.	46,038.	200DB	3.00	8,766.	
28	TENTKITS	06/30/19	64,122.	49,874.	200DB	3.00	9,496.	
29	FARNAM CAP MATERIALS	01/30/19	690,820.	537,319.	200DB	3.00	102,310.	
30	FARNAM CAP MATERIALS	02/28/19	3,012.	2,343.	200DB	3.00	446.	
31	FARNAM CAP MATERIALS	03/31/19	1,601.	1,246.	200DB	3.00	237.	
32	FARNAM CAP MATERIALS	04/30/19	4,219.	3,281.	200DB	3.00	625.	
33	FARNAM CAP MATERIALS	05/31/19	9,586.	7,456.	200DB	3.00	1,420.	
34	FARNAM CAP MATERIALS	06/30/19	29,395.	22,863.	200DB	3.00	4,353.	
35	FARNAM CAP MATERIALS	07/31/19	62,879.	48,908.	200DB	3.00	9,312.	
36	FARNAM CAP MATERIALS	08/31/19	14,751.	11,474.	200DB	3.00	2,185.	
37	FARNAM CAP MATERIALS	09/30/19	17,989.	13,992.	200DB	3.00	2,664.	
38	FARNAM CAP MATERIALS	10/31/19	11,320.	8,805.	200DB	3.00	1,676.	
39	FARNAM CAP MATERIALS	11/30/19	853.	663.	200DB	3.00	126.	
40	FARNAM CAP MATERIALS	12/31/19	467.	364.	200DB	3.00	69.	

41 COMPUTERS	06/01/19	21,609.	11,237.	200DB	5.00	4,149.	
42 EQUIPMENT	06/15/18	23,110.	13,101.	200DB	7.00	2,886.	
43 COMPUTERS	06/01/20	8,797.	1,759.	200DB	5.00	2,815.	
44 FARNAM CAP MATERIALS	06/01/20	1,650,543.	550,126.	200DB	3.00	733,666.	
46 TENTKITS	06/01/20	204,992.	129,023.	200DB	3.00	75,969.	
47 TRAILERS	04/01/21	7,000.	0.	200DB	5.00	1,400.	
48 EQUIPMENT	09/23/21	8,000.	0.	200DB	7.00	1,143.	
49 COMPUTERS	06/01/21	14,286.	0.	200DB	5.00	2,857.	
62 FARNAM CAP MATERIALS	01/31/21	895,771.	0.	200DB	3.00	298,560.	
63 FARNAM CAP MATERIALS	02/28/21	171,058.	0.	200DB	3.00	57,014.	
64 FARNAM CAP MATERIALS	03/31/21	91,149.	0.	200DB	3.00	30,380.	
65 FARNAM CAP MATERIALS	04/30/21	27,151.	0.	200DB	3.00	9,049.	
66 FARNAM CAP MATERIALS	05/31/21	306,166.	0.	200DB	3.00	102,045.	
67 FARNAM CAP MATERIALS	06/30/21	323,703.	0.	200DB	3.00	107,890.	
68 FARNAM CAP MATERIALS	07/30/21	383,356.	0.	200DB	3.00	127,773.	
69 FARNAM CAP MATERIALS	08/31/21	210,100.	0.	200DB	3.00	70,026.	
70 FARNAM CAP MATERIALS	09/30/21	1,912.	0.	200DB	3.00	637.	
71 FARNAM CAP MATERIALS	10/31/21	44,305.	0.	200DB	3.00	14,767.	
72 FARNAM CAP MATERIALS	11/30/21	7,941.	0.	200DB	3.00	2,647.	
TOTAL TO FORM 3885		7,258,418.	1,735,990.			1,853,197.	

TENTRR, INC. 47-3054018

FORM 3885 AMORTIZATION STATEMENT 16

ASSET NO.	DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR AMORT	CODE SEC.	LIFE	AMOR-TIZATION
12	DOMAIN NAME	01/16/18	6,000.	1,167.		180M	400.
16	FARNAM CAP INSTALL	01/31/19	123.	79.		36M	41.
17	FARNAM CAP INSTALL	03/31/19	2,745.	1,601.		36M	915.
18	FARNAM CAP INSTALL	04/30/19	12,314.	6,841.		36M	4,105.
19	FARNAM CAP INSTALL	05/31/19	42,834.	22,607.		36M	14,278.
20	FARNAM CAP INSTALL	06/30/19	45,069.	22,535.		36M	15,023.
21	FARNAM CAP INSTALL	07/31/19	68,283.	32,245.		36M	22,761.
22	FARNAM CAP INSTALL	08/31/19	25,783.	11,459.		36M	8,594.
23	FARNAM CAP INSTALL	09/30/19	11,011.	4,588.		36M	3,670.
24	FARNAM CAP INSTALL	10/31/19	10,756.	4,183.		36M	3,585.
25	FARNAM CAP INSTALL	11/30/19	5,818.	2,101.		36M	1,939.
45	FARNAM CAP INSTALL	01/01/20	59,374.	19,791.		36M	19,791.
50	FARNAM CAP INSTALL	01/31/21	145,077.	0.		36M	44,329.
51	FARNAM CAP INSTALL	02/28/21	27,550.	0.		36M	7,653.
52	FARNAM CAP INSTALL	03/31/21	21,051.	0.		36M	5,263.
53	FARNAM CAP INSTALL	04/30/21	64,533.	0.		36M	14,341.
54	FARNAM CAP INSTALL	05/31/21	203,188.	0.		36M	39,509.
55	FARNAM CAP INSTALL	06/30/21	29,530.	0.		36M	4,922.
56	FARNAM CAP INSTALL	07/31/21	48,952.	0.		36M	6,799.
57	FARNAM CAP INSTALL	08/31/21	116,226.	0.		36M	12,914.
58	FARNAM CAP INSTALL	09/30/21	104,244.	0.		36M	8,687.
59	FARNAM CAP INSTALL	10/31/21	32,804.	0.		36M	1,822.
60	FARNAM CAP INSTALL	11/30/21	96,932.	0.		36M	2,693.
61	FARNAM CAP INSTALL	12/31/21	81,400.	0.		36M	0.
TOTAL AMORTIZATION TO FORM 3885			1,261,597.	129,197.			244,034.

STATEMENT(S) 16

2021 TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	$ 0
LESS: PAYMENTS AND CREDITS	$ 0
PLUS: OTHER AMOUNT	$ 0
PLUS: INTEREST AND PENALTIES	$ 0
NO PAYMENT REQUIRED	$

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE FLORIDA DOR, PLEASE CONTACT OUR OFFICE AND WE WILL SUBMIT YOUR ELECTRONIC RETURN. DO NOT MAIL THE PAPER COPY TO THE FLORIDA DOR.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/22 **1019**
Rule 12C-1.051
Florida Administrative Code
Effective 01/22

FEIN 47-3054018
For calendar year 2021 or tax year beginning _____ , 2021 ending _____

8233020211231000200503713473054018 00001

Name TENTRR, INC.
Address 25 W. 39TH STREET, 7TH FLOOR
City/State/ZIP NEW YORK, NY 10018

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

Computation of Florida Net Income Tax

1.	Federal taxable income (see instructions) - **Attach pages 1-5 of federal return**	Check here if negative	X	-6,113,971.00
2.	State income taxes deducted in computing federal taxable income (attach schedule) STATEMENT 1	Check here if negative		2,475.00
3.	Additions to federal taxable income (from Schedule I)	Check here if negative		15,014.00
4.	Total of Lines 1, 2 and 3	Check here if negative	X	-6,096,482.00
5.	Subtractions from federal taxable income (from Schedule II)	Check here if negative		
6.	Adjusted federal income (Line 4 minus Line 5)	Check here if negative	X	-6,096,482.00
7.	Florida portion of adjusted federal income (see instructions)	Check here if negative	X	-45,931.00
8.	Nonbusiness income allocated to Florida (from Schedule R)	Check here if negative		
9.	**Florida exemption**			0.00
10.	Florida net income (Line 7 plus Line 8 minus Line 9)			0.00
11.	Tax due: 3.535% of Line 10			0.00
12.	Credits against the tax (from Schedule V)			
13.	Total corporate income/franchise tax due (Line 11 minus Line 12)			0.00
14.	a) Penalty: F-2220 _____ b) Other _____ c) Interest: F-2220 _____ d) Other _____ Line 14 Total ▶			
15.	Total of Lines 13 and 14			
16.	Payment credits: Estimated tax payments 16a $ _____ Tentative tax payment 16b $ _____			
17.	Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19			
18.	Credit: Enter amount of overpayment **credited** to next year's estimated tax here and on payment coupon			
19.	Refund: Enter amount of overpayment to be **refunded** here and on payment coupon			

144081 10-21-21

Payment Coupon for Florida Corporate Income Tax Return

1019
F-1120
R. 01/22

Do Not Detach YEAR ENDING 12/31/21

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

Name TENTRR, INC.
Address 25 W. 39TH STREET, 7TH FLOOR
City/State/ZIP NEW YORK, NY 10018

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

473054018	1501400	0	0
20210101	0	0	0
20211231	-609648200	0	0
00000000	0.007534	0	0
001	0	0	0
202	0	0	0
-611397100	0	0	0
247500	0	0	0

0 8233 0 20211231 0002005037 1 3473054018 0000 1

TENTRR, INC.

FEIN 47-3054018

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

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

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

Sign here	Signature of officer (must be an original signature) Date	Title	PRESIDENT
Paid preparers only	Preparer's signature Date 10/11/22	Preparer check if self-employed ☐	Preparer's PTIN P00185030
	Firm's name (or yours if self-employed) and address: GUTTERSON & COHEN TAX SPECIALISTS LLC 445 BROADHOLLOW ROAD STE 230 MELVILLE, NY	FEIN	81-3215466
		ZIP	11747

All Taxpayers Must Answer Questions **A** through **M** Below - See Instructions

A. State of incorporation: DELAWARE

B. Florida Secretary of State document number:

C. Florida consolidated return? **YES** ☐ **NO** ☒

D. ☐ Initial return ☐ Final return (final federal return filed)

E. Principal Business Activity Code (as pertains to Florida)

454110

T

F. A Florida extension of time was timely filed? **YES** ☐ **NO** ☒

G-1. Corporation is a member of a controlled group? **YES** ☐ **NO** ☐ If yes, attach list.

G-2. Part of a federal consolidated return? **YES** ☐ **NO** ☒ If yes, provide:

FEIN from federal consolidated return:

Name of corporation:

G-3. The federal common parent has sales, property, or payroll in Florida? **YES** ☐ **NO** ☒

H. Location of corporate books:

411 W 39TH ST 4TH FL

City, State, ZIP: NEW YORK, NY 10018

I. Taxpayer is a member of a Florida partnership or joint venture? **YES** ☐ **NO** ☒

J. Enter date of latest IRS audit:

a) List years examined:

K. Contact person concerning this return: ANAND SUBRAMANIAN

a) Contact person telephone number: 646-230-1040

b) Contact person e-mail address: ANAND@TENTRR.COM

L

L. Type of federal return filed ☒ 1120 ☐ 1120S or

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a **refund** (Line 19), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

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

NAME TENTRR, INC. FEIN 47-3054018 TAXABLE YEAR ENDING 12/31/21

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

1.	Interest excluded from federal taxable income (see instructions)	1.
2.	Undistributed net long-term capital gains (see instructions)	2.
3.	Net operating loss deduction (attach schedule)	3.
4.	Net capital loss carryover (attach schedule)	4.
5.	Excess charitable contribution carryover (attach schedule)	5.
6.	Employee benefit plan contribution carryover (attach schedule)	6.
7.	Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8.	Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
9.	Guaranty association assessment(s) credit	9.
10.	Rural and/or urban high crime area job tax credits	10.
11.	State housing tax credit	11.
12.	Florida Tax Credit Scholarship Program Credits (AKA credit for contributions for nonprofit scholarship-funding organizations)	12.
13.	Florida Renewable energy production tax credit	13.
14.	New markets tax credit	14.
15.	Entertainment industry tax credit	15.
16.	Research and Development tax credit	16.
17.	Energy Economic Zone tax credit	17.
18.	s. 168(k) IRC special bonus depreciation	18.
19.	Qualified Improvement Property Decoupling.	19.
20.	Business Meal Expenses at a Restaurant.	20. 15,014.00
21.	Film, Television, and Live theatrical production expenses.	21.
22.	Other additions (attach schedule)	22.
23.	Total Lines 1 through 22. Enter total on Line 23 and on Page 1, Line 3.	23. 15,014.00

Schedule II - Subtractions from Federal Taxable Income

1.	Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income $ _____ (b) plus s. 862, IRC dividends $ _____ (c) plus s. 951A, IRC, income $ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC $ _____ Total ▶	1.
2.	Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income $ _____ (b) less direct and indirect expenses $ _____ Total ▶	2.
	Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3.	Florida net operating loss carryover deduction (see instructions)	3.
4.	Florida net capital loss carryover deduction (see instructions)	4.
5.	Florida excess charitable contribution carryover (see instructions)	5.
6.	Florida employee benefit plan contribution carryover (see instructions)	6. 0.00
7.	Nonbusiness income (from Schedule R, Line 3)	7.
8.	Eligible net income of an international banking facility (see instructions)	8.
9.	s. 179, IRC expense (see instructions)	9.
10.	s. 168(k), IRC special bonus depreciation (see instructions)	10.
11.	Depreciation of qualified improvement property	11.
12.	Film, Television, and Live Theatrical Expenses.	12.
13.	Other subtractions (attach statement)	13.
14.	Total Lines 1 through 13. Enter total on Line 14 and on Page 1, Line 5.	14.

NAME TENTRR, INC. FEIN 47-3054018 TAXABLE YEAR ENDING 12/31/21

Schedule III - Apportionment of Adjusted Federal Income

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

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll	25,469.00	2,863,161.00	.008895	X 25% or 33.33%	.002965
3. Sales (Schedule III-C below)	33,256.00	4,852,111.00	.006854	X 50% or 66.67%	.004569
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					.007534

III-B For use in computing average value of property (use original cost).	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods				
2. Buildings and other depreciable assets				
3. Land owned				
4. Other tangible and intangible (financial org. only) assets (attach schedule)				
5. Total (Lines 1 through 4)				

6. Average value of property
   a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) ..... 6a. _____
   b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) ..... 6b. _____
7. Rented property (8 times net annual rent)
   a. Rented property in Florida ..... 7a. _____
   b. Rented property Everywhere ..... 7b. _____
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).
   a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida ..... 8a. _____
   b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere ..... 8b. _____

III-C Sales Factor	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross receipts)	N/A	4,846,290.00
2. Sales delivered or shipped to Florida purchasers	33,256.00	N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)	0.00	5,821.00
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])	33,256.00	4,852,111.00

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

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

1.	Apportionable adjusted federal income from Page 1, Line 6	1. -6096482.00
2.	Florida apportionment fraction (Schedule III-A, Line 4)	2. .007534
3.	Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3. -45,931.00
4.	Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5.	Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6.	Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7.	Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8.	Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9.	Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9. -45,931.00

NAME TENTRR, INC. FEIN 47-3054018 TAXABLE YEAR ENDING 12/31/21

Schedule V - Credits Against the Corporate Income/Franchise Tax

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

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount

Total allocated to Florida ..... 1.

(Enter here and on Page 1, Line 8)

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount

Total allocated elsewhere ..... 2.

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2 ..... 3.

(Enter here and on Schedule II, Line 7)

NAME TENTRR, INC. FEIN 47-3054018 TAXABLE YEAR ENDING 12/31/21

Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2022

1. Florida income expected in taxable year ..... 1. $
2. Florida exemption $50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) ..... 2. $
3. Estimated Florida net income (Line 1 less Line 2) ..... 3. $
4. Total Estimated Florida tax (5.5% of Line 3) ..... $
   Less: Credits against the tax ..... $ 4. $
5. Computation of installments:
   Payment due dates and payment amounts:
   If 6/30 year end, last day of 4th month, otherwise last day of 5th month - Enter 0.25 of Line 4 ..... 5a.
   Last day of 6th month - Enter 0.25 of Line 4 ..... 5b.
   Last day of 9th month - Enter 0.25 of Line 4 ..... 5c.
   Last day of fiscal year - Enter 0.25 of Line 4 ..... 5d.

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

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

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.

TENTRR, INC.

1019
F-1120
R. 01/22

FEIN 47-3054018

DATA Page 1 of 2

473054018	0	0	0
-609648200	0	0	0
0	0	0	0
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2	0	1501400	0
2	0	0	0
2	0	0	0
2	0	0	0
00000000	0	0	0
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0	0	0	2546900
0	0	0	3325600
0	0	0	0
0	0	0	286316100
0	0	0	485211100
0	0	0	0.007534

TENTRR, INC.

1019
F-1120
R. 01/22

FEIN 47-3054018

DATA Page 2 of 2

473054018	3325600	0	0
0	0	0	0
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0	0	0	0
0	-4593100	0	0

TENTRR, INC. 47-3054018

FORM F-1120 STATE INCOME TAXES DEDUCTED STATEMENT 1

DESCRIPTION	AMOUNT
LOUISIANA TAXES - BASED ON INCOME	549.00
NEW YORK TAXES - BASED ON INCOME	1,826.00
UTAH TAXES - BASED ON INCOME	100.00
TOTAL TO FORM F-1120, PAGE 1, LINE 2	2,475.00

2021 TAX RETURN FILING INSTRUCTIONS

GEORGIA FORM 600

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

AMOUNT OF TAX:

TOTAL TAX	$ 0
LESS: PAYMENTS AND CREDITS	$ 0
PLUS: OTHER AMOUNT	$ 0
PLUS: INTEREST AND PENALTIES	$ 0
NO PAYMENT REQUIRED	$

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE GA DOR, PLEASE SIGN, DATE AND RETURN FORM 8453-C TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE GA DOR. DO NOT MAIL A PAPER COPY OF THE RETURN.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

2201415013

Georgia Form 600 (Rev. 08/02/21) Page 1

Corporation Tax Return (Approved software version)
Georgia Department of Revenue
2021 Income Tax Return

Beginning 01-01-2021

Ending 12-31-2021

2022 Net Worth Tax Return

Beginning 01-01-2022

Ending 12-31-2022

[X] Original Return
[ ] Initial Net Worth
[ ] Amended Return
[ ] Amended due to IRS Audit
[ ] Consolidated GA Parent Return *(attach approval)*
[ ] GA Consolidated Subsidiary
Consolidated Parent FEIN _____
[ ] Address Change
[ ] Name Change
[ ] Final (attach explanation)
[ ] PL 86-272
[ ] UET Annualization Exception attached
[ ] IT-552 attached
[ ] Extension attached

A. Federal Employer ID Number	B. Name (Corporate title) Please give former name if applicable.
47-3054018	TENTRR, INC.

C. GA Withholding Tax Account Number

D. Business Address (Number and Street): 25 W. 39TH STREET, 7TH FLOOR

E. GA Sales Tax Registration Number	F. City or Town	G. State	H. ZIP Code	I. Foreign Country Name
	NEW YORK	NY	10018	

J. NAICS Code	K. Date of Incorporation	L. Incorporated under laws of what state	M. Date admitted into GA
454110	02/03/2015	DE	02/03/2015

N. Location of Records for Audit (City) & (State)		O. Corporation's Telephone Number	P. Type of Business
NEW YORK	NY	646-230-1040	CAMPING ONLINE MARKETPL

Q. Indicate latest taxable year adjusted by IRS _____ R. And when reported to Georgia _____

COMPUTATION OF GEORGIA TAXABLE INCOME AND TAX (ROUND TO NEAREST DOLLAR) **SCHEDULE 1**

1. Federal Taxable Income (Copy of Federal return and supporting schedules must be attached)	1.	-6113971
2. Additions to Federal Income (from Schedule 4)	2.	2500
3. Total (add Lines 1 and 2)	3.	-6111471
4. Subtractions from Federal Income (from Schedule 5)	4.	
5. Balance (Line 3 less Line 4)	5.	-6111471
6. Georgia Net Operating loss deduction (from Schedule 9; See IT-611 instructions for 80% limitation)	6.	
7. Georgia Taxable Income (Line 5 less Line 6 or Schedule 7, Line 9)	7.	-43721
8. Income Tax (5.75% x Line 7)	8.	0

COMPUTATION OF NET WORTH TAX (ROUND TO NEAREST DOLLAR) **SCHEDULE 2**

1. Total Capital stock issued	1.	1029
2. Paid in or Capital surplus	2.	31053045
3. Total Retained earnings	3.	-26159031
4. Net Worth (Total of Lines 1, 2, and 3)	4.	4895043
5. Ratio (GA. and Dom. For. Corp. - 100%) (Foreign Corp. - Line 4, Sch. 8) 5. .002870		
6. Net Worth Taxable by Georgia (Line 4 x Line 5)	6.	14049
7. Net Worth Tax (from table in instructions)	7.	

Georgia Form **600/2021**
Page 2

2201415023

(Corporation) Name TENTRR, INC. FEIN 47-3054018

COMPUTATION OF TAX DUE OR OVERPAYMENT (ROUND TO NEAREST DOLLAR) **SCHEDULE 3**

	A. Income Tax	B. Net Worth Tax	C. Total
1. Total Tax (Schedule 1, Line 8, and Schedule 2, Line 7)			1.
2. Credits and payments of estimated tax			2.
3. Schedule 10* Credits (must be filed electronically)			3.
4. Withholding Credits (G2-A, G2-LP, and/or G2-RP)			4.
5. Schedule 10B Refundable tax credits (must be filed electronically)			5.
6. Balance of tax due (Line 1, less Lines 2, 3, 4, and 5)			6.
7. Amount of overpayment (Lines 2, 3, 4, and 5 less Line 1)			7.
8. Interest due (See Instructions)			8.
9. Form 600 UET (Estimated tax penalty)			9.
10. Other penalty due (See Instructions)			10.
11. Balance of tax, interest and penalty due with return			11.
12. Amount to be credited to 2022 estimated tax (Line 7 less Lines 8-10)		Refunded	12.

***NOTE:** Any tax credits from Schedule 10 may be applied against income tax liability only, **not** net worth tax liability.

SEE PAGE 3 SIGNATURE SECTION FOR DIRECT DEPOSIT OPTIONS

ADDITIONS TO FEDERAL TAXABLE INCOME (ROUND TO NEAREST DOLLAR) **SCHEDULE 4**

1. State and municipal bond interest (other than Georgia or political subdivision thereof)	1.	
2. Net income or net profits taxes imposed by taxing jurisdictions other than Georgia	2.	2500
3. Expense attributable to tax exempt income	3.	
4. Net operating loss deducted on Federal return	4.	
5. Reserved	5.	
6. Intangible expenses and related interest cost	6.	
7. Captive REIT expenses and costs	7.	
8. Other Additions (Attach Schedule)	8.	
9. TOTAL - Enter also on Line 2, Schedule 1	9.	2500

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME (ROUND TO NEAREST DOLLAR) **SCHEDULE 5**

1. Interest on obligations of United States (must be reduced by direct and indirect interest expense)	1.	
2. Exception to intangible expenses and related interest cost (Attach IT-Addback)	2.	
3. Exception to captive REIT expenses and costs (Attach IT-REIT)	3.	
4. Other Subtractions (Must Attach Schedule)	4.	
5. TOTAL - Enter also on Line 4, Schedule 1	5.	

APPORTIONMENT OF INCOME **SCHEDULE 6**

		A. WITHIN GEORGIA	B. EVERYWHERE	C. DO NOT ROUND COL (A) / COL (B) COMPUTE TO SIX DECIMALS
1. Gross receipts from business	1.	34710	4852111	
2. Georgia Ratio (Divide Column A by Column B)	2.			.007154

COMPUTATION OF GEORGIA NET INCOME (ROUND TO NEAREST DOLLAR) **SCHEDULE 7**

1. Net business income (Schedule 1, Line 5)		1.	-6111471
2. Income allocated everywhere (Must Attach Schedule)		2.	
3. Business income subject to apportionment (Line 1 less Line 2)		3.	-6111471
4. Georgia Ratio (Schedule 6, Column C)	4. .007154		
5. Net business income apportioned to Georgia (Line 3 x Line 4)		5.	-43721
6. Net income allocated to Georgia (Attach Schedule)		6.	
7. Total of Lines 5 and 6		7.	-43721
8. Less: Net operating loss apportioned to GA (from Schedule 9, see IT-611 80% instructions)		8.	
9. Georgia taxable income (Enter also on Schedule 1, Line 7)		9.	-43721

Georgia Form **600/2021**
Page 3

2201415033

(Corporation) Name TENTRR, INC. FEIN 47-3054018

COMPUTATION OF GEORGIA NET WORTH RATIO (TO BE USED BY FOREIGN CORPS ONLY) **SCHEDULE 8**

		A. WITHIN GEORGIA	B. TOTAL EVERYWHERE	C. GA Ratio (A/B) DO NOT ROUND COMPUTE TO SIX DECIMALS
1. Total value of property owned (Total assets from Federal balance sheet)	1.	0	7248470	
2. Gross receipts from business	2.	34710	4846290	
3. **Totals** (Line 1 plus Line 2)	3.	34710	12094760	
4. Georgia Ratio (Divide Line 3A by 3B)	4.			.002870

A copy of the Federal Return and supporting Schedules must be attached if filing by paper. No extension of time for filing will be allowed unless a copy of the request for a Federal extension or Form IT-303 is attached to this return.

Make check payable to: Georgia Department of Revenue
Mail to: Georgia Department of Revenue, Processing Center, PO Box 740397, Atlanta, Georgia 30374-0397

DIRECT DEPOSIT OPTIONS

A. Direct Deposit (For U.S. Accounts Only) See booklet for further instructions . **If Direct Deposit is not selected, a paper check will be issued.**

Type: Checking **Savings** **Routing Number**

Account Number

Declaration: I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address: ANAND@TENTRR.COM

X **Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with the named preparer.**

SIGNATURE OF OFFICER

SIGNATURE OF INDIVIDUAL OR FIRM PREPARING THE RETURN

PRESIDENT
TITLE

GUTTERSON & COHEN TAX SPECIALIS
FIRM PREPARING THE RETURN

DATE

P00185030
IDENTIFICATION OR SOCIAL SECURITY NUMBER

Georgia Form **600/2021**
Page 4

2201415043

(Corporation) Name TENTRR, INC. FEIN 47-3054018

GA NOL Carry Forward Worksheet (ROUND TO NEAREST DOLLAR) **SCHEDULE 9**

For calendar year or fiscal year beginning 01/01/2021 **and ending** 12/31/2021

	A Loss Year	B Loss Amount	C Income Year	D NOL Utilized	E Balance	F Remaining NOL
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

1.	NOL Carry Forward Available to Current Year	
2.	Current Year Income/(Loss) (Schedule 1, Line 5 or Schedule 7, Line 7)	-43721
3.	NOL from Taxable Years Beginning before 1/1/2018 Applied to Current Year	
4.	NOL from Taxable Years Beginning on or after 1/1/2018 Applied to Current Year (Cannot exceed 80% of Line 2, see instructions for more information)	
5.	Total NOL applied Add Lines 3 and 4, Enter on Schedule 1, Line 6 or Schedule 7, Line 8)*	
6.	NOL Carry Forward Available to Next Year (Line 1 less Line 5 plus any loss amount on Line 2)	43721

INSTRUCTIONS

* Cannot Exceed the Current Year Income Reported on Line 2.

Column A: List the loss year(s).

Column B: List the loss amount for the tax year listed in Column A.

Columns C & D: List the years in which the losses were utilized and the amount utilized each year.

Column E: List the balance of the NOL after each year has been applied.

Column F: List the remaining NOL applicable to each loss year.

Total the remaining NOL (Col. F) and enter in the space at the bottom of the worksheet for "NOL Carry Forward Available to Current Year". Then insert "Current Year Income/(Loss)" in the space provided and compute the remainder of the schedule. Create photocopies as needed. See example worksheet in 611 instructions.

Georgia Form **600/2021**

Page 5

2201415053

(Corporation) Name TENTRR, INC. FEIN 47-3054018

CREDIT USAGE AND CARRYOVER (ROUND TO NEAREST DOLLAR) **SCHEDULE 10**

1. **Complete a separate schedule for each Credit Code.**
2. Total the amounts on Line 13 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover to this tax year, please complete a schedule even if the credit is not used for this tax year.
4. See the tax booklet for a list of credit codes.
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 14 carryover is applied to the next tax year, the amount must be reduced by any amounts elected to be applied to withholding for this tax year and by any carryovers that have expired.

For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number if applicable. Purchased credits and credits received from an assignment should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

1. Credit Code
2. Credit remaining from previous years (do not include amounts elected to be applied to withholding)
3. Company Name — ID Number
   Credit Certificate # — Credit Generated this Tax Year
4. Company Name — ID Number
   Credit Certificate # — Credit Generated this Tax Year
5. Company Name — ID Number
   Credit Certificate # — Credit Generated this Tax Year
6. Company Name — ID Number
   Credit Certificate # — Credit Generated this Tax Year
7. Company Name — ID Number
   Credit Certificate # — Credit Generated this Tax Year
8. Company Name — ID Number
   Credit Certificate # — Credit Generated this Tax Year
9. Company Name — ID Number
   Credit Certificate # — Credit Generated this Tax Year
10. Total available credit for this tax year. (sum of Lines 2 through 9) 10.
11. Enter the amount assigned to affiliated entities (see Schedule 11) 11.
12. Enter the amount of the credit sold (only certain credits can be sold; see instructions) 12.
13. Credit used for this tax year (enter here and on Schedule 3, Line 3) 13.
14. Potential carryover to next tax year. (Line 10 less Lines 11, 12, and 13) 14.

145205 08-23-21

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY

Georgia Form **600/2021**

Page 6
SCHEDULE 10B

2201415063

(Corporation) Name TENTRR, INC. FEIN 47-3054018

REFUNDABLE TAX CREDITS (ROUND TO NEAREST DOLLAR) **SCHEDULE 10B**

1. **Complete a separate schedule for each Credit Code.**
2. Total the amounts on Line 13 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover to this tax year, please complete a schedule even if the credit is not used for this tax year.
4. See the tax booklet for a list of credit codes.
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners and, to determine when carryovers expire.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 14 carryover is applied to the next tax year, the amount must be reduced by any amounts elected to be applied to withholding for this tax year and by any carryovers that have expired.

For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number if applicable. Purchased credits and credits received from an assignment should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

Note: A purchased Timber Tax Credit is not a refundable tax credit. Use Schedule 10 if the Timber Tax Credit was purchased.

1. Credit Code
2. Credit remaining from previous years (do not include amounts elected to be applied to withholding)
3. Company Name — ID Number
   Credit Certificate # — Credit Generated this Tax Year
4. Company Name — ID Number
   Credit Certificate # — Credit Generated this Tax Year
5. Company Name — ID Number
   Credit Certificate # — Credit Generated this Tax Year
6. Company Name — ID Number
   Credit Certificate # — Credit Generated this Tax Year
7. Company Name — ID Number
   Credit Certificate # — Credit Generated this Tax Year
8. Company Name — ID Number
   Credit Certificate # — Credit Generated this Tax Year
9. Company Name — ID Number
   Credit Certificate # — Credit Generated this Tax Year
10. Total available credit for this tax year. (sum of Lines 2 through 9) 10.
11. Enter the amount assigned to affiliated entities (see Schedule 11) 11.
12. Enter the amount of the credit sold (only certain credits can be sold; see instructions) 12.
13. Credit used for this tax year (enter here and on Schedule 3, Line 5) 13.
14. Potential carryover to next tax year. (Line 10 less Lines 11, 12, and 13) 14.

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY

Georgia Form **600/2021**
Page 7

2201415073

(Corporation) Name TENTRR, INC. FEIN 47-3054018

ASSIGNED TAX CREDITS (ROUND TO NEAREST DOLLAR) **SCHEDULE 11**

Georgia Code Section 48-7-42 provides that in lieu of claiming any Georgia income tax credit for which a taxpayer otherwise is eligible for the taxable year, the taxpayer may elect to assign credits in whole or in part to one or more "affiliated entities". The term "affiliated entities" is defined as:

- A corporation that is a member of the taxpayer's affiliated group within the meaning of Section 1504(a) of the Internal Revenue Code; or
- An entity affiliated with a corporation, business, partnership, or limited liability company taxpayer, which entity:
  (a) Owns or leases the land on which a project is constructed;
  (b) Provides capital for construction of the project; and
  (c) Is the grantor or owner under a management agreement with a managing company for the project.

o carryover attributable to the unused portion of any previously claimed or assigned credit may be assigned or reassigned, except if ıe assignor and the recipient of an assigned tax credit cease to be affiliated entities, then any carryover attributable to the unused ɔrtion of the credit is transferred back to the assignor of the credit. The assignor is permitted to use any such carryover and also shall e permitted to assign the carryover to one or more affiliated entities, as if such carryover were an income tax credit for which the ssignor became eligible in the taxable year in which the carryover was transferred back to the assignor. In the case of any credit that ıust be claimed in installments in more than one taxable year, the election under this subsection may be made on an annual basis with spect to each such installment. For additional information, please refer to Georgia Code Section 48-7-42.

the corporation filing this return is assigning tax credits to other affiliates, please provide detail below specifying where the tax credits e being assigned.

ll assignments of credits must be made before the statutory due date of the return (including extensions) per .C.G.A. § 48-7-42 (b).

	Credit Code	Corporation Name	FEIN	Amount of Credit	Credit Certificate # (if applicable)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY

PLEASE DO NOT MAIL!

ERO MUST RETAIN THIS FORM.
DO NOT SUBMIT THIS FORM TO
GEORGIA DEPARTMENT OF REVENUE
UNLESS REQUESTED TO DO SO.

IRS DCN OR SUBMISSION ID

GA-8453C 2021

GEORGIA CORPORATE INCOME TAX DECLARATION FOR ELECTRONIC FILING SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER

☐ GA Consolidated Subsidiary — Consolidated Parent FEIN _____
☐ Address Change ☐ Name Change
☐ Final Return ☐ Amended Due to IRS Audit

2021 Income Tax Return	2022 Net Worth Return			
Beginning JAN 1 2021	Beginning JAN 01 2022	☐ Consolidated GA Parent	☐ IT-552 Attached	☐ PL 86-272
Ending DEC 31 2021	Ending DEC 31 2022	☒ Original Return	☐ Initial Net Worth	☐ UET Annualization Exception
		☐ Amended Return	☐ Extension	

Federal Employer ID Number	Name (Corporate title)			Date admitted into GA
47-3054018	TENTRR, INC.			02/03/2015
Location of Records (City & State)	**Business Address**			**Incorporated under laws of what state**
NEW YORK,NY	25 W. 39TH STREET, 7TH FLOOR			DELAWARE
Corporation's Telephone Number	**City or Town**	**State**	**ZIP Code**	**NAICS Code**
646-230-1040	NEW YORK	NY	10018	454110

PART I TAX RETURN INFORMATION

1. Federal taxable income (Form 600, Sch 1, Line 1)	1.	-6,113,971
2. Georgia taxable income (Form 600, Sch 1, Line 7)	2.	-43,721
3. Net Worth (Form 600, Sch 2, Line 4)	3.	4,895,043
4. Net Worth Taxable by Georgia (Form 600, Sch 2, Line 6)	4.	14,049
5. Tax Amounts (Form 600, Sch 3, Line 1) Income _____ Net Worth		
6. Balance of Tax due with return (Form 600, Sch 3, Line 11)	6.	
7. Refund (Form 600, Sch 3, Line 12) Credited to 2022 _____ Refunded		

PART II DECLARATION OF CORPORATE OFFICER

Under penalties of perjury, I declare that the information I have provided to the corporation's Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of the corporation's 2021 Georgia Corporate Income Tax Return. I declare that I have examined the corporation's tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, the corporation's return is true, correct and complete. I consent that the electronic portion of the corporation's return may be sent by my ERO/Online Service Provider/Transmitter.

SIGN HERE

SIGNATURE OF OFFICER	DATE	TITLE
		PRESIDENT

PRINT NAME	EMAIL
ANAND SUBRAMANIAN	ANAND@TENTRR.COM

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE CORPORATION'S RETURN AND THAT THE ENTRIES ON THE GA-8453C ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only

ERO's Signature _____ Date _____
Firm's Name GUTTERSON & COHEN TAX SPECIALISTS LLC
Address 445 BROADHOLLOW ROAD STE 230
City, State & ZIP Code MELVILLE NY 11747
Check also if paid preparer ☐

IF PREPARED BY A PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL THE INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only

Paid Preparer's Signature _____ Date _____
Firm's Name GUTTERSON & COHEN TAX SPECIALISTS LLC
Address 445 BROADHOLLOW ROAD STE 230
City, State & ZIP Code MELVILLE NY 11747
FEIN/PTIN 81-3215466
SSN/TIN _____

GA-8453C (REV. 04/01/21)

145091 08-10-21

KEEP A COPY WITH YOUR RECORDS

2021 TAX RETURN FILING INSTRUCTIONS

LOUISIANA FORM CIFT-620

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

AMOUNT OF TAX:

TOTAL TAX	$	0
LESS: PAYMENTS AND CREDITS	$	550
PLUS: OTHER AMOUNT	$	0
PLUS: INTEREST AND PENALTIES	$	0
OVERPAYMENT	$	550

OVERPAYMENT:

CREDIT TO YOUR ESTIMATED TAX	$	0
OTHER AMOUNT	$	0
REFUNDED TO YOU	$	550

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE LDR, PLEASE SIGN, DATE AND RETURN FORM LA8453C TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE LDR. DO NOT MAIL A PAPER COPY OF THE RETURN.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

R-8453C (1/22) 2249

2021
LA8453-C

LOUISIANA
DEPARTMENT of REVENUE

Louisiana Department of Revenue
Corporation Income/Franchise Tax
Declaration for Electronic Filing

Do not file paper copies. This form must be maintained by the Electronic Return Originator (ERO).
For calendar year 2021, or tax year beginning _____ , 2021, ending _____ , 2022

PLEASE PRINT OR TYPE.

Name of Corporation			
TENTRR, INC.			
Louisiana Revenue Account Number		Federal Employer Identification Number (FEIN)	
4376901-700		47-3054018	
Street Address of Corporation		Unit Type	Unit Number
25 W. 39TH STREET, 7TH FLOOR			
City	State / ZIP	Foreign Nation, if not United States (do not abbreviate)	
NEW YORK	NY 10018		

Part 1 - Tax Return Information *(whole dollars only)*

1	Income & Franchise tax due after Priority 1 Credits *(Form CIFT-620, Line 10, the sum of both columns 1 and 2)*	1	.00
2	Refund *(Form CIFT-620, Line 28, column 3)*	2	550.00
3	Total amount due *(Form CIFT-620, Line 25, column 3)*	3	.00
4	Amount of payment remitted electronically	4	.00

Part II - Declaration of Officer *(Sign only after Part I is completed.)*

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information that I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part 1 above agree with the amounts on the corresponding lines of the Louisiana 2021 Income/2022 Franchise tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, accompanying schedules, and statements to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted, and, if rejected, the reason(s) for the rejection.

[X] I authorize a representative of the Louisiana Department of Revenue to discuss my return and attachments with my preparer.

Signature of Officer	Date *(mm/dd/yyyy)*	Title
		PRESIDENT

Part III - Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above corporation's return and that the entries on LA8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Louisiana Department of Revenue, and have followed all other requirements in Pub. 3112, IRS E-file Application and Participation, and Pub. 4163, Modernized E-File Information for Authorized IRS E-Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's Signature	Date *(mm/dd/yyyy)*	[X] Check if also paid preparer	[ ] Check if self-employed	ERO's SSN or PTIN
X	10/11/22			P00185030

Firm's Name *(or yours if self-employed)*	FEIN
GUTTERSON & COHEN TAX SPECIALISTS LLC	81-3215466

City	State	ZIP	Phone Number
MELVILLE	NY	11747	631-629-4344

Paid Preparer's Use only

Preparer's Signature	Date *(mm/dd/yyyy)*	[ ] Check if self-employed	Preparer's SSN or PTIN

Firm's Name *(or yours if self-employed)*	FEIN

City	State	ZIP	Phone Number

154441 01-13-22

CIFT-620-2D (1/22) Page 1 of 4

Louisiana Department of Revenue
Post Office Box 91011
Baton Rouge, LA 70821-9011

Enter your LA Revenue Account Number here *(Not FEIN)*: 4376901-700

For office use only.

LA Corporation Income Tax Return for **2021**	LA Corporation Franchise Tax Return for **2022**

Mark box if:

Calendar Year filer X

Fiscal Year filer (*Enter dates below)*

Short period return *(Enter dates below)*

	Income *(MMDDYY)*	**Franchise** *(MMDDYY)*
Begun		
Ended		

Mark box if:

Name change.

Address change.

Amended return.

Entity is not required to file franchise tax.

Entity is not required to file income tax.

First time filing of this form.

Final return.

Legal Name: TENTRR INC

Trade Name:

Mailing Address: 25 W 39TH STREET 7TH FLOOR

Unit Type: | Unit Number:

City: NEW YORK | State: NY | ZIP: 10018

Foreign Nation, if not United States (do not abbreviate):

A.	Federal Employer Identification Number		473054018
B.	Federal taxable income	X	6113971
C.	Federal income tax		0
D.	Income tax apportionment percentage		2.57
E.	Gross revenues		4846290
F.	Total assets		12332543
G.	NAICS code		454110
H.	Enter the state abbreviation for location of the principal place of business.		NY
I.	Does the income of this corporation include the income of any disregarded entities?	Yes / No X	
J.	Was the income of this corporation included in a consolidated federal income tax return?	Yes / No X	
K.	If answered yes to J, enter FEIN of consolidated federal income tax return.		
L.	Do the books of the corporation contain intercompany debt?	Yes / No X	
M.	Enter the code for the federal form filed.		1
N.	Enter the code for the type of entity.		1
O.	Pass-through Entity Tax Election		

Computation of Income Tax - See instructions.

1A.	Louisiana net income before loss adjustments and income tax deduction.	X	157115
1B.	Subchapter S corporation exclusion		0
1C.	Loss carryforward less federal tax refund applicable to loss [$ 0 .00] [$ 0 .00] Attach schedule.		0
1C1.	Loss carryforward utilized		0
1D.	Federal income tax deduction		0
1D1.	Federal Disaster Relief Credits		0
1E.	Louisiana taxable income	X	157115
2.	Louisiana income tax		0
3.	Nonrefundable income tax credits from Schedule NRC-P1		0
4.	Income tax after priority 1 credits		0

Computation of Franchise Tax - See instructions.

5A.	Total capital stock, surplus, & undivided profits	4895043
5B.	Franchise tax apportionment percentage	1.29
5C.	Franchise taxable base	63146
6.	Amount of assessed value of real and personal property in Louisiana in 2021	0
7.	Louisiana franchise tax	0
8.	Nonrefundable franchise tax credits from Schedule NRC-P1	0
9.	Franchise tax after priority 1 credits	0

IMPORTANT!

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

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Field Flag

DEV ID 2249

154401
04-14-22

22241

Enter your LA Revenue Account Number here. ▶4376901-700

Net Amount Due

		Col. 1 - Income tax		Col. 2 - Franchise tax		Col. 3 - Total
10. Tax liability after priority 1 credits	10.	0	10.	0		
11. Refundable credits from Schedule RC-P2	11.	0	11.	0		
12. Tax liability after priority 2 credits	12.	0	12.	0		
13. Overpayment after priority 2 credits	13.	0	13.	0		
14. Nonrefundable credits from Schedule NRC-P3	14.	0	14.	0		
15. Tax liability after priority 3 credits	15.	0	15.	0	15.	0
16A. Overpayment after priority 2 credits	16A.	0	16A.	0		
16B. Refundable credits from Schedule RC-P4	16B.	0	16B.	0		
16C. Credit carryforward from prior year return	16C.	0	16C.	0		
16D. Estimated payments	16D.	0				
16E. Payment made with extension	16E.	550	16E.	0		
16F. Total refundable credits and payments	16F.	550	16F.	0		
17. Overpayment	17.	550	17.	0	17.	550
18. Tax due	18.	0	18.	0		
19. Amount of Income tax overpayment applied to franchise tax			19.	0		
20. Net Tax due			20.	0		
21. Interest	21.	0	21.	0		
22. Delinquent filing penalty	22.	0	22.	0		
23. Delinquent payment penalty	23.	0	23.	0		
24. Additional donation to The Military Family Assistance Fund	24.	0	24.	0		▼ PAY THIS AMOUNT ▼
25. Total amount due	25.	0	25.	0	25.	0

IMPORTANT!

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

Enter your LA Revenue Account Number here. ▶4376901-700

Net Amount Due

	Col. 1 - Income tax	Col. 2 - Franchise tax	Col. 3 - Total
26. Net overpayment		26. 0	26. 550
27. Amount of overpayment you want to donate to The Military Family Assistance Fund			27. 0
28. Amount of overpayment to be **refunded**			28. 550
29. Amount of overpayment to be **credited** to 2022			29. 0

Make payment to Louisiana Department of Revenue. DO NOT SEND CASH. You can pay your taxes online at: *www.revenue.louisiana.gov/LaTap.*

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, 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 he has any knowledge.

Signature of Officer	Title of Officer	
	PRESIDENT	
Print Name of Officer	**Telephone**	**Date** *(mm/dd/yyyy)*
ANAND SUBRAMANIAN	646-230-1040	

PAID PREPARER USE ONLY	Print Preparer's Name	Preparer's Signature	Date *(mm/dd/yyyy)*	Check ☐ if Self-employed
	ALAN J. COHEN		10112022	
	Firm's Name ▶ GUTTERSON & COHEN TAX SPECIALIS		Firm's FEIN ▶	81-3215466
	Firm's Address ▶ 445 BROADHOLLOW ROAD STE 230,		Telephone ▶	631-629-4344

IMPORTANT!

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

PTIN, FEIN, or LDR Account Number of Paid Preparer P00185030

For Ofifce Use Only.

Enter your LA Revenue Account Number here. ▶4376901-700

IMPORTANT!

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 26, Column 3. **Do not send cash.**

CIFT-620-2D (1/22) Schedules A and B

Enter your LA Revenue Account Number here. ▶4376901-700

All applicable schedules must be completed.

Schedule A - Required Information

			FEIN	Percentage
1. At the end of the tax year, did you directly or indirectly own 50% or more of the voting stock of any corporation or an interest of any partnership, including any entity treated as a corporation or partnership? If yes, list the FEIN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN and percentage owned of all entities.	Yes ☐ No ☒	1		
		2		
		3		
		4		
		5		
2. At the end of the tax year, did any corporation, individual, partnership, trust, or association directly or indirectly own 50% or more of your voting stock? If yes, list the FEIN or SSN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN or SSN and percentage owned of all entities. SEE STATEMENT 1	Yes ☒ No ☐	1	041826873	62.16
		2		
		3		
		4		
		5		
3. If you answered yes to Line I on CIFT-620, list the FEIN of five of those entities. Also, attach a schedule listing the names, addresses, and FEIN of all entities.	Yes ☐ No ☒	1		
		2		
		3		
		4		
		5		

Schedule B - Computation of Income Tax Apportionment Percentage

Description of items used as ratios	1. Total amount	2. Louisiana amount	3. Percent
1. Net sales of merchandise and/or charges for services			
A. Sales	4846290	124496	
B. Charges for services	0	0	
C. Other gross apportionable income	0	0	
D. Total - Add the amounts in Columns 1 and 2.	4846290	124496	2.57 %
2. For certain oil & gas businesses only. Wages, salaries, and other personal service compensation paid during the year (see instructions). If ratio not used, check box. ☒	0	0	%
3. For certain oil & gas businesses only (see instructions). Income tax property ratio - Enter percentage from Schedule C, Line 24. If ratio not used, check box. ☒			%
4. ONLY corporations primarily in the oil and gas business, enter ratio from Line 1D, Column 3 (see instructions).			%
5. Total of percents in Column 3			2.57 %
6. Average of percents - Divide Line 5 by applicable number of ratios. Enter here and on CIFT-620, Line D.			2.57 %

CIFT-620-2D (1/22) Schedule D

Enter your LA Revenue Account Number here. ▶4376901-700

Schedule D - Computation of Louisiana Net Income

See instructions if separate accounting method is used and check box. ☐

	Totals			Totals	
1A. Gross receipts	4846290	.00	22. Other employee benefit plans	156376	.00
1B. Less returns and allowances	0	.00	23. Other deductions - Attach schedule.	4823280	.00
1C. Balance. Subtract Line 1B from Line 1A.	4846290	.00	**24. Total deductions - Add Lines 10 through 23.**	8624282	.00
2. Less: Cost of goods sold and/or operations - Attach schedule.	2339836	.00	25. **Net income from all sources - Subtract Line 24 from Line 9.**	-6113422	.00
3. Gross profit - Subtract Line 2 from Line 1C.	2506454	.00	26. Allocable income from all sources:		
4. Gross rents	0	.00	26A. Net rents and royalties from immovable or corporeal movable property	0	.00
5. Gross royalties	0	.00	26B. Royalties from the use of patents, trademarks, etc.	0	.00
6. Income from estates, trusts, partnerships	0	.00	26C. Income from estates, trusts, and partnerships	0	.00
7. Income from construction, repair, etc.	0	.00	26D. Income from construction, repair, etc.	0	.00
8. Other income - Attach schedule.	4406	.00	26E. Other allocable income	0	.00
9. Total income - Add Lines 3 through 8.	2510860	.00	26F. Allocable expenses	(0)	.00
10. Compensation of officers	490555	.00	26G. Net allocable income from all sources	0	.00
11. Salaries and wages (not deducted elsewhere)	0	.00	27. Net income subject to apportionment - Subtract Line 26G from Line 25.	-6113422	.00
12. Repairs	0	.00	28. Net income apportioned to Louisiana	-157115	.00
13. Bad debts	181742	.00	29. Allocable income from Louisiana sources:		
14. Rent	18333	.00	29A. Net rents and royalties from immovable or corporeal movable property	0	.00
15. Taxes and licenses - Attach schedule.	178383	.00	29B. Royalties from the use of patents, trademarks, etc.	0	.00
16. Interest	353565	.00	29C. Income from estates, trusts, and partnerships	0	.00
17. Charitable Contributions	0	.00	29D. Income from construction, repair, etc.	0	.00
18. Depreciation - Attach schedule.	1853197	.00	29E. Other allocable income	0	.00
19. Depletion - Attach schedule.	0	.00	29F. Allocable expenses	(0)	.00
20. Advertising	568851	.00	29G. Net allocable income from Louisiana sources	0	.00
21. Pension, profit sharing, stock bonus, and annuity plans	0	.00	30. Louisiana net income before loss adjustments and federal income tax deduction - Add Line 28 and Line 29G.	-157115	.00

CIFT-620-2D (1/22) Schedules E and G

Enter your LA Revenue Account Number here. ▶4376901-700

Schedule E - Reconciliation of Income Per Books with Income Per Return			
1. Net income per books	-5355904	6. Total - Add Lines 1 through 5c.	-5321699
2. Louisiana income tax	549	7. Income recorded on books this year, but not included in this return - Attach Schedule.	401400
3. Excess of capital loss over capital gains	0	8. Deductions in this tax return not charged against book income this year:	
4. Taxable income not recorded on books this year - Attach schedule	0	a. Depreciation	390323
5. Expenses recorded on books this year, but not deducted in this return:		b. Depletion	0
a. Depreciation	0	c. Other - Attach Schedule	0
b. Depletion	0	9. Total - Add Lines 7 through 8c.	791723
c. Other - Attach schedule. STMT 5	33656	10. Net income from all sources per return - Subtract Line 9 from Line 6.	-6113422

Schedule G - Liabilities and Capital from Balance Sheet		
Liabilities and Capital	**1. Beginning of year**	**2. End of year**
1. Accounts payable	122066	292189
2. Mortgages, notes, and bonds payable one year old or less at balance sheet date and having a maturity of one year or less from original date incurred	0	0
3. Other current liabilities - Attach schedule. SEE STATEMENT 7	2956742	5460191
4. Loans from stockholders - Attach schedule.	0	0
5. Due to subsidiaries and affiliates	0	0
6. Mortgages, notes, and bonds payable more than one year old at balance sheet date or having a maturity of more than one year from original date incurred	0	0
7. Other liabilities - Attach schedule. STMT 8	1187020	1685120
8. Capital stock: a. Preferred stock	229	229
b. Common stock	800	800
9. Paid-in or capital surplus	21764062	31053045
10. Surplus reserves - Attach schedule.	0	0
11. Earned surplus and undivided profits	-20803127	-26159031
12. Excessive reserves or undervalued assets	0	0
13. Totals - Add Lines 1 through 12.	5227792	12332543

CIFT-620-2D (1/22) Schedule F

Enter your LA Revenue Account Number here. ▶4376901-700

All applicable schedules must be completed.

Schedule F - Reconciliation of Federal and Louisiana Net Income

See R.S. 47:287.71, R.S. 47:287.73, and R.S. 47:287.82 for information.

	Column 1
1. Enter the total net income calculated under federal law before special deductions.	-6113971
2. **Additions to federal net income:**	
a. Louisiana income tax	549
b. Related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
c. Donation to School Tuition Organization Credit (see instructions).	0
d. Other additions - Attach schedule.	0
e. Total additions - Add Lines 2a through 2d.	549
3. Subtractions from federal net income:	
a. Bank dividends (see instructions).	0
b. All other dividends	0
c. Interest	0
d. Road Home - The amount included in federal taxable income	0
e. Louisiana depletion in excess of federal depletion	0
f. Expenses not deducted on the federal return due to Internal Revenue Code Section 280C	0
g. Exempt amount of related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
h. Compensation for disaster services (see instructions).	0
i. Expenses not deducted on the federal return due to Internal Revenue Code Section 280E.	0
j. COVID-19 Relief Benefits	0
k. Other subtractions - Attach schedule.	0
l. Total subtractions - Add Lines 3a through 3k.	0
4. Louisiana net income from all sources - The amount should agree with Schedule D, Line 25.	-6113422

CIFT-620-2D (1/22) Schedule G-1

Enter your LA Revenue Account Number here. ▶4376901-700

See Revenue Ruling 06-010 and Revenue Information Bulletin 13-006. **All applicable schedules must be completed.** Complete Lines 1 through 11 only if there is an end of year balance in the "Due to Subsidiaries and Affiliates" account or an **equivalent account** on the books of the corporation. All corporations must complete Lines 12 through 19.

Schedule G-1 Computation of Franchise Tax Base	
1. Capital Stock:	
1A. Common Stock - Include paid-in or Capital Surplus	0
1B. Preferred Stock - Include paid-in or Capital Surplus	0
2. Total Capital stock - Add Lines 1A and 1B.	0
3. Surplus and undivided profits	0
4. Surplus reserves - Include any excessive reserves or undervalued assets	0
5. Total - Add Lines 2, 3, and 4	0
6. Due to subsidiaries and affiliates (Do not net with receivables)	0
7. Deposit liabilities to affiliates - Included in the amount on Line 6	0
8. Accounts payable less than 180 days old - Included in the amount on Line 6	0
9. Adjusted debt to affiliates - Subtract Lines 7 and 8 from Line 6	0
10A. If Line 9 is greater than zero, AND Line 5 is greater than or equal to zero, subtract Line 5 from Line 9. If both conditions of this line do not apply, skip to Line 10B.	0
10B. If Line 9 is greater than zero, AND Line 5 is less than or equal to zero, subtract Line 5 from Line 9. Multiply the difference by 50 percent and enter the result here.	0
11. Additional Surplus and Undivided Profits - See instructions	0
Total Franchise Taxable Base	
12. Capital Stock: Common Stock	800
Preferred Stock	229
13. Paid-in or capital surplus - Include items of paid-in capital in excess of par value	31053045
14. Surplus reserves - Attach schedule	0
15. Earned surplus and undivided profits	-26159031
16. Excessive reserves or undervalued assets	0
17. Additional surplus and undivided profits - From Line 11 above	0
18. Allowable deductions - See instructions	0
19. Total capital, surplus and undivided profits - Add Lines 12 through 17 and subtract Line 18. Also enter the total on CIFT-620, Line 5A. Round to the nearest dollar.	4895043

Note: All accounts on the books of the corporation should be reviewed to determine if an account is an item of capital, surplus or undivided profits. All items of capital, surplus and undivided profits must be included in the franchise taxable base. See Revenue Information Bulletin 06-026.

CIFT-620-2D (1/22) Schedule H

Enter your LA Revenue Account Number here. ▶4376901-700

Schedule H - Computation of Corporate Franchise Tax Property Ratio		
	LOCATED EVERYWHERE	LOCATED IN LOUISIANA
	1. End of year	2. End of year
1. Cash	6873088	0
2. Notes and accounts receivable	434439	0
3. Reserve for bad debts	(0)	(0)
4. Investment in U.S. gov. obligations	0	0
5. Stock and obligations of subsidiaries	0	0
6. Other investments - Attach schedule	0	0
7. Loans to stockholders	0	0
8. Other intangible assets - Attach schedule	1662394	0
9. Accumulated depreciation	(297405)	(0)
10. Total intangible assets - Add Lines 1-9	8672516	0
11. Inventories	0	0
12. Bldgs. and other depreciable assets	7248470	0
13. Accumulated depreciation	(4135912)	(0)
14. Depletable assets	0	0
15. Accumulated depletion	(0)	(0)
16. Land	0	0
17. Other real & tangible assets - Attach schedule	547469	0
18. Excessive reserves, assets not reflected on books, or undervalued assets	0	0
19. Total real and tangible assets - Add Lines 11 through 18	3660027	0
20. Total Assets - Add Lines 10 and 19	12332543	0
21. Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1)		.00 %

CIFT-620-2D (1/22) Schedule I

Enter your LA Revenue Account Number here. ▶4376901-700

Schedule I - Computation of Corporate Franchise Tax Apportionment Percentage			
Description of items used as ratios	**1. Total amount**	**2. Louisiana amount**	**3. Percent**
1. Net sales of merchandise, charges for services, and other revenues			
A. Sales	4846290	124496	
B. Charges for services	0	0	
C. Other Revenues:			
(i) Rents and royalties	0	0	
(ii) Dividends and interest from subsidiaries	0	0	
(iii) Other dividends and interest	0	0	
(iv) All other revenues	0	0	
D. Total - If the ratio is not used, check the box. ☐	4846290	124496	2.57 %
2. Franchise tax property ratio - Enter the percentage from Schedule H, Line 21. If the ratio is not used, check the box. ☐			.00 %
3. Total of applicable percents in Column 3			2.57 %
4. Average of percents - Divide Line 3 by applicable number of ratios. Enter here and on CIFT-620, Line 5B.			1.29 %

CIFT-620-2D (1/22) Schedules J, J-1, and K

Enter your LA Revenue Account Number here. ▶4376901-700

Schedule J - Calculation of Income Tax

1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box and see the instructions. ☐			0
2. Calculation of tax	**Column 1** Net income in each bracket	**Rate**	**Column 2** Tax
a. First $25,000 of net taxable income	0	x 4% =	0
b. Next $25,000	0	x 5% =	0
c. Next $50,000	0	x 6% =	0
d. Next $100,000	0	x 7% =	0
e. Over $200,000	0	x 8% =	0
3. Add the amounts in Column 1, Lines 2a through 2e and enter the result.	0		
4. Add the amounts in Column 2, Lines 2a through 2e. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			0

Schedule J-1 - Pass-Through Entity Tax Election Calculation of Income Tax

1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box and see the instructions. ☐			
2. Calculation of Tax	**Column 1** Net income in each bracket	**Rate**	**Column 2** Tax
a. First $25,000 of net taxable income		x 2% =	
b. Next $75,000		x 4% =	
c. Over $100,000		x 6% =	
3. Add the amounts in Column 1, Lines 2a through 2c and enter the result.			
4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			

Schedule K - Summary of Estimated Tax Payments

	Check number	**Date**	**Amount**
1. Credit from prior year return			0
2. First quarter estimated payment			0
3. Second quarter estimated payment			0
4. Third quarter estimated payment			0
5. Fourth quarter estimated payment			0
6. Payment made with extension request		04152022	550

CIFT-620-2D (1/22) Schedules L, M, and N

Enter your LA Revenue Account Number here. ▶4376901-700

Schedule L - Calculation of Franchise Tax

1. Enter the amount from CIFT-620, Line 5C or Line 6, whichever is greater. Short period filers mark this box and see the instructions. ☐	63146
2. Enter the amount of Line 1 or $300,000, whichever is less.	63146
3. Multiply the amount on Line 2 by $1.50 for each $1,000 or major fraction and enter the result. See instructions for the suspension of the low tier of the tax.	0
4. Subtract Line 2 from Line 1 and enter the result.	0
5. Multiply the amount on Line 4 by $3.00 for each $1,000 or major fraction and enter the result.	0
6. Add Lines 3 and 5. Round to the nearest dollar. Enter the result here and on CIFT-620, Line 7.	0

Schedule M - Analysis of Schedule G, Line 11, Column 2 - Earned surplus and undivided profits per books

1. Balance at beginning of year	-20803127	b. Stock	0
2. Net income per books	-5355904	c. Property	0
3. Other increases - Attach schedule.	0	6. Other decreases - Attach schedule.	0
4. Total - Add Lines 1, 2, and 3.	-26159031	7. Total - Add Lines 5a through 6.	0
5. Distributions: a. Cash	0	8. Balance at end of year - Subtract Line 7 from Line 4.	-26159031

Schedule N - Additional Information Required

1. Describe the nature of your business activity and specify your principal product or service, both in Louisiana and elsewhere.

Louisiana:

CAMPING ONLINE MARKETPL

SERVICE

Elsewhere:

CAMPING ONLINE MARKE

SERVICE

2. Indicate the date and state of incorporation. 02032015 DE

3. Indicate parishes in which property is located.

154439
02-25-22

FEDERAL INCOME TAX DEDUCTION WORKSHEET

1A.	Louisiana net income - From Form CIFT-620, Line 1A	$ -157,115.
1B.	Loss deductions - Enter the amount from Form CIFT-620, Line 1C1	$
1C.	Louisiana net income before federal income tax deduction - Subtract Line 1B from Line 1A	$ -157,115.
2.	Adjustments to convert Louisiana net income to a federal basis	
	LOUISIANA INCOME TAX	$ -14.
		$
		$
		$
		$
		$
		$
		$
	Net adjustment	$ -14.
3.	Louisiana net income on a federal basis - Subtract Line 2 from Line 1C	$ -157,129.
4.	Federal net income	$ -6,113,971.
5.	Less creditable expenses	$
6.	Federal net income - Subtract Line 5 from Line 4	$ -6,113,971.
7.	Ratio of Louisiana net income to federal net income - Divide Line 3 by Line 6	2.5700 %
8.	Federal income tax liability	$ 0.
9.	Less base erosion minimum tax	$
10.	Federal income tax - Subtract Line 9 from Line 8	$ 0.
11.	Federal income tax attributable to Louisiana income - Multiply Line 10 by Line 7	$ 0.
12.	Federal income tax disaster relief credits	$
12a.	Federal income tax disaster relief credit attributable to Louisiana - Multiply Line 12 by Line 7 and enter the amount here and on Form CIFT-620, Line 1D1	$
13.	2021 Net IRC Section 965 tax liability from the worksheet in the instructions	$
14.	Add Lines 11, 12a, and 13 - Enter on Form CIFT-620, Line 1D	$

The amount of federal income tax to be deducted is that portion levied on the income derived from sources in this state. See R.S. 47:287.83 and 287.85 and Louisiana Administrative Code 61:I.1122 and 1123 for specific information regarding the computation of the federal income tax deduction.

TENTRR, INC. 47-3054018

LA FORM CIFT-620 SCHEDULE A - STOCK OWNERSHIP BY OTHERS STATEMENT 1

NAME, ADDRESS, AND FEIN	SHAREHOLDER'S PERCENTAGE OF STOCK
041-82-6873 MICHAEL D'AGOSTINO	62.16

LA FORM CIFT-620 SCHEDULE D - TAXES AND LICENSES STATEMENT 2

DESCRIPTION	LA AMOUNT	TOTAL AMOUNT
TAXES DEDUCTED ON FEDERAL RETURN		178,932.
LESS: LOUISIANA INCOME TAX DEDUCTED ON FEDERAL RETURN		-549.
TOTALS TO CIFT-620, SCHEDULE D, LINE 15		178,383.

LA FORM CIFT-620 SCHEDULE D - OTHER INCOME STATEMENT 3

DESCRIPTION	LOUISIANA	EVERYWHERE
MISCELLANEOUS		5,821.
NET GAIN/LOSS FROM FORM 4797		-1,415.
TOTALS TO CIFT-620, SCHEDULE D, LINE 8		4,406.

STATEMENT(S) 1, 2, 3

TENTRR, INC. 47-3054018

LA FORM CIFT-620 SCHEDULE D - OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	LOUISIANA	EVERYWHERE
AMORTIZATION		244,034.
AUTO AND TRUCK EXPENSE		15,338.
BANK CHARGES		789.
CARTING		10,214.
CONFERENCES AND SEMINARS		13,547.
CONSULTING SERVICES		549,755.
DUES & SUBSCRIPTIONS		5,854.
EQUIPMENT RENTAL		696,134.
INSURANCE		213,099.
IT SOFTWARE & SERVICES		196,434.
LEGAL AND PROFESSIONAL		237,561.
LICENSES AND PERMITS		8,744.
MEALS NOT SUBJECT TO LIMITATION		30,028.
MERCHANT ACCOUNT FEES		1,103.
MOVING EXPENSES		12,971.
OFFICE EXPENSES		7,577.
PAYROLL SERVICES FEE		46,464.
POSTAGE & DELIVERY		936.
SALARIES - PEO		2,372,606.
TELEPHONE EXPENSE		23,147.
TEST TRANSACTIONS		1,133.
TRAVEL		71,391.
UTILITIES		8,901.
WEB/DOMAIN HOSTING AND MAINT		55,520.
TOTALS TO CIFT-620, SCHEDULE D, LINE 23		4,823,280.

LA FORM CIFT-620 SCHEDULE E - BOOKED EXPENSES NOT ON RETURN STATEMENT 5

DESCRIPTION	AMOUNT
CONTRIBUTIONS CARRYOVER NOT ON RETURN	5,050.
AMORTIZATION	28,606.
TOTAL TO CIFT-620, SCHEDULE E, LINE 5C	33,656.

TENTRR, INC. 47-3054018

LA FORM CIFT-620 SCHEDULE E - BOOKED INCOME NOT ON RETURN STATEMENT 6

DESCRIPTION	AMOUNT
PPP LOANS, EIDL AND OTHER COVID GRANTS OR SUBSIDIES	401,400.
TOTAL TO CIFT-620, SCHEDULE E, LINE 7	401,400.

LA FORM CIFT-620 SCHEDULE G - OTHER CURRENT LIABILITIES STATEMENT 7

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PAYROLL LIABILITIES	15,292.	20,786.
CREDIT CARDS PAYABLE	3,599.	4,124.
ACCRUED EXPENSES	333,355.	689,171.
DEFERRED REVENUE	61,173.	173,080.
GIFT CARDS	27,801.	71,392.
SALES TAX PAYABLE	2,527.	1,318.
OTHER PAYABLES		
DEFERRED KEEPER EXPENSE		
GAP ACCOUNT	5,705.	
FARNAM LEASE LIABILITY	2,507,290.	4,486,749.
TENTKIT DEPLOYED		13,571.
TOTALS TO CIFT-620, SCHEDULE G, LINE 3	2,956,742.	5,460,191.

LA FORM CIFT-620 SCHEDULE G - OTHER LIABILITIES STATEMENT 8

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
LINE OF CREDIT	29,985.	0.
LOAN PAYABLE - PPP	401,400.	0.
DECATHLON LOAN	755,635.	1,642,792.
NATIONAL PARTNERS		5,427.
IPFS		36,901.
TOTALS TO CIFT-620, SCHEDULE G, LINE 7	1,187,020.	1,685,120.

TENTRR, INC. 47-3054018

LA FORM CIFT-620 SCHEDULES C AND H - OTHER INTANGIBLE ASSETS STATEMENT 9

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSES	53,618.	65,042.
DEFERRED EXPENSES	117,595.	312,775.
LOWES ESCROW	53,197.	22,981.
INTANGIBLE ASSETS	290,109.	1,261,596.
TOTALS TO CIFT-620, SCHEDULE C, LINE 8 SCHEDULE H, LINE 8	514,519.	1,662,394.

LA FORM CIFT-620 SCHEDULES C AND H - OTHER REAL AND TANGIBLE ASSETS LOCATED EVERYWHERE STATEMENT 10

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS	381,371.	547,469.
TOTAL TO CIFT-620, SCHEDULE C, LINE 17 SCHEDULE H, LINE 17	381,371.	547,469.

2021 TAX RETURN FILING INSTRUCTIONS

MAINE FORM 1120ME

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	$	0
LESS: PAYMENTS AND CREDITS	$	0
PLUS: OTHER AMOUNT	$	0
PLUS: INTEREST AND PENALTIES	$	0
NO PAYMENT REQUIRED	$	

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE ME DOR, PLEASE CONTACT OUR OFFICE AND WE WILL SUBMIT YOUR ELECTRONIC RETURN. DO NOT MAIL THE PAPER COPY TO THE ME DOR.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

2021

Maine Corporate Income Tax Return
Form 1120ME

2100100

04

For calendar year 2021 or tax year 2021 (MM DD YYYY) to (MM DD YYYY)

TENTRR INC

Name of Corporation

454110 Federal Business Code

Check if you filed federal Form 990-T, 1120-C, or 1120-H

25 W 39TH STREET 7TH FLOOR

Address

47 3054018 Federal Employer ID Number

DE State of Incorporation

NEW YORK

City, Town or Post Office

NY State

10018 ZIP Code

Parent Company Employer ID Number

ANAND

Contact Person's First Name

SUBRAMANIAN

Contact Person's Last Name

646 230 1040

Telephone Number

Check this box if the address has changed.

Check this box if claiming an exemption from the Maine corporate income tax pursuant to PL 86-272.

Check this box if during the tax year any member of the combined group owned or disposed of an interest in a pass-through entity doing business in Maine: If so, provide EIN of pass-through entity (use a separate sheet, if necessary):

Check applicable boxes:

(1) Initial return (2) Amended return (3) Combined return (Attach Form CR)

(4) Final return
If final, indicate the final business date , and check the appropriate box below:

(a) Ceased doing business in Maine (b) Dissolved (c) Merged, acquired or reorganized. Successor EIN:

(5) Member of an affiliated group filing a separate return (6) Based on a pro forma federal return

A.	**Federal consolidated income** (federal Form 1120, line 30)	A.	**.00**
B.	**Tentative total tax filed on federal Form 7004**	B.	**.00**
1.	**Federal taxable income** (federal Form 1120, line 30. If filing a combined report, enter amount from Form CR, line 11). If negative, enter a minus sign to the left of the number	1.	-6113971 **.00**

Subtractions from federal taxable income:

2.	**a. Nontaxable interest**	2a.	**.00**
	b. Foreign dividend gross-up	2b.	**.00**
	c. Work Opportunity Credit and Empowerment Zone Credit deductions (attach federal Form 5884 and/or Form 8844, as appropriate)	2c.	**.00**
	d. Income not taxable under the Constitution of Maine or the United States	2d.	**.00**
	e. Dividends from certain affiliated corporations (limitations - see instructions)	2e.	**.00**
	f. Net operating loss recapture (see instructions)	2f.	**.00**
	g. Income from ownership interest in pass-through entity financial institutions (subject to Maine franchise tax)	2g.	**.00**
	h. State income tax refunds (included in line 1 above)	2h.	**.00**

Continue on page 2

2021 Form 1120ME - Page 2

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Subtractions, continued:

i.	**Bonus depreciation/Section 179 expense recapture** (see instructions)	2i.	.00
j.	**Medical marijuana business expenses** (see instructions)	2j.	.00
k.	**50% of apportionable subpart F income** (see instructions)	2k.	.00
l.	**80% of apportionable deferred foreign income** (see instructions)	2l.	.00
m.	**50% of Global Intangible Low-Taxed Income (GILTI)** (see instructions)	2m.	.00
n.	**Northern Maine Transmission Corporation adjustment** (see instructions)	2n.	.00
o.	**Gain on sale of multifamily affordable housing** (see instructions)	2o.	.00
p.	**Seed capital investment tax credit** (see instructions)	2p.	.00
q.	**Gains from sale of timberlands** (see instructions)	2q.	.00
r.	**New markets capital investment credit** (see instructions)	2r.	.00
s.	**Charitable contributions recapture** (see instructions)	2s.	.00
t.	**Business interest deduction recapture** (see instructions)	2t.	.00
u.	**Other**	2u.	.00
v.	**Total subtractions** (add lines 2a through 2u)	2v.	.00

Additions to federal taxable income:

3.	a. **Income taxes** (imposed by Maine or any other state, attach schedule) STMT 1	3a.	2500	.00
	b. **Deferred foreign income** (see instructions)	3b.		.00
	c. **Participation exemption deduction add-back** (see instructions)	3c.		.00
	d. **Foreign-derived intangible income (FDII) deduction add-back** (see instructions)	3d.		.00
	e. **Global Intangible Low-Taxed Income (GILTI) deduction add-back** (see instructions)	3e.		.00
	f. **Interest from state and municipal bonds** (other than Maine)	3f.		.00
	g. **Net operating loss adjustment** (see instructions)	3g.		.00
	h. **Maine capital investment credit bonus depreciation add-back** (see instructions)	3h.		.00
	i. **Bonus depreciation add-back** (see instructions)	3i.		.00
	j. **Losses, expenses, or deductions from ownership interest in financial institutions** (see instructions)	3j.		.00

Continue on page 3

2021 Form 1120ME - Page 3

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Additions, continued:

k. **Wellness programs credit add-back** (see instructions)	3k.		.00
l. **Business meals deduction add-back** (see instructions)	3l.		.00
m. **Other**	3m.		.00
n. **Total additions** (add lines 3a through 3m)	3n.	2500	.00
4. Adjusted federal taxable income (line 1 minus line 2v plus line 3n)	4.	-6111471	.00

Tax:

5. Gross tax (from rate schedule on page 8 of instructions)	5.	0	.00
6. a. **Maine corporate income tax** (from line 5 above or Schedule A, line 5)	6a.	0	.00
b. **Credit recapture** (see instructions)	6b.		.00
c. **Total tax** (add lines 6a and 6b)	6c.	0	.00

Payments and credits:

7. a. **Maine estimated tax paid**	7a.		.00
b. **Extension payment** (Form 1120EXT-ME)	7b.		.00
c. **Tax credits** (Schedule C, line 1u plus line 2e)	7c.		.00
d. **Income tax withheld** (from a pass-through entity or from gambling winnings. Enclose Form 1099ME, W-2G, or other supporting documentation)	7d.		.00
e. **If amended, enter payments** (see instructions)	7e.		.00
f. **If amended, enter overpayments** (see instructions)	7f.		.00
g. **Total payments and credits** (add lines 7a through 7e and subtract line 7f; if the result is negative, enter a minus sign to the left of the number)	7g.		.00

Tax due or overpayment

8. a. If line 6c is greater than line 7g, subtract line 7g from line 6c and enter the **TAX DUE**	8a.	.00	**Use EZ Pay at maine.gov/revenue**
b. If line 7g is greater than line 6c, subtract line 6c from line 7g and enter the **OVERPAYMENT**	8b.	.00	
9. Penalty for underpayment of estimated tax (attach Form 2220ME) Check here if Form 2220ME box 5a is checked	9.		.00
10. TOTAL DUE If you completed line 8a, OR line 8b is less than line 9, enter the total due. Pay in full with return. You may be required to make payments electronically. See instructions or Rule 102. Make check payable to **Treasurer, State of Maine**	10.		.00

Continue on page 4

2021 Form 1120ME - Page 4

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Overpayment Carryforward/Refund

11. OVERPAYMENT If the amount on line 8b exceeds the amount on line 9, subtract the amount on line 9 from line 8b and complete line 12 ..... 11. **.00**

12. Amount of line 11 to be:

12a. CREDITED to next year's estimated tax **.00** **12b. REFUNDED** **.00**

REFUND DEPOSITED DIRECTLY TO YOUR CHECKING ACCOUNT ($20,000 or less). SEE INSTRUCTIONS.

Check this box if this refund will go to an account outside the United States

12c. Routing Number

12d. Checking Account Number

This return MUST BE ACCOMPANIED BY a legible copy of Federal Form 1120, pages 1-6, for the same tax period.

Please submit forms in the following order:

1. Pages 1 through 6 of Form 1120ME, as required.
2. Form CR, if required, including affiliation schedule.
3. Other statements for the Maine income tax return.
4. A copy of federal Form 1120, pages 1 through 6.

Paid Preparer Authorization (see instructions)

Check "Yes" to allow the paid preparer to discuss this return with Maine Revenue Services. Yes (complete the following). No.

Paid Preparer's Name | Paid Preparer's Phone Number | Personal Identifi cation #

Corporation President's Name | Social Security Number

Treasurer's Name | Social Security Number

Company's Website Address

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

PRESIDENT

Date | Officer's Signature | Title | Social Security Number

101122 GUTTERSON & COH MELVILLE, NY 11747 P00185030

Date | Signature and Address of Preparer (Individual or Firm) | Preparer's SSN or PTIN

If enclosing a check, make check payable to:
Treasurer, State of Maine
and MAIL WITH RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065

If not enclosing a check, MAIL RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1064
AUGUSTA, ME 04332-1064

2100104

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Schedule A - Apportionment of Tax

- Do not complete Schedule A if 100% of the business activity is attributable to Maine. Note that Schedules C and D may still be required.
- All others must complete Schedule A and enter amounts in columns A and B, even if those amounts are zero. If this schedule is left blank or excluded, the Maine apportionment factor will be set at 100%.
- Round all dollar amounts to whole numbers.

Check if using an alternate apportionment as provided by 36 M.R.S. § 5211(17).

		(A) Within Maine			(B) Everywhere			(C) Apportionment Factor Line 1, Col. (A)/Col. (B) Rounded to 6 Decimals
1.	Total Sales*	421487	.00	÷	4852111	.00	=	.086867
2.	Total Payroll	2054	.00	÷	2863161	.00		
3.	Total Property		.00	÷		.00		

4.	**Gross tax** (Form 1120ME, line 5)	4.	0	.00
5.	**Maine corporate income tax** (line 4 x line 1 column c factor. Enter here and on Form 1120ME, line 6a)	5.	0	.00
6.	What amount of line 3, column A is **tangible personal property**?	6.		.00

***Note:** Total Sales must exclude income claimed as a deduction on Form 1120ME, lines 2e, 2k, 2l, and 2m. Other limitations apply. See Schedule A instructions for additional information.

Schedule B - Alternative Minimum Tax
Repealed for tax years beginning on or after January 1, 2018

Schedule C - See page 6

Schedule D - Minimum Tax Credit

1.	a.	**Minimum tax credit carryover from 2020** (2020 Form 1120ME, Schedule D, line 1d)	1a.		.00
	b.	**Regular income tax liability for 2021** (Form 1120ME, line 6a minus all Schedule C credits except minimum tax credit)	1b.		.00
	c.	**Minimum tax credit:** enter the smaller of line 1a or line 1b here and on Schedule C, line 1i	1c.		.00
	d.	**Minimum tax credit carryover to 2022** (line 1a minus line 1c)	1d.		.00

2021 Form 1120ME - Page 6

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Schedule C - Tax Credits

(Attach worksheets. To get worksheets, see www.maine.gov/revenue/tax-return-forms)

2100105

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Non-refundable Credits

1.	a.	**Seed capital investment tax credit**	1a.		.00
	b.	**Jobs and investment tax credit carryforward**	1b.		.00
	c.	**Employer-assisted day care credit and Quality child care investment credit carryforward**	1c.		.00
	d.	**Employer-provided long-term care benefits credit carryforward**	1d.		.00
	e.	**Pine Tree Development Zone regular tax credit**	1e.		.00
	f.	**Maine capital investment credit**	1f.	0	.00
	g.	**Research expense tax credit**	1g.		.00
	h.	**Super credit for substantially increased research and development carryforward**	1h.		.00
	i.	**Minimum tax credit** (from Schedule D, line 1c)	1i.		.00
	j.	**Employer family and medical leave credit**	1j.		.00
	k.	**Credit for educational opportunity**	1k.		.00
	l.	**Wellness program credit**	1l.		.00
	m.	**Certified visual media production credit**	1m.		.00
	n.	**Biofuel commercial production tax credit**	1n.		.00
	o.	**Renewable chemicals tax credit**	1o.		.00
	p.	**Credit for disability income protection plans**	1p.		.00
	q.	**Maine Life and Health Insurance Guaranty Association credit** (see instructions)	1q.		.00
	r.	**Other nonrefundable credits** (see instructions)	1r.		.00
	s.	**Total nonrefundable credits** (add lines 1a through 1r)	1s.		.00
	t.	**Total tax** (from Form 1120ME, line 6c)	1t.		.00
	u.	**Allowable nonrefundable credits** (Enter amount from line 1s or 1t, whichever is less. Also enter the sum of this line and line 2e below on Form 1120ME, line 7c)	1u.		.00

Refundable Credits

2.	a.	**Historic rehabilitation credit**	2a.		.00
	b.	**New markets capital investment credit**	2b.		.00
	c.	**Credit for affordable housing**	2c.		.00
	d.	**Other refundable credits** (see instructions)	2d.		.00
	e.	**Total refundable credits:** (Add lines 2a through 2d. Also enter the sum of this line and line 1u above on Form 1120ME, line 7c)	2e.		.00

47 3054018
Federal EIN

2100106

04

Schedule X - Amended Return Adjustments

1. Reason for change (check all applicable boxes):

a. IRS change
b. Net operating loss
c. Federal amended 1120X
d. Accounting change
e. Other (attach explanation)
f. Member of an affiliated group filing a separate return
g. Combined return (attach Form CR)

(A) Line Adjusted	(B) As Most Recently Filed or Adjusted	(C) Adjustment	(D) Correct Amount
2. a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			
n.			
o.			
p.			
q.			
r.			
s.			
t.			

TENTRR, INC. 47-3054018

ME 1120ME STATE INCOME TAX STATEMENT 1

DESCRIPTION	AMOUNT
LOUISIANA TAX - BASED ON INCOME	549.
NEW YORK TAX - BASED ON INCOME	1,826.
NEW YORK CITY TAX - BASED ON INCOME	25.
UTAH TAX - BASED ON INCOME	100.
TOTAL TO FORM 1120ME, LINE 4A	2,500.

2021 TAX RETURN FILING INSTRUCTIONS

MISSISSIPPI FORM 83-105

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

AMOUNT OF TAX:

TOTAL TAX	$	25
LESS: PAYMENTS AND CREDITS	$	0
PLUS: OTHER AMOUNT	$	0
PLUS: INTEREST AND PENALTIES	$	0
BALANCE DUE	$	25

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE MS DOR, PLEASE SIGN, DATE AND RETURN FORM 8453-C TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE MS DOR. DO NOT MAIL A PAPER COPY OF THE RETURN.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

YOUR BALANCE DUE OF $25 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM 83-105 BALANCE DUE. REFER TO FORM 83-105 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

Form 83-115-21-3-1-111 Rev. (04/21)

Mississippi

MS8453-C

Corporate Income Declaration for Electronic Filing 2021

Tax Year Beginning 01012021 Tax Year Ending 12312021

DO NOT MAIL THIS DOCUMENT TO THE DEPARTMENT OF REVENUE

FEIN 473054018

TENTRR, INC.

Legal Name and DBA

25 W. 39TH STREET, 7TH FLOO	NEW YORK	NY	10018	83
Address	City	State	ZIP + 4	County Code

PART I: TAX RETURN INFORMATION **(ROUND TO THE NEAREST DOLLAR)**

1	Mississippi taxable income (Form 83-105, line 5 or Form 83-391, page 1, line 1)	1	
2	Total income tax (Form 83-105, line 6 or Form 83-391, page 1, line 2)	2	
3	Total payments and credits (Form 83-105, line 7 and line 12 or Form 83-391, page 1, line 3, 4, and 8)	3	
4	Amount you owe (Form 83-105, line 18 or Form 83-391, page 1, line 14)	4	25
5	Overpayment (Form 83-105, line 19 or Form 83-391, page 1, line 15)	5	
6	Refund (Form 83-105, line 21 or Form 83-391, page 1, line 17)	6	
7	Amount of payment remitted electronically	7	25

* If the corporation is filing a balance due return and the Department of Revenue does not receive full and timely payment of its tax liability, the corporation will be liable for the tax liability and all applicable interest and penalties.

PART II: DECLARATION OF OFFICER

Under the penalties of perjury, I declare that I am an officer of the above corporation and that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's Mississippi Corporate Income and Franchise Tax Return. To the best of my knowledge and belief, the corporation's return is true, correct and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, and accompanying schedules and statements to the Department of Revenue (DOR). I also consent to the DOR my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted, and, if rejected, the reason(s) for the rejection. This declaration is to be maintained by the ERO and provided to DOR on request.

Sign Here Signature of Officer Date PRESIDENT Title

PART III: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above corporation's return and that the entries on Form MS8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Department of Revenue (DOR), and have followed all other requirements in Pub. 3112, IRS e-file Application and Participation and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use Only

ERO Signature	Date	Check if Also Paid Preparer	Check if Self-Employed	ERO SSN or PTIN
	101122	X		P00185030

Firm Name (or yours if self-employed), address and ZIP code: GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

EIN: 813215466

Phone No.: 631 629 4344

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer Use Only

Preparer Signature	Date	Check if Also Paid Preparer	Check if Self-Employed	Preparer SSN or PTIN

Firm Name (or yours if self-employed), address and ZIP code

EIN

Phone No.

160851 09-09-21

DO NOT Mail this Document to the Mississippi Department of Revenue

Form 83-105-21-3-1-111 (Rev. 04/21)

831052131111

Mississippi
Corporate Income and Franchise Tax Return
2021

Tax Year Beginning 01012021 Tax Year Ending 12312021

FEIN 473054018 Mississippi Secretary of State ID 1258431

Legal Name and DBA	CHECK ALL THAT APPLY	CHECK ONE
TENTRR, INC.		
Address	Amended Return	100% Mississippi
25 W. 39TH STREET, 7TH FLOOR		
City / State / ZIP + 4	Final Return	X Multistate Apportioning
NEW YORK NY 10018		
County Code 83 NAICS Code 454110	Non Profit	Multistate Direct Accounting

FRANCHISE TAX

(ROUND TO THE NEAREST DOLLAR)

1	Taxable capital (from Form 83-110, line 18)	1	4000
2	Franchise tax **(minimum tax $25)** Fee-In-Lieu	2	25
3	Franchise tax credit (from Form 83-401, line 1)	3	0
4	Net franchise tax due (line 2 minus line 3)	4	25

INCOME TAX

Combined income tax return (enter FEIN of reporting corporation)

5	Mississippi net taxable income (from Form 83-122, line 30 or Form 83-310, line 5, column C)	5	0
6	Income tax	6	0
7	Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B)	7	0
8	Net income tax due (line 6 minus line 7)	8	0

PAYMENTS AND TAX DUE

9	Total franchise and income tax (line 4 plus line 8)	9	25
10	Overpayments from prior year	10	0
11	Estimated tax payments and payment with extension	11	0
12	Total payments (line 10 plus line 11)	12	0
13	Net total franchise and income tax (line 9 minus line 12)	13	25
14	Interest and penalty on underestimated income tax payments (from Form 83-305, line 19)	14	0
15	Late payment interest	15	0
16	Late payment penalty	16	0

160301 09-09-21

Form 83-105-21-3-2-111 (Rev. 04/21)

831052132111

Mississippi
Corporate Income and Franchise Tax Return
2021

FEIN 473054018

17	Late filing penalty **(minimum income tax penalty $100)**	17	0
18	**Total balance due** (if line 9 is larger than line 12, add line 13 through line 17)	18	25
19	**Total overpayment** (if line 12 is larger than line 9 plus line 14, subtract line 9 and line 14 from line 12)	19	0
20	**Overpayment credited to next year** (from line 19)	20	0
21	**Overpayment to be refunded** (line 19 minus line 20)	21	0

See instructions for electronic payment options or attach payment voucher, Form 83-300, with check or money order for balance due.

PART I: CORPORATE INFORMATION

1 Is this a publicly traded corporation? Yes If yes, under what symbol? X No

2 If final return, enter reason and date effective: Date

3 If the corporation has been sold, merged, or converted to a Single-Member LLC (SMLLC), complete the following: Name, address and FEIN of the new existing corporation or owner of the SMLLC:

FEIN

4 If amended return, check reason. Mississippi Correction Federal Correction Other

5 Check if the company has been audited by the IRS. If the company has been audited, what year(s) are involved?

6 Principal business activity in Mississippi CAMPING ONLINE M 6a County location in Mississippi OUT OF STATE

7 Principal product or service in Mississippi SERVICE

8 Contact person for this return 8a Location and phone number

PART II: CORPORATE OFFICER INFORMATION

List the owners, officers, directors or partners who have a responsibility in the fiscal management of the organization.

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE
PRESIDENT ANAND SUBRAMANIAN	185767731	411 W 39TH ST 4TH FL NEW YORK, NY, 10018	.8500

Form 83-105-21-3-3-111 (Rev. 04/21)

831052133111

Mississippi

Corporate Income and Franchise Tax Return

2021

FEIN 473054018

PART III: CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. See page 4 for supplemental schedule if needed.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

X **Check box if return may be discussed with preparer**

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

Officer Signature and Title		Date	Business Phone
PRESIDENT			646 230 1040

Paid Preparer Signature	Date	Paid Preparer Address
	101122	445 BROADHOLLOW ROAD STE 230

Paid Preparer PTIN	Paid Preparer Phone	City	State	ZIP Code
P00185030	631 629 4344	MELVILLE	NY	11747

160303 09-09-21

Mail Return To: Department of Revenue P.O. Box 23191 Jackson, MS 39225-3191

Form 83-110-21-3-1-111 (Rev. 04/21)

831102131111

Mississippi
Corporate Franchise Tax Schedule
2021

FEIN 473054018

CAPITAL BASE		(ROUND TO THE NEAREST DOLLAR)
1 Capital stock	1	1029
2 Paid in capital	2	31053045
3 Surplus and retained earnings	3	-26159031
4 Loans from shareholders or affiliates	4	0
5 Deferred taxes, contingent liabilities, all true reserves, and other elements (attach schedule)	5	0
6 Less treasury stock	6	0
7 Holding company exclusion (attach schedule)	7	0
8 Total capital base (add line 1 through line 7)	8	4895043

APPORTIONMENT RATIO		A MISSISSIPPI		B EVERYWHERE
9 Real and tangible personal property owned at year end (net book value)	9A	0	9B	7248470
10 Gross receipts	10A	7496	10B	4846290
11 Total (line 9 plus line 10)	11A	7496	11B	12094760
12 Mississippi ratio (line 11A divided by line 11B)			12	.0620
13 Taxable capital apportioned to Mississippi (line 8 multiplied by line 12. If 100% Mississippi, enter amount from line 8)			13	3035

ASSESSED VALUE OF MISSISSIPPI PROPERTY

Mississippi County	Mississippi Assessed Value of Real Property	Mississippi Assessed Value of Personal Property

TAXABLE CAPITAL

14 Total assessed value of Mississippi property (attach additional schedule if needed)	14	0
15 Taxable capital (enter the larger of line 13 or line 14)	15	3035
16 Prorate (except for initial return; if period is less than twelve months, multiply line 15 by the number of months covered by the return and divide by twelve)	16	0
17 Capital exemption (attach schedule)	17	0
18 Final taxable capital (line 15 or line 16 minus line 17. Round amount up to the next highest $1,000 and enter amount on Form 83-105, line 1. If negative, enter zero on Form 83-105, line 1)	18	4000

Form 83-120-21-3-1-111 (Rev. 04/21)

160321 09-09-21

Mississippi Balance Sheet Per Books

FEIN 473054018

SCHEDULE L - BALANCE SHEETS PER BOOKS	Beginning of Tax Year		End of Tax Year	
ASSETS	(A)	(B)	(C)	(D)
1 Cash		1794642		6873088
2a Trade notes and accounts receivable	271095		434439	
b Less allowance for bad debts	( )	271095	( )	434439
3 Inventories		16864		
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement) STMT 1		224410		400798
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets	4959727		7248470	
b Less accumulated depreciation	(2685661)	2274066	(4135912)	3112558
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)	290109		1261596	
b Less accumulated amortization	(24765)	265344	(297405)	964191
14 Other assets (attach statement) STMT 2		381371		547469
15 Total assets		5227792		12332543
LIABILITIES AND SHAREHOLDERS' EQUITY				
16 Accounts payable		122066		292189
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement) STMT 3		2956742		5460191
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement) STMT 4		1187020		1685120
22 Capital stock: a Preferred stock	229		229	
b Common stock	800	1029	800	1029
23 Additional paid-in capital		21764062		31053045
24 Retained earnings - Appropriated (attach statement)				
25 Retained earnings - Unappropriated		-20803127		-26159031
26 Adjustments to shareholders' equity (attach statement)				
27 Less cost of treasury stock		( )		( )
28 Total liabilities and shareholders' equity		5227792		12332543

SCHEDULE M-1, RECONCILIATION OF INCOME (LOSS) PER BOOKS WITH FEDERAL INCOME PER RETURN

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

1 Net income (loss) per books	-5355904	7 Income recorded on books this year not included on this return (itemize): Tax-Exempt interest $	
2 Federal income tax per books			
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize):		STMT 6 401400	401400
		8 Deductions on this return not charged against book income this year (itemize):	
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation $ 390323	
a Depreciation $		b Charitable contributions $	
b Charitable contributions $ 5050			390323
c Travel and entertainment $			
STMT 5 28606	33656	9 Add lines 7 and 8	791723
6 Add lines 1 through 5	-5322248	10 Income (page 1, line 28) line 6 less line 9	-6113971

SCHEDULE M-2, ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS (LINE 25, SCHEDULE L)

1 Balance at beginning of year	-20803127	5 Distributions: a Cash	
2 Net income (loss) per books	-5355904	b Stock	
3 Other increases (itemize):		c Property	
		6 Other decreases (itemize):	
		7 Add lines 5 and 6	
4 Add lines 1, 2, and 3	-26159031	8 Balance at end of year (line 4 less line 7)	-26159031

Form 83-122-21-3-1-111 (Rev. 04/21)

831222131111

Mississippi

Net Taxable Income Schedule

2021

FEIN 473054018

COMPUTATION OF MISSISSIPPI NET TAXABLE INCOME

(ROUND TO THE NEAREST DOLLAR)

1	Federal taxable income (loss) before net operating loss deductions and special deductions (from federal Form 1120, page 1, line 28. If multistate direct accounting, enter zero and skip to line 23)	1	-6113971

STATE ADDITIONS TO FEDERAL TAXABLE INCOME

2	State, local or foreign government taxes based on income	2	2500
3	Interest on obligations of other states or political subdivisions (net of expenses)	3	0
4	Depletion expense in excess of cost	4	0
5	Federal capital loss carryover deduction	5	0
6	Federal special depreciation allowance	6	0
7	Other additions required by law (attach schedule)	7	0
8	**Total additions** (add line 2 through line 7)	8	2500

STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME

9	Interest on obligations of the United States (net of expenses)	9	0
10	Wages reduced on federal return for federal employment tax credits	10	0
11	Income (loss) from partnership, S corporation or trust	11	0
12	Income (loss) from construction contracting or production of natural mineral resource products (net of expenses)	12	0
13	Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule)	13	0
14	Other deductions (attach schedule)	14	0
15	**Total deductions** (add line 9 through line 14)	15	0

APPORTIONMENT / ALLOCATION (MULTISTATE ONLY)

If 100% Mississippi, complete line 16 then skip to page 2, line 20

16	**Adjusted federal income (loss)** (line 1 plus line 8 minus line 15)	16	-6111471
17	Adjustment for nonbusiness income (loss) net of expenses (from Form 83-150, column E, line 2)	17	0
18	Apportionable business income (loss) (line 16 minus line 17)	18	-6111471
19	Apportionment ratio (enter ratio and check box as shown on Form 83-125, part II)	19	.1545

X Sales retail	Manufacturers retail	Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions)	Special Formula	

Form 83-122-21-3-2-111 (Rev. 04/21)

831222132111

Mississippi

Net Taxable Income Schedule

2021

FEIN 473054018

APPORTIONMENT / ALLOCATION

20	Mississippi apportioned income(loss)(if 100% Mississippi, enter line 16, otherwise, multiply line 18 by line 19)	20	-9442
21	Nonbusiness income (loss) allocated to Mississippi (from Form 83-150, column F, line 2)	21	0
22	Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1s, Form 84-132)	22	0
23	Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 83-124, page 2, line 31 and/or page 3, line 46)	23	0
24	Adjustments related to Mississippi tax credits claimed	24	0
25	Mississippi capital loss carryover/carryback deduction (from Form 83-155, part II, line 2)	25	0
26	Other adjustments (attach schedule)	26	0

MISSISSIPPI TAXABLE INCOME

27	Income (loss) apportioned and allocated to Mississippi (add line 20 through line 26)	27	-9442
28	Mississippi net operating loss deduction (from Form 83-155, part I, line 2)	28	0
29	Income exemption (attach schedule; if not applicable, enter zero)	29	0
30	**Mississippi net taxable income (loss)** (line 27 minus line 28 and line 29. Enter on Form 83-105, line 5; if filing combined, enter income (loss) on Form 83-310. If negative, enter zero on Form 83-105, line 5)	30	-9442

Form 83-125-21-3-1-111 (Rev. 04/21)

831252131111

FEIN 473054018

Mississippi

Business Income Apportionment Schedule

2021

PART I: COMPUTATION OF APPORTIONMENT FACTORS (ROUND TO FOUR DECIMAL PLACES)

	A Total Mississippi	B Total Everywhere	C Mississippi Ratio
1 Property factor			
a Beginning of taxable year			
b End of taxable year			
c Total (line 1a plus line 1b)			
d Average net book value of assets (divide line 1c by two)			
e Rental property (enter annual rental property multiplied by eight)			
f Total (line 1d plus line 1e)			
g Mississippi property factor (line 1f, column A divided by line 1f, column B)			
2 Payroll factor (line 2, column A divided by line 2, column B)	0	490555	.0000
3 Sales factor (line 3, column A divided by line 3, column B)	7496	4852111	.1545

PART II: APPLICATION OF APPORTIONMENT FACTORS (CHECK ONE)

X Retailing, renting, servicing, merchandising or wholesaling

4 Sales factor (from part I, line 3, column C) (enter ratio on Form 83-122, line 19) .1545

Manufacturers that sell principally at retail

5a Property factor (from part I, line 1g, column C)
5b Payroll factor (from part I, line 2, column C)
5c Subtotal (line 5a plus line 5b)
5d Average (divide line 5c by two)
5e Sales factor (from part I, line 3, column C)
5f Total (line 5d plus line 5e)
5g Weighted average (divide line 5f by two) (enter ratio on Form 83-122, line 19)

Financial institutions, pipelines or manufacturers that sell principally at wholesale (for major medical or pharmaceutical suppliers, see instructions Form 83-100)

6a Property factor (from part I, line 1g, column C)
6b Payroll factor (from part I, line 2, column C)
6c Sales factor (from part I, line 3, column C)
6d Total (add lines 6a, 6b and 6c)
6e Average (divide line 6d by three) (enter ratio on Form 83-122, line 19)

Airlines, motor carriers, express companies, telephone and telegraph companies

7 Special formula required (attach schedule and enter ratio on Form 83-122, line 19)

TENTRR, INC. 47-3054018

MS 83-120 OTHER CURRENT ASSETS STATEMENT 1

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSES	53,618.	65,042.
DEFERRED EXPENSES	117,595.	312,775.
LOWES ESCROW	53,197.	22,981.
TOTAL TO 83-120, SCHEDULE L, LINE 6	224,410.	400,798.

MS 83-120 OTHER ASSETS STATEMENT 2

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS	381,371.	547,469.
TOTAL TO 83-120, SCHEDULE L, LINE 14	381,371.	547,469.

MS 83-120 OTHER CURRENT LIABILITIES STATEMENT 3

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PAYROLL LIABILITIES	15,292.	20,786.
CREDIT CARDS PAYABLE	3,599.	4,124.
ACCRUED EXPENSES	333,355.	689,171.
DEFERRED REVENUE	61,173.	173,080.
GIFT CARDS	27,801.	71,392.
SALES TAX PAYABLE	2,527.	1,318.
OTHER PAYABLES	0.	0.
DEFERRED KEEPER EXPENSE	0.	0.
GAP ACCOUNT	5,705.	0.
FARNAM LEASE LIABILITY	2,507,290.	4,486,749.
TENTKIT DEPLOYED	0.	13,571.
TOTAL TO 83-120, SCHEDULE L, LINE 18	2,956,742.	5,460,191.

TENTRR, INC. 47-3054018

MS 83-120 OTHER LIABILITIES STATEMENT 4

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
LINE OF CREDIT	29,985.	0.
LOAN PAYABLE - PPP	401,400.	0.
DECATHLON LOAN	755,635.	1,642,792.
NATIONAL PARTNERS	0.	5,427.
IPFS	0.	36,901.
TOTAL TO 83-120, SCHEDULE L, LINE 21	1,187,020.	1,685,120.

MS 83-120 EXPENSES RECORDED ON BOOKS NOT ON RETURN STATEMENT 5

DESCRIPTION	AMOUNT
AMORTIZATION	28,606.
TOTAL TO FORM 83-120, SCHEDULE M-1, LINE 5	28,606.

MS 83-120 INCOME RECORDED ON BOOKS STATEMENT 6

DESCRIPTION	AMOUNT
PPP LOANS, EIDL AND OTHER COVID GRANTS OR SUBSIDIES	401,400.
TOTAL TO FORM 83-120, SCHEDULE M-1, LINE 7	401,400.

2021 TAX RETURN FILING INSTRUCTIONS

NORTH CAROLINA FORM CD-405

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	$	200
LESS: PAYMENTS AND CREDITS	$	0
PLUS: OTHER AMOUNT	$	0
PLUS: INTEREST AND PENALTIES	$	0
BALANCE DUE	$	200

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE NCDOR, PLEASE CONTACT OUR OFFICE AND WE WILL SUBMIT YOUR ELECTRONIC RETURN. DO NOT MAIL THE PAPER COPY TO THE NCDOR.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

YOUR BALANCE DUE OF $200 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CD-405 BALANCE DUE. REFER TO FORM CD-405 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

TAX RETURN FILING INSTRUCTIONS

NORTH CAROLINA BUSINESS CORPORATION ANNUAL REPORT

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

AMOUNT OF TAX:

BALANCE DUE $25

MAKE CHECK PAYABLE TO:

SECRETARY OF STATE

MAIL TAX RETURN TO:

SECRETARY OF STATE
BUSINESS REGISTRATION DIVISION
POST OFFICE BOX 29525
RALEIGH, NC 27626-0525

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

BUSINESS CORPORATION ANNUAL REPORT

1/6/2022

NAME OF BUSINESS CORPORATION: TENTRR, INC.

SECRETARY OF STATE ID NUMBER: _____ STATE OF FORMATION: DE

Filing Office Use Only

☐ Changes

REPORT FOR THE FISCAL YEAR END: 12/31/21

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: ANAND SUBRAMANIAN

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____
SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS **& COUNTY**

411 W 39TH ST 4TH FL

NEW YORK, NY 10018

4. REGISTERED AGENT OFFICE MAILING ADDRESS

411 W 39TH ST 4TH FL

NEW YORK, NY 10018

SECTION B: PRINCIPAL OFFICE INFORMATION

1. **DESCRIPTION OF NATURE OF BUSINESS:** CAMPING ONLINE MARKETPL

2. **PRINCIPAL OFFICE PHONE NUMBER:** 646-230-1040

3. **PRINCIPAL OFFICE EMAIL:** ANAND@TENTRR.COM

4. PRINCIPAL OFFICE STREET ADDRESS

25 W. 39TH STREET, 7TH FLOOR

NEW YORK, NY 10018

5. PRINCIPAL OFFICE MAILING ADDRESS

25 W. 39TH STREET, 7TH FLOOR

NEW YORK, NY 10018

6. **Select one of the following if applicable. (Optional see instructions)**

☐ The company is a veteran-owned small business
☐ The company is a service-disabled veteran-owned small business

SECTION C: OFFICERS (Enter additional officers in Section E.)

NAME: _____ NAME: _____ NAME: _____

TITLE: _____ TITLE: _____ TITLE: _____

ADDRESS: _____ ADDRESS: _____ ADDRESS: _____

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

_____ _____
SIGNATURE DATE

Form must be signed by an officer listed under Section C of this form.

_____ PRESIDENT
Print or Type Name of Officer Print or Type Title of Officer

169241
01-19-22

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525

North Carolina Department of the Secretary of State
Elaine F. Marshall, Secretary

BELOW IS THE CHECK LIST FOR BUSINESS CORPORATION ANNUAL REPORT. Please take a few minutes and read the information provided. The Business Corporation's Annual Report is due by the 15th of the 4th month after the end of the Business Corporation's fiscal year, with the filing fee of $20.00 if filed online, if filed in paper form the fee is $25.00.

Each Business Corporation filing an annual report with the North Carolina Department of Secretary of State must provide the following information:

1. **NAME OF BUSINESS CORPORATION**
2. **STATE OF FORMATION**
3. **ANNUAL REPORT FILING YEAR**
4. **THE REGISTERED AGENT STREET ADDRESS AND MAILING ADDRESS IF DIFFERENT**
5. **THE REGISTERED AGENT'S NAME AND SIGNATURE IF CHANGED**
6. **THE PRINCIPAL OFFICE ADDRESS, COUNTY AND TELEPHONE NUMBER**
7. **THE NAMES, TITLES AND BUSINESS ADDRESS OF THE PRINCIPAL OFFICERS**
8. **A BRIEF DESCRIPTION OF THE NATURE OF BUSINESS**

IF THE INFORMATION REQUIRED TO BE ENTERED IN SECTION A THROUGH SECTION C HAS NOT CHANGED SINCE THE MOST RECENTLY FILED ANNUAL REPORT, COMPLETE HEADER SECTION AND SECTION D TO CERTIFY THE ANNUAL REPORT.

SECTION A: REGISTERED AGENT'S INFORMATION

1. The name of the registered agent must be typed or printed.
2. If the registered agent has changed, the new registered agent **MUST SIGN CONSENT** to the appointment in the space provided. If the registered agent's name has changed due to marriage, or by any other legal means, the business corporation must indicate such change in the space provided and have the agent sign consent to the appointment under their new name. If the new registered agent is a business entity, then the appropriate representative of that entity must sign and print their name and title. The registered agent must reside in NC.
3. If the street address of the registered office has changed, indicate the change. The address of the registered office must be a **Street Address and NOT a Post Office Box Address. The street address of the registered office must be a North Carolina address.**
4. If the mailing address of the registered office has changed it should be indicated in this item. The registered office's mailing address may be a Post Office Box. The registered office mailing address must be a **NORTH CAROLINA ADDRESS.**

SECTION B: PRINCIPAL OFFICE INFORMATION

1. Provide a brief description of the nature of the Business Corporation's business.
2. Enter the principal office telephone number.
3. Enter the principal office E-mail address.
4. The principal office address should reveal the Business Corporation's physical location. **The principal office street address must be a street address and NOT a Post Office Box Address.**
5. The principal office mailing address may be a Post Office Box.
6. You may voluntarily report whether the company qualifies as a service-disabled veteran-owned or veteran-owned small business. The annual net receipts cannot exceed one million dollars ($1,000,000) to report as either veteran-owned small business designation. Choose the designation of a service-disabled veteran-owned small business if one or more service-disabled veterans owns more than 50% of the business. Choose the designation of veteran-owned small business if one or more veteran owns more than 50% of the business. For further definitions see N.C.G.S. §55-1-40; §57D-1-03; or §59-32.

SECTION C: OFFICERS

Provide the names and addresses of each officer. Use Section E or a plain 8 1/2 X 11 sheet of paper if more space is needed. A person listed in this section must sign the annual report and is then authorized to sign on other documents filed with this office.

SECTION D: CERTIFICATION OF ANNUAL REPORT

Check the annual report carefully to ensure all information required for filing has been provided. Only an officer listed on this report or past completed and filed report may sign. Complete the signature, date, title and typed or printed name in the space provided on the form to certify that the information is accurate and current. If the Officer of the business corporation is another business entity then the appropriate representative of that business entity must certify the annual report.

SECTION E: ADDITIONAL OFFICERS

Provide the names and addresses of each additional officer. A person listed in this section is then authorized to sign on other documents filed with this office.

Mail the annual report to: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525. For information or assistance, contact the Business Registration Division at (919) 814-5400 or Toll Free 1-888-246-7636. The url address is **http://www.sosnc.gov**.

CD-405 (39)
8-17-21

C Corporation Tax Return 2021

North Carolina Department of Revenue

DOR Use Only

For calendar year 2021, or other tax year beginning 21 and ending

TENTRR, INC
25 W 39TH STREET 7TH FLOOR
NEW YORK NY 10018

Federal Employer ID Number 473054018
N.C. Secretary of State ID Number
NAICS Code 454110

☐ Initial Return ☐ Short Year Return ☐ Captive REIT ☐ Non U.S./Foreign ☐ NC-Rehab ☐ NC-478 is attached
☐ Final Return ☐ Amended Return ☐ Tax Exempt ☐ Combined Return (Approved Taxpayers Only) ☐ Has Escheatable Property

TENT 25 W 10018 473054018 454110

☐ Yes ☒ No Federal Extension Were you granted an automatic extension to file your 2021 federal income tax return (Form 1120)?

PP P00185030 PFSP P IR N FR N SR N AR N

TN 6462301040 RE N TE N NF N CR N NCR N 478 N EP N FDEXT N

TENTRR INC

25 W 39TH STREET 7TH FLOOR NEW YORK NY 10018

GR	4846290	09	0	21	0	30	0
TA	12332543	10	-6113971	22	0	34	0
01	48510	11	2500	24	0	EU	
HCE	N	13	0	26	0	35A	0
02	0	15	0	27A	0	35B	0
03	0	16	-6111471	27B	0	38	0
05	200	17	0009910	27C	0	39	0
06	0	18	-60565	27D	0	40	0
07	0	19	0	27E	0	41	0
08	200	20	-60565	29	0		

6300139023

Sch. A Computation of Franchise Tax	
1. Net Worth	48510
Holding Company Exception	N
2. Investment in N.C. Tangible Property	0
3. Appraised Value of N.C. Tangible Property	0
4. Taxable Amount	48510
5. Total Franchise Tax Due	200
6. Payment with Franchise Tax Extension	0
7. Tax Credits	0
8. Franchise Tax Due	200
9. Franchise Tax Overpaid	0

Sch. B Computation of Corporate Income Tax	
10. Federal Taxable Income	-6113971
11. Adjustments to Federal Taxable Income	2500
12. Net Income Before Contributions	-6111471
13. Contributions to Donees Outside N.C.	0
14. N.C. Taxable Income	-6111471
15. Nonapportionable Income	0
16. Apportionable Income	-6111471
17. Apportionment Factor	0.9910 %

I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

☐ **Refund Due** 0 ☒ **Payment Due** 200

☒ Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.

PRESIDENT — Signature and Title of Officer:
Date
646-230-1040 — Corporate Phone Number

PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.

☐ FEIN ☐ SSN ☒ PTIN

Signature of Paid Preparer:
Date
631-629-4344 — Preparer's Phone Number
P00185030 — Preparer's FEIN, SSN, or PTIN

Mail to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0500. Returns are due by the 15th day of the 4th month after the end of the income year.

169461 11-16-21

CD-405 2021 Page 2 (39)

Legal Name *(First 10 Characters)* TENTRR, IN | Federal Employer ID Number 473054018

CD-405 Line-by-Line Information

N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of 0

Sch. B Computation of Corporate Income Tax

18.	Income Apportioned to N.C.	-60565
19.	Nonapportionable Income Allocated to N.C.	0
20.	Income Subject to N.C. Tax	-60565
21.	% Depletion over Cost - N.C. Property	0
22.	State Net Loss (Attach schedule)	0
23.	Income Before Contributions to N.C. Donees	-60565
24.	Contributions to N.C. Donees	0
25.	Net Taxable Income	-60565
26.	N.C. Net Income Tax	0
27.	Payments and Credits	
	a. Income Tax Extension	0
	b. 2021 Estimated Tax (previous payments if amended)	0
	c. Partnership (include Form D-403, NC K-1)	0
	d. Nonresident Withholding (include 1099 or W-2)	0
	e. Tax Credits	0
28.	Add Lines 27a through 27e	0
29.	Income Tax Due	0
30.	Income Tax Overpaid	0

Tax Due or Refund

31.	Franchise Tax Due or Overpayment	200
32.	Income Tax Due or Overpayment	0
33.	Balance of Tax Due or Overpayment	200
34.	Underpayment of Estimated Income Tax	0
EU.	Exception to Underpayment of Estimated Tax	
35.	a. Interest	0
	b. Penalties	0
	c. Add Lines 35a and 35b	0
36.	Total Due	200
37.	Overpayment	0
38.	2022 Estimated Income Tax	0
39.	N.C. Nongame and Endangered Wildlife Fund	0
40.	N.C. Education Endowment Fund	0
41.	Amount to be Refunded	0

Sch. C Net Worth

1.	Total assets	16765860
2.	Total liabilities	7437500
3.	Line 1 minus Line 2	9328360
4.	Accumulated depreciation, depletion, and amortization permitted for income tax purposes (Attach sch)	4433317
5.	Line 3 minus Line 4	4895043
6.	Affiliated indebtedness (Attach schedule)	0
7.	Line 5 plus (or minus) Line 6	4895043
8.	Apportionment factor	0.9910 %
9.	Net Worth	48510

Sch. D Investment in N.C. Tangible Property

	Inventory valuation method	
1.	Total inventories located in N.C.	0
2.	Total furniture, fixtures, and M & E located in N.C.	0
3.	Total land and buildings located in N.C.	0
4.	Total leasehold improvements and other N.C. tangible property	0
5.	Add Lines 1 through 4	0
6.	Accumulated depreciation, depletion, and amortization with respect to N.C. tangible property	0
7.	Debts existing for the purchase or improvement of N.C. real estate	0
8.	Investment in N.C. Tangible Property	0

Sch. E Appraised Value of N.C. Tangible Property

1.	County tax value of N.C. tangible property	0
2.	Appraised value of N.C. tangible property	0

Sch. G Federal Taxable Income Before NOL Deduction

1.	a. Gross receipts or sales	4846290
	b. Returns and allowances	0
	c. Balance - Line 1a minus Line 1b	4846290
2.	Cost of goods sold (Attach schedule)	2339836
3.	Gross Profit (Line 1c minus Line 2)	2506454
4.	Dividends (Attach schedule)	0
5.	a. Interest on obligations of U.S. and its instrumentalities	0
	b. Other interest	0
6.	Gross rents	0
7.	Gross royalties (Attach schedule)	0
8.	Capital gain net income (Attach schedule)	0
9.	Net gain (loss) (Attach schedule)	-1415
10.	Other income (Attach schedule)	5821
11.	Total Income	2510860
12.	Compensation of officers (Attach sch., including addresses)	490555
13.	Salaries and wages (less employment credits)	0
14.	Repairs and maintenance	0
15.	Bad debts	181742
16.	Rents	18333
17.	Taxes and licenses	178932
18.	Interest	353565
19.	Charitable contributions	0
20.	a. Depreciation	1853197
	b. Depreciation included in cost of goods sold	0
	c. Balance - Line 20a minus 20b	1853197
21.	Depletion	0
22.	Advertising	568851
23.	Pension, profit-sharing, and similar plans	0
24.	Employee benefit programs	156376
25.	Reserved for future use	
26.	Other deductions (Attach schedule)	4823280
27.	Total Deductions	8624831
28.	Taxable Income Per Federal Return Before NOL and Special Deductions	-6113971
29.	Special Deductions	0
30.	Federal Taxable Income	-6113971

Legal Name *(First 10 Characters)* TENTRR, IN | Federal Employer ID Number 473054018

Sch. H Adjustments to Federal Taxable Income

1. Additions		
a. Taxes based on net income	1a.	2500
b. Contributions	1b.	0
c. Royalties to related members	1c.	0
d. Net interest expense to related members	1d.	0
e. Expenses attributable to income not taxed	1e.	0
f. Bonus depreciation	1f.	0
g. Section 179 expense deduction	1g.	0
h. Other (Attach schedule)	1h.	0
2. Total Additions	2.	2500
3. Deductions		
a. U.S. obligation interest (net of expenses) (Attach schedule)	3a.	0
b. Other deductible dividends	3b.	0
c. Royalties received from related members	3c.	0
d. Qualified interest expense to related members	3d.	0
e. Bonus depreciation	3e.	0
f. Section 179 expense deduction	3f.	0
g. Other (Attach schedule)	3g.	0
4. Total Deductions	4.	0
5. Adjustments to Federal Taxable Income	5.	2500

Sch. I Contributions

1. Contributions to Donees Outside N.C.		
a. Total contributions to donees outside N.C.	1a.	5050
b. Multiply Schedule B, Line 12 by 5%, if Line 12 is greater than zero. Otherwise enter zero.	1b.	0
c. Amount Deductible	1c.	0
2. Contributions to N.C. Donees		
a. Total contributions to N.C. donees other than those listed in Line 2d	2a.	0
b. Multiply Sch. B, Line 23 by 5%, if Line 23 is greater than zero. Otherwise enter zero.	2b.	0
c. Enter the lesser of Line 2a or 2b	2c.	0
d. Total contributions to the State of N.C. and its political subdivisions	2d.	0
e. Amount Deductible	2e.	0

Sch. F Other Information - All Taxpayers Must Complete this Schedule

1. a. State of incorporation: DELAWARE
   b. Date incorporated: 02 03 15
2. Date of N.C. Certificate of Authority:
3. a. Reg or principal trade or bus. in N.C.: CAMPING ONLI
   b. Reg or principal trade or bus. everywhere: CAMPING ONLI
4. Principal place bus. is directed or managed: NEW YORK
5. What was the last year the IRS redetermined the corporation's federal taxable income?
6. a. Were adjustments reported to N.C.? N
   b. If so, when?
7. Does this corporation finance or discount its receivables through a related or an affiliated company? N
8. Is this corporation subject to franchise tax but not N.C. income tax because the corporation's income tax activities are protected under P.L. 86-272? (If yes, attach explanation) N
9. Officers' names and addresses:
   President
   Vice-President
   Secretary
   Treasurer

Explanation of Changes for Amended Return:

Legal Name *(First 10 Characters)* TENTRR, IN | Federal Employer ID Number 473054018

Sch. L Balance Sheet per Books

Assets	Beginning of Tax Year (a)	Beginning of Tax Year (b)	End of Tax Year (c)	End of Tax Year (d)
1. Cash		1794642		6873088
2. a. Trade notes and accounts receivable	271095		434439	
b. Less allowance for bad debts	(0)	271095	(0)	434439
3. Inventories		16864		0
4. a. U.S. government obligations		0		0
b. State and other obligations		0		0
5. Tax-exempt securities		0		0
6. Other current assets (Attach end of year sch)	STMT 2	224410		400798
7. Loans to shareholders		0		0
8. Mortgage and real estate loans		0		0
9. Other investments (Attach end of year sch)		0		0
10. a. Buildings and other depreciable assets	4959727		7248470	
b. Less accumulated depreciation	(2685661)	2274066	(4135912)	3112558
11. a. Depletable assets	0		0	
b. Less accumulated depletion	(0)	0	(0)	0
12. Land (net of any amortization)		0		0
13. a. Intangible assets (amortizable only)	290109		1261596	
b. Less accumulated amortization	(24765)	265344	(297405)	964191
14. Other assets (Attach end of year sch.)	STMT 3	381371		547469
15. **Total Assets**		5227792		12332543
Liabilities and Shareholders' Equity				
16. Accounts payable		122066		292189
17. Mortgages, notes, and bonds payable in less than 1 year		0		0
18. Other current liabilities (Attach end of year schedule)	STMT 4	2956742		5460191
19. Loans from shareholders		0		0
20. Mortgages, notes, and bonds payable in 1 year or more		0		0
21. Other liabilities (Attach end of year schedule)	STMT 5	1187020		1685120
22. Capital stock: a. Preferred Stock	229		229	
b. Common Stock	800	1029	800	1029
23. Additional paid-in capital		21764062		31053045
24. Retained earnings - Appropriated (Attach end of year schedule)		0		0
25. Retained earnings - Unappropriated		-20803127		-26159031
26. Adjustments to shareholders' equity (Attach end of year schedule)		0		0
27. Less cost of treasury stock		(0)		(0)
28. **Total Liabilities and Shareholders' Equity**		5227792		12332543

Sch. M-1 Reconciliation of Income (Loss) per Books with Income per Return

1. Net income (loss) per books		-5355904	7. Income recorded on books this year not included on this return:		
2. Federal income tax		0			
3. Excess of capital losses over capital gains		0	Tax-exempt interest	$ 0	
4. Income subject to tax not recorded on books this year:			STMT 6		
		0			401400
5. Expenses recorded on books this year not deducted on this return:			8. Deductions on this return not charged against book income this year:		
a. Depreciation	$ 0		a. Depreciation	$ 390323	
b. Charitable Contributions	$ 5050		b. Charitable Contributions	$ 0	
c. Travel and entertainment	$ 0				
STMT 7					390323
		33656	9. Add Lines 7 and 8		791723
6. Add Lines 1 through 5		-5322248	10. Income		-6113971

This page must be filed with this form.

Legal Name *(First 10 Characters)* TENTRR, IN

Federal Employer ID Number 473054018

Sch. M-2 Retained Earnings Analysis

1. Balance at beginning of year	-20803127	5. Distributions:	a. Cash	0
2. Net income (loss) per books	-5355904		b. Stock	0
3. Other increases:			c. Property	0
		6. Other decreases:		0
	0	7. Add Lines 5 and 6		0
4. Add Lines 1, 2, and 3	-26159031	8. Balance at End of Year		-26159031

Sch. N Nonapportionable Income

(A) Nonapportionable Income	(B) Gross Amounts	(C) Related Expenses	(D) Net Amounts	(E) Net Amounts Allocated Directly to N.C.
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
1. Nonapportionable Income			0	
2. Nonapportionable Income Allocated to N.C.				0

Explanation of why income listed is nonapportionable income rather than apportionable income:

Sch. O Computation of Apportionment Factor

Part 1. Domestic and Other Corporations Not Apportioning Franchise or Income Outside N.C. 0.0000%

Part 2. Corporations Apportioning Franchise or Income to N.C. and to Other States

	1. Within North Carolina	2. Total Everywhere
1. Gross Receipts Subject to Apportionment	48084	4846290
2. Gross Rents Subject to Apportionment	0	0
3. Gross Royalties Subject to Apportionment	0	0
4. Dividends Subject to Apportionment	0	0
5. Interest Subject to Apportionment	0	0
6. Other Apportionable Income	0	5821
7. Share of Receipts from Noncorporate Entities Subject to Apportionment	0	0
8. **Total**	48084	4852111
9. **N.C. Apportionment Factor**		0.9910%

Part 3. Special Apportionment Formulas 0.0000%

This page must be filed with this form.

TENTRR, INC. 47-3054018

NC SCH B CURRENT YEAR STATE INCOME/LOSS AND SNL DEDUCTION STATEMENT 1

1) INCOME BEFORE APPORTIONMENT	-6,111,471.
2) TAX EXEMPT MUNICIPAL INTEREST	0.
3) U.S. INTEREST	0.
4) DEDUCTIBLE PORTION OF DIVIDENDS	0.
5) DEDUCTIBLE PORTION OF PRIOR YEAR CAPITAL LOSS	0.
6) OTHER TAX EXEMPT INCOME	0.
7) INCOME BEFORE APPORTIONMENT AND TAX EXEMPT INCOME	-6,111,471.
8) NONBUSINESS INCOME (MULTISTATE CORPORATIONS ONLY)	0.
9) OTHER DEDUCTIONS FROM TAX EXEMPT INCOME	0.
10) TOTAL BUSINESS INCOME	-6,111,471.
(IF ALL BUSINESS IS IN N.C. SKIP TO LINE 20)	
MULTISTATE CORPORATIONS	
11) APPORTIONMENT PERCENT	.9910%
12) APPORTIONED BUSINESS INCOME	-60,565.
13) APPORTIONABLE NORTH CAROLINA NONBUSINESS INCOME	
14) APPORTIONED NORTH CAROLINA NONBUSINESS INCOME	
15) OTHER APPORTIONABLE ADJUSTMENTS	0.
16) NONBUSINESS INCOME ALLOCATED TO NORTH CAROLINA	
17) NONBUSINESS INCOME NOT TAXABLE TO NORTH CAROLINA	0.
18) APPORTIONED NONBUSINESS INCOME NOT TAXABLE TO NC	0.
19) CONTRIBUTIONS TO NORTH CAROLINA DONEES	0.
20) TOTAL STATE NET INCOME (LOSS)	-60,565.
21) STATE NET INCOME AS TAXABLE INCOME	-60,565.

STATE NET LOSS DEDUCTION:

	STATE NET LOSS	TAXABLE INCOME LOSS SUSTAINED	NON TAXABLE LOSS SUSTAINED
2006	0.	0.	0.
2007	0.	0.	0.
2008	0.	0.	0.
2009	0.	0.	0.
2010	0.	0.	0.
2011	0.	0.	0.
2012	0.	0.	0.
2013	0.	0.	0.
2014	0.	0.	0.
2015	0.	0.	0.
2016	0.	0.	0.
2017	0.	0.	0.
2018	0.	0.	0.
2019	0.	0.	0.
2020	0.	0.	0.

TENTRR, INC. 47-3054018

NC SCH L OTHER CURRENT ASSETS STATEMENT 2

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSES	53,618.	65,042.
DEFERRED EXPENSES	117,595.	312,775.
LOWES ESCROW	53,197.	22,981.
TOTAL TO FORM CD-405, PAGE 4, SCHEDULE L, LINE 6	224,410.	400,798.

NC SCH L OTHER ASSETS STATEMENT 3

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS	381,371.	547,469.
TOTAL TO FORM CD-405, PAGE 4, SCHEDULE L, LINE 14	381,371.	547,469.

NC SCH L OTHER CURRENT LIABILITIES STATEMENT 4

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PAYROLL LIABILITIES	15,292.	20,786.
CREDIT CARDS PAYABLE	3,599.	4,124.
ACCRUED EXPENSES	333,355.	689,171.
DEFERRED REVENUE	61,173.	173,080.
GIFT CARDS	27,801.	71,392.
SALES TAX PAYABLE	2,527.	1,318.
OTHER PAYABLES		
DEFERRED KEEPER EXPENSE		
GAP ACCOUNT	5,705.	
FARNAM LEASE LIABILITY	2,507,290.	4,486,749.
TENTKIT DEPLOYED		13,571.
TOTAL TO FORM CD-405, PAGE 4, SCHEDULE L, LINE 18	2,956,742.	5,460,191.

TENTRR, INC. 47-3054018

NC SCH L OTHER LIABILITIES STATEMENT 5

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
LINE OF CREDIT	29,985.	0.
LOAN PAYABLE - PPP	401,400.	0.
DECATHLON LOAN	755,635.	1,642,792.
NATIONAL PARTNERS		5,427.
IPFS		36,901.
TOTAL TO FORM CD-405, PAGE 4, SCHEDULE L, LINE 21	1,187,020.	1,685,120.

NC SCH M-1 INCOME RECORDED ON BOOKS NOT INCLUDED ON RETURN STATEMENT 6

DESCRIPTION	AMOUNT
PPP LOANS, EIDL AND OTHER COVID GRANTS OR SUBSIDIES	401,400.
TOTAL TO FORM CD-405, PAGE 4, SCHEDULE M-1, LINE 7	401,400.

NC SCH M-1 EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN STATEMENT 7

DESCRIPTION	AMOUNT
AMORTIZATION	28,606.
TOTAL TO FORM CD-405, PAGE 4, SCHEDULE M-1, LINE 5	28,606.

2021 TAX RETURN FILING INSTRUCTIONS

NH BUSINESS ENTERPRISE/PROFITS TAX

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	$	0
LESS: PAYMENTS AND CREDITS	$	0
PLUS: OTHER AMOUNT	$	0
PLUS: INTEREST AND PENALTIES	$	0
NO PAYMENT REQUIRED	$	

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE NH DRA, PLEASE CONTACT OUR OFFICE AND WE WILL SUBMIT YOUR ELECTRONIC RETURN. DO NOT MAIL THE PAPER COPY TO THE NH DRA.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

New Hampshire
Department of
Revenue Administration

2021
BT-SUMMARY

0BTSUM2111019

BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

For the CALENDAR year **2021** or other taxable period beginning: MMDDYYYY 01012021 and ending: MMDDYYYY 12312021

Check box if there has been a name change since last filing. List former name.

Proprietor's Last Name

First Name | MI | Social Security Number

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN if you have a DIN

Corporate, Partnership, Estate, Trust, Non-Profit or LLC Name

TENTRR INC.

Taxpayer Identification Number: 473054018

Principal Business Activity Code (Federal): 454110

Number & Street Address

25 W. 39TH STREET 7TH FLOOR

Address (continued) | Unit Type | Unit #

City / Town: NEW YORK | State: NY | ZIP Code + 4 (or Canadian Postal Code): 10018

STEP 2 - Return Type and Federal Information

If you checked "yes" to one or both of the first two questions, you must file the completed corresponding return(s) with this BT-Summary.

Are you required to file a BET Return (Gross Business Receipts over $222,000, or Enterprise Value Tax Base over $111,000)?	X Yes	No
Are you required to file a BPT Return (Gross Business Income over $50,000)?	X Yes	No
Do you file a Form 990/990T?	Yes	X No
Do you file a Federal Form 8023, Federal Form 8883 and/or have checked box 10b on Schedule B of Federal Form 1065?	Yes	X No
Is the business organization filing its return on an IRS approved 52/53 week tax year?	Yes	X No

OR

X **2** - CORPORATION | **3** - PARTNERSHIP | **1** - PROPRIETORSHIP | AMENDED RETURN | LLC

6 - COMBINED GROUP | **5** - NON-PROFIT | **4** - FIDUCIARY | FINAL RETURN

IRS Adjustment: A complete federal Report of Change form with all applicable Schedules must be included with a complete amended NH tax return. Incomplete Report of Change forms will not be accepted. **Do not use this form to report an IRS adjustments for taxable periods ending on or before December 31, 2020.**

Check Appropriate Box(es):

Payment Required | Refund Request | Credit Next Year's Tax Liability | X No Payment Required

New Hampshire
Department of
Revenue Administration

2021
BT-SUMMARY



BUSINESS TAX RETURN SUMMARY - Continued

STEP 3 - Complete the BET and / or BPT return(s) and then complete the BT-Summary and attach return(s)

STEP 4 - Calculate Your Balance Due or Overpayment

Round to the nearest whole dollar

1	(a)	Business Enterprise Tax Net of Statutory Credits	1(a)	0	
	(b)	Business Profits Tax Net of Statutory Credits	1(b)	0	
	(c)	Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))		1(c)	0
2	PAYMENTS				
	(a)	Tax paid with application for extension	2(a)		
	(b)	Total of taxable period's estimated tax payments	2(b)		
	(c)	Credit carryover from prior tax period	2(c)		
	(d)	Tax paid with original return (Amended returns only)	2(d)		
	(e)	Total of Lines 2(a) through 2(d)		2(e)	
3	TAX DUE: (Line 1(c) minus Line 2(e))			3	0
4	ADDITIONS TO TAX				
	(a)	Interest (See instructions)	4(a)		
	(b)	Failure to Pay (See instructions)	4(b)		
	(c)	Failure to File (See instructions)	4(c)		
	(d)	Underpayment of Estimated Tax (See instructions)	4(d)		
	(e)	Total of Lines 4(a) through 4(d)		4(e)	
5	(a)	Subtotal of Amount Due (Line 3 plus Line 4(e))		5(a)	
	(b)	Return Payment Made Electronically	5(b)		
	(c)	**BALANCE DUE:** Line 5(a) minus 5(b). Make your payment online at www.revenue.nh.gov/gtc or make check payable to: **STATE OF NEW HAMPSHIRE**		**PAY THIS AMOUNT** 5(c)	0
6	**OVERPAYMENT:** If balance due is less than zero, enter on Line 6			6	
7	Apply overpayment amount on Line 6 to:				
	(a)	Credit - Next Year's Tax Liability **(Not available for Federal ROC)**		**DO NOT PAY** 7(a)	
	(b)	Refund **(Only option available for Federal ROC)**		**DO NOT PAY** 7(b)	

STEP 5

THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES

New Hampshire
Department of
Revenue Administration

2021
BT-SUMMARY

0BTSUM2131019

BUSINESS TAX RETURN SUMMARY - Continued

Under penalties of perjury, I declare that I have examined this BT-Summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.

X POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed below.

TAXPAYER'S SIGNATURE & INFORMATION

Signature (in ink) MMDDYYYY

Print Signatory Name & Title

ANAND SUBRAMANIAN PRESIDENT

Email Address

ANAND@TENTRR.COM

Phone Number

6462301040

Check this box if you are filing as a surviving spouse

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer MMDDYYYY

10112022

Printed Name of Preparer

ALAN J COHEN

Email Address

ALAN@ZERAHCO.COM

Phone Number

6316294344

Preparer Identification Number

P00185030

Preparer's Address

445 BROADHOLLOW ROAD STE 230

Address (continued)

City / Town State ZIP Code + 4 (or Canadian Postal Code)

MELVILLE NY 11747

Mail to:
NH DRA
PO Box 637
Concord NH 03302-0637

Make Check Payable to:
STATE OF NEW HAMPSHIRE
Enclose but DO NOT staple or tape your attachments

FILE ONLINE AT GRANITE TAX CONNECT
www.revenue.nh.gov/gtc

New Hampshire
Department of
Revenue Administration

2021 BET

000BET2111019

BUSINESS ENTERPRISE TAX RETURN

Taxpayer Name

TENTRR INC.

Taxpayer Identification Number

473054018

For the CALENDAR year **2021** or other taxable period beginning: MMDDYYYY 01012021 and ending: MMDDYYYY 12312021

You are required to file this return if the gross business receipts were greater than **$222,000** or the enterprise value tax base is greater than **$111,000.**

X Check here if required to file Form BET-80

Round to the nearest whole dollar

Total Gross Business Receipts for this business organization 4855543

1. Dividends Paid	1	0
2. Compensation and Wages Paid or Accrued	2	0
3. Interest Paid or Accrued	3	0
4. Taxable Enterprise Value Tax Base (Sum of Lines 1, 2, and 3)	4	0
5. New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .006) before credits	5	0
6. Enter credits against BET. Use DP-160 to determine credit against BET	6	
7. Enter Tax Due (Line 5 minus 6). If negative, enter Zero. Report on BT-SUMMARY Line 1(a) **TAX DUE**	7	0

BET CREDIT WORKSHEET

1. Business Profits Tax (BPT) from BPT Return, Line 18 NH-1120-WE, Line 10 all other forms.	1	
2. Sum the amounts from Lines 3 through 10, Column B plus other credits applied from Form DP-160 part B, not to exceed the amount on Line 1. Include the result on the BPT return, Line 19(a) NH-1120-WE or Line 11(a) all other forms. If other credits are applied, include result on BPT return, Line 19(b) NH-1120-WE, Line 11(b) all other forms.		

Use carry forward amounts in the following order for this taxable period	A Available Credits	B Credit Applied to BPT	C Excess Credits
3. BET tax paid amount from Line 7 BET Return plus Line 4 of DP-160, Part A.			
4. Carry over BET from seventh prior taxable period			
5. Carry over BET from sixth prior taxable period			
6. Carry over BET from fifth prior taxable period			
7. Carry over BET from fourth prior taxable period			

New Hampshire
Department of
Revenue Administration

2021 BET

000BET2121019

BET CREDIT WORKSHEET CONTINUED

Use carry forward amounts in the following order for this taxable period (continued)	A Available Credits	B Credit Applied to BPT	C Excess Credits
8. Carry over BET from third prior taxable period			
9. Carry over BET from second prior taxable period			
10. Carry over BET from first prior taxable period			

BET CREDIT WORKSHEET INSTRUCTIONS

The worksheet must be completed if the taxpayer is using carry forward BET credits from prior taxable periods. In no case can the BET credit used exceed the Business Profits Tax (BPT) liability. BET must be paid to be used as a credit against BPT.

The current year BET paid shall be used as a credit against the current year BPT liability before BET credits from prior taxable periods may be used. If, after current year credits have been applied, a current year BPT liability still remains, prior taxable periods' BET credits may be applied using the oldest allowable BET credits first.

1. Determine your BPT liability and enter that amount on the BET CREDIT WORKSHEET.
2. Enter on Lines 3 through 10, Column A all available BET credits, including those credits applied against BET that are considered taxes paid from Line 4 of DP-160, Part A.
3. Enter on Lines 3 through 10, Column B, the amounts of BET credits applied against this taxable period's BPT liability. Work from Line 3 down.
4. Enter on Lines 3 through 10, Column C, the difference between the amounts reported in Column A and the amounts used as a credit against BPT reported in Column B. The total of Column C is excess and can be carried forward to another year.

Note: Any unused portion of BET credits applied under RSA 77-A:5, X from taxable periods ending on or after December 31, 2014 may be carried forward and allowed against the business profits tax due for 10 taxable periods from the taxable period in which the tax was paid. Unused credits in taxable periods ending before December 31, 2014 remain at a 5 year carry forward.

New Hampshire
Department of
Revenue Administration

2021 BET-80

0BET802111019

BUSINESS ENTERPRISE TAX APPORTIONMENT

Business Enterprise Name

TENTRR, INC.

Taxpayer Identification #
473054018

For the CALENDAR year **2021** or other taxable period beginning: MMDDYYYY 01012021

and ending: MMDDYYYY 12312021

SECTION I - APPORTIONMENT FACTORS

See General Instructions

Compensation and Wages Factor

Round to the nearest whole dollar

1	New Hampshire Compensation and Wages Paid or Accrued	1	
2	Everywhere Compensation and Wages Paid or Accrued	2	
3	COMPENSATION FACTOR (Line 1 divided by Line 2) Enter this amount on Line 21. Express to six decimal places.	3	

Interest Factor

4	Average of New Hampshire Property	4	
5	Average of Everywhere Property	5	
6	INTEREST FACTOR (Line 4 divided by Line 5) Enter this amount on Line 26. Express to six decimal places.	6	

Dividend Factor

7	New Hampshire Sales	7	244522
8	Everywhere Sales	8	4852111
9	Sales Factor (Line 7 divided by Line 8). Express to six decimal places.	9	0.050395
10	Subtotal (Sum of Lines 3, 6 and 9)	10	0.050395
11	DIVIDEND FACTOR (Line 10 divided by the number of "EVERYWHERE" factors in the subtotal). Enter this amount on Line 15. Express to six decimal places .	11	0.050395

New Hampshire
Department of
Revenue Administration

2021 BET-80

0BET802121019

BUSINESS ENTERPRISE TAX APPORTIONMENT - continued

Business Enterprise Name

TENTRR, INC.

Taxpayer Identification #

473054018

For the CALENDAR year **2021** or other taxable period beginning: MMDDYYYY 01012021 and ending: MMDDYYYY 12312021

SECTION II - BUSINESS ENTERPRISE TAX BASE APPORTIONMENT

See General Instructions

Dividend Apportionment

Round to the nearest whole dollar

12	Dividends Paid	12	0	
13	LESS: Dividend Deduction	13		
14	Subtotal (Line 12 minus Line 13)		14	0
15	Dividend Apportionment Factor (From Line 11)	15	0.050395	
16	Taxable Dividends (Line 14 multiplied by Line 15) (If negative, use minus sign)	16	0	
17	TOTAL TAXABLE DIVIDENDS (From Line 16) **IF NEGATIVE, ENTER ZERO.** Enter this amount on Form BET, Line 1.		17	0

Compensation and Wages Apportionment

18	Everywhere Compensation and Wages Paid or Accrued	18	0	
19	LESS: Retained Compensation	19		
20	Subtotal (Line 18 minus Line 19)		20	0
21	Compensation Apportionment Factor (From Line 3)	21		
22	Taxable Compensation (Line 20 multiplied by Line 21)		22	0
23	LESS: Dividend Offset (See Instructions)	23		
24	TOTAL TAXABLE COMPENSATION (Line 22 minus Line 23) Enter this amount on Form BET, Line 2.		24	0

Interest Apportionment

25	Interest Paid or Accrued	25	353565	
26	Interest Apportionment Factor (From Line 6)	26		
27	Taxable Interest (Line 25 multiplied by Line 26)	27	0	
28	LESS: Dividend Offset (See Instructions)	28		
29	TOTAL TAXABLE INTEREST (Line 27 minus Line 28) Enter this amount on Form BET, Line 3.		29	0

New Hampshire
Department of
Revenue Administration

2021
NH-1120

0011202111019

BUSINESS PROFITS TAX RETURN

Business Organization Name

TENTRR INC.

Taxpayer Identification Number		MMDDYYYY		MMDDYYYY
473054018	For the CALENDAR year **2021** or other taxable period beginning:	01012021	and ending:	12312021

1 FEDERAL TAXABLE INCOME/(LOSS)

Enter Amount Reported on:
If 1120, Federal Form 1120, Line 28
If 1120S, DP-120. Line 2 (attach DP-120 to tax return)

Round to the nearest whole dollar

1		-6113971

2 INCREASE or DECREASE TO GROSS BUSINESS PROFITS TO RECONCILE WITH IRC

2(a)	Add amount of IRC §179 expense taken on Federal Form 4562 in excess of the amount permitted pursuant to RSA 77-A:3-b, IV, including carryover amounts deducted in this taxable period	2(a)	
2(b)	Add the amount of bonus depreciation taken on the federal return for assets placed in service this period pursuant to RSA 77-A:3-b, I	2(b)	
2(c)	Add any other deductions or exclusions taken on the federal return that need to be eliminated or adjusted pursuant to RSA 77-A:1, XX and 77-A:3-b, III. Complete and attach Schedule IV	2(c)	
2(d)	Deduct regular depreciation related to IRC §179 and bonus depreciation not allowed for this taxable period or for prior taxable periods	2(d)	
2(e)	Deduct any other items included on the federal return that need to be eliminated or adjusted pursuant to RSA 77-A:1, XX or RSA 77-A:4, XIX. Complete and attach Schedule IV	2(e)	
2(f)	Increase or Decrease for the net gain or loss on the sale of assets used in the business which have a different State basis from the tax basis reported on the federal return	2(f)	
2(g)	Net 2(a) through 2(f)	2(g)	
3	Subtotal Line 1 adjusted by Line 2(g)	3	-6113971
4	Separate entity items of income or expense (attach schedule)	4	
5	Gross Business Profits (combine Line 3 and Line 4)	5	-6113971

6 ADDITIONS AND DEDUCTIONS (RSA 77-A:4)

6(a)	Deduct interest on direct US Obligations not subject to tax under RSA 77 (RSA 77-A:4, II)	6(a)	
6(b)	Add income taxes or franchise taxes measured by income (attach schedule of taxes by State) (RSA 77-A:4, VII)	6(b)	2500
6(c)	Add federal non-recognized IRC §337 Gain (RSA 77-A:4, VIII)	6(c)	
6(d)	Deduct wage adjustment required by IRC §280C (RSA 77-A:4, IX)	6(d)	
6(e)	Add expenses related to federal constitutionally exempt income (RSA 77-A:4, X)	6(e)	
6(f)	Deduct foreign dividend gross-up (IRC §78) (RSA 77-A:4, XI)	6(f)	
6(g)	Deduct research contribution (attach computation) (RSA 77-A:4, XII)	6(g)	

New Hampshire
Department of
Revenue Administration

2021 NH-1120

0011202121019

BUSINESS PROFITS TAX RETURN

Business Organization Name

TENTRR INC.

Taxpayer Identification Number		MMDDYYYY		MMDDYYYY
473054018	For the CALENDAR year **2021** or other taxable period beginning:	01012021	and ending:	12312021

NH-1120 continued

6(h) Deduct New Hampshire Net Operating Loss Deduction (NOLD) (attach Form DP-132) (RSA 77-A:4, XIII) Round to the nearest whole dollar

NOLD available	6(h) - A	
Less NOLD used this tax period		6(h)
NOLD to be carried forward	6(h) - B	

6(i) Adjustments to gross business profits required due to the increase in the basis of assets resulting from the sale or exchange of an interest in the business organization (RSA 77-A:4, XIV)

Add the amount of the increase in the basis of assets federally, due to the sale or exchange of interest in the business organization 6(i) - A

Check yes if an election is being made to recognize the basis increase for any sale or exchange reported above Yes Multiple Transactions (schedule attached) Yes

If not making an election, deduct the basis increase associated with the sale or exchange(s). If making an election, enter zero. If reporting multiple transactions, please attach a schedule reporting the details for each transaction. 6(i) - B

Add the amount of depreciation/amortization on the federal return attributable to an increase in the basis of assets not recognized for NH purposes 6(i) - C

Upon the sale of assets, adjust the net gain or loss attributable to an increase in the basis of assets that has not been recognized for NH purposes 6(i) - D

Net Lines 6(i) - A through 6(i) - D 6(i)

6(j) Add Qualified Investment Company (QIC) holders proportional share of QIC profits (RSA 77-A:4, XV) 6(j)

6(k) Deduct assistance payments under 12 USC §1823 (RSA 77-A:4, XVI) 6(k)

6(l) Net Lines 6(a) through 6(k) 6(l) 2500

7 Adjusted Gross Business Profits (Sum of Lines 5 and 6(l)) 7 -6111471

8 New Hampshire Apportionment (If other than 100%, complete Form DP-80 BPT Apportionment Schedule. Enter percentage from Form DP-80, Line 5) Exempt under P.L. 86-272 8 0.050395

9 New Hampshire Taxable Business Profits (Line 7 multiplied by Line 8. If negative, enter zero) 9 0

10 Compute tax (Line 9 multiplied by 7.7%) 10 0

New Hampshire
Department of
Revenue Administration

2021
NH-1120

0011202131019

BUSINESS PROFITS TAX RETURN

Business Organization Name

TENTRR INC.

Taxpayer Identification Number		MMDDYYYY		MMDDYYYY
473054018	For the CALENDAR year **2021** or other taxable period beginning:	01012021	and ending:	12312021

NH-1120 continued

Round to the nearest whole dollar

11 (a) BET Credit only - attach Form BET Credit Worksheet	11(a)		0
-OR-			
(b) Other credit including BET (attach Form DP-160)		11(b)	
12 New Hampshire Business Profits Tax Net of Statutory Credits (Line 10 minus Line 11(a) or 11(b), as applicable, cannot be less than zero) Report on BT-Summary, Line 1(b)	12		0

This return must be accompanied by complete and legible copies of the appropriate federal forms and schedules.

New Hampshire
Department of
Revenue Administration

2021 ADDLINFO

ADDINF2111019

This form should be completed if filing a NH-1120-WE or if New Hampshire apportionment is less than 100%

BUSINESS PROFITS TAX RETURN ADDITIONAL INFORMATION

Business Organization Name

TENTRR INC.

Taxpayer Identification #		MMDDYYYY		MMDDYYYY
473054018	For the CALENDAR year **2021** or other taxable period beginning:	01012021	and ending:	12312021

YOU ARE REQUIRED TO FILE A BUSINESS PROFITS TAX RETURN IF GROSS BUSINESS INCOME IS GREATER THAN $50,000.

If the business organization is a partnership the due date of the return is the **FIFTEENTH DAY OF THE THIRD MONTH FOLLOWING THE END OF THE TAXABLE PERIOD**. If the business organization is not a partnership the due date of the return is the **FIFTEENTH DAY OF THE FOURTH MONTH FOLLOWING THE END OF THE TAXABLE PERIOD** .

Principal Business Activity in New Hampshire

CAMPING ONLINE MARKE

Business locations in New Hampshire - location of factories, sales offices, warehouses, etc.

Check box and attach a list if more space is required

2021 Year first NH return filed

DE State of Incorporation

City, State and Country where records are located

City / Town	State	Country
NEW YORK	NY	US

Business locations outside of New Hampshire

Check box and attach a list if more space is required

City / Town	State	Answer Yes or No: Registered to do business in state where located?	Files returns in state where located?	Apportion sales, payroll and/or property in state where located?
Type of Business				
City / Town	State			
Type of Business				
City / Town	State			
Type of Business				

New Hampshire
Department of
Revenue Administration

2021 ADDLINFO

ADDINF2121019

BUSINESS PROFITS TAX RETURN ADDITIONAL INFORMATION - continued

Business Organization Name

TENTRR INC.

Taxpayer Identification #		MMDDYYYY		MMDDYYYY
473054018	For the CALENDAR year **2021** or other taxable period beginning:	01012021	and ending:	12312021

Is the business organization filing its tax return on an IRS approved 52/53 week tax year? Yes X No

If yes, provide the date the period begins MMDDYYYY and ends MMDDYYYY

Is this business organization affiliated with any other business organization that files business tax returns with this Department? Yes X No

Identify affiliated business organization by name and FEIN — Check box and attach a list if more space is required — FEIN

Does the business organization file as part of a unitary group in any other jurisdiction? Yes X No

Is the business organization registered with the NH Secretary of State? Yes X No

If YES, provide Business ID

If YES, provide YEAR registered

In which state is the business organization domiciled?: State NY

Did the business organization have a change in income due to a final adjustment determined by a court, the Internal Revenue Service, or another state's taxing authority since its most recent filing of a NH BPT return (prior to this return)? Yes X No

If yes, provide full details. Use additional sheet(s) if necessary.

New Hampshire
Department of
Revenue Administration

2021 DP-80

00DP802111019

BUSINESS PROFITS TAX RETURN - BUSINESS PROFITS TAX APPORTIONMENT

Business Organization Name

TENTRR INC.

Taxpayer Identification Number: 473054018

For the CALENDAR year **2021** or other taxable period beginning: MMDDYYYY 01012021 and ending: MMDDYYYY 12312021

		1(a) Everywhere (Denominator)	1(b) New Hampshire (Numerator)	1(c) Sales/Receipts Factor
1	SALES/RECEIPTS FACTOR	4852111	244522	

1(c) Divide 1(b) by 1(a) and multiply by 2 (Express as a decimal to 6 places) .100790

		2(a) Everywhere (Denominator)	2(b) New Hampshire (Numerator)	2(c) Payroll Factor
2	PAYROLL FACTOR			

2(c) Divide 2(b) by 2(a) (Express as a decimal to 6 places)

3 PROPERTY FACTOR	3(a) Everywhere (Denominator) Beginning of Period	3(a) Everywhere (Denominator) End of Period	3(b) New Hampshire (Numerator) Beginning of Period	3(b) New Hampshire (Numerator) End of Period
Inventory				
Buildings				
Furniture & Fixtures				
Leasehold Improvements				
Land				
Other Tangible Assets				
Subtotal				
Average of Subtotals				
Rented Property (annual rate x 8)				
Total Everywhere Property				
Total New Hampshire Property				

3(c) Divide 3(b) total by 3(a) total (Express as a decimal to 6 places)

4	TOTAL OF LINES 1(c), 2(c) and 3(c)	4 .100790
5	NEW HAMPSHIRE APPORTIONMENT: Line 4 divided by 4 and expressed as a decimal to 6 places. If there are only one or two factors with an "Everywhere" denominator, see instructions.	5 0.050395

165021 11-01-21

TENTRR, INC. 47-3054018

NH 1120 INCOME/FRANCHISE TAXES STATEMENT 1

DESCRIPTION	AMOUNT
LOUISIANA STATE INCOME/FRANCHISE TAX	549.
NEW YORK STATE INCOME/FRANCHISE TAX	1826.
NEW YORK CITY INCOME/FRANCHISE TAX	25.
UTAH STATE INCOME/FRANCHISE TAX	100.
TOTAL TO FORM NH-1120, LINE 6(B)	2500.

2021 TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CBT-100

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	$	750
LESS: PAYMENTS AND CREDITS	$	0
PLUS: OTHER AMOUNT	$	0
PLUS: INTEREST AND PENALTIES	$	19
BALANCE DUE	$	769

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE NEW JERSEY DOR, PLEASE CONTACT OUR OFFICE AND WE WILL SUBMIT YOUR ELECTRONIC RETURN. DO NOT MAIL THE PAPER COPY TO THE NEW JERSEY DOR.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

YOUR BALANCE DUE OF $769 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CBT-100 BALANCE DUE. REFER TO FORM CBT-100 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

CORPORATION BUSINESS TAX
PAYMENT WORKSHEET

CBT-100-V

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

You need to pay the tax by one of these methods:

1. **Electronic Check or Credit Card:** Visit www.njtaxation.org and select "Make a Payment."
2. **Electronic Funds Transfer (EFT):** To register visit www.nj.gov/treasury/revenue/eft1.shtml

If you do not have access to the internet, call our Customer Service Center at 609-292-6400 to make a payment.

RETURN MUST BE FILED ONLINE OR E-FILED.

This form cannot be paper filed - this copy is for informational purposes only.

Corporation Business Tax Payment Worksheet
CBT-100-V

Beginning 01/01/2021 and ending 12/31/2021

2020
473-054-018/000 TENT
TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

Payments should be made electronically.

Enter amount of payment here:

769.00

166521 04-01-21

02202473054018000 2TENT211206000000769 00

1019

2021 CBT-100

New Jersey Corporation Business Tax Return
For Tax Years Ending On or After July 31, 2021, Through June 30, 2022

Tax year beginning JAN 1 ,2021 and ending DEC 31 ,2021

FEDERAL EMPLOYER I.D. NUMBER	N.J. CORPORATION NUMBER
473-054-018/000	4730-5401-80

CORPORATION NAME
TENTRR INC

MAILING ADDRESS
25 W 39TH STREET 7TH FLOOR

CITY STATE ZIP CODE
NEW YORK NY 10018

Check applicable return type: [X] Initial [ ] Amended
Enter Amended Code: ____ If code 10, enter reason: ____

State and date of incorporation DE 02 03 2015
Date authorized to do business in New Jersey 02032015

Federal business activity code 454110
Corporation books are in the care of ANAND SUBRAMANI
at 411 W 39TH ST 4TH FL NEW
Phone Number 6462301040

Check if applicable (see instructions):
[ ] Investment Company [ ] Professional Corporation
[ ] Real Estate Investment Trust [ ] Regulated Invest. Company
[ ] Federal 1120-S Filer [ ] Claiming P.L. 86-272

1.	Tax Base - Enter amount from line 4 of Schedule A, Part III	1.	0.
2.	Amount of Tax - Multiply line 1 by the applicable tax rate (see instructions)	2.	
3.	Tax Credits - Enter amount from Schedule A-3, Part I, line 28 (see instructions)	3.	
4.	CBT TAX LIABILITY - Subtract line 3 from line 2	4.	0.
5. a.	Surtax on taxable net income - Multiply the amount on Schedule A, Part III, line 2a, 2b, or 2c (whichever is applicable) by the applicable surtax rate (see instructions)	5a.	0.
b.	Pass-Through Business Alternative Income Tax Credit from Form 329 (see instructions) (Amount entered cannot be more than amount on line 5a)	5b.	0.
c.	Balance of surtax - Subtract line 5b from line 5a	5c.	0.
6. a.	Enter the total minimum tax (see instructions) 6a. 500.		
b.	Tax Due - Add line 5c to the greater of line 4 *or* line 6a (see instructions)	6b.	500.
7.	Installment Payment - Only applies if line 6b is $500 or less (see instructions)	7.	250.
8.	Professional Corporation Fees (from Schedule PC, line 7)	8.	0.
9.	TOTAL TAX AND PROFESSIONAL CORPORATION FEES - Add lines 6b, 7, and 8	9.	750.
10. a.	Payments and Credits (see instructions)	10a.	
b.	Payments made by partnerships on behalf of taxpayer (include copies of all NJK-1s)	10b.	
c.	Refundable Tax Credits from Schedule A-3, Part II, line 5 (see instructions)	10c.	
d.	Total Payments and Credits - Add lines 10a, 10b, and 10c	10d.	
11.	Balance of Tax Due - If line 10d is less than line 9, subtract line 10d from line 9	11.	750.
12.	Penalty and Interest Due (see instructions) SEE STATEMENT 1	12.	19.
13.	Total Balance Due - Add line 11 and line 12	13.	769.
14.	Amount Overpaid - If line 10d is greater than the sum of line 9 and 12, enter amount of overpayment	14.	
15.	Amount of line 14 to be Refunded	15.	
16.	Amount of line 14 to be Credited to 2022 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 [ ] 2021 or [ ] 2022 — Unitary ID Number NU	17.	

CERTIFICATION OF INACTIVITY (See Instructions)

If the corporation is inactive, page 1, the Annual General Questionnaire, and Schedules A (Parts I, II, and III), A-2, A-3, and A-4 must be completed. A corporate officer must sign and certify below:

[ ] 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.

(Date) (Signature of Corporate Officer) (Title)

SIGNATURE AND VERIFICATION (See Instruction)

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. Under penalties of perjury, I declare that to report N.J.S.A. 10:5-10), I must include copies of the federal returns, 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.

RETURN MUST BE FILED ONLINE OR E-FILED

This form cannot be paper filed - this copy is for informational purposes only.

PRESIDENT

(Date) (Signature of Duly Authorized Officer of Taxpayer) (Title)

P00185030

(Date) (Signature of Individual Preparing Return) (Address) (Preparer's ID Number)

GUTTERSON & COHEN TAX SPECIALISTS L 81-3215466

(Name of Tax Preparer's Employer) 445 BROADHOLLOW ROAD STE MELVILLE, NY 11747 (Address) (Employer's ID Number)

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
TENTRR, INC.	473-054-018/000

ANNUAL GENERAL QUESTIONNAIRE (See Instructions)

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

1. Type of business _____

   Principal products handled _____

2. State the location of the actual seat of management or control of the corporation _____

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. 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. OR ☐ No.
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. OR ☐ 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 OR ☐ 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. 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. OR ☒ No.
6. Did the taxpayer receive any deemed repatriation dividends reported under IRC §965 from a subsidiary in the taxpayer's federal tax year 2017 or 2018 for which the taxpayer files a New Jersey 2017, 2018, or 2019 tax return? ☐ Yes. Provide a rider indicating the name and FEIN of the subsidiary, the amount of deemed repatriation dividends, and indicate on which New Jersey return the income was included. OR ☐ No.
7. 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. 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. OR ☐ No.
8. 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. 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. OR ☒ No.
9. 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 II, line 10, the difference between the net of such income and the amount of foreign taxes paid not previously deducted (include a rider).
10. Does the taxpayer have related parties or affiliates that file combined returns in New Jersey? ☐ Yes. OR ☒ No.
11. Does the taxpayer file as part of a group filing combined returns/reports in other states with corporations that either do not file New Jersey returns or file separate New Jersey returns? ☐ Yes. OR ☒ No.
12. Is the taxpayer part of a group that files a New Jersey combined return, but is excluded from the combined return? ☐ Yes. Provide information below. OR ☒ No.
    Name of the managerial member of the combined group: _____
13. 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? ☐ Yes. Include a rider detailing the information. OR ☒ No.
    For more information see Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10, formerly FASB Interpretation No. 48 (FIN 48).
14. Does the taxpayer own or lease real *or* tangible property:
    a. In New Jersey? ☐ Yes. OR ☒ No.
    b. Outside New Jersey? ☐ Yes. Provide information below. OR ☒ No.
    List the states, political subdivisions, and foreign nations (as applicable): _____
15. What percentage of the taxpayer's worldwide property, real or tangible, is inside the United States? _____
16. Does the taxpayer have payroll:
    a. In New Jersey? ☐ Yes. OR ☒ No.
    b. Outside New Jersey? ☐ Yes. Provide information below. OR ☒ No.
    List the states, political subdivisions, and foreign nations (as applicable): _____
17. What percentage of the taxpayer's worldwide payroll is inside the United States? _____
18. Is 20% or more of either **or** both the taxpayer's property and payroll inside the United States? ☐ Yes. OR ☒ No.
19. Does the taxpayer own a disregarded entity or utilize a disregarded entity of a related party? ☐ Yes. Include a rider with the entity's name and tax ID number. OR ☒ No.

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
TENTRR, INC.	473-054-018/000

ANNUAL GENERAL QUESTIONNAIRE (Continued)

PART II REGULATED INVESTMENT COMPANIES (Riders must be provided where necessary)

1. Is this taxpayer registered and regulated under the Federal Investment Company Act of 1940 (54 Stat. 789, as amended)? ☐ Yes. Provide information below (include rider if necessary). ☒ No.

Securities and Exchange Commission Information

Registration Number	Registration Date

IMPORTANT NOTE: If the taxpayer's certificate under the Act was not obtained prior to the commencement of the period covered in the return or if such authority was not continued during such entire period, then the taxpayer is not entitled to report as a Regulated Investment Company.

2. Has the taxpayer satisfied the requirements of IRC § 852(a)? ☐ Yes OR ☒ No. If no, taxpayer cannot file as a Regulated Investment Company.
3. Every taxpayer seeking to report as a regulated investment company **MUST SUBMIT WITH THIS RETURN ITS PRINTED ANNUAL REPORT TO STOCKHOLDERS** for the period covered by this return together with all other stockholder reports issued by the company during such period.

NAME AS SHOWN ON RETURN: TENTRR, INC.

FEDERAL ID NUMBER: 473-054-018/000

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

EVERY CORPORATION MUST COMPLETE PARTS I, II, AND III OF THIS SCHEDULE

PART I - COMPUTATION OF ENTIRE NET INCOME (All data must match the federal pro forma or federal return, whichever is applicable.)

	Income		
1.	a. Gross receipts or sales	1a.	4,846,290.
	b. Less: Returns and allowances	1b.	
	c. Total - Subtract line 1b from line 1a	1c.	4,846,290.
2.	Less: Cost of goods sold (from Schedule A-2, line 8)	2.	2,339,836.
3.	Gross profit - Subtract line 2 from line 1c	3.	2,506,454.
4.	a. Dividends	4a.	
	b. Gross Foreign Derived Intangible Income (see instructions) (include copy of federal Form 8993)	4b.	
	c. Gross Global Intangible Low-Taxed Income (see instructions) (include copy of federal Form 8992)	4c.	
5.	Interest	5.	
6.	Gross rents	6.	
7.	Gross royalties	7.	
8.	Capital gain net income (include a copy of federal Schedule D)	8.	
9.	Net gain or (loss) (from federal Form 4797, include a copy)	9.	-1,415.
10.	Other income (include schedule(s)) SEE STATEMENT 2	10.	5,821.
11.	**Total Income** - Add lines 3 through 10	11.	2,510,860.
	Deductions		
12.	Compensation of officers (from Schedule F)	12.	490,555.
13.	Salaries and wages (less employment credits)	13.	
14.	Repairs (Do not include capital expenditures)	14.	
15.	Bad debts	15.	181,742.
16.	Rents	16.	18,333.
17.	Taxes	17.	178,932.
18.	Interest	18.	353,565.
19.	Charitable contributions	19.	0.
20.	Depreciation (from federal Form 4562, include a copy) less depreciation claimed elsewhere on return	20.	1,853,197.
21.	Depletion	21.	
22.	Advertising	22.	568,851.
23.	Pension, profit-sharing plans, etc.	23.	
24.	Employee benefit programs	24.	156,376.
25.	Reserved for future use	25.	
26.	Other deductions (include schedule) SEE STATEMENT 3	26.	4,823,280.
27.	**Total Deductions** - Add lines 12 through 26	27.	8,624,831.
28.	Taxable income before federal net operating loss deductions and federal special deductions - Subtract line 27 from line 11 (Must agree with line 28, page 1 of the Unconsolidated federal Form 1120, or the appropriate line of any other federal corporate return filed) (See instructions)	28.	-6,113,971.

PART II - NEW JERSEY MODIFICATIONS TO ENTIRE NET INCOME

1.	Taxable income/(loss) before federal net operating loss deductions and special deductions (from Schedule A, Part I, line 28)	1.	-6,113,971.
	Additions		
2.	Reserved for future use	2.	
3.	Other federally exempt income not included in line 1 (see instructions)	3.	
4.	Interest on federal, state, municipal, and other obligations not included in line 1 (see instructions)	4.	
5.	New Jersey State and other states' taxes deducted in line 1 (see instructions)	5.	2,500.
6.	Related party interest addback (from Schedule G, Part I)	6.	
7.	Related party intangible expenses and costs addback (from Schedule G, Part II)	7.	
8.	Reserved for future use	8.	
9.	Depreciation modification being added to income (from Schedule S)	9.	
10.	Other additions. Explain on separate rider (see instructions)	10.	
11.	Taxable income/(loss) with additions - Add line 1 through line 10 and enter the total	11.	-6,111,471.

NAME AS SHOWN ON RETURN: TENTRR, INC.

FEDERAL ID NUMBER: 473-054-018/000

Schedule A — **CALCULATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS)**
EVERY CORPORATION MUST COMPLETE PARTS I, II, AND III OF THIS SCHEDULE

Deductions

12.	Depreciation modification being subtracted from income (from Schedule S)	12.	
13.	Previously Taxed Dividends (from Schedule PT)	13.	
14.	a. Enter the I.R.C. § 250(a) deduction amount allowed federally for GILTI if GILTI income is included on line 1	14a.	
	b. Enter the I.R.C. § 250(a) deduction amount allowed federally for FDII if FDII income is included on line 1	14b.	
	c. Net GILTI previously taxed by New Jersey not deducted or excluded elsewhere	14c.	
15.	I.R.C. § 78 Gross-up included in line 1 (do not include dividends that were excluded/deducted elsewhere)	15.	
16.	Reserved for future use	16.	
17.	a. Elimination of nonoperational activity (from Schedule O, Part I)	17a.	
	b. Elimination of nonunitary partnership income/loss (from Schedule P-1, Part II, line 4)	17b.	
18.	Other deductions. Explain on separate rider (see instructions)	18.	
19.	Total deductions - Add line 12 through line 18 and enter the total	19.	

Taxable Net Income/(Loss) Calculation

20.	Entire Net Income/(Loss) Subtotal - Subtract line 19 from line 11	20.	-6,111,471.
21.	Allocation factor from Sch J (if all receipts were derived from only New Jersey sources, enter 1.000000)	21.	.008577
22.	Allocated entire net income/(loss) before net operating loss deductions and dividend exclusion - Multiply line 20 by line 21 and enter the result here (if zero or less, enter zero on line 29)	22.	-52,418.
23.	Prior year net operating loss (PNOL) deduction (from Form 500, Section A) (Amount entered cannot be more than amount on line 22)	23.	
24.	Allocated entire net income before post allocation net operating loss deduction - Subtract line 23 from line 22 (If zero or less, enter zero here and on line 29)	24.	0.
25.	Post allocation net operating loss (NOL) deduction (from Form 500, Section B) (Amount entered cannot be more than amount on line 24)	25.	
26.	Allocated entire net income before allocated dividend exclusion - Subtract line 25 from line 24 (If zero or less, enter zero here and on line 29)	26.	0.
27.	Allocated Dividend Exclusion (from Schedule R) (see instructions)	27.	
28.	Reserved for future use	28.	
29.	**Taxable net income** - Subtract line 27 from line 26	29.	0.

Did the taxpayer have any discharge of indebtedness excluded from federal taxable income in the current tax year pursuant to subparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108 ☐ Yes. See instructions for Form 500. OR ☒ No.

PART III - COMPUTATION OF NEW JERSEY TAX BASE

1.	Enter taxable net income from Schedule A, Part II, line 29	1.	0.
2.	a. Investment Company - Enter 40% of line 1	2a.	
	b. Real Estate Investment Trust - Enter 4% of line 1	2b.	
	c. All Others - Enter the amount from line 1	2c.	0.
3.	a. New Jersey Nonoperational Income (from Schedule O, Part III) (if zero or less, enter zero)	3a.	
	b. Nonunitary Partnership Income (from Schedule P-1, Part II, line 5) (if zero or less, enter zero)	3b.	
4.	Tax Base - Add lines 3a and 3b to line 2a, 2b, or 2c, whichever is applicable. Enter total here and on line 1, page 1	4.	0.

NAME AS SHOWN ON RETURN

TENTRR, INC.

FEDERAL ID NUMBER

473-054-018/000

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.	
2.	Purchases	2.	
3.	Cost of labor	3.	
4.	Additional section 263A costs	4.	
5.	Other costs (include schedule) SEE STATEMENT 4	5.	2,339,836.
6.	Total - Add lines 1 through 5	6.	2,339,836.
7.	Inventory at end of year	7.	
8.	Cost of goods sold - Subtract line 7 from line 6. Include here and on Schedule A, Part I, line 2	8.	2,339,836.

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.	EITHER: a) Urban Enterprise Zone Employee Tax Credit from Form 300		
	OR b) Urban Enterprise Zone Investment Tax Credit from Form 301	4.	
5.	Redevelopment Authority Project Tax Credit from Form 302	5.	
6.	Manufacturing Equipment and Employment Investment Tax Credit from Form 305	6.	
7.	Research and Development Tax Credit from Form 306	7.	
8.	Neighborhood Revitalization State Tax Credit from Form 311	8.	
9.	Effluent Equipment Tax Credit from Form 312	9.	
10.	Economic Recovery Tax Credit from Form 313	10.	
11.	AMA Tax Credit from Form 315	11.	
12.	Business Retention and Relocation Tax Credit from Form 316	12.	
13.	Sheltered Workshop Tax Credit from Form 317	13.	
14.	Film Production Tax Credit from Form 318	14.	
15.	Urban Transit Hub Tax Credit from Form 319	15.	
16.	Grow NJ Tax Credit from Form 320	16.	
17.	Wind Energy Facility Tax Credit from Form 322	17.	
18.	Residential Economic Redevelopment and Growth Tax Credit from Form 323	18.	
19.	Public Infrastructure Tax Credit from Form 325	19.	
20.	Reserved for future use	20.	
21.	Film and Digital Media Tax Credit from Form 327	21.	
22.	Tax Credit for Employers of Employees With Impairments from Form 328	22.	
23.	Pass-Through Business Alternative Income Tax Credit from Form 329	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.	Other Tax Credit (see instructions)	27.	
28.	Total tax credits - Add lines 1 through 27. Enter here and on page 1, line 3	28.	

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.	Other Tax Credit to be refunded	4.	
5.	Total amount of tax credits to be refunded. Enter here and on page 1, line 10c	5.	

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
TENTRR, INC.	473-054-018/000

Schedule A-4 SUMMARY SCHEDULE (See Instructions)

PNOL Deduction and Carryover			**Net Operational Income Information**		
1. Form 500, Section A, line 5 minus line 7	1.	0.	8. Schedule O, Part III	8.	0.
NOL Deduction and Carryover			**Dividend Exclusion Information**		
2. Form 500, Section B, line 6 minus line 8	2.	0.	9. Schedule R, line 7	9.	0.
Interest and Intangible Costs and Expenses					
3. Schedule G, Part I, line b	3.	0.	10. Schedule R, line 9	10.	0.
4. Schedule G, Part II, line b	4.	0.	11. Schedule R, line 11	11.	0.
Schedule J Information			**Schedule P Information**		
5. Schedule J, line 1f	5.	41,616.	12. Schedule P, Part III, line 1	12.	0.
6. Schedule J, line 1g	6.	4,852,111.	13. Schedule P, Part III, line 2	13.	0.
7. Schedule J, line 1h	7.	.008577			

Schedule F CORPORATE OFFICERS - GENERAL INFORMATION AND COMPENSATION (See Instructions)

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	
SEE STATEMENT 5							
a. Total compensation of officers							490,555.
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 12)							490,555.

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
TENTRR, INC.	473-054-018/000

Schedule G - Part I **INTEREST (See Instructions)**

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 II, line 6)	

Schedule G - 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	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 II, line 7)	

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.

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
TENTRR, INC.	473-054-018/000

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 sch.)	(f) Total
1. New Jersey Taxes						
2. Other States & U.S. Possessions	2,475					2,475
3. City and Local Taxes	25					25
4. Taxes Paid to Foreign Countries *						
5. Total	2,500					2,500
6. Combine lines 5(a) and 5(b)		2,500				
7. Sales & Use Taxes Paid by a Utility Vendor						
8. Add lines 6 and 7		2,500				
9. Federal Taxes						
10. Total (Combine line 5 and line 9)	2,500					2,500

* 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 II, line 20, Form CBT-100, must complete Schedule J.

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.	41,616.
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 (See instructions)	e.	
f. Total New Jersey receipts (Total of lines 1a to 1e, inclusive)	f.	41,616.
g. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere	g.	4,852,111.
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 II, line 21	h.	.008577

NOTE: Include the GILTI and the receipts attributable to the FDII, net of the respective allowable IRC § 250(a) deductions, in the allocation factor. The net amount of GILTI (i.e., the GILTI reduced by the I.R.C. §250(a) GILTI deduction) and the net FDII (i.e., the receipts attributable to the FDII reduced by the I.R.C. § 250(a) FDII deduction) amounts are included in the numerator (if applicable) and the denominator.

NAME AS SHOWN ON RETURN | FEDERAL ID NUMBER

TENTRR, INC. | 473-054-018/000

Schedule P-1

PARTNERSHIP INVESTMENT ANALYSIS (See Instructions)

Part I - Partnership Information

(1) Partnership, LLC, or Other Entity Information		(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
Name	Federal ID Number			Limited Partner	General Partner	Flow Through	Separate Accounting*	Yes	No	

Enter total of column 7 here and on page 1, line 10b .....

*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 A, Part II, line 17b			
5.	Total column 4. Enter amount here and Schedule A, Part III, line 3b			

If additional space is needed, include a rider.

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 professional 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 more, include the amount here and on Form CBT-100, page 1, line 8	7.	
8.	Credit to next year's Professional Corporation Fee (if line 7 is less than zero, enter the amount here)	8.	

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
TENTRR, INC.	473-054-018/000

Schedule P

SUBSIDIARY INVESTMENT ANALYSIS (See Instructions)

NOTE: Taxpayers must hold 80% of the combined voting power of all classes of stock entitled to vote and at least 80% of the total number of shares of all other classes of stock, except non-voting stock which is limited and preferred as to dividends, for each subsidiary. Do not include advances to subsidiaries in book value. **Do not include any previously taxed dividends.** Instead, report those amounts on Schedule PT.

PART I DOMESTIC SUBSIDIARY

Federal ID Number	(1) Name of Subsidiary	(2) Percentage of Interest (a) Voting	(2) Percentage of Interest (b) Non-Voting	(3) Book Value	(4) Domestic Dividend Income (as reported on Schedule A)
Totals					

PART II FOREIGN SUBSIDIARY

Federal ID Number	(1) Name of Subsidiary	(2) Percentage of Interest (a) Voting	(2) Percentage of Interest (b) Non-Voting	(3) Book Value	(4) Foreign Dividend Income (as reported on Schedule A)
Totals					

PART III TOTAL OF 80% OR MORE OWNED SUBSIDIARY DIVIDENDS

1.	Enter total from Part I, column 4 (include here and on Schedule A-4)	1.
2.	Enter total from Part II, column 4 (include here and on Schedule A-4)	2.
3.	Total dividends. Add lines 1 and 2 (include here and on Schedule R)	3.

Schedule R

DIVIDEND EXCLUSION (See Instructions)

1.	Enter the total dividends and deemed dividends reported on Schedule A	1.	
2.	Enter amount from Schedule PT, Section D, line 3	2.	
3.	Dividends eligible for dividend exclusion - Subtract line 2 from line 1	3.	
4.	Enter amount from Schedule P, Part III, line 3	4.	
5.	Multiply line 4 by .95	5.	
6.	Subtract line 4 from line 3	6.	
7.	Dividend income from investments where taxpayer owns less than 50% of voting stock and less than 50% of all other classes of stock (do not incl. amounts subtracted on line 2)	7.	( )
8.	Subtract line 7 from line 6	8.	
9.	Multiply line 8 by 50%	9.	
10.	Reserved for future use	10.	
11.	DIVIDEND EXCLUSION: Add lines 5 and 9	11.	
12.	Allocation factor from current Schedule J (if all receipts are derived from only NJ sources, enter 1.000000)	12.	
13.	ALLOCATED DIVIDEND EXCLUSION: Multiply line 11 by line 12 (include here and on Schedule A, Part II, line 27)	13.	

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
TENTRR, INC.	473-054-018/000

Schedule S - Part I DEPRECIATION AND SAFE HARBOR LEASING (See Instructions)

1. IRC § 179 Deduction	1.	
2. Special Depreciation Allowance - for qualified property placed in service during the tax year	2.	
3. MACRS	3.	1,853,197.
4. ACRS	4.	
5. Other Depreciation	5.	
6. Listed Property	6.	
7. Total depreciation claimed in arriving at Schedule A, Part II, line 1	7.	1,853,197.

Include Federal Form 4562 and Federal Depreciation Worksheet

Modification at Schedule A, Part II, line 9 or line 12 - Depreciation and Certain Safe Harbor Lease Transactions

Additions

8. Amounts from lines 3, 4, 5, and 6 above	8.	1,853,197.
9. Special Depreciation Allowance from line 2 above	9.	
10. Distributive share of the special depreciation allowance from a partnership	10.	
11. Distributive share of ACRS, MACRS, and other depreciation from a partnership	11.	
12. Deductions on federal return resulting from an election made pursuant to IRC § 168(f)(8) exclusive of elections made with respect to mass commuting vehicles		
a. Interest	12a.	
b. Rent	12b.	
c. Amortization of Transactional Costs	12c.	
d. Other Deductions	12d.	
13. IRC § 179 depreciation in excess of New Jersey allowable deduction	13.	
14. Other additions (include an explanation/reconciliation)	14.	
15. Total lines 8 through 14	15.	1,853,197.

Deductions

16. New Jersey depreciation	16.	1,853,197.
17. Recomputed depreciation attributable to distributive share of recovery property from a partnership	17.	
18. Any income included in the return with respect to property solely as a result of an IRC § 168(f)(8) election	18.	
19. The lessee/user should enter the amount of depreciation that would have been allowable under the Internal Revenue Code on December 31, 1980, had there been no safe harbor lease election	19.	
20. Excess of accumulated ACRS, MACRS, or bonus depreciation over accumulated New Jersey depreciation on physical disposal of recovery property (include computations)	20.	
21. Other deductions (include an explanation/reconciliation)	21.	
22. Total lines 16 through 21	22.	1,853,197.
23. **ADJUSTMENT** - Subtract line 22 from line 15 and enter the result. (If line 23 is positive, enter at Schedule A, Part II, line 9. If line 23 is negative, enter as a positive number at Schedule A, Part II, line 12)	23.	

Schedule S - 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 II, line 1	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	5.	
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 23 (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 II, line 9. If line 7 is negative, enter as a positive number at Schedule A, Part II, line 12)	7.	

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
TENTRR, INC.	473-054-018/000

Form 500 **Computation of the 2021 Post Allocation Net Operating Loss (NOL) and Prior Net Operating Loss Conversion Carryover (PNOL) Deductions (See Instructions)**

Does the taxpayer have any Prior Net Operating Loss Conversion Carryovers? ☐ Yes. Begin Form 500 at Section A, line 1. OR ☒ No. Enter zero on Schedule A, Part 2, line 23 and continue with Section B.

Section A - Computation of Prior Net Operating Losses (PNOL) Deduction from periods ending PRIOR to July 31, 2019

Complete this section only if the allocated entire net income/(loss) before net operating loss deductions and dividend exclusion on Schedule A, Part II, line 22 is positive (income).

1. Prior Net Operating Loss Conversion Carryover (PNOL) - Enter the total of Worksheet 500-P, Part II, column 3	1.	
2. Enter the portion of line 1 previously deducted	2.	
3. Enter the portion of line 1 that expired	3.	
4. Enter any discharge of indebtedness excluded from federal taxable income in the current tax period pursuant to subparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108*	4.	
5. PNOL available in the current tax year - Subtract lines 2, 3, and 4 from line 1 (if zero or less, enter zero)	5.	
6. Enter the allocated net income from Schedule A, Part II, line 22	6.	
7. **Current tax year's PNOL deduction** - Enter the lesser of line 5 or line 6 here and on Schedule A, Part II, line 23	7.	

* If the allocated discharge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has post allocation net operating loss carryover in Form 500 Section B, carry the remaining balance to line 5 of Section B.

Section B - Post Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019

Check the box next to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period in which the taxpayer was a taxable member on a New Jersey combined return. **Otherwise, leave the box blank.**

1. Allocated Net Operating Loss Carryover - See instructions.		
a. Return Period Ending _____ ☐	1a.	
b. Return Period Ending _____ ☐	1b.	
c. Return Period Ending _____ ☐	1c.	
d. Return Period Ending _____ ☐	1d.	
e. Return Period Ending _____ ☐	1e.	
f. Return Period Ending _____ ☐	1f.	
g. Return Period Ending _____ ☐	1g.	
h. Return Period Ending _____ ☐	1h.	
i. Return Period Ending _____ ☐	1i.	
j. Return Period Ending _____ ☐	1j.	
2. Total Post Allocation Net Operating Losses (NOLs) - Add lines 1a through 1j	2.	
3. Portion of line 2 previously deducted	3.	
4. Portion of line 2 that expired (after 20 privilege periods)	4.	
5. Enter any discharge of indebtedness excluded from federal taxable income in the current tax period pursuant to subparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108*	5.	
6. NOLs available for current tax year - Subtract lines 3, 4, and 5 from line 2	6.	
7. Enter Allocated Entire Net Income Before Post Allocation Net Operating Loss Deduction from Schedule A, Part II, line 24	7.	
8. **Current tax year's NOL deduction** - Enter the lesser of line 6 or line 7 here and on Schedule A, Part II, line 25	8.	

* If the taxpayer has any allocated discharge of indebtedness that was not used in Form 500 Section A, enter the balance.

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
TENTRR, INC.	473-054-018/000

WORKSHEET
500-P

NEW JERSEY CORPORATION BUSINESS TAX
Prior Net Operating Loss Conversion Worksheet

Use this worksheet to calculate the converted prior net operating losses for use for tax years ending on and after July 31, 2019. **(See Instructions)**

NOTE: This is used to calculate your converted prior net operating losses from pre-allocated net operating loss carryovers to post-allocated net operating loss carryovers for the last tax periods ending before July 31, 2019. Use the allocation factor calculated on Schedule J in the last tax period ending prior to July 31, 2019, for Part I, line 1. This is the taxpayer's base year allocation factor for the last tax period ending before July 31, 2019, pursuant to N.J.S.A. 54:10A-4(u). **Submit a copy of this worksheet to substantiate calculations and to determine usable amounts for future years.** If more space is needed, enclose a rider listing the information.

Part I

1. Allocation Factor For The Last Tax Period Ending Prior to July 31, 2019 (from Schedule J)	1.000000

Part II

Column 1 Tax Period Ending	Column 2 Prior Net Operating Losses (see instructions)	Column 3 Converted Prior Net Operating Loss Carryover Multiply line I, Part I by amount in column 2, Part II
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Enclose a Copy with Tax Return

CBT-160-A
NJ Division of Taxation
(11-21)

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)

1019A

Name as Shown on Return	Federal ID Number	Unitary ID Number, if applicable
TENTRR, INC.	473-054-018/000	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 2021 tax - See instructions for line 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)	450.
3. Prior year's tax - Enter the amount from line 6, page 1 of the 2020 CBT-100 or line 4, page 1 of the 2020 CBT-100S, or line 5, page 1 of the 2020 CBT-100U	
4. Enter the lesser of lines 2 or 3	450.

	(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 inst)	04/15/2021	06/15/2021	09/15/2021	12/15/2021
6. Enter 25% of line 4 in columns (a) through (d)	112.	113.	112.	113.
7. (a) Amount paid or credited for each period				
(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				
9. Underpayment (subtract line 8 from line 6) or overpayment (subtract line 6 from line 8)		REFER TO STATEMENT		

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				
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
12. Exception 2 - Tax based on annualized tax	22.5% of tax	45% of tax	67.5% of tax	90% of tax

Part III Installment Interest Due (See Instructions)

13. Amount of underpayment from line 9				
14. Enter same installment dates used above at line 5				
15. Enter the date of payment or the 15th day of the fourth month after the close of the tax year, whichever is earlier				
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.)				
17. Interest				

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 ..... SEE STATEMENT 6 ..... 19.

166661
12-01-21

TENTRR, INC. 47-3054018

NJ CBT-100 PENALTY AND INTEREST SUMMARY STATEMENT 1

LATE PAYMENT PENALTY	
LATE FILING PENALTY	
LATE PAYMENT INTEREST	
UNDERPAYMENT PENALTY	19
TOTAL PENALTIES AND INTEREST INCLUDED IN RETURN	19

TENTRR, INC. 47-3054018

NJ CBT-100 OTHER FEDERAL INCOME STATEMENT 2

DESCRIPTION	AMOUNT
MISCELLANEOUS	5,821.
TOTAL TO SCHEDULE A, LINE 10	5,821.

NJ CBT-100 OTHER FEDERAL DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
AMORTIZATION	244,034.
AUTO AND TRUCK EXPENSE	15,338.
BANK CHARGES	789.
CARTING	10,214.
CONFERENCES AND SEMINARS	13,547.
CONSULTING SERVICES	549,755.
DUES & SUBSCRIPTIONS	5,854.
EQUIPMENT RENTAL	696,134.
INSURANCE	213,099.
IT SOFTWARE & SERVICES	196,434.
LEGAL AND PROFESSIONAL	237,561.
LICENSES AND PERMITS	8,744.
MEALS NOT SUBJECT TO LIMITATION	30,028.
MERCHANT ACCOUNT FEES	1,103.
MOVING EXPENSES	12,971.
OFFICE EXPENSES	7,577.
PAYROLL SERVICES FEE	46,464.
POSTAGE & DELIVERY	936.
SALARIES - PEO	2,372,606.
TELEPHONE EXPENSE	23,147.
TEST TRANSACTIONS	1,133.
TRAVEL	71,391.
UTILITIES	8,901.
WEB/DOMAIN HOSTING AND MAINT	55,520.
TOTAL TO SCHEDULE A, LINE 26	4,823,280.

TENTRR, INC. 47-3054018

NJ CBT-100 COST OF GOODS SOLD - OTHER COSTS STATEMENT 4

DESCRIPTION	AMOUNT
CAMPKEEPER PAYOUTS	1,867,250.
MERCANTILE	36,483.
SHIPPING LABELS	4,367.
SITE BOOKING FEES	164,932.
STATE PARK PAYOUTS	138,057.
TRANSACTION FEES	128,747.
TOTAL TO SCHEDULE A-2, LINE 5	2,339,836.

SCHEDULE F CORPORATE OFFICERS - INFORMATION AND COMPENSATION STATEMENT 5

NAME, ADDRESS, TITLE, SSN	DATES EMPLOYED FROM	TO	PERCENT COMMON	STOCK PREF	AMOUNT OF COMPENSATION
ANAND SUBRAMANIAN 411 W 39TH ST 4TH FL, NEW YORK, NY 10018 PRESIDENT 185-76-7731	01/01/21	12/31/21	.85%	.00%	490,555.
TOTAL TO SCHEDULE F					490,555.

TENTRR, INC. 47-3054018

FORM CBT-160 COMPUTATION OF UNDERPAYMENT PENALTY STATEMENT 6

QTR	EVENT AMOUNT	TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT		MONS	INTEREST RATE	AMOUNT OF PENALTY
A	112.	Q	112.	04/15/2021	04/15/2022	12	6.25%	7.
B	113.	Q	113.	06/15/2021	04/15/2022	10	6.25%	6.
C	112.	Q	112.	09/15/2021	04/15/2022	7	6.25%	4.
D	113.	Q	113.	12/15/2021	04/15/2022	4	6.25%	2.
TOTAL TO FORM CBT-160, LINE 18								19.

EVENT TYPE: Q = AMOUNT UNDERPAID AT START OF QUARTER
P = PAYMENT OR WITHHOLDING
R = INTEREST RATE CHANGE
L = SWITCH TO OR FROM A LEAP YEAR

2021 TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-3

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

AMOUNT OF TAX:

TOTAL TAX	$	2,419
LESS: PAYMENTS AND CREDITS	$	1,500
PLUS: OTHER AMOUNT	$	0
PLUS: INTEREST AND PENALTIES	$	78
BALANCE DUE	$	997

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE NYSDTF, PLEASE SIGN, DATE AND RETURN FORM TR-579-CT TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE NYSDTF. DO NOT MAIL A PAPER COPY OF THE RETURN.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

YOUR BALANCE DUE OF $997 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CT-3 BALANCE DUE. REFER TO FORM CT-3 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

2022 ESTIMATED TAX FILING INSTRUCTIONS

NEW YORK FORM CT-400

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

AMOUNT OF TAX:

TOTAL ESTIMATED TAX	$	2,670
LESS CREDIT FROM PRIOR YEAR	$	0
LESS AMOUNT ALREADY PAID ON 2022 ESTIMATE	$	0
BALANCE DUE	$	2,670

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER		AMOUNT	DUE DATE
NO. 1	$	0	MARCH 15, 2022
NO. 2	$	0	JUNE 15, 2022
NO. 3	$	0	SEPTEMBER 15, 2022
NO. 4	$	2,670	DECEMBER 15, 2022

MAIL CHECK PAYABLE TO:

NOT APPLICABLE

MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:

PAYMENTS MUST BE FILED AND PAID ELECTRONICALLY VIA THE NEW YORK STATE CORPORATION TAX WEBSITE AT:
HTTPS://WWW.TAX.NY.GOV/ONLINE/

SPECIAL INSTRUCTIONS:

2021 TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-3M

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

AMOUNT OF TAX:

TOTAL TAX	$	243
LESS: PAYMENTS AND CREDITS	$	0
PLUS: OTHER AMOUNT	$	0
PLUS: INTEREST AND PENALTIES	$	10
BALANCE DUE	$	253

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE NYSDTF, PLEASE SIGN, DATE AND RETURN FORM TR-579-CT TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE NYSDTF. DO NOT MAIL A PAPER COPY OF THE RETURN.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

YOUR BALANCE DUE OF $253 WILL BE AUTOMATICALLY WITHDRAWN FROM THE ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CT-3M BALANCE DUE. REFER TO FORM CT-3M ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

NEW YORK STATE 2022

Department of Taxation and Finance

Estimated Tax for Corporations

CT-400

Filing made easy: File and pay electronically through *Online Services* at *www.tax.ny.gov.*
See Form CT-400-I, *Instructions for Form CT-400,* for assistance.

Employer identification number	File no.	Return type (required)	Tax sub type	Tax year: beginning *(mm-yy)*	ending *(mm-yy)*
47-3054018	AA3	CT3	23	01-22	12-22

Business telephone number	State or country of incorporation	Date of incorporation	Installment due date
646-230-1040	DE	02-03-15	12-15-22

Legal name of corporation	Foreign corporations: date began business in NYS
TENTRR, INC.	02-03-15

Street address or PO box	*For office use only*
25 W. 39TH STREET, 7TH FLOOR	

City	State	ZIP code
NEW YORK	NY	10018

A. Make payable to: *New York State Corporation Tax* Enclose your payment. *(Detach all check stubs; see instructions for details.)*	A	Payment enclosed 2,670.

Installment payment amount

1 Tax	1	2,420.
2 MTA surcharge	2	250.

Declaration of estimated tax

3 Tax	3	2,420.
4 MTA surcharge	4	250.

Third - party designee *(see instructions)*	Yes [X] No [ ]	Designee's name *(print)*	Designee's name
		ALAN J. COHEN	631-629-4344
	Designee's e-mail address		PIN
	ALAN@ZERAHCO.COM		22752

Certification: I certify that this form and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person	Signature of authorized person	Official title
	ANAND SUBRAMANIAN		PRESIDENT
	E-mail address of authorized person		Telephone number / Date
	ANAND@TENTRR.COM		646-230-1040 / 10-11-22

Paid preparer use only *(see instr.)*	Firm's name *(or yours if self-employed)*	Firm's EIN	Preparer's PTIN or SSN
	GUTTERSON & COHEN TAX SPECIALIS	81-3215466	P00185030
	Signature of individual preparing this return	Address / City / State / ZIP code	
		445 BROADHOLLOW ROAD MELVILLE NY 11747	
	E-mail address of individual preparing this return	Preparer's NYTPRIN or Excl. code	Date
	ALAN@ZERAHCO.COM	03	10-11-22

See instructions for where to file.

473054018 AA 3 1222 23 0000000000267000
448001221019

168771
05-02-22

Department of Taxation and Finance

New York State E-File Authorization for Tax Year 2021

For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations

188021 09-20-21

TR-579-CT

(8/21)

Electronic return originator (ERO)/paid preparer: **Do not** mail this form to the Tax Department. Keep it for your records.

Legal name of corporation TENTRR, INC.

Return type *(mark an X for all that apply):* CT-3 X CT-3-A ____ CT-3-M X CT-3-S ____ CT-13 ____ CT-33 ____
CT-33-A ____ CT-33-C ____ CT-33-M ____ CT-33-NL ____ CT-183 ____ CT-183-M ____ CT-184 ____ CT-184-M ____
CT-186-E ____ CT-300 ____ CT-400 ____

Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return;* CT-3-A, *General Business Corporation Combined Franchise Tax Return;* CT-3-M, *General Business Corporation MTA Surcharge Return;* CT-3-S, *New York S Corporation Franchise Tax Return;* CT-13, *Unrelated Business Income Tax Return;* CT-33, *Life Insurance Corporation Franchise Tax Return;* CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return;* CT-33-C, *Captive Insurance Company Franchise Tax Return;* CT-33-M, *Insurance Corporation MTA Surcharge Return;* CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return;* CT-183, *Transportation and Transmission Corporation Franchise Tax Return on Capital Stock;* CT-183-M, *Transportation and Transmission Corporation MTA Surcharge Return;* CT-184, *Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings;* CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return;* CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return;* CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations;* or CT-400, *Estimated Tax for Corporations.*

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.* Go to our website at *www.tax.ny.gov* to find this document.

Do not mail this form to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do **not** use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both);* CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both);* CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*; CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both);* CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both);* or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return).* Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2021 Corporation Tax Extensions*.

Financial institution information (required if electronic payment is authorized)

1	Amount of authorized debit	1,250.
2	Financial institution routing number	121140399
3	Financial institution account number	3302551386

Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2021 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2021 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2021 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Signature of authorized officer of the corporation	Print your name and title	Date
	ANAND SUBRAMANIAN, PRESIDENT	

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2021 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2021 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature	Print name	Date
Paid preparer's signature	Print name	Date
	ALAN J. COHEN	10-11-22

NEW YORK STATE 2021

Department of Taxation and Finance

General Business Corporation Franchise Tax Return

Tax Law - Article 9-A

CT-3

Caution: This form must be used **only** for tax periods beginning on or after January 1, 2021. If you use it for any prior periods, the return will **not** be processed and will **not** be considered timely filed. As a result, penalties and interest may be incurred.

See instructions, Form CT-3-I, before completing return.

Final return ☐ **Amended return** ☐

All filers must enter tax period: beginning 01-01-21 ending 12-31-21

Employer identification number (EIN)	File number	Business telephone number	If you claim an overpayment, mark an X in the box ☐
47-3054018	AA3	646-230-1040	

Legal name of corporation: TENTRR, INC.

Trade name / DBA:

Mailing address: Care of (c/o) ANAND SUBRAMANIAN

State or country of incorporation: DE

Number and street or PO box: 25 W. 39TH STREET, 7TH FLOOR

Date of incorporation: 02-03-15

Foreign corporations: date began business in NYS: 02-03-15

City: NEW YORK U.S. state/Canadian province: NY ZIP/Postal code: 10018

Country (if not United States):

For office use only

Principal business activity in NYS: CAMPING ONLINE MARKETPL

NAICS business code number (from NYS Pub 910): 454110

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

A. Pay amount shown on Part 2, line 19c. Make payable to: **New York State Corporation Tax**
Attach your payment here. *(Detach all check stubs; see instructions for details.)* — A — Payment enclosed: 997.

B. Are you subject to the metropolitan transportation business tax (MTA surcharge)? *(see instructions; mark an X in the appropriate box)* — B — Yes [X] No [ ]

C. If you are disclaiming tax liability in New York State based on Public Law 86-272, mark an X in the box *(see instructions)* — C [ ]

D. Do you have an interest in any partnerships? *(mark an X in the appropriate box)* — D — Yes [ ] No [X]
If *Yes,* enter the name(s) and EIN(s) on Form CT-60 and attach it to your return.

Third - party designee (see instructions)

Yes [X] No [ ]

Designee's name (print): ALAN J. COHEN

Designee's phone number: 631-629-4344

Designee's email address: ALAN@ZERAHCO.COM

PIN: 22752

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person

Printed name of authorized person: ANAND SUBRAMANIAN

Signature of authorized person:

Official title: PRESIDENT

Email address of authorized person: ANAND@TENTRR.COM

Telephone number: 646-230-1040

Date: 10-11-22

Paid preparer use only *(see instr.)*

Firm's name (or yours if self-employed): GUTTERSON & COHEN TAX SPECIALIS

Firm's EIN: 81-3215466

Preparer's PTIN or SSN: P00185030

Signature of individual preparing this return:

Address: 445 BROADHOLLOW ROAD City: MELVILLE State: NY ZIP code: 11747

Email address of individual preparing this return: ALAN@ZERAHCO.COM

Preparer's NYTPRIN or Excl. code: 03

Date: 10-11-22

See instructions for where to file.

Content of Form CT-3

Part 1 - General corporate information	Part 5 - Computation of investment capital for the current tax year
Part 2 - Computation of balance due or overpayment	Part 6 - Computation of business apportionment factor
Part 3 - Computation of tax on business income base	Part 7 - Summary of tax credits claimed
Part 4 - Computation of tax on capital base	

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TENTRR, INC. 47-3054018

Part 1 - General corporate information

Section A - Qualification for preferential tax rates -

If you are a corporation as identified in this section and qualify for preferential tax rates, mark an X in the boxes that apply to you *(see instructions).*

1 A qualified emerging technology company (QETC) eligible for the lower business income base tax rate, 0% capital base tax rate, and lower fixed dollar minimum tax amounts ..... • 1 ☐

2 A qualified New York manufacturer based on the principally engaged test eligible for the 0% business income base tax rate and lower fixed dollar minimum tax amounts ..... • 2 ☐

3 A qualified New York manufacturer based on the principally engaged test eligible for the 0% capital base tax rate ..... • 3 ☐

4 A qualified New York manufacturer based on the significant employment and property test eligible for the 0% business income base tax rate, 0% capital base tax rate, and lower fixed dollar minimum tax amounts ..... • 4 ☐

5 A cooperative housing corporation eligible for the 0% capital base tax rate ..... • 5 ☐

6 A small business taxpayer eligible for the 0% capital base tax rate ..... • 6 ☐

If you marked this box, complete line 6a below and Section B, line 1.

6a Total capital contributions ..... • 6a

7 A qualified entity of a New York State innovation hot spot that operates solely within such New York State innovation hot spot, and you have elected to be subject only to the fixed dollar minimum tax base ..... • 7 ☐

Section B - New York State information *(see instructions)*

1 Number of New York State employees ..... • 1

2 Wages paid to New York State employees ..... • 2 1,557,540.

3 Number of business establishments in New York State ..... • 3

4 If you have an interest in, or have rented, real property in New York State, mark an X in the box ..... • 4 ☐

5 If you are claiming an exception to the related member expense addback under Tax Law §208.9(o)(2)(B), mark an X in the box ..... • 5 ☐

5a If you marked the line 5 box, use line 5a to report the applicable exception number (1-4) and the amount of royalty payments ..... 5a • Number • Amount

6 If you are not protected by Public Law 86-272 and are subject to tax **solely** as a result of deriving receipts in New York State, mark an X in the box ..... • 6 ☐

Section C - Filing information

1 **Federal return filed -** you must mark an X in one box and attach a complete copy of your federal return

1120 • X 1120 consolidated • ☐ 1120-REIT or 1120-RIC ☐ 1120S • ☐ 1120F • ☐ 1120H ☐

2 **Amended return -** If you marked the amended return box on page 1, then for any item(s) that apply, mark an X in the box and attach documentation:

Failure to meet investment capital holding period • ☐

Final federal determination • ☐ Date of determination • NOL carryback • ☐ Capital loss carryback ... • ☐ 1139 • ☐ 1120X • ☐

2a Enter the tax due amount from your most recently filed New York State return for this tax period ..... • 2a

3 **Required attachments -** For all forms, other than tax credit claim forms, that are attached to this return, mark an **X** in the applicable box(es)

CT-3.1 • ☐ CT-3.2 • ☐ CT-3.3 • ☐ CT-3.4 • X CT-60 • ☐ CT-225 • X CT-227 • ☐

Other *(identify):* _____ • ☐

4 If you are claiming tax credits, enter the number of tax credit forms attached to this return. Where multiple forms are filed for the same credit, count **each** form filed ..... • 4

5 If you filed federal Form 1120F and you have effectively connected income (ECI), mark an X in the box ..... • 5 ☐

6 Were you required to report any nonqualified deferred compensation, as required by Internal Revenue Code (IRC) §457A, on your 2021 federal return? *(see instructions)* ..... Yes • ☐ No • X

7 If you are a foreign corporation computing your tax taking into account **only** your distributive shares from **multiple** limited partnerships, mark an X in the box and file Form CT-60 ..... • ☐

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TENTRR, INC. 47-3054018

Part 2 - Computation of balance due or overpayment

Largest of three tax bases, minus credits

1a	Business income base tax *(from Part 3, line 20)*	1a	0.		
1b	Capital base tax *(from Part 4, line 15; see instructions)*	1b	2,419.		
1c	Fixed dollar minimum tax *(see instr)* New York receipts 2,137,960.	1c	1,500.		
2	Tax due *(enter the amount from line 1a, 1b, or 1c, whichever is largest; see instructions)*			2	2,419.
3	Tax credits used *(from Part 7, line 2; see instructions)*			3	
4	Tax due after credits *(subtract line 3 from line 2; if line 3 is more than line 2, enter 0)*			4	2,419.

Penalties and interest

5	Estimated tax penalty *(see instructions; if Form CT-222 is attached, mark an X in the box)* X	5	78.		
6	Interest on late payment *(see instructions)*	6			
7	Late filing and late payment penalties *(see instructions)*	7			
8	Total penalties and interest *(add lines 5, 6, and 7)*			8	78.

Voluntary gifts/contributions

9	Total voluntary gifts/contributions *(from Form CT-227, Part 2, line 1)*	9	
10	Total amount due *(add lines 4, 8, and 9)*	10	2,497.

Prepayments

11	Mandatory first installment from Form CT-300 *(see instructions)*	11			
12	Second installment *(from Form CT-400)*	12			
13	Third installment *(from Form CT-400)*	13			
14	Fourth installment *(from Form CT-400)*	14			
15	Payment with extension request *(from Form CT-5, line 5)*	15	1,500.		
16	Overpayment credited from prior years *(see instr.)* Period	16			
17	Overpayment credited from CT-3-M Period	17			
18	Total prepayments *(add lines 11 through 17; see instructions)*			18	1,500.

Payment due or overpayment to be credited/refunded *(see instructions)*

19a	Underpayment			19a	997.
19b	Additional amount for 2022 MFI			19b	
19c	Balance due			19c	997.
20a	Excess prepayments			20a	
20b	Amount previously credited to 2022 MFI			20b	
20c	Overpayment			20c	0.
21	Amount of overpayment to be credited to next period			21	
22	Balance of overpayment available *(subtract line 21 from line 20c)*			22	
23	Amount of overpayment to be credited to Form CT-3-M			23	
24	Balance of overpayment to be refunded *(subtract line 23 from line 22)*			24	
25	Unused tax credits to be refunded	25			
26	Unused tax credits applied to next period	26			

Part 3 - Computation of tax on business income base

1	Federal taxable income (FTI) before net operating loss (NOL) and special deductions *(see instructions)*	**1**	-6,113,971.
2	Additions to FTI *(from Form CT-225, line 5)*	**2**	2,475.
3	Add lines 1 and 2	**3**	-6,111,496.
4	Subtractions from FTI *(from Form CT-225, line 10)*	**4**	
5	Subtract line 4 from line 3	**5**	-6,111,496.
6	Subtraction modification for qualified banks *(from Form CT-3.2, Schedule A, line 1; see instructions)*	**6**	
7	Entire net income (ENI) *(subtract line 6 from line 5)*	**7**	-6,111,496.
8	Investment and other exempt income *(from Form CT-3.1, Schedule D, line 1)*	**8**	
9	Subtract line 8 from line 7	**9**	-6,111,496.
10	Excess interest deductions attributable to investment income, investment capital, and other exempt income *(from Form CT-3.1, Schedule D, line 2)*	**10**	
11	Business income *(add lines 9 and 10)*	**11**	-6,111,496.
12	Addback of income previously reported as investment income *(from Form CT-3.1, Schedule F, line 6; if zero, enter 0; see instructions)*	**12**	
13	Business income after addback *(add lines 11 and 12)*	**13**	-6,111,496.
14	Business apportionment factor *(from Part 6, line 56)*	**14**	0.440625
15	Apportioned business income after addback *(multiply line 13 by line 14)*	**15**	-2,692,878.
16	Prior net operating loss conversion subtraction *(from Form CT-3.3, Schedule C, line 4)*	**16**	
17	Subtract line 16 from line 15	**17**	-2,692,878.
18	NOL deduction *(from Form CT-3.4, line 6)*	**18**	
19	Business income base *(subtract line 18 from line 17)*	**19**	-2,692,878.
20	Business income base tax *(multiply line 19 by the appropriate business income tax rate from the tax rates schedule in Form CT-3-I; enter here and on Part 2, line 1a; see instructions)*	**20**	0.

Note: If you make any entry on line 2, 4, 6, 8, 10, 12, 16, or 18, you **must** complete and file the appropriate attachment form, or any tax benefit claimed may be disallowed, or there may be a delay in receiving such benefit. In addition, all amounts entered on these lines must be entered as positive numbers.

TENTRR, INC. 47-3054018

Part 4 - Computation of tax on capital base *(see instructions)*

		A Beginning of year	B End of year	C Average value
1 Total assets from federal return	1	5,227,792.	12,332,543.	8,780,168.
2 Real property and marketable securities included on line 1	2			
3 Subtract line 2 from line 1	3	5,227,792.	12,332,543.	8,780,168.
4 Real property and marketable securities at fair market value	4			
5 Adjusted total assets *(add lines 3 and 4)*	5	5,227,792.	12,332,543.	8,780,168.
6 Total liabilities	6	4,265,828.	7,437,500.	5,851,664.

7 Total net assets *(subtract line 6, column C, from line 5, column C)*	7	2,928,504.
8 Investment capital *(from Part 5, line 19; if zero or less, enter 0)*	8	
9 Business capital *(subtract line 8 from line 7)*	9	2,928,504.
10 Addback of capital previously reported as investment capital *(from Part 5, line 20, column C; if zero or less, enter 0)*	10	
11 Total business capital *(add lines 9 and 10)*	11	2,928,504.
12 Business apportionment factor *(from Part 6, line 56)*	12	0.440625
13 Apportioned business capital *(multiply line 11 by line 12)*	13	1,290,372.
14		
15 Capital base tax *(multiply line 13 by the appropriate capital base tax rate from the tax rates schedule in Form CT-3-I; enter here and on Part 2, line 1b)*	15	2,419.

Part 5 - Computation of investment capital for the current tax year *(see instructions)*

		A Average fair market value	B Liabilities attributable to column A amount	C Net average value *(column A - column B)*
16 Total capital that generates income claimed to not be taxable by New York under the U.S. Constitution *(from Form CT-3.1, Schedule E, line 1)*	16			
17 Total of stocks **actually** held for more than one year *(from Form CT-3.1, Schedule E, line 2)*	17			
18 Total of stocks **presumed** held for more than one year *(from Form CT-3.1, Schedule E, line 3)*	18			

19 Total investment capital for the current year *(Add column C lines 16, 17, and 18; enter the result here and on Part 4, line 8. If zero or less, enter 0.)*	19	

Addback of capital previously reported as investment capital

		A Average fair market value as previously reported	B Liabilities attributable to column A amount as previously reported	C Net average value as previously reported *(column A - column B)*
20 Total of stocks previously presumed held for more than one year, but did **not** meet the holding period *(from Form CT-3.1, Schedule F, line 1; enter here and on Part 4, line 10)*	20			

TENTRR, INC. 47-3054018

Part 6 - Computation of business apportionment factor *(see instructions)*

Mark an X in this box only if you have **no receipts** required to be included in the denominator of the apportionment factor *(see instr.)* ☐

		A - New York State	B - Everywhere
Section 210-A.2			
1 Sales of tangible personal property	1	2,132,139.	4,846,290.
2 Sales of electricity	2		
3 Net gains from sales of real property	3		
Section 210-A.3			
4 Rentals of real and tangible personal property	4		
5 Royalties from patents, copyrights, trademarks, and similar intangible personal property	5		
6 Sales of rights for certain closed-circuit and cable TV transmissions of an event	6		
Section 210-A.4			
7 Sale, licensing, or granting access to digital products	7		
Section 210-A.5(a)(1) - Fixed percentage method for qualified financial instruments (QFIs)			
8 To make this irrevocable election, mark an X in the box *(see instructions)*	8 ☐		
Section 210-A.5(a)(2) - Mark an X in each box that is applicable *(see line 8 instructions)*			
Section 210-A.5(a)(2)(A)			
9 Interest from loans secured by real property	9		
10 Net gains from sales of loans secured by real property	10		
11 Interest from loans **not** secured by real property (QFI ☐)	11		
12 Net gains from sales of loans **not** secured by real property (QFI ☐)	12		
Section 210-A.5(a)(2)(B) (QFI ☐)			
13 Interest from federal debt	13		
14			
15 Interest from NYS and its political subdivisions debt	15		
16 Net gains from federal, NYS, and NYS political subdivisions debt	16		
17 Interest from other states and their political subdivisions debt	17		
18 Net gains from other states and their political subdivisions debt	18		
Section 210-A.5(a)(2)(C) (QFI ☐)			
19 Interest from asset-backed securities and other government agency debt	19		
20 Net gains from government agency debt or asset-backed securities sold through an exchange	20		
21 Net gains from all other asset-backed securities	21		
Section 210-A.5(a)(2)(D) (QFI ☐)			
22 Interest from corporate bonds	22		
23 Net gains from corporate bonds sold through broker/dealer or licensed exchange	23		
24 Net gains from other corporate bonds	24		
Section 210-A.5(a)(2)(E)			
25 Net interest from reverse repurchase and securities borrowing agreements	25		
Section 210-A.5(a)(2)(F)			
26 Net interest from federal funds	26		
Section 210-A.5(a)(2)(I) (QFI ☐)			
27 Net income from sales of physical commodities	27		
Section 210-A.5(a)(2)(J) (QFI ☐)			
28 Marked to market net gains	28		
Section 210-A.5(a)(2)(H) (QFI ☐) **210-A.5(a)(2)(G)** (QFI ☐)			
29 Interest from other financial instruments	29		
30 Net gains and other income from other financial instruments	30		

TENTRR, INC. 47-3054018

Part 6 - Computation of business apportionment factor *(continued)*

		A - New York State	B - Everywhere
Section 210-A.5(b)			
31 Brokerage commissions	31		
32 Margin interest earned on behalf of brokerage accounts	32		
33 Fees for advisory services for underwriting or management of underwriting	33		
34 Receipts from primary spread of selling concessions	34		
35 Receipts from account maintenance fees	35		
36 Fees for management or advisory services	36		
37 Interest from an affiliated corporation	37		
Section 210-A.5(c)			
38 Interest, fees, and penalties from credit cards	38		
39 Service charges and fees from credit cards	39		
40 Receipts from merchant discounts	40		
41 Receipts from credit card authorizations and settlement processing	41		
42 Other credit card processing receipts	42		
Section 210-A.5(d)			
43 Receipts from certain services to investment companies	43		
Section 210-A.5-a			
44 Global intangible low-taxed income	44	0.00	
Section 210-A.6			
45 Receipts from railroad and trucking business	45		
Section 210-A.6-a			
46 Receipts from the operation of vessels	46		
Section 210-A.7			
47 Receipts from air freight forwarding	47		
48 Receipts from other aviation services	48		
Section 210-A.8			
49 Advertising in newspapers or periodicals	49		
50 Advertising on television or radio	50		
51 Advertising via other means	51		
Section 210-A.9			
52 Transportation or transmission of gas through pipes	52		
Section 210-A.10			
53 Receipts from other services/activities not specified	53	5,821.	5,821.
Section 210-A.11			
54 Discretionary adjustments	54		
Total receipts			
55 Add lines 1 through 54 in columns A and B	55	2,137,960.	4,852,111.

Calculation of business apportionment factor

56 New York State business apportionment factor *(divide line 55, column A by line 55, column B and enter the resulting decimal here; round to the sixth decimal place after the decimal point; see instructions)* ..... **56** .440625

Enter line 56 on Part 3, *Computation of tax on business income base,* line 14; and on Part 4, *Computation of tax* on capital base, line 12.

TENTRR, INC. 47-3054018

Part 7- Summary of tax credits claimed

1 Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law, Article 200 or 496, or section 195.20? *(see Form CT-1; mark an X in one box)* ..... **1** Yes [ ] No [X]

Enter in the appropriate box below the amount of each tax credit **used** to reduce the tax due shown on Part 2, line 2, and attach the corresponding properly completed claim form. The amount of credit to enter is computed on each credit form and carried to this section.

CT-37		CT-607		CT-651	
CT-40		CT-611		CT-652	
CT-41		CT-611.1		CT-654	
CT-43		CT-611.2		CT-655	
CT-44		CT-612		DTF-621	
CT-46		CT-613		DTF-622	
CT-47		CT-631		DTF-624	
CT-236		CT-633		DTF-630	
CT-238		CT-634		Other credits	
CT-239		CT-635			
CT-241		CT-636			
CT-242		CT-637			
CT-246		CT-638			
CT-248		CT-640			
CT-249		CT-641			
CT-250		CT-642			
CT-261		CT-643			
CT-501		CT-644			
CT-601		CT-645			
CT-602		CT-646			
CT-603		CT-647			
CT-604		CT-648			
CT-605		CT-649			
CT-606		CT-650			

2 Total tax credits claimed above *(enter here and on Part 2, line 3; attach appropriate form for each credit claimed)* **2**

3 Total tax credits claimed that are refund eligible *(see instructions)* **3**

4a If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an *X* in the box ..... **4a** [ ]

4b If you claimed the tax-free NY area tax elimination credit, and you had a 100% area allocation factor, mark an *X* in the box ..... **4b** [ ]

4c If you claimed the tax-free NY area excise tax on telecommunications credit and you had a 100% area allocation factor, mark an *X* in the box ..... **4c** [ ]

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11-08-21

NEW YORK STATE 2021

Department of Taxation and Finance

Net Operating Loss Deduction (NOLD)

CT-3.4

Legal name of corporation	Employer identification number (EIN)
TENTRR, INC.	47-3054018

Attach to Form CT-3 or CT-3-A; see Form CT-3.4-I before completing.

1	Multiply Form CT-3 or CT-3-A, Part 3, line 17, by your appropriate business income base tax rate for the current year from the *Tax rates schedule* in Form CT-3-I or CT-3-A-I *(see instructions)*		**1**	0.
2	Enter the greater of the capital base tax or the fixed dollar minimum tax for the current tax year *(from Form CT-3 or CT-3-A, Part 2, line 1b or 1c)*		**2**	2,419.
3	Subtract line 2 from line 1		**3**	0.
4	NOLD that is required to be utilized, if available *(divide line 3 by the same business income base tax rate used for line 1; do not enter less than zero)*		**4**	0.
Computation of net operating loss (NOL) to be used *(see instructions)*				
5a	NOL carryforward from prior year's Form CT-3.4	**5a** 13,449,907.		
5b	NOL carryforwards from **new** members who entered the group during the current tax year	**5b**		
5c	NOL carryback	**5c**		
5d	Subtotal *(add lines 5a, 5b, and 5c)*		**5d**	13,449,907.
5e	NOL carryforwards that have expired	**5e**		
5f	NOL carryforwards unavailable for use in the current tax year	**5f**		
5g	Add lines 5e and 5f		**5g**	
5	Total NOLs available to be used in the current tax year *(subtract line 5g from line 5d)*		**5**	13,449,907.
6	NOL to be used in the current tax year	**6** 0.		
Computation of NOL carryforward *(see instructions)*				
7a	NOL incurred in the current tax year		**7a**	2,692,878.
7b	Net NOLs available *(add lines 5, 5f, and 7a)*	STMT 1	**7b**	16,142,785.
7c	NOL carryforwards from members **who left** the group during the current tax year	**7c**		
7d	Add lines 6 and 7c		**7d**	
7	NOL available to be carried forward *(subtract line 7d from 7b)*		**7**	16,142,785.

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10-14-21

TENTRR, INC. 47-3054018

Schedule A - Apportioned business income or loss *(must be completed for each tax period; see instructions).*

If you are making the election to waive carryback of the current-year NOL, mark an X in the box ..... ☐

A Tax period beginning and ending dates	**B** Amount from Form CT-3 or CT-3-A, Part 3, line 17 for the period in column A	**C** When column B is not a loss, enter the ending dates of the tax period(s) that generated an NOL used to reduce the amount in column B *(see instr.; if necessary)*
01-01-21 12-31-21	-2,692,878.	
01-01-20 12-31-20	-1,581,438.	
01-01-19 12-31-19	-1,687,378.	
01-01-18 12-31-18	-5,999,578.	
01-01-17 12-31-17	-2,408,164.	
01-01-16 12-31-16	-1,773,349.	

Note: You must complete and attach Form CT-3.4 to Form CT-3 or CT-3-A each tax year.

TENTRR, INC. 47-3054018

Schedule B - New members included in the combined group for the current tax period; Form CT-3-A filers only *(see instructions)*

A Name	**B** EIN	**C** NOL available at the beginning of this tax period	**D** Beginning date of this tax period *(mm-dd-yy)*	**E** Ending date of this tax period *(mm-dd-yy)*	**F** Subject to IRC §§ 381-384 or SRLY
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐

Schedule C - Former members not included in the combined group at the end of the current tax period; Form CT-3-A filers only *(see instructions)*

A Name	**B** EIN	**C** NOL available upon leaving the combined group	Former member's tax period in combined group	
			D Beginning date *(mm-dd-yy)*	**E** Ending date *(mm-dd-yy)*

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184303
10-14-21

NEW YORK STATE 2021

Department of Taxation and Finance

New York State Modifications

Tax Law - Articles 9-A, 22, and 33

CT-225

Legal name of corporation	Employer identification number (EIN)
TENTRR, INC.	47-3054018

File this form with Form CT-3, CT-3-S, or CT-33.

Complete all parts that apply to you. See Form CT-225-I, *Instructions for Form CT-225.*

Schedule A - Certain New York State additions to federal income

Part 1 - For certain additions to federal income that did not flow through from a partnership, estate, or trust

1 New York State additions *(see instructions)*

	Modification number	Amount		Modification number	Amount	
1a	A- 505	2,475 00	1i	A-	00	STATEMENT 2
1b	A-	00	1j	A-	00	
1c	A-	00	1k	A-	00	
1d	A-	00	1l	A-	00	
1e	A-	00	1m	A-	00	
1f	A-	00	1n	A-	00	
1g	A-	00	1o	A-	00	
1h	A-	00	1p	A-	00	
Total from additional Form(s) CT-225, if any					00	

2 Total *(add lines 1a through 1p and the total from additional Form(s) CT-225)* **2** 2,475 00

Part 2 - Corporation's share of certain additions to federal income from a partnership, estate, or trust

3 New York State additions *(see instructions)*

	Modification number	Amount		Modification number	Amount	
3a	EA-	00	3i	EA-	00	
3b	EA-	00	3j	EA-	00	
3c	EA-	00	3k	EA-	00	
3d	EA-	00	3l	EA-	00	
3e	EA-	00	3m	EA-	00	
3f	EA-	00	3n	EA-	00	
3g	EA-	00	3o	EA-	00	
3h	EA-	00	3p	EA-	00	
Total from additional Form(s) CT-225, if any					00	

4 Total *(add lines 3a through 3p and the total from additional Form(s) CT-225)* **4** 00

5 Total additions *(add lines 2 and 4; see instructions)* **5** 2,475 00

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TENTRR, INC. 47-3054018

Schedule B - Certain New York State subtractions from federal income

Part 1 - For certain subtractions from federal income that did not flow through from a partnership, estate, or trust

6 New York State subtractions *(see instructions)*

	Modification number	Amount		Modification number	Amount
6a	S-	00	6i	S-	00
6b	S-	00	6j	S-	00
6c	S-	00	6k	S-	00
6d	S-	00	6l	S-	00
6e	S-	00	6m	S-	00
6f	S-	00	6n	S-	00
6g	S-	00	6o	S-	00
6h	S-	00	6p	S-	00
Total from additional Form(s) CT-225, if any					0 00

7 Total *(add lines 6a through 6p and the total from additional Form(s) CT-225)* **7** 0 00

Part 2 - Corporation's share of certain subtractions from federal income from a partnership, estate, or trust

8 New York State subtractions *(see instructions)*

	Modification number	Amount		Modification number	Amount
8a	ES-	00	8i	ES-	00
8b	ES-	00	8j	ES-	00
8c	ES-	00	8k	ES-	00
8d	ES-	00	8l	ES-	00
8e	ES-	00	8m	ES-	00
8f	ES-	00	8n	ES-	00
8g	ES-	00	8o	ES-	00
8h	ES-	00	8p	ES-	00
Total from additional Form(s) CT-225, if any					0 00

9 Total *(add lines 8a through 8p and the total from additional Form(s) CT-225)* **9** 0 00

10 Total subtractions *(add lines 7 and 9; see instructions)* **10** 0 00

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11-04-21

NEW YORK STATE 2021

Department of Taxation and Finance

Underpayment of Estimated Tax By a Corporation

Tax Law - Article 27, Section 1085

CT-222

Tax return filed: CT-3

All filers must enter tax period: beginning 01-01-21 ending 12-31-21

Legal name of corporation	Employer identification number
TENTRR, INC.	47-3054018

Read the instructions, Form CT-222-I, before completing.

Part 1 - Annual payment

1	Enter your 2021 corporation franchise, excise, or gross receipts tax after credits **or** enter the 2021 metropolitan transportation business tax (MTA surcharge) *(if both, use separate forms)*	1	2,419.
2	Multiply line 1 by 91% (.91) or, if a large corporation, 100% (1.0). Large corporations enter this amount on line 5 and skip lines 3 and 4	2	2,201.
3	Enter your 2020 corporation franchise, excise, or gross receipts tax after credits **or** enter the 2020 MTA surcharge	3	1,500.
4	Enter the amount from line 101; if not using the line 9 exception, skip this line	4	
5	Annual payment. Enter the lesser of lines 2, 3, or 4. Large corporations, enter the line 2 amount	5	1,500.

Part 2 - Reasons for filing

Mark an X in the boxes below that apply. If any boxes are marked, you must file Form CT-222 even if you do not owe a penalty.

6	You are using the adjusted seasonal installment method *(see instructions; complete applicable parts of Schedule A)*	☐
7	You are using the annualized income installment method *(see instructions; complete applicable parts of Schedule A)*	☐
8	You are **not** a large corporation and figure your estimated tax based on the prior year's tax (the prior year cannot be a short year, and your return must have shown a tax liability)	☒
9	You are **not** a large corporation and figure your estimated tax by applying to the tax base on which the current year's tax was paid the facts shown on your return for, and the law applicable to, the preceding tax year, but using the rates applicable to the current year *(complete Schedule B)*	☐

Part 3 - Computing the underpayment - for lines 11 through 19, complete one column before going to the next column.

		A	B	C	D
10	Installment due dates *(see instructions)*	03-15-21	06-15-21	09-15-21	12-15-21
11	Required installments *(see instructions)*	375.	375.	375.	375.
12	Estimated tax timely paid or credited for each period *(see instructions).* For column A only, also enter the amount from this line on line 16				
13	Enter amount, if any, from line 19 of the preceding column				
14	Add lines 12 and 13				
15	In column B, enter line 18, column A amount. In columns C and D, add amounts on lines 17 and 18 of the preceding column		375.	750.	1,125.
16	In column A, enter the line 12 amount. For other columns, subtract line 15 from line 14. If zero or less, enter *0*	0.	0.	0.	0.
17	If the amount on line 16 is zero, subtract line 14 from line 15. Otherwise, enter *0*		375.	750.	
18	**Underpayment** - If line 16 is less than or equal to line 11, subtract line 16 from line 11. Otherwise, go to line 19 *(see instructions)*	375.	375.	375.	375.
19	**Overpayment** - If line 11 is less than line 16, subtract line 11 from line 16				

Part 4 - Computation of the underpayment penalty *(see instr.)*	A First	B Second	C Third	D Fourth
20 Enter the date of payment or the 15th day of the 4th month after the end of the tax year, whichever is earlier *(mm-dd-yy)*	04-18-22	04-18-22	04-18-22	04-18-22
Number of days:				
21 From due date of installment to the date shown on line 20	396	304	212	121
22 On line 21 after 3/15/21 and before 4/1/21	16			
23 On line 21 after 3/31/21 and before 7/1/21	91	15		
24 On line 21 after 6/30/21 and before 10/1/21	92	92	15	
25 On line 21 after 9/30/21 and before 1/1/22	92	92	92	16
26 On line 21 after 12/31/21 and before 4/1/22	90	90	90	90
27 On line 21 after 3/31/22 and before 7/1/22	15	15	15	15
28 On line 21 after 6/30/22 and before 10/1/22				
29 On line 21 after 9/30/22 and before 1/1/23				
30 On line 21 after 12/31/22 and before 3/15/23				
31 On line 22 ÷ 365 x %* x amount on line 18	1.			
32 On line 23 ÷ 365 x %* x amount on line 18	7.	1.		
33 On line 24 ÷ 365 x %* x amount on line 18	7.	7.	1.	
34 On line 25 ÷ 365 x %* x amount on line 18	7.	7.	7.	1.
35 On line 26 ÷ 365 x %* x amount on line 18	7.	7.	7.	7.
36 On line 27 ÷ 365 x %* x amount on line 18	1.	1.	1.	1.
37 On line 28 ÷ 365 x %* x amount on line 18				
38 On line 29 ÷ 365 x %* x amount on line 18				
39 On line 30 ÷ 365 x %* x amount on line 18				
40 Add lines 31 through 39	30.	23.	16.	9.
41 Underpayment penalty *(see instructions)*	30.	23.	16.	9.

SEE STATEMENT 3

42 Add line 41, columns A through D; enter here and on your franchise tax return or MTA surcharge return	**42**	78.
43 Multiply line 1 by 80% (.8)	**43**	1,935.
44 Subtract line 11, column A from line 43	**44**	1,560.
45 Divide line 44 by three	**45**	520.

* For applicable rates, access our website or call the Corporation Tax Information Center (see *Need help?* in Form CT-1).

Schedule A, Part 1 - Adjusted seasonal installment method *(see instructions)*

Note: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. Use lines 46 through 51 below to compute the base period percentage. When appropriate, in lieu of ENI, use the applicable tax base.

	A - 2018	**B** - 2019	**C** - 2020
46 Enter the period of 6 consecutive months for which the base period percentage is to be computed: • _____ through • _____			
47 Enter the ENI for the same 6 consecutive month period in preceding periods			
48 Enter the total ENI for the entire year in preceding periods			
49 In each column, enter as a percentage the result of dividing that column's line 47 by that column's line 48	%	%	%
50 Add the percentages in In 49, columns A, B, and C; enter the result here	%		
51 Base period percentage: Divide line 50 by three; enter the result here	%	If 70% or higher, continue with Schedule A, line 52a.	

	A	B - 1st 5 months	C - 1st 8 months	D - 1st 11 months
Enter ENI for the following:				
52a Tax year beginning in 2018		•	•	•
52b Tax year beginning in 2019		•	•	•
52c Tax year beginning in 2020		•	•	•
53 Enter the total of the amounts that enter into the computation of the business income base for 2021 for the months delineated in each column		•	•	•
Enter ENI for the following periods:		1st 6 months	1st 9 months	Entire year
54a Tax year beginning in 2018		•	•	•
54b Tax year beginning in 2019		•	•	•
54c Tax year beginning in 2020		•	•	•
55 Divide the amount in each column on line 52a by the amount in column D on line 54a				
56 Divide the amount in each column on line 52b by the amount in column D on line 54b				
57 Divide the amount in each column on line 52c by the amount in column D on line 54c				
58 Add lines 55 through 57				
59 Divide line 58 by three				
60 Divide line 53 by line 59				
61 Figure the tax on the amount on line 60 using the instructions for your corporation's return *(see instructions for MTA surcharge)*		•	•	•
62 Divide the amount in each of columns B and C on line 54a by the amount in column D on line 54a				
63 Divide the amount in each of columns B and C on line 54b by the amount in column D on line 54b				
64 Divide the amount in each of columns B and C on line 54c by the amount in column D on line 54c				
65 Add lines 62 through 64				
66 Divide line 65 by three				
67 Multiply the amounts in columns B and C of line 61 by columns B and C of line 66. In column D, enter the amount from line 61, column D				
68 Enter any other taxes for each payment period *(see instructions)*		•	•	•
69 Total tax before credits *(add lines 67 and 68)*				
70 Enter the amount of tax credits your corporation is entitled to for the months shown in each column heading above line 52a		•	•	•
71 Total tax after credits. Subtract line 70 from line 69. If zero or less, enter *0*				
72 If **not** a large corporation, enter .91 (91%). Otherwise, enter 1				
73 Multiply line 71 by line 72				

Schedule A, Part 2 - Annualized income installment method

	A	B	C	D
74 Annualized periods *(see instructions)*		1st ● ____ months	1st ● ____ months	1st ● ____ months
75 See instructions		●	●	●
76 See instructions				
77 Annualized taxable inc. Multiply line 75 by line 76				
78 Figure the tax on the line 77 amount using the instructions for your corporation's return *(see instructions for MTA surcharge)*		●	●	●
79 Enter any other taxes for each payment period *(see instr.)*		●	●	●
80 Total tax before credits *(add lines 78 and 79)*				
81 Tax credits *(see instructions)*		●	●	●
82 Total tax after credits. Subtract line 81 from line 80; if zero or less, enter *0*				
83 If **not** a large corporation, enter .91 (91%). Otherwise, enter 1				
84 Multiply line 82 by line 83				
85 Applicable percentage		50%	75%	100%
86 Multiply line 84 by line 85				

Schedule A, Part 3 - Required installment - In completing Part 3, complete one column before going to the next column.

	A	B	C	D
87 If only Schedule A, Part 1 or Part 2 is completed, enter the amount in each column from line 73 or line 86. If both parts are completed, enter the smaller of the amounts in each column from line 73 or line 86				
88 Add the amounts in all preceding columns of line 93				
89 Subtract line 88 from line 87. If zero or less, enter **0**				
90 Subtract line 11, column A (MFI), from line 5. Divide the result by three and enter in each of columns B, C, and D				
91 In column C, subtract line 89, column B from line 90, column B. If zero or less, enter 0. In column D, subtract line 93 , column C from line 92, column C and enter the result				
92 Add lines 90 and 91				
93 **Required installments** - For column A, enter the amount from line 11, column A (MFI). For column B, enter the smaller of line 89, column B or line 90, column B. For columns C and D, respectively, enter the smaller of line 89 or line 92. Also enter each result on line 11				

Schedule B - Line 9 exception *(see instructions)*

94 2020 ENI or business income (as applicable) base multiplied by 2021 ENI or business income base tax rate (as applicable)	●	**94**	
95 2020 capital base multiplied by 2021 capital tax rate	●	**95**	
96 Enter the amount from line 94 or 95 as applicable		**96**	
97 2020 subsidiary capital base multiplied by 2021 subsidiary capital tax rate	●	**97**	
98 Any other taxes *(see instructions)*	●	**98**	
99 Add lines 96, 97, and 98		**99**	
100 2020 tax credits	●	**100**	
101 Recomputed tax *(subtract line 100 from line 99);* enter here and on line 4		**101**	

TENTRR, INC. 47-3054018

NY NET OPERATING LOSS INCURRED AFTER 2014 STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16	1,773,349.	0.	1,773,349.	1,773,349.
12/31/17	2,408,164.	0.	2,408,164.	2,408,164.
12/31/18	5,999,578.	0.	5,999,578.	5,999,578.
12/31/19	1,687,378.	0.	1,687,378.	1,687,378.
12/31/20	1,581,438.	0.	1,581,438.	1,581,438.
12/31/21	2,692,878.	0.	2,692,878.	2,692,878.
TOTAL NOLD AFTER 2014			16,142,785.	16,142,785.
NOLD USED THIS YEAR - FORM CT-3.4, LINE 6			0.	
NOLD CARRIED FORWARD - FORM CT-3.4, LINE 7			16,142,785.	

NY FORM CT-225 OTHER ADDITIONS STATEMENT 2

MODIFICATION NUMBER	DESCRIPTION	AMOUNT
A-505	STATE & LOCAL TAXES DEDUCTED ON FEDERAL RETURN	2,475.
TOTAL TO FORM CT-225, PAGE 1		2,475.

TENTRR, INC. 47-3054018

NY FORM CT-3/3A STATEMENT 3
NY FORM CT-3-S UNDERPAYMENT OF ESTIMATED TAX

QTR	EVENT AMOUNT	TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT		DAYS	INTEREST RATE	AMOUNT OF PENALTY
A								
		Q	375.	03/15/2021	03/31/2021	16	7.5000	1.
		R	375.	03/31/2021	06/30/2021	91	7.5000	7.
		R	375.	06/30/2021	09/30/2021	92	7.5000	7.
		R	375.	09/30/2021	12/31/2021	92	7.5000	7.
		R	375.	12/31/2021	03/31/2022	90	7.5000	7.
		R	375.	03/31/2022	04/15/2022	15	8.0000	1.
	-1,500.	P	-1,125.	04/15/2022		0	8.0000	0.
B								
		Q	375.	06/15/2021	06/30/2021	15	7.5000	1.
		R	375.	06/30/2021	09/30/2021	92	7.5000	7.
		R	375.	09/30/2021	12/31/2021	92	7.5000	7.
		R	375.	12/31/2021	03/31/2022	90	7.5000	7.
		R	375.	03/31/2022	04/15/2022	15	8.0000	1.
	-1,125.	P	-750.	04/15/2022		0	8.0000	0.
C								
		Q	375.	09/15/2021	09/30/2021	15	7.5000	1.
		R	375.	09/30/2021	12/31/2021	92	7.5000	7.
		R	375.	12/31/2021	03/31/2022	90	7.5000	7.
		R	375.	03/31/2022	04/15/2022	15	8.0000	1.
	-750.	P	-375.	04/15/2022		0	8.0000	0.
D								
		Q	375.	12/15/2021	12/31/2021	16	7.5000	1.
		R	375.	12/31/2021	03/31/2022	90	7.5000	7.
		R	375.	03/31/2022	04/15/2022	15	8.0000	1.
	-375.	P	0.	04/15/2022		0	8.0000	0.
TOTAL TO FORM CT-222 LINE 42								78.

EVENT TYPE: Q = QUARTERLY AMOUNT DUE
P = PAYMENT
R = INTEREST RATE CHANGE
L = LEAP YEAR CHANGE
O = OVERPAYMENT FROM PRIOR YEAR/QUARTER

2021 TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM RCT-101

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

AMOUNT OF TAX:

TOTAL TAX	$ 0
LESS: PAYMENTS AND CREDITS	$ 0
PLUS: OTHER AMOUNT	$ 0
PLUS: INTEREST AND PENALTIES	$ 0
NO PAYMENT REQUIRED	$

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE PADOR, PLEASE SIGN, DATE AND RETURN FORM PA-8879-C TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE PADOR. DO NOT MAIL A PAPER COPY OF THE RETURN.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

1010021164

1010021164

DEPARTMENT USE ONLY

RCT-101 07-21 PAGE 1 OF 4
PA CORPORATE NET INCOME TAX REPORT 2021

IRS Filing Type **A** = 1120 **B** = 1120S **C** = Other A

STEP A:

Tax Year Beginning 01012021 Tax Year Ending 12312021

STEP B:

Amended Report	N	52-53 Week Filer	N	First Report	N	File Period Change	N
Economic Nexus	N	Address Change	N	KOZ/EIP/SDA Credit	N	S Corp Taxable Built-in Gains	N
		Change Fed Group	N	Royalty/Related Interest Add-Back (Act 52 of 2013)	N	Section 381/382/Merger NOLs/Alternate Apportionment	N

STEP C:

Revenue ID	1001348250	Parent Corporation EIN	
Federal EIN	473054018		
Business Activity Code	454110		
Corporation Name	TENTRR, INC		
Address Line 1	25 W 39TH STREET 7TH F		
Address Line 2			
City	NEW YORK	Province	
State	NY	Country Code	
ZIP	10018	Foreign Postal Code	

STEP D: PA CORPORATE NET INCOME TAX

USE WHOLE DOLLARS ONLY

	A. Tax Liability from Page 2 (can not be less than zero)	B. Estimated Payments & Credits on Deposit	C. Restricted Credits	STEP E: Payment Due/Overpayment Calculation: A minus B minus C See instructions.
CNI	0	0	0	0

STEP F: Transfer/Refund Method (See instructions*)

E-File Opt Out (See instructions*) N

0 **Transfer:** Amount to be credited to the next tax year after offsetting all unpaid liabilities.

0 **Refund:** Amount to be refunded after offsetting all unpaid liabilities.

STEP G: Corporate Officer (Must sign affirmation below)

NAME ANAND SUBRAMANIAN
PHONE 6462301040
EMAIL ANAND@TENTRR.COM

FORM 1019
BARCODE 0000

174301 11-29-21 CCH

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. If this report is an amended report, the taxpayer hereby consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires, and agrees to retain all required records pertaining to that tax and tax period until the end of the extended assessment period, regardless of any statutory provision providing for a shorter period of retention. For purposes of this extension, an original report filed before the due date is deemed filed on the due date. I am authorized to execute this consent to the extension of the assessment period.

Corporate Officer Signature	Date

1010021264

REVENUE ID 1001348250
TAX YEAR END 12312021 **NAME** TENTRR, INC

RCT-101 07-21 PAGE 2 OF 4 PA CORPORATE NET INCOME TAX REPORT 2021

SECTION A: BONUS DEPRECIATION

USE WHOLE DOLLARS ONLY

(Include REV-1834, Schedule C-8 and C-9, if claiming bonus depreciation.)

1.	Current year federal depreciation of 168k prop.	1	0
2.	Current year adjustment for disposition of 168k prop.	2	0
3.	Other adjustments.	3	0

SECTION B: PA CORPORATE NET INCOME TAX

1.	Income or loss from federal return on a separate-company basis.	1	-6113971
2.	**DEDUCTIONS:**		
	2A. Corporate dividends received (from REV-798, Schedule C-2, Line 7).	2A	0
	2B. Interest on U.S. securities (GROSS INTEREST minus EXPENSES).	2B	0
	2C. Current yr. addtl. PA deprec. plus adjust. for sale (REV-1834, Sched. C-8, Line 8).	2C	123
	2D. Other (from REV-860, Schedule OD) See instructions.	2D	0
	TOTAL DEDUCTIONS - Add Lines 2A through 2D and enter the result on Line 2.	2	123
3.	**ADDITIONS:**		
	3A. Taxes imposed on or measured by net income (from REV-860, Schedule C-5, Line 6).	3A	2500
	3B. Employment incentive payment credit adjustment (Include Schedule W).	3B	0
	3C. Current year bonus depreciation (REV-1834, Sched. C-8, Line 3).	3C	0
	3D. Intangible expense or related interest expense (REV-802, Sched. C-6; must include REV-802).	3D	0
	3E. Other (from REV-860, Schedule OA) See instructions.	3E	0
	TOTAL ADDITIONS - Add Lines 3A through 3E and enter the result on Line 3.	3	2500
4.	Income or loss with Pennsylvania adjustments (Line 1 minus Line 2 plus Line 3).	4	-6111594
5.	Total nonbusiness income or loss (from REV-934, Column C, Total; must include REV-934).	5	0
6.	Income or loss to be apportioned (Line 4 minus Line 5).	6	-6111594
7.	Apportionment (from Schedule C-1, 1C, or 2C if using Special Apportionment).	7	0.066980
8.	Income or loss apportioned to PA (Line 6 times Line 7).	8	-409355
9.	Nonbusiness income or loss allocated to PA (from REV-934, Column A, Total; must include REV-934).	9	0
10.	PA taxable income or loss after apportionment (Line 8 plus Line 9).	10	-409355
11.	Total net operating loss deduction (from RCT-103, Part A, Line 4).	11	0
12.	PA taxable income or loss (Line 10 minus Line 11).	12	-409355
13.	PA corporate net income tax (Line 12 times 0.0999). If Line 12 is less than zero, enter "0".	13	0
14.	Less: Credit for tax paid by affiliate(s) for intangible expense or related interest expense (from REV-803, Sched. C-7; must include REV-803).	14	0
15.	Tax Due (Line 13 minus Line 14.)	15	0

SCHEDULE C-1: Apportionment Schedule For **Corporate Net Income Tax** (Include RCT-106.) *

Sales Factor

Sales - PA	1A	324992	1C	0.066980	
Sales - Total	1B	4852111			

Special Apportionment

Numerator	2A	0
Denominator	2B	0
Apportionment Proportion	2C	0

174302 11-29-21 CCH

* Refer to REV-1200, PA Corporate Net Income Tax Instructions, found at www.revenue.pa.gov.

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REVENUE ID 1001348250
TAX YEAR END 12312021 **NAME** TENTRR, INC

RCT-101 07-21 PAGE 3 OF 4 PA CORPORATE NET INCOME TAX REPORT 2021

SECTION C: CORPORATE STATUS CHANGES

Final Report N

PA Corporations:

Did you ever transact business anywhere?	N	If yes, enter date all business activity ceased
Did you hold assets anywhere?	N	If yes, enter date of final disposition of assets*

Foreign Corporations:

Did you ever transact business in PA on your own or through an unincorporated entity?	N	If yes, enter date PA business activity ceased
Did you hold assets in PA on your own or through an unincorporated entity?	N	If yes, enter date of final disposition of PA assets*

*Schedule of Disposition of Assets, REV-861, must be completed and filed with this report.

Has the corporation sold or transferred in bulk, 51 percent or more of any class of assets? (See instructions.) N

If yes, enter the following information. (Include a separate schedule if additional space is needed.)

Purchaser Name
Address Line 1
Address Line 2
City — Province
State — Country Code
ZIP — Foreign Postal Code

SECTION D: GENERAL INFORMATION QUESTIONNAIRE

Describe corporate activity in PA: CAMPING ONLINE MARKETPLACE
Describe corporate activity outside PA:
Other states in which taxpayer has activity: ME, NY

State of Incorporation: DE Incorporation Date: 02032015

1. Does any corporation, individual or other business entity hold all or a majority of the stock of this corporation?	1	Y
2. Does this corporation own all or a majority of stock in other corporations? If yes, include REV-798, Schedule X.	2	N
3. Is this taxpayer a partnership or other unincorporated entity that elects to file federal taxes as a corporation?	3	N
4. Has the federal government changed taxable income as originally reported for any prior period for which reports of change have not been filed in PA?	4	N

If yes: First Period End Date: Last Period End Date:

Accounting Method - Federal Tax Return: A (A = Accrual C = Cash O = Other)
Other

Accounting Method - Financial Statements: A (A = Accrual C = Cash O = Other)
Other

174311 11-29-21 CCH

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1010021464

REVENUE ID 1001348250
TAX YEAR END 12312021 **NAME** TENTRR, INC

RCT-101 07-21 PAGE 4 OF 4 PA CORPORATE NET INCOME TAX REPORT 2021

SCHEDULE OF REAL PROPERTY IN PA (Include a separate schedule if additional space is needed.)

Did you own or rent property in PA titled to the corporation or any Single Member LLC during this filing period? N

If yes, the below section must be completed.

O = Own
R = Rent

	Street Address	City	County	KOZ/KOEZ

CORPORATE OFFICERS

(See instructions.) **Must provide requested information for all filled officer positions.**

	SSN	Last Name	First Name	MI
President/Managing Partner				
Vice President				
Secretary				
Treasurer/Tax Manager				

PREPARER'S INFORMATION

Firm Federal EIN	813215466		
Firm Name	GUTTERSON & COHEN TAX SPECIALISTS LLC		
Address Line 1	445 BROADHOLLOW ROAD ST		
Address Line 2			
City	MELVILLE	Province	
State	NY	Country Code	
ZIP	11747	Foreign Postal Code	

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been prepared by me and to the best of my knowledge and belief is a true, correct and complete report.

Tax Preparer's Signature	Date
	10 11 22

INDIVIDUAL PREPARER ALAN J COHEN
PHONE 6316294344
EMAIL ALAN@ZERAHCO.COM
PTIN/SSN P00185030

174312 11-29-21 CCH

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RCT-103 07-21 NET OPERATING LOSS SCHEDULE 2021

(File with RCT-101.)

Tax Year Beginning 01012021 Revenue ID 1001348250

Tax Year Ending 12312021

Corporation Name TENTRR, INC

Part A

1. Taxable income from RCT-101, Section B, Line 10.	1	0
2. Total net operating loss carryforward to current period. (Total, Column C below.)	2	1230870
3. Line 1 multiplied by 0.400000 percent. (See Instructions in the REV-1200.)	3	0
4. Net operating loss deduction allowed for current tax period. (Carry to RCT-101, Page 2, Line 11.)	4	0

Part B	A. Tax Period Beginning	B. Tax Period Ending	C. Net Loss Carryforward to Current Period	D. Amount Deducted (Current Period)	E. Net Loss Carryforward to Next Period
1	01012018	12312018	543295	0	543295
2	01012019	12312019	251631	0	251631
3	01012020	12312020	435944	0	435944
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
	CURRENT TAX YEAR				**LOSS ONLY**
	01012021	12312021			409355
TOTAL (Columns C and D Lines 1-20 ONLY)			1230870	0	

175401
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pennsylvania
DEPARTMENT OF REVENUE

REV-1834 (CT) 08-18
SCHEDULE C-8
ADJUSTMENT FOR BONUS DEPRECIATION

TAX YEAR BEGINNING 01012021

CORPORATION NAME TENTRR, INC REVENUE ID 1001348250 TAX YEAR ENDING 12312021

This Schedule is required to be completed annually and submitted with the RCT-101

1.	Unused Bonus Depreciation Balance from prior year:		0
1A.	Unrecovered Bonus Depreciation Balance:	0	
	On Qualified Property Acquired in Transactions Where Asset Basis is Carried Over		
	Date of Transaction: _____ Type of Transaction: _____		
	Revenue ID of Corporation from Whom Assets Acquired: _____ FEIN: _____		
2.	Amount of Federal Bonus Depreciation claimed in this tax year:		
2A.	Property placed in service prior to Sept. 28, 2017	0	
2B.	Property placed in service on or after Sept. 28, 2017	0	
3.	Current Year Bonus Deprec. Addition (Line 2A plus 2B) TOTAL (Carry to Line 3C, Page 2, of RCT-101)		0
4.	Additional PA Bonus Depreciation Deduction:		
4A.	Property placed in service prior to Sept. 28, 2017 (MACRS x 3/7)	123	
4B.	Property placed in service on or after Sept. 28, 2017 (MACRS w/o regard to Bonus)	0	
5.	PA Bonus Depreciation Deduction TOTAL (Line 4A plus 4B)		123
6.	Deduction for Property Which is Fully Depreciated, Sold or Otherwise Disposed:		
6A.	Property placed in service prior to Sept. 28, 2017 (Schedule C-9 Line 2)	0	
6B.	Property placed in service on or after Sept. 28, 2017 (Schedule C-9 Line 4)	0	
7.	PA Deduction for Property Which is Fully Depreciated, Sold or Otherwise Disposed: TOTAL (Line 6A plus 6B)		0
8.	PA Bonus Depreciation Deduction (Line 5 plus 7) TOTAL (Carry to line 2C, Page 2, of RCT-101)		123
9.	Remaining Unused Bonus Depreciation Balance Carry-Forward: TOTAL (Line 1 plus Line 1A plus Line 3 minus Line 8)		0

REV-798 (CT) 07-19

SCHEDULE C-2 PA DIVIDEND DEDUCTION SCHEDULE

pennsylvania
DEPARTMENT OF REVENUE

TAX YEAR BEGINNING 01012021

CORPORATION NAME TENTRR, INC REVENUE ID 1001348250 TAX YEAR ENDING 12312021

1	Federal Schedule C, Line (24), Total Deductions	1	0
2	Federal Schedule C, Line (18), Foreign Dividend Gross-Up (Section 78)	2	0
3	Federal Schedule C, Line (22) (Attach federal Form 8993)	3	0
4	Dividends from less-than-20-percent-owned foreign corporations listed on Lines (14), (16b), (16c) and (17) of federal Schedule C x 50 percent - 0.50	4	0
5	Dividends from 20-percent-or-more-owned foreign corporations listed on Lines (14), (16b), (16c) and (17) of federal Schedule C x 65 percent - 0.65	5	0
6	Dividends listed on Lines (14), (16b), (16c) and (17) of federal Schedule C from foreign corporations that meet the "80 percent voting and value test" of IRC § 1504(a)(2) and otherwise would qualify for 100 percent deduction under IRC § 243(a)(3) if they were a domestic corporation. **Do not list any amounts included above.**	6	0
7	**Total PA Dividend Deduction** - Add Lines 1, 2, 4, 5 and 6. Subtract Line 3. Enter this amount on RCT-101, Section B, Line 2A	7	0

SCHEDULE X

Taxpayers completing this schedule must include beginning and ending consolidating schedules reflecting the activity of all members of the consolidated group, along with all consolidations and eliminations.

TAX YEAR BEGINNING 01012021

CORPORATION NAME TENTRR, INC REVENUE ID 1001348250 TAX YEAR ENDING 12312021

Name	File in PA	Revenue ID	EIN

Name, SSN, EIN and/or Revenue ID of any individual or business entity owning all or a majority of the stock of the taxpayer.

Name	SSN or EIN	Revenue ID
MICHAEL D'AGOSTINO	041826873	

pennsylvania
DEPARTMENT OF REVENUE

1060017101

RCT-106 (CT) 03-17
DETERMINATION OF APPORTIONMENT PERCENTAGE
INSERT SHEET
FILE WITH RCT-101

TAX YEAR BEGINNING 01012021

CORPORATION NAME TENTRR, INC **REVENUE ID** 1001348250 **TAX YEAR ENDING** 12312021

SALES FACTOR * Description	Inside PA	Inside and Outside PA
1. Sales (net of returns and allowances)	324992	4846290
2. Interest, Rents, Royalties	0	0
3. Gross Receipts from the Sale of Other Business Assets (except securities, unless you are a securities dealer)	0	0
4. Other Sales (receipts only)	0	5821
5. Partner's Share of Sales from Partnerships	0	0
6. Total Sales	(A) 324992	(B) 4852111

(C) Sales Factor (Divide A by B; calculate to six decimal places.) (C) .066980 Carry (A), (B) and (C) to RCT-101, Schedule C-1, Lines 1A, 1B and 1C.

SPECIAL APPORTIONMENT

Special apportionment to be completed only by railroad, truck, bus and airline companies; pipeline or natural gas companies; and water transportation companies. Refer to instructions.

(A) NUMERATOR _____

= (C) . _____ Carry (A), (B) and (C) to RCT-101, Schedule C-1, Lines 2A, 2B and 2C.

(B) DENOMINATOR _____

(C) Special Apportionment (Divide A by B; calculate to six decimal places.)

*** Use applicable figure from the chart in REV-1200, PA Corporate Net Income Tax Instructions, found at www.revenue.pa.gov.**

174361 04-01-21 CCH

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pennsylvania
DEPARTMENT OF REVENUE

REV-860 (CT) 04-18
C-5 SCHEDULE OF TAXES

CORPORATION NAME TENTRR, INC REVENUE ID 1001348250 TAX YEAR BEGINNING 01012021 TAX YEAR ENDING 12312021

1.	PA Corporate Net Income Tax	0	
2.	Philadelphia Business Income and Receipts Tax (BIRT) - Net Income Portion	0	
3.	Income Taxes - Other States	2475	
4.	Local Income Taxes	25	
5.	Other Income Taxes	0	
6.	Total Income Taxes (Add Lines 1 through 5) Carry to RCT-101, Page 2, Line 3A		2500
7.	PA Capital Stock/Foreign Franchise Tax (Not applicable for tax years beginning on or after Jan. 1, 2016)		
8.	Philadelphia Business Income and Receipts Tax (BIRT) - Gross Receipts Portion	0	
9.	Payroll Taxes	0	
10.	Real Estate Taxes	0	
11.	Sales and Use Tax	0	
12.	Business Privilege Tax - Other than Income	0	
13.	Occupancy Tax	0	
14.	Local Taxes - Not Based on Income	0	
15.	Other Taxes - Not Based on Income	0	
16.	Total Taxes Not Imposed on or Measured by Income (Add Lines 7 through 15)		0
17.	Total Tax Expense Reported on Federal Income Tax Return (Add Lines 6 and 16)		2500

Schedule OA - Other Additions

Description	Amount
Tax Preference Items	
Total Carry to RCT-101, Section B, Line 3-E	

Schedule OD - Other Deductions

Description	Amount
Federal Wages Disallowed as a Result of Tax Credits Under IRC Sec 45B or IRC Sec 51	
Total Carry to RCT-101, Section B, Line 2-D	

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE & FIXTURES	06/30/15	200DB	7.00	HY	17	6,418.			3,209.	3,209.	2,741.		287.	3,028.
2	COMPUTERS	06/30/15	200DB	5.00	HY	17	5,677.			2,839.	2,838.	2,790.		0.	2,790.
3	EQUIPMENT	06/30/15	200DB	5.00	HY	17	5,412.			2,706.	2,706.	2,662.		0.	2,662.
4	CAMPSITES	06/30/15	SL	39.00	MM	17	169,941.				169,941.	24,145.		4,357.	28,502.
5	CAMPSITES	06/30/16	SL	39.00	MM	17	276,720.				276,720.	32,229.		7,095.	39,324.
6	COMPUTERS	06/30/16	200DB	5.00	HY	17	11,995.				11,995.	11,304.		691.	11,995.
7	EQUIPMENT	06/30/16	200DB	7.00	HY	17	1,736.				1,736.	1,349.		155.	1,504.
8	FURNITURE & FIXTURES	06/30/16	200DB	7.00	HY	17	21,876.				21,876.	16,995.		1,951.	18,946.
9	COMPUTERS	06/30/17	200DB	5.00	HY	17	11,531.				11,531.	9,538.		1,328.	10,866.
10	CAMPSITES	06/30/17	SL	39.00	MM	17	28,955.				28,955.	2,629.		742.	3,371.
11	COMPUTERS	06/30/18	200DB	5.00	HY	17	28,074.				28,074.	19,989.		3,234.	23,223.
12	DOMAIN NAME	01/16/18		180M		43	6,000.				6,000.	1,167.		400.	1,567.
13	CAMPSITES	06/30/18	SL	39.00	MM	17	1,228,736.				1,228,736.	83,395.		31,505.	114,900.
14	FURNITURE & FIXTURES	06/30/18	200DB	7.00	HY	17	25,987.				25,987.	14,623.		3,246.	17,869.
15	(D)TRAILERS	06/15/18	200DB	5.00	HY	17	21,038.				21,038.	14,979.		1,212.	16,191.
16	FARNAM CAP INSTALL	01/31/19		36M		43	123.				123.	79.		41.	120.
17	FARNAM CAP INSTALL	03/31/19		36M		43	2,745.				2,745.	1,601.		915.	2,516.
18	FARNAM CAP INSTALL	04/30/19		36M		43	12,314.				12,314.	6,841.		4,105.	10,946.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	FARNAM CAP INSTALL	05/31/19		36M		43	42,834.				42,834.	22,607.		14,278.	36,885.
20	FARNAM CAP INSTALL	06/30/19		36M		43	45,069.				45,069.	22,535.		15,023.	37,558.
21	FARNAM CAP INSTALL	07/31/19		36M		43	68,283.				68,283.	32,245.		22,761.	55,006.
22	FARNAM CAP INSTALL	08/31/19		36M		43	25,783.				25,783.	11,459.		8,594.	20,053.
23	FARNAM CAP INSTALL	09/30/19		36M		43	11,011.				11,011.	4,588.		3,670.	8,258.
24	FARNAM CAP INSTALL	10/31/19		36M		43	10,756.				10,756.	4,183.		3,585.	7,768.
25	FARNAM CAP INSTALL	11/30/19		36M		43	5,818.				5,818.	2,101.		1,939.	4,040.
26	TENTKITS	04/30/19	200DB	3.00	HY	17	54,258.				54,258.	42,202.		8,036.	50,238.
27	TENTKITS	05/31/19	200DB	3.00	HY	17	59,190.				59,190.	46,038.		8,766.	54,804.
28	TENTKITS	06/30/19	200DB	3.00	HY	17	64,122.				64,122.	49,874.		9,496.	59,370.
29	FARNAM CAP MATERIALS	01/30/19	200DB	3.00	HY	17	690,820.				690,820.	537,319.		102,310.	639,629.
30	FARNAM CAP MATERIALS	02/28/19	200DB	3.00	HY	17	3,012.				3,012.	2,343.		446.	2,789.
31	FARNAM CAP MATERIALS	03/31/19	200DB	3.00	HY	17	1,601.				1,601.	1,246.		237.	1,483.
32	FARNAM CAP MATERIALS	04/30/19	200DB	3.00	HY	17	4,219.				4,219.	3,281.		625.	3,906.
33	FARNAM CAP MATERIALS	05/31/19	200DB	3.00	HY	17	9,586.				9,586.	7,456.		1,420.	8,876.
34	FARNAM CAP MATERIALS	06/30/19	200DB	3.00	HY	17	29,395.				29,395.	22,863.		4,353.	27,216.
35	FARNAM CAP MATERIALS	07/31/19	200DB	3.00	HY	17	62,879.				62,879.	48,908.		9,312.	58,220.
36	FARNAM CAP MATERIALS	08/31/19	200DB	3.00	HY	17	14,751.				14,751.	11,474.		2,185.	13,659.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	FARNAM CAP MATERIALS	09/30/19	200DB	3.00	HY	17	17,989.				17,989.	13,992.		2,664.	16,656.
38	FARNAM CAP MATERIALS	10/31/19	200DB	3.00	HY	17	11,320.				11,320.	8,805.		1,676.	10,481.
39	FARNAM CAP MATERIALS	11/30/19	200DB	3.00	HY	17	853.				853.	663.		126.	789.
40	FARNAM CAP MATERIALS	12/31/19	200DB	3.00	HY	17	467.				467.	364.		69.	433.
41	COMPUTERS	06/01/19	200DB	5.00	HY	17	21,609.				21,609.	11,237.		4,149.	15,386.
42	EQUIPMENT	06/15/18	200DB	7.00	HY	17	23,110.				23,110.	13,101.		2,886.	15,987.
43	COMPUTERS	06/01/20	200DB	5.00	HY	17	8,797.				8,797.	1,759.		2,815.	4,574.
44	FARNAM CAP MATERIALS	06/01/20	200DB	3.00	HY	17	1,650,543.				1,650,543.	550,126.		733,666.	1,283,792.
45	FARNAM CAP INSTALL	01/01/20		36M		43	59,374.				59,374.	19,791.		19,791.	39,582.
46	TENTKITS	06/01/20	200DB	3.00	HY	17	204,992.				204,992.	129,023.		75,969.	204,992.
47	TRAILERS	04/01/21	200DB	5.00	HY	19B	7,000.				7,000.			1,400.	1,400.
48	EQUIPMENT	09/23/21	200DB	7.00	HY	19C	8,000.				8,000.			1,143.	1,143.
49	COMPUTERS	06/01/21	200DB	5.00	HY	19B	14,286.				14,286.			2,857.	2,857.
50	FARNAM CAP INSTALL	01/31/21		36M		42	145,077.				145,077.			44,329.	44,329.
51	FARNAM CAP INSTALL	02/28/21		36M		42	27,550.				27,550.			7,653.	7,653.
52	FARNAM CAP INSTALL	03/31/21		36M		42	21,051.				21,051.			5,263.	5,263.
53	FARNAM CAP INSTALL	04/30/21		36M		42	64,533.				64,533.			14,341.	14,341.
54	FARNAM CAP INSTALL	05/31/21		36M		42	203,188.				203,188.			39,509.	39,509.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	FARNAM CAP INSTALL	06/30/21		36M		42	29,530.				29,530.			4,922.	4,922.
56	FARNAM CAP INSTALL	07/31/21		36M		42	48,952.				48,952.			6,799.	6,799.
57	FARNAM CAP INSTALL	08/31/21		36M		42	116,226.				116,226.			12,914.	12,914.
58	FARNAM CAP INSTALL	09/30/21		36M		42	104,244.				104,244.			8,687.	8,687.
59	FARNAM CAP INSTALL	10/31/21		36M		42	32,804.				32,804.			1,822.	1,822.
60	FARNAM CAP INSTALL	11/30/21		36M		42	96,932.				96,932.			2,693.	2,693.
61	FARNAM CAP INSTALL	12/31/21		36M		42	81,400.				81,400.			0.	
62	FARNAM CAP MATERIALS	01/31/21	200DB	3.00	HY	19A	895,771.				895,771.			298,560.	298,560.
63	FARNAM CAP MATERIALS	02/28/21	200DB	3.00	HY	19A	171,058.				171,058.			57,014.	57,014.
64	FARNAM CAP MATERIALS	03/31/21	200DB	3.00	HY	19A	91,149.				91,149.			30,380.	30,380.
65	FARNAM CAP MATERIALS	04/30/21	200DB	3.00	HY	19A	27,151.				27,151.			9,049.	9,049.
66	FARNAM CAP MATERIALS	05/31/21	200DB	3.00	HY	19A	306,166.				306,166.			102,045.	102,045.
67	FARNAM CAP MATERIALS	06/30/21	200DB	3.00	HY	19A	323,703.				323,703.			107,890.	107,890.
68	FARNAM CAP MATERIALS	07/30/21	200DB	3.00	HY	19A	383,356.				383,356.			127,773.	127,773.
69	FARNAM CAP MATERIALS	08/31/21	200DB	3.00	HY	19A	210,100.				210,100.			70,026.	70,026.
70	FARNAM CAP MATERIALS	09/30/21	200DB	3.00	HY	19A	1,912.				1,912.			637.	637.
71	FARNAM CAP MATERIALS	10/31/21	200DB	3.00	HY	19A	44,305.				44,305.			14,767.	14,767.
72	FARNAM CAP MATERIALS	11/30/21	200DB	3.00	HY	19A	7,941.				7,941.			2,647.	2,647.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION — OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* TOTAL OTHER DEPRECIATION & AMORT						8,531,104.			8,754.	8,522,350.	1,870,639.		2,097,231.	3,967,870.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						5,067,719.		0.	8,754.	5,058,965.	1,870,639.			2,992,750.
	ACQUISITIONS						3,463,385.		0.	0.	3,463,385.	0.			975,120.
	DISPOSITIONS/RETIRED						21,038.		0.	0.	21,038.	14,979.			16,191.
	ENDING BALANCE						8,510,066.		0.	8,754.	8,501,312.	1,855,660.			3,951,679.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

pennsylvania
DEPARTMENT OF REVENUE

PA-8879 C (SU) 11-21

e-file Signature Authorization for RCT-101, PA Corporate Net Income Tax Report

2021

See instructions.

For calendar year 2021 or tax year beginning , 2021, ending , 20 .

Name of Corporation	Federal Employer Identification Number (FEIN)
TENTRR, INC	47-3054018

Corporation Address	City	State	ZIP Code	Revenue ID Number
25 W 39TH STREET 7TH F	NEW YORK	NY	10018	1001348250

SECTION I TAX REPORT INFORMATION (Whole dollars only.)

1. Income or Loss from Federal Return on a Separate Company Basis (From RCT-101, Section B, Line 1)	1.	-6,113,971.
2. PA Taxable Income or Loss (From RCT-101, Section B, Line 12)	2.	-409,355.
3. PA Corporate Net Income Tax Due (From RCT-101, Section B, Line 15)	3.	

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF OFFICER (Keep a copy of the corporation's tax report.)

Under penalties of perjury, I declare I am an officer of the above-named corporation and I examined a copy of the corporation's 2021 electronic tax report, accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct and complete. I further declare the amounts in Section I above are the amounts shown on the copy of the corporation's electronic tax report. I consent to allow my electronic return originator (ERO) and/or transmitter to send the corporation's report to the PA Department of Revenue and receive from the PA Department of Revenue an acknowledgement of receipt or reason for rejection of the transmission. If applicable, I authorize the PA Department of Revenue and its designated financial institution to initiate an electronic funds withdrawal entry to the financial institution account indicated in the tax preparation software for payment of the corporation's state taxes owed on this report, and I authorize the financial institution to debit the entry to this account. To revoke a payment, I must contact my financial institution account indicated in the tax preparation software for payment of the corporation state taxes. 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 selected a federal self-select PIN as my signature for the corporation's electronic tax report and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's Federal Self-Select PIN (Check one box only.):

[X] I authorize GUTTERSON & COHEN TAX SPECIALI (ERO firm name) to enter my federal self-select PIN 12345 (Do not enter all zeros.) as my signature on the corporation's electronically filed tax report.

[ ] As an officer of the corporation, I will enter my federal self-select PIN as my signature on the corporation's electronically filed tax report.

Signature of Officer	Date	Title	Social Security number
		PRESIDENT	185-76-7731

Address	City	State	ZIP Code
25 W 39TH STREET 7TH F	NEW YORK	NY	10018

SECTION III CERTIFICATION AND AUTHENTICATION

ERO's EFIN/PIN (Enter your six-digit EFIN followed by your five-digit federal self-select PIN.): 11357722752 (Do not enter all zeros.)

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my federal self-select PIN, which is my signature on the tax year 2021 electronically filed PA corporate net income tax report for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature ▶ _____ Date ▶ 10 11 22

Electronic Return Originators (EROs) must retain this form and supporting documents for three years.
DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

pennsylvania
DEPARTMENT OF REVENUE

Appendix for PA-8879 C

PA-8879 C APP (SU) 11-21 e-file Signature Authorization for RCT-101, PA Corporate Net Income Tax Report

ELECTRONIC SIGNATURE SPECIFICATIONS

Below, find the Perjury Statement, Consent to Disclosure and Electronic Funds Withdrawal Consent used to develop jurat language statements for electronic filing tax preparation software where the practitioner federal self-select PIN method is selected. The software must provide the capability to incorporate these elements into the appropriate text for presentation to a taxpayer for his or her review.

PERJURY STATEMENT

Under penalties of perjury, I declare I am an officer of the above-named corporation; I have examined a copy of the corporation's 2021 electronic RCT-101, PA Corporate Net Income Tax Report, accompanying schedules and statements; and to the best of my knowledge and belief they are true, correct and complete.

CONSENT TO DISCLOSURE

I consent to allow my electronic return originator (ERO) or transmitter to send the corporation's return/report to the Internal Revenue Service (IRS) and subsequently by the IRS to the PA Department of Revenue.

ELECTRONIC FUNDS WITHDRAWAL CONSENT

I authorize the PA Department of Revenue and its designated financial institution to initiate an electronic funds withdrawal entry to my financial institution account designated in the electronic payment portion of my 2021 RCT-101 for payment of my Pennsylvania taxes owed; and my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. To revoke a payment, I must contact my financial institution account indicated in the tax preparation software for payment of the corporation state taxes.

OFFICER'S SIGNATURE

I am signing this tax return/report and Electronic Funds Withdrawal Consent, if applicable, by entering my federal self select PIN below.

Officer's PIN: 12345

Date: _____

ERO DECLARATION

I declare the information in this electronic tax return/report is the information furnished to me by the corporation. If the corporation furnished me a completed tax return/report, I declare that the information contained in this electronic tax return/report is identical to that contained in the return/report provided by the corporation. If the furnished return/report was signed by a paid preparer, I declare I entered the paid preparer's identifying information in the appropriate portion of this electronic return/report. If I am the paid preparer, under penalties of perjury, I declare I examined this electronic return/report, and to the best of my knowledge and belief it is true, correct and complete.

ERO SIGNATURE

I am signing this tax return/report by entering my federal self select PIN below.

ERO's EFIN: 113577 (EFIN)

and PIN: 22752 (PIN)

2021 TAX RETURN FILING INSTRUCTIONS

TENNESSEE FORM FAE 170

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

AMOUNT OF TAX:

TOTAL TAX	$	240
LESS: PAYMENTS AND CREDITS	$	0
PLUS: OTHER AMOUNT	$	0
PLUS: INTEREST AND PENALTIES	$	0
BALANCE DUE	$	240

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

WHEN THE RETURN IS FILED THE AMOUNT DUE SHOULD BE ELECTRONICALLY TRANSFERRED.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

TENNESSEE DEPT. OF REVENUE
ANDREW JACKSON STATE OFFICE BLDG.
500 DEADERICK STREET
NASHVILLE, TN 37242

RETURN MUST BE MAILED ON OR BEFORE:

DECEMBER 15, 2022

SPECIAL INSTRUCTIONS:

PAYMENT OF TAX MUST BE MADE ELECTRONICALLY VIA THE TENNESSEE DEPT. OF REVENUE WEBSITE AT:

HTTPS://TNTAP.TN.GOV/ESERVICES/_/

1019

RV-R0011001 (9/21)

TENNESSEE DEPARTMENT OF REVENUE
2021 Franchise and Excise Tax Return

FAE 170

Tax Year Beginning	Account Number
01/01/21	
Tax Year Ending	**FEIN**
12/31/21	47-3054018
NAICS	**SOS Control Number**
454110	

Legal Name: TENTRR, INC.

Mailing Address: 25 W. 39TH STREET, 7TH FLOOR

City: NEW YORK

State: NEW YORK

ZIP Code: 10018

Check all that apply:

a) Amended return ☐

b) Final return ☐

c) Public Law 86-272 applied to excise tax ☐

d) Taxpayer has made an election to calculate net worth per the provisions of Tenn. Code Ann. § 67-4-2103(g)-(i) ☐

e) Taxpayer has filed the prescribed form to revoke its election made per Tenn. Code Ann. § 67-4-2103(g)-(i) ☐

f) Annualized income installment method for quarterly estimates election ☐

g) Manufacturer single sales factor election ☐

h) Taxpayer has filed for federal extension ☐

Date Tennessee operations began (see instructions): 02/03/2015

Schedule A - Computation of Franchise Tax

Round to the nearest dollar

1.	Total net worth Schedule F1, Line 5 or Schedule F2, Line 3	(1)	95808.
2.	Total real and tangible personal property from Schedule G, Line 15	(2)	
3.	Franchise tax (25¢ per $100 or major fraction thereof on the greater of Lines 1 or 2; minimum $100)	(3)	240.

Schedule B - Computation of Excise Tax

4.	Income subject to excise tax from Schedule J, Line 34	(4)	-119765.
5.	Excise tax (6.5% of Line 4)	(5)	0.
6.	Recapture of tax credit (Schedule T, Line 13) and additional excise tax on certified distribution sales	(6)	
7.	Total excise tax due (add Lines 5 and 6)	(7)	0.

Schedule C - Computation of Total Tax Due or Overpayment

8.	Total franchise and excise taxes (add Lines 3 and 7)	(8)	240.
9.	Total credit from Schedule D, Line 10 (cannot exceed Schedule C, Line 8)	(9)	
10.	Net tax (subtract Line 9 from Line 8; if Line 9 exceeds Line 8, enter zero here)	(10)	240.
11.	Total payments from Schedule E, Line 7	(11)	
12.	Penalty (see instructions)	(12)	
13.	Interest (see instructions)	(13)	
14.	Penalty on estimated franchise and excise tax payments	(14)	
15.	Interest on estimated franchise and excise tax payments	(15)	
16.	Total amount due (overpaid) (add Lines 10, 12, 13, 14, and 15, subtract Line 11)	(16)	240.

If overpayment reported on Line 16, complete A and/or B below:

A. Credit to next year's tax $ _____ B. Refund $ _____

Power of Attorney - Check YES if this taxpayer's signature certifies that this tax preparer has the authority to execute this form on behalf of the taxpayer and is authorized to receive and inspect confidential tax information and to perform any and all acts relating to respective tax matters.

☒ YES

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's Signature _____ Date _____ Title: PRESIDENT

Tax Preparer's Signature _____ Preparer's PTIN: P00185030 Date: 10/11/22 Telephone: 631-629-4344

Preparer's Address: 445 BROADHOLLOW ROAD City: MELVILLE State: NY ZIP Code: 11747

Preparer's Email Address: ALAN@ZERAHCO.COM

179351 10-01-21

FOR OFFICE USE ONLY

Taxable Year	Taxpayer Name	Account No./FEIN
01/01/21 12/31/21	TENTRR, INC.	47-3054018

Schedule D - Schedule of Credits

1.	Gross Premiums Tax Credit (cannot exceed Schedule C, Line 8)	(1)	
2.	Tennessee income tax (cannot exceed Schedule B, Line 5)	(2)	
3.	Green Energy Tax Credit from business plans filed prior to July 1, 2015	(3)	
4.	Brownfield Property Credit	(4)	
5.	Broadband Internet Access Tax Credit carryover for service providers	(5)	
6.	Industrial Machinery and Research and Development Tax Credit from Schedule T, Line 11	(6)	
7.	Job Tax Credit from Schedule X, Line 46	(7)	
8.	Additional Annual Job Tax Credit from Schedule X, Line 38	(8)	
9.	Qualified Production Credit from Schedule QP, Line 12	(9)	
10.	Total credit (add Lines 1 through 9; enter here and on Schedule C, Line 9)	(10)	

Schedule E - Schedule of Required Quarterly Installments and Payments

			Required Quarterly Installments		Amount Paid
1.	Overpayment from previous year, if available			(1)	
2.	First quarterly estimate	(2a)	0.	(2b)	
3.	Second quarterly estimate	(3a)	0.	(3b)	
4.	Third quarterly estimate	(4a)	0.	(4b)	
5.	Fourth quarterly estimate	(5a)	0.	(5b)	
6.	Extension payment			(6)	
7.	Total payments (add Lines 1 through 6; enter here and on Schedule C, Line 11)			(7)	

Computation of Franchise Tax

Schedule F1 - Non-Consolidated Net Worth

1.	Net worth (total assets less total liabilities)	(1)	4895043.
2.	Indebtedness to or guaranteed by parent or affiliated corporation (cannot be a deduction)	(2)	
3.	Total (add Lines 1 and 2)	(3)	4895043.
4.	Franchise tax apportionment ratio (Schedules N, O, P, R or S if applicable or 100%)	(4)	1.957254 %
5.	Total (multiply Line 3 by Line 4; enter here and on Schedule A, Line 1)	(5)	95808.

Schedule F2 - Consolidated Net Worth

Schedule F2 is to be completed only if the Consolidated Net Worth Election Registration Application has been filed.

1.	Consolidated net worth (total assets less total liabilities of the affiliated group)	(1)	
2.	Franchise tax apportionment ratio (Schedule 170NC, 170SF or 170SC)	(2)	%
3.	Total (multiply Line 1 by Line 2; enter here and on Schedule A, Line 1)	(3)	

Schedule G - Determination of Real and Tangible Property

Book Value of Property Owned - Cost less accumulated depreciation

			In Tennessee
1.	Land	(1)	
2.	Buildings, leaseholds, and improvements	(2)	0.
3.	Machinery, equipment, furniture, and fixtures	(3)	
4.	Automobiles and trucks	(4)	
5.	Prepaid supplies and other tangible personal property	(5)	
6.	Ownership share of real and tangible property of a partnership that does not file a return	(6)	
7.	a. Inventories and work in progress	(7a)	
	b. Exempt finished goods inventory in excess of $30 million	(7b)	
8.	Certified pollution control equipment (include copy of certificate) and equipment used to produce electricity at a certified green energy production facility	(8)	
9.	Exempt required capital investment	(9)	
10.	Subtotal (add Lines 1 through 7a, subtract Lines 7b through 9)	(10)	0.

Rental Value of Property Used but Not Owned

	Net Annual Rental Paid for:	In Tennessee			
11.	Real property		x8	(11)	
12.	Machinery and equipment used in manufacturing and processing		x3	(12)	
13.	Furniture, office machinery, and equipment		x2	(13)	
14.	Delivery or mobile equipment		x1	(14)	
15.	Tennessee total (add Lines 10 through 14; enter here and on Schedule A, Line 2)			(15)	0.

Schedule H - Gross Receipts

1.	Gross receipts or sales per federal income tax return	(1)	4846290.

Taxable Year	Taxpayer Name	Account No./FEIN
01/01/21 12/31/21	TENTRR, INC.	47-3054018

Computation of Excise Tax

Schedule J1 - Computation of Net Earnings for Entities Treated as Partnerships

Additions:

1. Ordinary income or loss (federal Form 1065, Line 22) ..... (1)
2. Income items specifically allocated to partners, including guaranteed payments to partners ..... (2)
3. Any net loss or expense distributed to a publicly traded REIT ..... (3)
4. Total additions (add Lines 1 through 3) ..... (4)

Deductions:

5. Expense items specifically allocated to partners not deducted elsewhere ..... (5)
6. Amount subject to self-employment taxes distributable or paid to each partner or member net of any pass-through expense deducted elsewhere on this return (if negative, enter zero) (include on Schedule K, Line 3) ..... (6)
7. Amount of contribution to qualified pension or benefit plans of any partner or member, including all IRC 401 plans (include on Schedule K, Line 3) ..... (7)
8. Any net gain or income distributed to a publicly traded REIT ..... (8)
9. Any loss on the sale of an asset sold within 12 months after the date of distribution ..... (9)
10. Total deductions (add Lines 5 through 9) ..... (10)
11. Total (subtract Line 10 from Line 4; enter here and on Schedule J, Line 1) ..... (11)

Schedule J2 - Computation of Net Earnings for a Single Member LLC Filing as an Individual

Additions:

1. Business Income or loss from federal Form 1040, Schedule C ..... (1)
2. Business Income or loss from federal Form 1040, Schedule D ..... (2)
3. Business Income or loss from federal Form 1040, Schedule E ..... (3)
4. Business Income or loss from federal Form 1040, Schedule F ..... (4)
5. Business Income or loss from federal Form 4797 ..... (5)
6. Other: federal Form _____ , Schedule _____ ..... (6)
7. Total additions (add Lines 1 through 6) ..... (7)

Deductions:

8. Amount subject to self-employment taxes distributable or paid to the single member (if negative, enter zero; include on Schedule K, Line 3) ..... (8)
9. Total (subtract Line 8 from Line 7; enter here and on Schedule J, Line 1) ..... (9)

Schedule J3 - Computation of Net Earnings for Entities Treated as Subchapter S Corporations

Additions:

1. Ordinary income or loss (federal Form 1120S, Line 21) ..... (1)
2. Income items to extent includable in federal income were it not for "S" status election ..... (2)
3. Total additions (add Lines 1 and 2) ..... (3)

Deductions:

4. Expense items to extent includable in federal expenses were it not for "S" status election ..... (4)
5. Any loss on the sale of an asset sold within 12 months after the date of distribution ..... (5)
6. Total deductions (add Lines 4 and 5) ..... (6)
7. Total (subtract Line 6 from Line 3; enter here and on Schedule J, Line 1) ..... (7)

Schedule J4 - Computation of Net Earnings for Entities Treated as Corporations and Other Entities

Additions:

1. Taxable income or loss before net operating loss deduction and special deductions (federal Form 1120, Line 28) ..... (1) -6113971.
2. a. REIT taxable income before net operating loss deduction and special deductions (federal Form 1120-REIT, Line 20) ..... (2a)
   b. REIT deduction for dividends paid (federal Form 1120-REIT, Line 21b) ..... (2b)
   c. REIT taxable income after dividends paid deduction (subtract Line 2b from Line 2a) ..... (2c)
3. Unrelated business taxable income (federal Form 990-T, Line 5) ..... (3)
4. Other: federal Form _____ ..... (4)
5. Contribution carryover from prior period(s) ..... (5)
6. Capital gains offset by capital loss carryover or carryback ..... (6)
7. Total additions (add Lines 1 through 6) ..... (7) -6113971.

Deductions:

8. Contributions in excess of amount allowed by federal government ..... (8) 5050.
9. Portion of current year's capital loss not included in federal taxable income ..... (9)
10. Total deductions (add Lines 8 and 9) ..... (10) 5050.
11. Total (subtract Line 10 from Line 7; enter here and on Schedule J, Line 1) ..... (11) -6119021.

Taxable Year	Taxpayer Name	Account No./FEIN
01/01/21 12/31/21	TENTRR, INC.	47-3054018

Schedule J - Computation of Net Earnings Subject to Excise Tax

1.	Adjusted federal income or loss (enter amount from Schedule J1, J2, J3, or J4)	(1)	-6119021.
	Additions:		
2.	Intangible expenses paid, accrued, or incurred to an affiliated business entity or entities deducted for federal income tax purposes	(2)	
3.	Any depreciation under the provisions of IRC Section 168 not permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation	(3)	
4.	Gain on the sale of an asset sold within 12 months after the date of distribution to a nontaxable entity	(4)	
5.	Tennessee excise tax expense (to the extent reported for federal income tax purposes)	(5)	
6.	Gross premiums tax deducted in determining federal income and used as an excise tax credit	(6)	
7.	Interest income on obligations of states and their political subdivisions, less allowable amortization	(7)	
8.	Depletion not based on actual recovery of cost	(8)	
9.	Excess fair market value over book value of property donated	(9)	
10.	Excess rent to/from an affiliate	(10)	
11.	Net loss or expense received from a pass-through entity subject to the excise tax (attach schedule)	(11)	
12.	An amount equal to five percent of IRC Section 951A global intangible low-taxed income deducted on Line 26	(12)	
13.	Business interest expense deducted in arriving at the amount reported on Sch. J, Line 1. Only complete if federal Form 8990 was filed. See instructions	(13)	
14.	Total additions (add Lines 2 through 13)	(14)	
	Deductions:		
15.	Any depreciation under the provisions of IRC Section 168 permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation	(15)	
16.	Any excess gain (or loss) from the basis adjustment resulting from Tennessee permanently decoupling from federal bonus depreciation	(16)	
17.	Dividends received from corporations at least 80% owned	(17)	
18.	Donations to qualified public school support groups and nonprofit organizations	(18)	
19.	Any expense other than income taxes not deducted in determining federal taxable income for which a credit against the federal income tax was allowed	(19)	
20.	Adjustments related to the safe harbor lease election (see instructions)	(20)	
21.	Nonbusiness earnings (from Schedule M, Line 8)	(21)	
22.	Intangible expenses paid, accrued, or incurred to an affiliated entity or entities (from Form IE, Line 4) Attach Form IE - Intangible Expense Disclosure	(22)	
23.	Intangible income from an affiliated business entity or entities if the corresponding intangible expenses have not been deducted by the affiliate(s) under Tenn. Code Ann. § 67-4-2006(b)(2)(N)	(23)	
24.	Net gain or income received from a pass-through entity subject to the excise tax (attach schedule)	(24)	
25.	Deductible Grants from governmental units and Eligible Relief Payments Received	(25)	
26.	IRC Section 951A global intangible low-taxed income	(26)	
27.	a. Business interest expense currently deductible. See instructions	(27a)	
	b. Business interest expense carryforward available for future tax years (27b)		
28.	Total deductions (add Lines 15 through 27a)	(28)	
	Computation of Taxable Income		
29.	Total business income (loss) (add Lines 1 and 14, subtract Line 28; if loss, enter on Schedule K, Line 1)	(29)	-6119021.
30.	Excise tax apportionment ratio (Schedules N, O, P, R or S if applicable or 100%)	(30)	1.957254 %
31.	Apportioned business income (loss) (multiply Line 29 by Line 30)	(31)	-119765.
32.	Nonbusiness earnings directly allocated to Tennessee (from Schedule M, Line 9)	(32)	
33.	Loss carryover from prior years (from Schedule U)	(33)	
34.	Subject to excise tax (add Line 31 and 32, subtract Line 33; enter here and on Schedule B, Line 4)	(34)	-119765.

Taxable Year	Taxpayer Name	Account No./FEIN
01/01/21 12/31/21	TENTRR, INC.	47-3054018

Schedule K - Determination of Loss Carryover Available

1.	Net loss from Schedule J, Line 29	(1)	-6119021.
	Additions:		
2.	Amounts reported on Schedule J, Lines 17 and 21	(2)	
3.	Amounts reported on Schedule J1, Lines 6 and 7, or Schedule J2, Line 8	(3)	-6119021.
4.	Reduced loss (add Lines 1 through 3; if net amount is positive, enter zero)	(4)	
5.	Excise tax apportionment ratio (Schedules N, O, P, R or S if applicable or 100%)	(5)	1.957254 %
6.	Current year loss carryover available (multiply Line 4 by Line 5)	(6)	-119765.

Schedule M - Nonbusiness Earnings Allocation

Allocation and apportionment schedules may be used only by taxpayers doing business outside the state of Tennessee within the meaning of Tenn. Code Ann. §§ 67-4-2010 and 67-4-2110. The burden is on the taxpayer to show that the taxpayer has the right to apportion.

If all earnings are business earnings as defined below, do not complete this schedule. Any nonbusiness earnings, less related expenses, are subject to direct allocation and should be reported in this schedule.

"Business Earnings" - 1) earnings arising from transactions and activity in the regular course of the taxpayer's trade or business, or 2) earnings from tangible and intangible property if the acquisition, use, management, or disposition of the property constitutes an integral part of the taxpayer's regular trade or business operations.

Earnings which arise from the conduct of the trade or trades or business operations of a taxpayer are business earnings, and the taxpayer must show by clear and cogent evidence that particular earnings are classifiable as nonbusiness earnings. A taxpayer may have more than one regular trade or business in determining whether income is business earnings.

"Nonbusiness Earnings" - all earnings other than business earnings

Description of Nonbusiness Earnings (If further description is necessary, see below)	Gross Amounts	*Less Related Expenses	Net Amounts	Net Amounts Allocated Directly to Tennessee
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8. Total nonbusiness earnings (Enter here and on Schedule J, Line 21)			0.	
9. Nonbusiness earnings allocated directly (Enter here and on Schedule J, Line 32)				0.

If necessary, describe source of nonbusiness earnings and explain why such earnings do not constitute business earnings as defined above. Enumerate these items to correspond with items listed above.

*As a general rule, the allowable deductions for expenses of a taxpayer are related to both business and nonbusiness earnings. Items such as administrative costs, taxes, insurance, repairs, maintenance, and depreciation are to be considered. In the absence of evidence to the contrary, it is assumed that the expenses related to nonbusiness rental earnings will be an amount equal to 50% of such earnings and that expenses related to other nonbusiness earnings will be an amount equal to 5% of such earnings (see TENN. COMP. R. & REGS. 1320-06-01.23(3)).

Taxable Year	Taxpayer Name	Account No./FEIN
01/01/21 12/31/21	TENTRR, INC.	47-3054018

Schedule N - Apportionment - Standard

Property	In Tennessee		Total Everywhere	
Use original cost of assets	a. Beginning of Taxable Year	b. End of Taxable Year	a. Beginning of Taxable Year	b. End of Taxable Year
1. Land, buildings, leaseholds, and improvements				
2. Machinery, equipment, furniture, and fixtures				
3. Automobiles and trucks				
4. Inventories and work in progress				
5. Prepaid supplies and other property				
6. Ownership share of real and tangible property of a partnership that does not file a return				
7. Excise tax total (add Lines 1 through 6)	a.	b.	a.	b.
8. Exempt inventory				
9. Franchise tax total (subtract Line 8 from Line 7)	a.	b.	a.	b.
10. Excise tax average value (add Lines 7(a) & (b), divide by two)				
11. Franchise tax average value (add Lines 9(a) & (b), divide by two)				
12. Rented property (rent paid x 8)				

Use triple weighted sales factor	a. In Tennessee	b. Total Everywhere	c. Franchise Ratio	d. Excise Ratio
13. Excise tax property factor (add Lines 10 and 12)				%
14. Franchise tax property factor (add Lines 11 and 12)			%	
15. Payroll factor	58617.	2863161.	2.047283%	2.047283%
16. Sales factor (business gross receipts)	93512.	4852111.	1.927244%	1.927244%
17. Total ratios (add Lines 13-15 and (Line 16 x three))			7.829015%	7.829015%
18. Apportionment ratio (divide Line 17 by five, or by the number of factors with everywhere values greater than zero) (Enter franchise tax apportionment ratio on Sch. F1, Line 4. Enter excise tax apportionment ratio on Sch. J, Line 30.)			1.957254%	1.957254%

Schedule O - Apportionment - Common Carriers (railroads, motor carriers, pipelines and barges)

	In Tennessee	Total Everywhere	Ratio
1. Total franchise mileage (odometer miles)			
2. Tennessee gross intrastate receipts and interstate gross receipts everywhere			%
3. Total ratios (add Lines 1 and 2)			%
4. Apportionment ratio (divide Line 3 by two, or by the number of factors with everywhere values greater than zero) (Enter franchise tax apportionment ratio on Schedule F1, Line 4. Enter excise tax apportionment ratio on Schedule J, Line 30.)			%

Schedule P - Apportionment - Air Carriers

	In Tennessee	Total Everywhere	Ratio
1. Originating revenue			
2. Air miles flown (Include in Tennessee column only air miles flown on flights either originating from or ending in Tennessee or both)			%
3. Total ratios (add Lines 1 and 2)			%
4. Apportionment ratio (divide Line 3 by two, or by the number of factors with everywhere values greater than zero) (Enter franchise tax apportionment ratio on Schedule F1, Line 4. Enter excise tax apportionment ratio on Schedule J, Line 30.)			%

Schedule R - Apportionment - Air Express Carriers

	In Tennessee	Total Everywhere	Ratio
1. Originating revenue			%
2. Air miles flown and ground miles traveled (Include in Tennessee column only air miles flown on flights either originating from or ending in Tennessee or both. Include only ground miles traveled with respect to actual common carriage of persons or property for hire.)			%
3. Total ratios			%
4. Apportionment ratio (divide Line 3 by two, or by the number of factors with everywhere values greater than zero) (Enter franchise tax apportionment ratio on Schedule F1, Line 4. Enter excise tax apportionment ratio on Schedule J, Line 30.)			%

Schedule S - Apportionment - Manufacturer Single Sales Factor

	In Tennessee	Total Everywhere	Ratio
1. Sales factor (business gross receipts) (Enter franchise tax apportionment ratio on Schedule F1, Line 4. Enter excise tax apportionment ratio on Schedule J, Line 30.)			%

2021 TAX RETURN FILING INSTRUCTIONS

UTAH FORM TC-20

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	$	100
LESS: PAYMENTS AND CREDITS	$	100
PLUS: OTHER AMOUNT	$	0
PLUS: INTEREST AND PENALTIES	$	0
NO PAYMENT REQUIRED	$	

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE USTC, PLEASE CONTACT OUR OFFICE AND WE WILL SUBMIT YOUR ELECTRONIC RETURN. DO NOT MAIL THE PAPER COPY TO THE USTC.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

20101

1019

[redacted]

Utah Corporation Franchise and Income Tax Return

2021 TC-20

For calendar year 2021 or fiscal year (mm/dd/yyyy): beginning - and ending -

• Amended Return (code 1-4) • Mark "X" if you filed federal form 8886

Corporation name
TENTRR, INC.

Address
25 W 39TH STREET 7TH FLOOR

Employer Identification Number
473054018

City
NEW YORK

State NY ZIP + 4 10018

UT Incorporation/Qualification No.

Foreign country (if not U.S.)

Telephone number
6462301040

1	If this corporation conducted any Utah business activity during the taxable year, enter "X"					• 1	X	
2	If this corporation joined in a federal consolidated return, enter "X"					• 2		
3	Mark "X" (one only) if this return constitutes a:	• 3a	"water's edge" combined report	• 3b	"water's edge" election under UC §59-7-402(2)	• 3c		"worldwide" combined report
4	If this corporation made an election for any member of the federal affiliated group during the taxable year, enter "X"	• 4a	IRC Section 338	• 4b	IRC Section 338(h)(10)	• 4c		IRC Section 336(e)
5	If this return includes any financial institution defined by Tax Commission Rule R865-6F-32, enter "X"					• 5		
6	Ultimate U.S. parent's name				EIN	• 6		
7	Total tax - enter amount from Schedule A, line 27					• 7		100
8	Total refundable credits and prepayments - enter amount from Schedule A, line 31					• 8		100
9	**Tax Due** - subtract line 8 from line 7 (not less than zero)					• 9		
10	Penalties and interest (see instructions)					10		0
11	**Total Due - Pay this amount** - add line 9 and line 10					• 11		0
12	**Overpayment** - subtract the sum of line 7 and line 10 from line 8 (not less than zero)					12		
13	Amount of overpayment on line 12 to be applied to next taxable year					• 13		
14	**Refund** - subtract line 13 from line 12					• 14		0
15	Mark "X" for each quarterly estimated prepayment meeting an exception (attach documentation):	• 1st	• 2nd	• 3rd	• 4th			

USTC USE ONLY

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.

SIGN HERE	Signature of officer	Date	Title PRESIDENT	"X" if USTC may discuss this return with preparer below: X
Paid Preparer's Section	Preparer's signature	Date 10/11/22	Preparer's telephone number 6316294344	Preparer's PTIN • P00185030
	Firm's name and address GUTTERSON & COHEN TAX SPECIALISTS L 445 BROADHOLLOW ROAD STE 230 MELVILLE NY 11747			Preparer's EIN • 813215466

Supplemental information to be Supplied by All Corporations **TC-20**

20102 EIN 47-3054018 **2021**

1 Date of incorporation: 02/03/2015 State or country in which incorporated: DELAWARE
mm/dd/yyyy

2 If this corporation is dissolved or withdrawn, see Dissolution or Withdrawal in the General Instructions.

3 If this corporation at any time during its tax year owned more than 50 percent of the voting stock of another corporation(s), provide the following for each corporation so owned. Attach additional pages if needed.

Name of corporation:

Address:

City, State, ZIP Code:

Percent of stock owned: % Date stock acquired:
mm/dd/yyyy

4 If more than 50 percent of the voting stock of this corporation is owned by another corporation, provide the following information about the other corporation.

Name of corporation:

Address:

City, State, ZIP Code:

Percent of stock owned: %

5 Check here if this corporation or its subsidiary(ies) had a change in control or ownership or acquired control or ownership of any other legal entity this year.

6 Enter the location where the corporate books and records are maintained:

411 W 39TH ST 4TH FL NEW YORK, NY 10018

7 Enter the state or country of commercial domicile: DELAWARE

- 8 Enter the year-end date of the last year for which a federal examination has been completed:
mm/dd/yyyy

Under separate cover, send a summary and supporting schedules for all federal adjustments and the federal tax liability for each year for which federal audit adjustments have not been reported to the Tax Commission. Include the date of final determination. Send the information to:
Auditing Division, Utah State Tax Commission, 210 North 1950 West, Salt Lake City, UT 84134-2000

- 9 Enter the year-end dates of years with federal examinations now in progress, and/or final determination of past examinations still pending.

mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

- 10 Enter the year-end dates of years for which extensions for proposing additional assessments of federal tax were agreed to with the Internal Revenue Service.

mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

Note: Utah Code §59-7-519 extends the Statute of Limitations for tax assessment if federal audit adjustments are not fully reported.

Schedule A - Utah Net Taxable Income and Tax Calculation **TC-20, Sch. A**

20103 EIN 47-3054018 **2021**

1	Unadjusted income (loss) before NOL and special deductions from federal form 1120, line 28	• 1	-6113971
2	Additions to unadjusted income from Schedule B, line 19	• 2	2475
3	Add line 1 and line 2	3	-6111496
4	Subtractions from unadjusted income from Schedule C, line 21	• 4	
5	Adjusted income (loss) - subtract line 4 from line 3	• 5	-6111496
6	Utah net nonbusiness income from Schedule H, line 14	• 6	
7	Non-Utah net nonbusiness income from Schedule H, line 28	• 7	
8	Total nonbusiness income net of expenses - add line 6 and line 7	8	
9	Apportionable income (loss) before contributions deduction - subtract line 8 from line 5	• 9	-6111496
10	Utah contributions deduction from Schedule D, line 6	• 10	
11	Apportionable income (loss) - subtract line 10 from line 9	11	-6111496
12	Apportionment fraction - enter 1.000000, or Schedule J, line 9 or 10, if applicable	12	.011534
13	Apportioned income (loss) - multiply line 11 by line 12	• 13	-70490
14	Utah net nonbusiness income (from line 6 above)	14	
15	Utah income (loss) before Utah net loss deduction - add line 13 and line 14	• 15	-70490
16	Utah net loss carried forward from prior years (see instructions and attach documentation)	• 16	
17	**Net Utah taxable income (loss)** - subtract line 16 from line 15	• 17	-70490
18	**Calculation of tax** (see instructions):		
	a Multiply line 17 by 4.95% (.0495) (not less than zero) 18a	0	
	b Minimum tax - enter $100 or amount from Schedule M, line b • 18b	100	
	Tax amount - enter the greater of line 18a or line 18b	• 18	100
19	Interest on installment sales	• 19	
20	IRC 965(a) deferred foreign income installment amount	• 20	
21	Recapture of low-income housing credit	• 21	
22	Total tax - add lines 18 through 21 Carry to Schedule A, page 2, line 23	• 22	100

23	Enter tax from Schedule A, page 1, line 22	23	100
24	Nonrefundable credits (see instructions or **incometax.utah.gov/credits** for codes)		
	Code Amount Code Amount		
	• 24a • 24b		
	• 24c • 24d		
	• 24e • 24f		
	Total nonrefundable credits - add lines 24a through 24f	• 24	
25	Net tax - subtract line 24 from line 23 (cannot be less than line 18b or less than zero)	• 25	100
26	Utah use tax	• 26	
27	**Total tax** - add line 25 and line 26 Enter here and on TC-20, line 7	• 27	100
28	Refundable credits (see instructions or **incometax.utah.gov/credits** for codes)		
	Code Amount Code Amount		
	• 28a • 28b		
	• 28c • 28d		
	Total refundable credits - add lines 28a through 28d	• 28	
29	Prepayments from Schedule E, line 4	• 29	100
30	Amended return only (see instructions)	• 30	
31	**Total refundable credits and prepayments** - add lines 28 through 30 Enter here and on TC-20, line 8	• 31	100

Schedule B - Additions to Unadjusted Income **TC-20, Sch. B**

20105 EIN 47-3054018 **2021**

1	Interest from state obligations		• 1	
2	a	Income taxes paid to any state	• 2a	2475
	b	Franchise or privilege taxes paid to any state	• 2b	
	c	Corporate stock taxes paid to any state	• 2c	
	d	Any income, franchise or capital stock taxes imposed by a foreign country	• 2d	
	e	Business and occupation taxes paid to any state	• 2e	
3	Safe harbor lease adjustments		• 3	
4	Capital loss carryover		• 4	
5	Federal deductions taken previously on a Utah return		• 5	
6	Federal charitable contributions from federal form 1120, line 19		• 6	
7	Gain (loss) on IRC Sections 338(h)(10) or 336(e)		• 7	
8	Adjustments due to basis difference		• 8	
9	Expenses attributable to 50 percent unitary foreign dividend exclusion		• 9	
10	Installment sales income previously reported for federal but not Utah purposes		• 10	
11	Nonqualified withdrawal from my529		• 11	
12	Income (loss) from IRC Section 936 corporations		• 12	
13	Foreign income (loss) for worldwide combined filers		• 13	
14	Income (loss) of unitary corporations not included in federal consolidated return		• 14	
15	Deductions for a royalty or other expense paid to an entity related by common ownership (see instructions)		• 15	
16	Payroll Protection Program grant or loan addback (see instructions)		• 16	
17	(Reserved, see instructions)		• 17	
18	(Reserved, see instructions)		• 18	
19	Total additions - add lines 1 through 18 Enter here and on Schedule A, line 2		• 19	2475

Schedule C - Subtractions from Unadjusted Income **TC-20, Sch. C**

20106 EIN 47-3054018 **2021**

1		Intercompany dividend elimination (see instructions)	• 1
2		Foreign dividend gross-up	• 2
3		Net capital loss	• 3
4	a	Federal jobs credit salary reduction	• 4a
	b	Federal research and development credit expense reduction	• 4b
	c	Federal orphan drug credit clinical testing expense reduction	• 4c
	d	Expense reduction for other federal credits (attach schedule)	• 4d
	e	Federal qualified tax credit bond credit, income increase	• 4e
	f	Federal qualified zone academy bond credit, income increase	• 4f
5		Safe harbor lease adjustments	• 5
6		Federal income previously taxed by Utah	• 6
7		Fifty percent exclusion for dividends from unitary foreign subsidiaries	• 7
8		Fifty percent exclusion for foreign operating company income (loss)	• 8
9		Gain (loss) on stock sale not recognized for federal purposes (but included in taxable income) when IRC Section 338(h)(10) or 336(e) has been elected	• 9
10		Basis adjustments	• 10
11		Interest expense not deducted on federal return under IRC Section 265(b) or 291(e)	• 11
12		Dividends received from admitted insurance company subsidiaries exempt under UC §59-7-102(1)(c)	• 12
13		Contributions to my529 account(s)	• 13
14		(Reserved, see instructions)	• 14
15		Dividends received or deemed received by a member of the unitary group from a captive REIT	• 15
16		IRC Section 857(b)(2)(E) deduction from a captive REIT	• 16
17		FDIC Premiums disallowed as a deduction for federal income tax purposes	• 17
18		COVID-19 Utah grant funds included in unadjusted income	• 18
19		(Reserved, see instructions)	• 19
20		(Reserved, see instructions)	• 20
21		Total subtractions - add lines 1 through 20 Enter here and on Schedule A, line 4	• 21

Schedule D - Utah Contributions Deduction

TC-20, Sch. D
2021

20107 EIN 47-3054018

1	Apportionable income before contributions deduction from Schedule A, line 9 If a loss, no contribution deduction is allowed	• 1	-6111496
2	Utah contribution limitation - multiply line 1 by 10% (.10) (not less than zero)	2	0
3	Current year contributions	• 3	5050
4	Utah contributions carryforward (attach schedule)	• 4	
5	Total contributions available - add line 3 and line 4	5	5050
6	**Utah contributions deduction** - lesser of line 2 or line 5 Enter here and on Schedule A, line 10	• 6	0
7	Contribution carryover to next year - subtract line 6 from line 5	• 7	5050

Schedule E - Prepayments of Any Type

TC-20, Sch. E

1	Overpayment applied from prior year	1	0
2	Extension prepayment Date: 04/15/2022 Check no.: Enter the date and amount of any extension prepayment. If paid by check, enter the check number.	2	100
3	Other prepayments (attach additional pages if necessary) Enter the date and amount of any prepayment for the filing period. If paid by check, enter the check number.		
	a Date: Check no.:	3a	
	b Date: Check no.:	3b	
	c Date: Check no.:	3c	
	d Date: Check no.:	3d	
	Total of all prepayments - add lines 3a through 3d	3	
4	Total prepayments - add lines 1 through 3 Enter here and on Schedule A, line 29	4	100

TENTRR, INC. 47-3054018

UT TC-20 UTAH NET LOSS CARRIED FORWARD FROM PRIOR YEARS STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
12/31/20	68,230.	0.	68,230.
NET LOSS CARRYFORWARD AVAILABLE THIS YEAR			68,230.

Schedule J - Apportionment Schedule **TC-20, Sch. J**

20163 EIN 47-3054018 **2021**

(use with TC-20, TC-20S, TC-20MC and TC-65)

Note: Use this schedule only if the entity does business in Utah and one or more other states and income must be apportioned to Utah.

Briefly describe the nature and location(s) of your Utah business activities:
CAMP SITES AT UTAH NATIONAL PARKS

Apportionable Income Factors

			Column A Inside Utah		Column B Inside and Outside Utah
1	**Property Factor**				
a	Land	• 1a		•	
b	Depreciable assets	• 1b		•	
c	Inventory and supplies	• 1c		•	
d	Rented property	• 1d		•	
e	Other allowable property (see instructions)	• 1e		•	
f	Total tangible property - add lines 1a through 1e	• 1f		•	
2	Property factor - divide line 1f, Column A, by line 1f, Column B (to six decimal places)			• 2	
3	**Payroll Factor**				
a	Total wages, salaries, commissions and other compensation	• 3a		•	
4	Payroll factor - divide line 3a, Column A, by line 3a, Column B (to six decimal places)			• 4	
5	**Sales Factor**				
a	Total sales (gross receipts less returns and allowances)			• 5a	4846290
b	Sales delivered or shipped to Utah buyers from outside Utah	• 5b	55899		
c	Sales delivered or shipped to Utah buyers from within Utah	• 5c	0		
d	Sales shipped from Utah to the United States government	• 5d	0		
e	Sales shipped from Utah to buyers in states where the corp. has no nexus (corporation not taxable in buyer's state)	• 5e	0		
f	Rent and royalty income	• 5f	0	•	0
g	Services and other allowable sales (see instructions)	• 5g	0	•	0
h	Total sales (add lines 5a through 5g)	• 5h	55899	•	4846290
6	Sales factor - line 5h, Column A, divided by line 5h, Column B (to six decimals)			• 6	.011534

Continued on page 2

Schedule J - Apportionment Schedule **TC-20, Sch. J 2021**

(use with TC-20, TC-20S, TC-20MC and TC-65)

20164 EIN 47-3054018

▶ **7** **All entities - enter your NAICS code here** (see instructions) • 7 454110

Apportionment Fraction

Optional apportionment taxpayers (see instructions) **complete Part 1 or Part 2.**

Sales factor weighted taxpayers (see instructions) **complete Part 2.**

Part 1: Equally-Weighted Three Factor Formula (see instructions for those who qualify)

8 Total factors - add lines 2, 4 and 6 8

9 Calculate the **Apportionment Fraction** to **SIX DECIMALS** • 9
Divide line 8 by **3** (or the number of factors present)

Part 2: Sales Factor Formula (see instructions for those who qualify)

10 **Apportionment Fraction** - enter the six-decimal sales factor from line 6 • 10 .011534

Enter the fraction from line 9 or line 10, above, as follows:

TC-20 filers: Enter on TC-20, Schedule A, line 12
TC-20S filers: Enter on TC-20S, Schedule A, line 12
TC-20MC filers: Enter on TC-20MC, Schedule A, where indicated
TC-65 filers: Enter on TC-65, Schedule A, line 15

2021 TAX RETURN FILING INSTRUCTIONS

VERMONT FORM CO-411

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

AMOUNT OF TAX:

TOTAL TAX	$	300
LESS: PAYMENTS AND CREDITS	$	0
PLUS: OTHER AMOUNT	$	0
PLUS: INTEREST AND PENALTIES	$	0
BALANCE DUE	$	300

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE VT DOT, PLEASE SIGN, DATE AND RETURN FORM 8879-VT-C TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE VT DOT. DO NOT MAIL A PAPER COPY OF THE RETURN.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

YOUR BALANCE DUE OF $300 WILL BE AUTOMATICALLY WITHDRAWN FROM THE BANK ACCOUNT ENDING IN 1386 ON OR AFTER OCTOBER 11, 2022 FOR THE FORM CO-411 BALANCE DUE. REFER TO FORM CO-411 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

VT Form 8879-VT-C

VERMONT

Corporation or Business Income Tax Declaration for Electronic Filing
(SEE INSTRUCTIONS IN THE VT FED/STATE E-FILE HANDBOOK)

For office use only
Date received

Part I

Entity Name	Federal ID Number
TENTRR, INC.	47-3054018
Address	**Fiscal Year END Date (YYYYMMDD)**
25 W. 39TH STREET, 7TH FLOOR	20211231

City	State	ZIP Code	Telephone Number
NEW YORK	NY	10018	646-230-1040

Foreign Country	E-mail Address
	ANAND@TENTRR.COM

Part II *Tax Return Information (whole dollars only)*

1. Form being filed ..... ☐ BI-471 ☐ BI-476 ☒ CO-411
2. Refund credited to next year ..... 2.
3. Refund amount ..... 3.
4. Amount due ..... 4. 300.

DO NOT MAIL THIS FORM-- KEEP THIS FORM AND REQUIRED ATTACHMENTS ON FILE FOR 3 YEARS

Part III ☐ Direct Deposit of Refund ☒ ACH Debit Payment Amount $ 300. Payment Date 10/11/2022

Routing transit number (RTN) 121141039 9 The first two numbers of the RTN must be 01 through 12 or 21 through 32.

Depositor account number (DAN) 330255138 6 Type of account: ☐ Savings ☒ Checking

Part IV *Declaration of Taxpayer* *By signing below, you agree that:*

- Under penalties of perjury, I declare the information I provided to my Electronic Return Originator (ERO) and the amounts shown in Part II agree with the amounts shown on the corresponding lines of my Vermont Corporate or Business Income tax return noted above, and is, to the best of my knowledge and belief, true, accurate and complete.
- If making an ACH Debit Payment, I authorize the Department to withdraw funds from my account in the amount and on the date specified.
- I consent to have the ERO forward my return, including this declaration and accompanying schedules and statements, to the Vermont Department of Taxes upon the Department's request.
- If the Vermont Department of Taxes does not receive full and timely payment of the amount due, I am liable for the tax and any applicable charges.

Please Sign Here ▶ Your Signature _____ Date _____ Printed Name PRESIDENT Title

Part V *Declaration of Electronic Return Originator (ERO) Only*

As an ERO, I am not responsible for review of the taxpayer's return but declare this form accurately reflects the data on the return. The taxpayer(s) signed this form before I submitted the return. I will give the taxpayer a copy of all forms and information to be filed with Vermont.

Electronic Return Originator's Use Only

ERO's signature ▶ _____ Date 10/11/22 Check if: paid preparer ☒ self-employed ☐

Firm's name (or yours if self-employed) and address ▶ GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

EIN 81-3215466

Phone Number 631-629-4344

E-mail address:

Part VI *Declaration of Paid Preparer*

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statement. To the best of my knowledge and belief, they are true, correct and complete. This declaration is based on all information of which I have knowledge.

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed ☐

Firm's name (or yours if self-employed) and address ▶ _____ EIN _____

Phone Number _____

E-mail address:

Vermont Department of Taxes

Form CO-411

Vermont Corporate Income Tax Return

* 2 1 4 1 1 1 1 0 2 *

Check Appropriate Box(es)

- ☐ Name Change
- ☐ Accounting Period Change
- ☐ Extended Return
- ☐ Unitary Combined
- ☐ PL 86-272 is Applicable
- ☐ Address Change
- ☐ Amended Return
- ☐ Federal Extension Requested
- ☐ Unitary Consolidated
- ☐ Final Return (Cancels Account)

Entity Name (Principal Vermont Corporation)			FEIN	Primary 6-digit NAICS number
TENTRR, INC.			473054018	454110
Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)
25 W. 39TH STREET, 7TH FLOOR			20210101	20211231
Address (Line 2)			Number of companies in Water's Edge Group	Number of companies with Vermont Nexus
City	State	ZIP Code		
NEW YORK	NY	10018		
Foreign Country				

Federal tax return filed (Check one box)

- [X] 1120
- ☐ 1120-F
- ☐ 990-T
- ☐ 1120-H
- ☐ Other

Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

1.	FEDERAL TAXABLE INCOME (Federal Form 1120, Line 30 plus any deduction for a federal net operating loss, Line 29a.)	[X] Check to indicate loss	**1.**	6113971 **.00**
2.	Bonus Depreciation Adjustment (See instructions)	☐ Check to indicate loss	**2.**	**.00**
3.	Federal Taxable Income adjusted for disallowance of Bonus Depreciation (Add Lines 1 and 2)	[X] Check to indicate loss	**3.**	6113971 **.00**
4.	ADD **(a)** Interest on non-Vermont state and local obligations		**4a.**	**.00**
	(b) State and local income or franchise taxes	☐ Check to indicate loss	**4b.**	2500 **.00**
	LESS **(c)** Non-business income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank)	☐ Check to indicate loss	**4c.**	**.00**
	(d) Foreign dividends received.		**4d.**	**.00**
	(e) Interest on U.S. Government obligations		**4e.**	**.00**
	(f) "Gross Up" required by IRC sec. 78 and other excludable income		**4f.**	**.00**
	(g) Targeted Job Credit salary and wage expense addback		**4g.**	**.00**
5.	NET APPORTIONABLE INCOME (Add Lines 3, 4(a), and 4(b). Then subtract Lines 4(c) through 4(g).)	[X] Check to indicate loss	**5.**	6111471 **.00**

Check box if exception to minimum tax applies:

- ☐ SMALL FARM CORPORATION ($75 minimum)
- ☐ NO VERMONT ACTIVITY ($0)
- ☐ HOMEOWNER'S / CONDO ASSOC. (Federal Form 1120-H only) ($0)

Entity Name	
TENTRR, INC.	
FEIN	Fiscal Year Ending (YYYYMMDD)
473054018	20211231

* 2 1 4 1 1 1 2 0 2 *

6.	Vermont Percentage (100% or amount from Schedule BA-402, Line 22) Calculate percentage to six places to the right of the decimal point		**6.**	1.902729 %
7.	Apportionable Income (from Form CO-411, Line 5)	[X] Check to indicate loss	**7.**	6111471 .00
8.	Income Apportioned to Vermont (Multiply Lines 6 and 7)	[X] Check to indicate loss	**8.**	116285 .00
9.	Income Allocated to Vermont (Schedule BA-402, Line 1b)	[ ] Check to indicate loss	**9.**	.00
10.	Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 1d)		**10.**	.00
11.	Net Vermont Income Allocated and Apportioned to Vermont (Add Lines 8, 9, and 10.)	[X] Check to indicate loss	**11.**	116285 .00
12.	Vermont Net Operating Loss deduction applied (Attach schedule)		**12.**	.00
13.	Vermont Net taxable income for this entity (Line 11 minus Line 12)	[X] Check to indicate loss	**13.**	116285 .00
14.	Vermont Tax. Apply Vermont Tax Rates (below) to amount on Line 13		**14.**	300 .00
15.	Credits (Schedule BA-404, Column C, Line 11)		**15.**	.00
16.	Use Tax for taxable items on which no sales tax was charged, including online purchases		**16.**	.00
17.	Tax Due for this entity (Subtract Line 15 from Line 14. To that result, add Line 16)		**17.**	300 .00
18.	Gross Receipts (For purpose of minimum tax calculation. See instructions)		**18.**	127099 .00

TAX COMPUTATION SCHEDULE

(Effective for taxable periods beginning January 1, 2012)

IF VERMONT NET INCOME IS	TAX IS
$10,000 or less	6.00%
$10,001 - $25,000	$600 plus 7.00% of excess over $10,000
$25,001 and over	$1,650 plus 8.50% of excess over $25,000

IF VERMONT GROSS RECEIPTS ARE	MINIMUM TAX IS
$2,000,000 or less	$300
$2,000,001 - $5,000,000	$500
$5,000,001 and over	$750

File the return on the due date required under the Internal Revenue Code, unless extended.

Pay by the due date required under the Internal Revenue Code, even if the return is extended.

Corporations with liabilities over $500, see instructions for estimated payments on Vermont Form CO-414.

Entity Name	
TENTRR, INC.	
FEIN	Fiscal Year Ending (YYYYMMDD)
473054018	20211231

* 2 1 4 1 1 1 3 0 2 *

Amount from Line 17 300.

19. Total Tax Due (Add Line 17 plus Line 13 of all attached Schedules CO-421 ..... **19.** 300 **.00**

20. Payments

20a. Estimated Payments ..... **20a.** **.00**

20b. Payment with Extension ..... **20b.** **.00**

20c. Nonresident Estimated Payments (Form WH-435) ..... **20c.** **.00**

20d. Real Estate Withholding Payments (Form RW-171) ..... **20d.** **.00**

20e. Prior Year Overpayment Applied ..... **20e.** **.00**

20f. Total Payments (Add Lines 20a through 20e) ..... **20f.** **.00**

21. **Balance Due.** If Line 19 is more than Line 20f, subtract Line 20f from Line 19. Make checks payable to Vermont Department of Taxes ..... **21.** 300 **.00**

22. Payment submitted with this return ..... **22.** **.00**

23. Overpayment. If Line 20f is more than Line 19, Subtract Line 19 from Line 20f ..... **23.** **.00**

24. Overpayment to be applied to next tax year ..... **24.** **.00**

25. Overpayment to be refunded (Subtract Line 24 from Line 23) ..... **25.** **.00**

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes and that this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides that under 32 V.S.A. § 5901, this information has not been and will not be used for any other purpose, or made available to any other person, other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer	Date (MMDDYYYY)	Daytime Telephone Number
		646-230-1040
Printed Name	Email Address	
ANAND SUBRAMANIAN	ANAND@TENTRR.COM	

[X] Check if the Department of Taxes may discuss this return with the preparer shown.

Paid Preparer's Signature	Date (MMDDYYYY)	Preparer's Telephone Number
	10112022	631-629-4344
Preparer's Printed Name	Email Address (optional)	
Firm's Name (or yours if self-employed)	EIN	Preparer's SSN or PTIN
GUTTERSON & COHEN TAX SPECIALISTS LLC	813215466	P00185030
Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code)		[ ] Check if self-employed
445 BROADHOLLOW ROAD STE 2 MELVILLE, NY 11747		

Send return and check to: Vermont Department of Taxes
133 State Street
Montpelier, VT 05633-1401

For Department Use Only	
Ck. Amt.	Init.

1019 182303 12-13-21

TENTRR, INC.

VNOL Tracking Schedule

Year 2021 Original Loss Amount 116,285.

Expired	Amount Used 2021	Amount Used 2022	Amount Used 2023	Amount Used 2024	Amount Used 2025	Amount Used 2026	Amount Used 2027	Amount Used 2028	Amount Used 2029	Amount Used 2030	Available Carryover
											116,285.

Year ____ Original Loss Amount ____

Expired	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Available Carryover

Year ____ Original Loss Amount ____

Expired	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Available Carryover

Year ____ Original Loss Amount ____

Expired	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Available Carryover

Year ____ Original Loss Amount ____

Expired	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Available Carryover

Year ____ Original Loss Amount ____

Expired	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Available Carryover

Vermont Department of Taxes

Schedule BA-402

Vermont Apportionment & Allocation

21402110 2

For Unitary filers, complete a separate Schedule BA-402 for each taxable affiliate

Attach to Form CO-411 or Form BI-471

Entity Name (same as on Form CO-411 or Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
TENTRR, INC.	20211231	473054018
FOR UNITARY GROUPS ONLY - Name of Affiliate		Affiliate's FEIN

PART 1 Directly Allocated Non-Business Income, Other Non-Apportionable Income and Foreign Dividends

Place an "x" in the box left of the line number to indicate a loss amount.

Enter all amounts in WHOLE DOLLARS.

	Everywhere	Vermont
1a-b. Non-Business Income or Other Non-Apportionable Income	☐ Check to indicate loss **1a.** .00	☐ Check to indicate loss **1b.** .00
1c-d. Foreign Dividends	☐ Check to indicate loss **1c.** .00	☐ Check to indicate loss **1d.** .00

PART 2 Sales and Receipts Factor

Section A Sales and Receipts Factor

	Everywhere	Vermont
2. Sales or gross receipts	**2.** 4846290 .00	
3. Services received in or delivered to Vermont		**3.** .00
4. Sales delivered or shipped to purchasers in Vermont from outside Vermont		**4.** 127099 .00
5. Sales delivered or shipped to purchasers in Vermont from within Vermont		**5.** .00
6. Sales shipped from Vermont to the U.S. Government		**6.** .00
7. Sales shipped from Vermont to purchasers in a state where the entity is not taxable		**7.** .00
8. Business interest and dividends	**8a.** .00	**8b.** .00
9. Royalties	**9a.** .00	**9b.** .00
10. Gross rents	**10a.** .00	**10b.** .00
11. Other business income (attach detailed supporting statement) STMT 1	**11a.** 5821 .00	**11b.** .00
12. TOTAL INCOME, SALES, AND GROSS RECEIPTS (Add Lines 2-11)	**12a.** 4852111 .00	**12b.** 127099 .00

12c. Vermont Sales and Receipts factor as percent of Everywhere. (Divide Line 12b by Line 12a). Calculate percentage to six places to the right of the decimal point **12c.** 2.619458 %

Entity Name (same as on Form CO-411 or Form BI-471)	
TENTRR, INC.	
FEIN	Fiscal Year Ending (YYYYMMDD)
473054018	20211231

214021202

Section B Salaries and Wages Factor

		Everywhere		Vermont	
13. TOTAL SALARIES AND WAGES	13a.	2863161 .00	13b.	13436 .00	
13c. Vermont as percent of Everywhere (Divide Line 13b by Line 13a). Calculate percentage to six places to the right of the decimal point			13c.	.469272	%

Section C Property Factor (Average value during year)

		Everywhere		Vermont	
14. Inventories	14a.	.00	14b.	.00	
15. Buildings and other depreciable assets (original cost)	15a.	.00	15b.	.00	
16. Depletable assets (original cost)	16a.	.00	16b.	.00	
17. Land	17a.	.00	17b.	.00	
18. Other assets (Attach schedule)	18a.	.00	18b.	.00	
19. Rented real and personal property (Multiply annual rent by 8)	19a.	.00	19b.	.00	
20. TOTAL PROPERTY (Add Lines 14 through 19)	20a.	.00	20b.	.00	
20c. Vermont as percent of Everywhere (Divide Line 20b by Line 20a) Calculate percentage to six places to the right of the decimal point			20c.		%

Section D Vermont Apportionment Factors

21. VERMONT COMBINED FACTORS (Sales and Receipts, Double-weighted) (Add Line 12c twice, and Lines 13c and 20c above). Calculate percentage to six places to the right of the decimal point	21.	5.708188	%
22. VERMONT APPORTIONMENT FACTOR (Divide Line 21 by 4 or as indicated below). Calculate percentage to six places to the right of the decimal point	22.	1.902729	%

Express as a decimal to six places. If there are fewer than three factors with an "Everywhere" denominator, then divide Line 21 as follows:

- Sales/Receipts and Salaries and Wages - divide by 3
- Sales/Receipts and Property - divide by 3
- Salaries and Wages and Property - divide by 2
- Sales/Receipts only - divide by 2
- Salaries and Wages only - divide by 1
- Property only - divide by 1

(Transcribe to Form CO-411, Line 6; or Schedule CO-421, Line 1; or Schedule BI-472, Line 10; or Schedule BI-473, Line 11.)

TENTRR, INC. 47-3054018

VT BA-402 SECTION A OTHER BUSINESS INCOME STATEMENT 1

DESCRIPTION	EVERYWHERE	VERMONT
OTHER RECEIPTS	5,821.	0.
TOTALS TO FORM BA-402, PAGE 1, LINE 11	5,821.	0.

State Sale of Assets Worksheet

Name: TENTRR, INC. **FEIN:** 47-3054018

State: VERMONT

Asset Description	Date Acquired	Date Sold	Sale Price	Cost	Accumulated Depr.	Adjusted Basis	Long Term Capital Gain	Short Term Capital Gain/Loss	Ordinary Gain/Loss	Other Gain/Loss	Casualty Gain/Loss
DISPOSITION OF TRAILER	06/15/18	04/01/21	3,432.	21,038.	16,191.	4,847.			0.	-1,415.	
TOTAL STATE GAIN OR LOSS							0.	0.	0.	-1,415.	0.
TOTAL FEDERAL GAIN OR LOSS							0.	0.	0.	-1,415.	0.
DIFFERENCE							0.	0.	0.	0.	0.

NEW YORK STATE 2021

CT-3-M

Department of Taxation and Finance

General Business Corporation MTA Surcharge Return

Tax Law - Article 9-A, Section 209-B

Caution: This form must be used **only** for tax periods beginning on or after January 1, 2021. If you use it for any prior periods, the return will **not** be processed and will **not** be considered timely filed. As a result, penalties and interest may be incurred.

Amended return ☐ **All filers must enter tax period:** beginning 01-01-21 ending 12-31-21

Employer identification number (EIN)	File number	Business telephone number	If you claim an overpayment, mark an X in the box
47-3054018	AA3	646-230-1040	☐

Legal name of corporation: TENTRR, INC.

Trade name/DBA:

Mailing address

Care of (c/o): ANAND SUBRAMANIAN

Number and street or PO box: 25 W. 39TH STREET, 7TH FLOOR

City: NEW YORK U.S. state/Canadian province: NY ZIP/Postal code: 10018

Country (if not United States):

State or country of incorporation: DE

Date of incorporation: 02-03-15

Foreign corporations: date began business in NYS: 02-03-15

For office use only

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

File this form with your Form CT-3 or CT-3-A. Before completing this return, see Form CT-3-M-I, *Instructions for Form CT-3-M.*

		Payment enclosed
A. Pay amount shown on line 12. Make payable to: *New York State Corporation Tax* Attach your payment here. Detach all check stubs. *(See instructions for details.)*	**A**	253.

Computation of MTA surcharge

1a	New York State franchise tax *(see instructions)*	1a	2,419.
1b	Sum of fixed dollar minimum taxes for members subject to the MTA surcharge *(see instructions)*	1b	
1	Total New York State franchise tax *(add lines 1a and 1b)*	1	2,419.
2	MCTD apportionment percentage from line 83	2	33.4241 %
3	Apportioned franchise tax *(multiply line 1 by line 2)*	3	809.
4	MTA surcharge *(multiply line 3 by 30% (.30))*	4	243.
5a, 5b, 6			
7	Total prepayments from line 92	7	
8a	Underpayment *(subtract line 7 from line 4)*	8a	243.
8b	Additional amount for 2022 MFI *(see instructions)*	8b	
8c	Total of lines 8a and 8b	8c	243.
9	Estimated tax penalty *(see instructions; mark an X in the box if Form CT-222 is attached)* ☒	9	10.
10	Interest on late payment *(see instructions for Form CT-3 or CT-3-A)*	10	
11	Late filing and late payment penalties *(see instructions for Form CT-3 or CT-3-A)*	11	
12	Balance due *(add lines 8c through 11 and enter here; enter the payment amount on line A above)*	12	253.
13a	Excess prepayments *(subtract line 4 from line 7)*	13a	
13b	Amount previously credited to 2022 MFI *(see instructions)*	13b	
13c	Overpayment *(subtract line 13b from line 13a)*	13c	0.
14	Amount of overpayment to be credited to New York State franchise tax *(see instructions)*	14	
15	Amount of overpayment to be credited to MTA surcharge for next period *(see instructions)*	15	
16	Amount of overpayment to be refunded *(see instructions)*	16	

Schedule A - Computation of MCTD apportionment percentage *(see instructions)*

Average value of property *(see instructions)*		**A** MCTD	**B** New York State
17 Real estate owned *(see instructions)*	17		
18 Real estate rented *(see instructions)*	18		
19 Inventories owned	19		
20 Tangible personal property owned *(see instructions)*	20		
21 Tangible personal property rented *(see instructions)*	21		
22 Total *(add lines 17 through 21 in columns A and B)*	22	0.	6,104,099.

23 MCTD property factor *(divide line 22, column A, by line 22, column B)* 23 .0000 %

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10-07-21

TENTRR, INC. 47-3054018

Receipts from: *(see instructions for lines 24 through 77)*		A MCTD	B New York State
Section 210-A.2			
24 Sales of tangible personal property	**24**	0.	2,132,139.
25 Sales of electricity	**25**		
26 Net gains from sales of real property	**26**		
Section 210-A.3			
27 Rentals of real and tangible personal property	**27**		
28 Royalties from patents, copyrights, trademarks, and similar intangible personal property	**28**		
29 Sales of rights for certain closed-circuit and cable TV transmissions of an event	**29**		
Section 210-A.4			
30 Sale, licensing, or granting access to digital products	**30**		

Section 210-A.5(a)(1) - Fixed percentage method for qualified financial instruments (QFIs)

31 If this irrevocable election was made on Form CT-3 or CT-3-A, mark an X in the box *(see Form CT-3-I or CT-3-A-I, Part 6, line 8 instructions)* **31** ☐

Section 210-A.5(a)(2) - Mark an X in each box that is applicable *(see Form CT-3-I or CT-3-A-I, Part 6, line 8 instructions)*

Section 210-A.5(a)(2)(A)			
32 Interest from loans secured by real property	**32**		
33 Net gains from sales of loans secured by real property	**33**		
34 Interest from loans **not** secured by real property (QFI ☐)	**34**		
35 Net gains from sales of loans **not** secured by real property (QFI ☐)	**35**		
Section 210-A.5(a)(2)(B) (QFI ☐)			
36 Interest from federal debt	**36**		
37			
38 Interest from NYS and its political subdivisions debt	**38**		
39 Net gains from federal, NYS, and NYS political subdivisions debt	**39**		
40 Interest from other states and their political subdivisions debt	**40**		
41 Net gains from other states and their political subdivisions debt	**41**		
Section 210-A.5(a)(2)(C) (QFI ☐)			
42 Interest from asset-backed securities and other government agency debt	**42**		
43 Net gains from government agency debt or asset-backed securities sold through an exchange	**43**		
44 Net gains from all other asset-backed securities	**44**		
Section 210-A.5(a)(2)(D) (QFI ☐)			
45 Interest from corporate bonds	**45**		
46 Net gains from corporate bonds sold through broker/dealer or licensed exchange	**46**		
47 Net gains from other corporate bonds	**47**		
Section 210-A.5(a)(2)(E)			
48 Net interest from reverse repurchase and securities borrowing agreements	**48**		
Section 210-A.5(a)(2)(F)			
49 Net interest from federal funds	**49**		
Section 210-A.5(a)(2)(I) (QFI ☐)			
50 Net income from sales of physical commodities	**50**		
Section 210-A.5(a)(2)(J) (QFI ☐)			
51 Marked to market net gains	**51**		
Section 210-A.5(a)(2)(H) (QFI ☐) **210-A.5(a)(2)(G)** (QFI ☐)			
52 Interest from other financial instruments	**52**		
53 Net gains and other income from other financial instruments	**53**		

TENTRR, INC. 47-3054018

Receipts from: *(continued)*		A MCTD	B New York State
Section 210-A.5(b)			
54 Brokerage commissions	54		
55 Margin interest earned on behalf of brokerage accounts	55		
56 Fees for advisory services for underwriting or management of underwriting	56		
57 Receipts from primary spread of selling concessions	57		
58 Receipts from account maintenance fees	58		
59 Fees for management or advisory services	59		
60 Interest from an affiliated corporation	60		
Section 210-A.5(c)			
61 Interest, fees, and penalties from credit cards	61		
62 Service charges and fees from credit cards	62		
63 Receipts from merchant discounts	63		
64 Receipts from credit card authorizations and settlement processing	64		
65 Other credit card processing receipts	65		
Section 210-A.5(d)			
66 Receipts from certain services to investment companies	66		
Section 210-A.5-a			
67 Global intangible low-taxed income	67		
Section 210-A.6			
68 Receipts from railroad and trucking business	68		
Section 210-A.6-a			
69 Receipts from the operation of vessels	69		
Section 210-A.7			
70 Receipts from air freight forwarding	70		
71 Receipts from other aviation services	71		
Section 210-A.8			
72 Advertising in newspapers or periodicals	72		
73 Advertising on television or radio	73		
74 Advertising via other means	74		
Section 210-A.9			
75 Transportation or transmission of gas through pipes	75		
Section 210-A.10			
76 Receipts from other services/activities not specified	76	5,821.	5,821.
Section 210-A.11			
77 Discretionary adjustments	77		
78 Total *(add lines 24 through 77 in columns A and B)*	78	5,821.	2,137,960.
79 MCTD receipts factor *(divide line 78, column A, by line 78, column B)*	79		.2723 %

Payroll		A MCTD	B New York State
80 Wages and other compensation of employees except general executive officers	80	1,557,540.	1,557,540.
81 MCTD payroll factor *(divide line 80, column A, by line 80, column B)*	81		100.0000 %
82 Total MCTD factors *(add lines 23, 79, and 81)*	82		100.2723 %
83 MCTD apportionment percentage *(Divide line 82 by three; if a factor is missing, see instructions. Enter here and on line 2.)*	83		33.4241 %

TENTRR, INC. 47-3054018

Composition of prepayments claimed on line 7 *(see instructions)*		Date paid	Amount
84 Mandatory first installment from Form CT-300 *(see instructions)*	**84**		
85 Second installment from Form CT-400	**85**		
86 Third installment from Form CT-400	**86**		
87 Fourth installment from Form CT-400	**87**		
88 Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13	**88**		
89 Overpayment credited from prior years *(see instructions)*	**89**		
90 Add lines 84 through 89	**90**		
91 Overpayment credited from Form CT- _____ Period	**91**		
92 Total prepayments *(add lines 90 and 91; enter here and on line 7)*	**92**		

Third - party designee (see instructions)	Yes [X] No [ ]	Designee's name (print)	Designee's phone number
		ALAN J. COHEN	631-629-4344
	Designee's email address	ALAN@ZERAHCO.COM	PIN 22752

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person	Signature of authorized person	Official title	
	ANAND SUBRAMANIAN		PRESIDENT	
	Email address of authorized person		Telephone number	Date
	ANAND@TENTRR.COM		646-230-1040	10-11-22
Paid preparer use only *(see instr.)*	Firm's name (or yours if self-employed)		Firm's EIN	Preparer's PTIN or SSN
	GUTTERSON & COHEN TAX SPECIALISTS LLC		81-3215466	P00185030
	Signature of individual preparing this return	Address / City / State / ZIP code		
		445 BROADHOLLOW ROA MELVILLE NY 11747		
	Email address of individual preparing this return		Preparer's NYTPRIN or Excl. code	Date
	ALAN@ZERAHCO.COM		03	10-11-22

See instructions for where to file.

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10-07-21

NEW YORK STATE 2021

Department of Taxation and Finance

Underpayment of Estimated Tax By a Corporation

Tax Law - Article 27, Section 1085

CT-222

Tax return filed: CT-3M

All filers must enter tax period: beginning 01-01-21 ending 12-31-21

Legal name of corporation	Employer identification number
TENTRR, INC.	47-3054018

Read the instructions, Form CT-222-I, before completing.

Part 1 - Annual payment

1	Enter your 2021 corporation franchise, excise, or gross receipts tax after credits **or** enter the 2021 metropolitan transportation business tax (MTA surcharge) *(if both, use separate forms)*	1	243.
2	Multiply line 1 by 91% (.91) or, if a large corporation, 100% (1.0). Large corporations enter this amount on line 5 and skip lines 3 and 4	2	221.
3	Enter your 2020 corporation franchise, excise, or gross receipts tax after credits **or** enter the 2020 MTA surcharge	3	294.
4	Enter the amount from line 101; if not using the line 9 exception, skip this line	4	
5	Annual payment. Enter the lesser of lines 2, 3, or 4. Large corporations, enter the line 2 amount	5	221.

Part 2 - Reasons for filing

Mark an X in the boxes below that apply. If any boxes are marked, you must file Form CT-222 even if you do not owe a penalty.

6 You are using the adjusted seasonal installment method *(see instructions; complete applicable parts of Schedule A)* ☐

7 You are using the annualized income installment method *(see instructions; complete applicable parts of Schedule A)* ☐

8 You are **not** a large corporation and figure your estimated tax based on the prior year's tax (the prior year cannot be a short year, and your return must have shown a tax liability) ☐

9 You are **not** a large corporation and figure your estimated tax by applying to the tax base on which the current year's tax was paid the facts shown on your return for, and the law applicable to, the preceding tax year, but using the rates applicable to the current year *(complete Schedule B)* ☐

Part 3 - Computing the underpayment - for lines 11 through 19, complete one column before going to the next column.

		A	B	C	D
10	Installment due dates *(see instructions)*	04-15-21	06-15-21	09-15-21	12-15-21
11	Required installments *(see instructions)*	74.	49.	49.	49.
12	Estimated tax timely paid or credited for each period *(see instructions)*. For column A only, also enter the amount from this line on line 16				
13	Enter amount, if any, from line 19 of the preceding column				
14	Add lines 12 and 13				
15	In column B, enter line 18, column A amount. In columns C and D, add amounts on lines 17 and 18 of the preceding column		74.	123.	172.
16	In column A, enter the line 12 amount. For other columns, subtract line 15 from line 14. If zero or less, enter *0*	0.	0.	0.	0.
17	If the amount on line 16 is zero, subtract line 14 from line 15. Otherwise, enter *0*		74.	123.	
18	**Underpayment** - If line 16 is less than or equal to line 11, subtract line 16 from line 11. Otherwise, go to line 19 *(see instructions)*	74.	49.	49.	49.
19	**Overpayment** - If line 11 is less than line 16, subtract line 11 from line 16				

Part 4 - Computation of the underpayment penalty *(see instr.)*	A First	B Second	C Third	D Fourth
20 Enter the date of payment or the 15th day of the 4th month after the end of the tax year, whichever is earlier *(mm-dd-yy)*	04-18-22	04-18-22	04-18-22	04-18-22
Number of days:				
21 From due date of installment to the date shown on line 20	365	304	212	121
22 On line 21 after 3/15/21 and before 4/1/21				
23 On line 21 after 3/31/21 and before 7/1/21	76	15		
24 On line 21 after 6/30/21 and before 10/1/21	92	92	15	
25 On line 21 after 9/30/21 and before 1/1/22	92	92	92	16
26 On line 21 after 12/31/21 and before 4/1/22	90	90	90	90
27 On line 21 after 3/31/22 and before 7/1/22	15	15	15	15
28 On line 21 after 6/30/22 and before 10/1/22				
29 On line 21 after 9/30/22 and before 1/1/23				
30 On line 21 after 12/31/22 and before 3/15/23				
31 On line 22 ÷ 365 x %* x amount on line 18				
32 On line 23 ÷ 365 x %* x amount on line 18	1.			
33 On line 24 ÷ 365 x %* x amount on line 18	1.	1.		
34 On line 25 ÷ 365 x %* x amount on line 18	1.	1.	1.	
35 On line 26 ÷ 365 x %* x amount on line 18	1.	1.	1.	1.
36 On line 27 ÷ 365 x %* x amount on line 18				
37 On line 28 ÷ 365 x %* x amount on line 18				
38 On line 29 ÷ 365 x %* x amount on line 18				
39 On line 30 ÷ 365 x %* x amount on line 18				
40 Add lines 31 through 39	4.	3.	2.	1.
41 Underpayment penalty *(see instructions)*	4.	3.	2.	1.

SEE STATEMENT 1

42 Add line 41, columns A through D; enter here and on your franchise tax return or MTA surcharge return	**42**	10.
43 Multiply line 1 by 80% (.8)	**43**	194.
44 Subtract line 11, column A from line 43	**44**	120.
45 Divide line 44 by three	**45**	40.

* For applicable rates, access our website or call the Corporation Tax Information Center (see *Need help?* in Form CT-1).

Schedule A, Part 1 - Adjusted seasonal installment method *(see instructions)*

Note: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. Use lines 46 through 51 below to compute the base period percentage. When appropriate, in lieu of ENI, use the applicable tax base.

	A - 2018	**B** - 2019	**C** - 2020
46 Enter the period of 6 consecutive months for which the base period percentage is to be computed: • _____ through • _____			
47 Enter the ENI for the same 6 consecutive month period in preceding periods			
48 Enter the total ENI for the entire year in preceding periods			
49 In each column, enter as a percentage the result of dividing that column's line 47 by that column's line 48	%	%	%
50 Add the percentages in In 49, columns A, B, and C; enter the result here	%		
51 Base period percentage: Divide line 50 by three; enter the result here	%		

If 70% or higher, continue with Schedule A, line 52a.

	A	B - 1st 5 months	C - 1st 8 months	D - 1st 11 months
Enter ENI for the following:				
52a Tax year beginning in 2018		•	•	•
52b Tax year beginning in 2019		•	•	•
52c Tax year beginning in 2020		•	•	•
53 Enter the total of the amounts that enter into the computation of the business income base for 2021 for the months delineated in each column		•	•	•
Enter ENI for the following periods:		1st 6 months	1st 9 months	Entire year
54a Tax year beginning in 2018		•	•	•
54b Tax year beginning in 2019		•	•	•
54c Tax year beginning in 2020		•	•	•
55 Divide the amount in each column on line 52a by the amount in column D on line 54a				
56 Divide the amount in each column on line 52b by the amount in column D on line 54b				
57 Divide the amount in each column on line 52c by the amount in column D on line 54c				
58 Add lines 55 through 57				
59 Divide line 58 by three				
60 Divide line 53 by line 59				
61 Figure the tax on the amount on line 60 using the instructions for your corporation's return *(see instructions for MTA surcharge)*		•	•	•
62 Divide the amount in each of columns B and C on line 54a by the amount in column D on line 54a				
63 Divide the amount in each of columns B and C on line 54b by the amount in column D on line 54b				
64 Divide the amount in each of columns B and C on line 54c by the amount in column D on line 54c				
65 Add lines 62 through 64				
66 Divide line 65 by three				
67 Multiply the amounts in columns B and C of line 61 by columns B and C of line 66. In column D, enter the amount from line 61, column D				
68 Enter any other taxes for each payment period *(see instructions)*		•	•	•
69 Total tax before credits *(add lines 67 and 68)*				
70 Enter the amount of tax credits your corporation is entitled to for the months shown in each column heading above line 52a		•	•	•
71 Total tax after credits. Subtract line 70 from line 69. If zero or less, enter *0*				
72 If **not** a large corporation, enter .91 (91%). Otherwise, enter 1				
73 Multiply line 71 by line 72				

Schedule A, Part 2 - Annualized income installment method

	A	B	C	D
74 Annualized periods *(see instructions)*		1st ● ____ months	1st ● ____ months	1st ● ____ months
75 See instructions		●	●	●
76 See instructions				
77 Annualized taxable inc. Multiply line 75 by line 76				
78 Figure the tax on the line 77 amount using the instructions for your corporation's return *(see instructions for MTA surcharge)*		●	●	●
79 Enter any other taxes for each payment period *(see instr.)*		●	●	●
80 Total tax before credits *(add lines 78 and 79)*				
81 Tax credits *(see instructions)*		●	●	●
82 Total tax after credits. Subtract line 81 from line 80; if zero or less, enter *0*				
83 If **not** a large corporation, enter .91 (91%). Otherwise, enter 1				
84 Multiply line 82 by line 83				
85 Applicable percentage		50%	75%	100%
86 Multiply line 84 by line 85				

Schedule A, Part 3 - Required installment - In completing Part 3, complete one column before going to the next column.

	A	B	C	D
87 If only Schedule A, Part 1 or Part 2 is completed, enter the amount in each column from line 73 or line 86. If both parts are completed, enter the smaller of the amounts in each column from line 73 or line 86				
88 Add the amounts in all preceding columns of line 93				
89 Subtract line 88 from line 87. If zero or less, enter **0**				
90 Subtract line 11, column A (MFI), from line 5. Divide the result by three and enter in each of columns B, C, and D				
91 In column C, subtract line 89, column B from line 90, column B. If zero or less, enter 0. In column D, subtract line 93 , column C from line 92, column C and enter the result				
92 Add lines 90 and 91				
93 **Required installments** - For column A, enter the amount from line 11, column A (MFI). For column B, enter the smaller of line 89, column B or line 90, column B. For columns C and D, respectively, enter the smaller of line 89 or line 92. Also enter each result on line 11				

Schedule B - Line 9 exception *(see instructions)*

94 2020 ENI or business income (as applicable) base multiplied by 2021 ENI or business income base tax rate (as applicable)	●	**94**	
95 2020 capital base multiplied by 2021 capital tax rate	●	**95**	
96 Enter the amount from line 94 or 95 as applicable		**96**	
97 2020 subsidiary capital base multiplied by 2021 subsidiary capital tax rate	●	**97**	
98 Any other taxes *(see instructions)*	●	**98**	
99 Add lines 96, 97, and 98		**99**	
100 2020 tax credits	●	**100**	
101 Recomputed tax *(subtract line 100 from line 99);* enter here and on line 4		**101**	

TENTRR, INC. 47-3054018

NY FORM CT-3M STATEMENT 1
NY FORM CT-33M UNDERPAYMENT OF ESTIMATED TAX

QTR	EVENT AMOUNT	TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT		DAYS	INTEREST RATE	AMOUNT OF PENALTY
A								
		Q	74.	04/15/2021	06/30/2021	76	7.5000	1.
		R	74.	06/30/2021	09/30/2021	92	7.5000	1.
		R	74.	09/30/2021	12/31/2021	92	7.5000	1.
		R	74.	12/31/2021	03/31/2022	90	7.5000	1.
		R	74.	03/31/2022	04/15/2022	15	8.0000	0.
B								
		Q	49.	06/15/2021	06/30/2021	15	7.5000	0.
		R	49.	06/30/2021	09/30/2021	92	7.5000	1.
		R	49.	09/30/2021	12/31/2021	92	7.5000	1.
		R	49.	12/31/2021	03/31/2022	90	7.5000	1.
		R	49.	03/31/2022	04/15/2022	15	8.0000	0.
C								
		Q	49.	09/15/2021	09/30/2021	15	7.5000	0.
		R	49.	09/30/2021	12/31/2021	92	7.5000	1.
		R	49.	12/31/2021	03/31/2022	90	7.5000	1.
		R	49.	03/31/2022	04/15/2022	15	8.0000	0.
D								
		Q	49.	12/15/2021	12/31/2021	16	7.5000	0.
		R	49.	12/31/2021	03/31/2022	90	7.5000	1.
		R	49.	03/31/2022	04/15/2022	15	8.0000	0.
TOTAL TO FORM CT-222 LINE 42								10.

EVENT TYPE: Q = QUARTERLY AMOUNT DUE
P = PAYMENT
R = INTEREST RATE CHANGE
L = LEAP YEAR CHANGE
O = OVERPAYMENT FROM PRIOR YEAR/QUARTER

2021 TAX RETURN FILING INSTRUCTIONS

NEW YORK CITY FORM NYC-2

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

TENTRR, INC.
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

GUTTERSON & COHEN TAX SPECIALISTS LLC
445 BROADHOLLOW ROAD STE 230
MELVILLE, NY 11747

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

AMOUNT OF TAX:

TOTAL TAX	$	25
LESS: PAYMENTS AND CREDITS	$	25
PLUS: OTHER AMOUNT	$	0
PLUS: INTEREST AND PENALTIES	$	0
NO PAYMENT REQUIRED	$	

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE NYC DOF, PLEASE SIGN, DATE AND RETURN NYC-579-COR TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE NYC DOF. DO NOT MAIL A PAPER COPY OF THE RETURN.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

NYC Department of Finance	N Y C 579-COR	NEW YORK CITY DEPARTMENT OF FINANCE **Signature Authorization for E-Filed Business Corporation Tax Return**	2021

ELECTRONIC RETURN ORIGINATORS (ERO): DO NOT MAIL THIS FORM TO THE DEPARTMENT OF FINANCE. KEEP THIS FOR YOUR RECORDS.

LEGAL NAME OF CORPORATION:	EMPLOYER IDENTIFICATION NUMBER
TENTRR, INC.	47-3054018

EMAIL ADDRESS:	TYPE OF RETURN:
ANAND@TENTRR.COM	___ NYC-EXT ___ NYC-EXT.1 ___ NYC-300 (2022) ___ NYC-400 (2022) X NYC-2 ___ NYC-2A ___ NYC-2S

Financial Institution Information - *must be included if electronic payment is authorized*

AMOUNT OF AUTHORIZED DEBIT:	FINANCIAL INSTITUTION ROUTING NUMBER:	FINANCIAL INSTITUTION ACCOUNT NUMBER:

Part A - Declaration and authorization of corporate officer for Forms NYC-2, NYC-2A, NYC-2S, NYC-EXT, NYC-EXT.1, NYC-300 or NYC-400

Under penalty of perjury, I declare that I am an officer of the corporation authorized to act on behalf of the above-named corporation, and that I have examined the information on its 2021 New York City electronically filed corporation tax return, including any accompanying schedules, attachments, and statements or other report checked above, and to the best of my knowledge and belief, the electronically filed corporation tax return or other report is true, correct, and complete. The ERO has my consent to send the 2021 New York City electronically filed corporation tax return or other report checked above to New York City Department of Finance through the Internal Revenue Service. I authorize the ERO to enter my PIN as my signature on the 2021 New York City electronically filed corporation tax return or other report, or I will enter my PIN as my signature on the 2021 New York City electronically filed corporation tax return or other report. If I am paying the New York City corporation tax owed by electronic funds withdrawal, I authorize the New York City Department of Finance and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on the corporation's 2021 New York City electronically filed corporation tax return or other report, and I authorize the financial institution to debit the amount from that account.

Officer's PIN (mark an X in one box only)

X I authorize GUTTERSON & COHEN TAX SPECIALISTS LLC to enter my PIN: 12345
ERO FIRM NAME
as my signature on the corporation's 2021 electronically filed corporation tax return or other report checked above.

___ As an authorized person of the corporation, I will enter my PIN as my signature on the corporation's 2021 electronically filed corporation tax return or other report checked above.

Signature of authorized person	PRESIDENT Official title	Date

Part B - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in the above-named corporation's 2021 New York City electronically filed corporation tax return or other report checked above is the information furnished to me by the corporation's authorized officer. If the corporate officer furnished me with a completed 2021 New York City paper corporation tax return or other report signed by a paid preparer, I declare that the information contained in the corporation's 2021 New York City electronically filed corporation tax return or report is identical to that contained in the paper return or report. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York City electronically filed corporation tax return or other report, and, to the best of my knowledge and belief, the return or other report is true, correct, and complete. I have based this declaration on all information available to me.

ERO EFIN/PIN: Enter your six-digit EFIN followed by your five digit PIN: 11357722752

ERO's Signature	Print Name	Date

Paid Preparer's Signature	ALAN J. COHEN Print Name	10/11/22 Date

PURPOSE - A completed Form NYC-579-COR provides documentation that an ERO has been authorized to electronically file the Business Corporation Tax return or other report. The officer of the corporation who is authorized to sign the corporation's returns may designate the ERO to electronically sign the return or other report by entering the officer's personal identification number (PIN). The form also authorizes payment of tax due on an electronically submitted return or report by an automatic clearing house (ACH) debit from a designated checking or savings account of the corporation. **You cannot revoke this authorization.**

GENERAL INSTRUCTIONS - Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return or report before the ERO transmits the electronically filed Form NYC-2A (Combined Business Corporation Tax Return); NYC-2 (Business Corporation Tax Return); NYC-2S (Business Corporation Tax Return); NYC-EXT (Application for 6-month Extension to File Business Income Tax Return); NYC-EXT.1 (Application for Additional Extension); NYC-300 (Mandatory First Installment (MFI) by Business C Corporations) or NYC-400 (Declaration of Estimated Tax by Business Corporations and Subchapter S General Corporations).

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns or reports (Forms NYC-2, NYC-2A, NYC-2S, NYC-EXT, NYC-EXT.1, NYC-300 or NYC-400). Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case.

Do not mail Form NYC-579-COR to the Department of Finance. The EROs/paid preparers must keep the completed Form NYC-579-COR for three years from the due date of the return or report or the date the return or report was filed, whichever is later, and must present it to the Department of Finance upon request.

NYC-2

Department of Finance

BUSINESS CORPORATION TAX RETURN

2021

To be filed by C Corporations ONLY - All Subchapter S Corporations must file Form NYC-1, NYC-3L, NYC-4S or NYC-4SEZ

For CALENDAR YEAR 2021 or FISCAL YEAR beginning and ending

Name and Address

TENTRR, INC.
ANAND SUBRAMANIAN
25 W. 39TH STREET, 7TH FLOOR
NEW YORK, NY 10018

Name Change ____ Address Change ____ Country (if not US)

Employer Identification Number: 47-3054018

Business Code Number as per federal return: 454110

2-character special condition code, if applicable (See instructions): ____

Business telephone number: 646-230-1040	Taxpayer's email address: ANAND@TENTRR.COM		
State or country of organization: DELAWARE	Date organized: 02-03-15		
Date business began in NYC: 02-03-2015	Final Return - Check this box if you have ceased operations in NYC ____	If final return, date business ended in NYC	

CHECK ALL THAT APPLY: ____ Special short period return ____ 52/53-week taxable year ____ Pro-forma federal return attached ____ Claim any 9/11/01 - related federal tax benefits

____ Amended return — If the purpose of the amended return is to report a federal or state change, check the appropriate box: ____ IRS change ____ NYS change — Date of Final Determination ____

Have you attached any of the following forms to this return? If yes, check all that apply. ____ Form NYC-2.1 ____ Form NYC-2.2 ____ Form NYC-2.3 X Form NYC-2.4 X Form NYC-2.5

SCHEDULE A - Computation of Balance Due or Overpayment

			Payment Amount
A. Payment	Amount being paid electronically with this return	**A.**	
1.	Tax on business income base *(from Schedule B, line 38)*	1.	
2.	Tax on capital base *(from Schedule C, Part 3, line 5)* Maximum Tax is $10,000,000	2.	0.
3.	Minimum tax - *(see instructions)* - NYC Gross Receipts: 5,821.	3.	25.
4.	Tax *(enter the amount from line 1, 2 or 3, whichever is largest)*	4.	25.
5.	UBT Paid Credit *(attach Form NYC-9.7C)*	5.	
6.	Tax after UBT Paid Credit *(subtract line 5 from line 4)*	6.	25.
7.	REAP Credit *(attach Form NYC-9.5)*	7.	
8.	Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits *(attach Form NYC-9.6)*	8.	
9.	LMREAP Credit *(see instructions and attach Form NYC-9.8)*	9.	
10.	Intentionally left blank	10.	
11.	Beer Production Credit *(attach Form NYC-9.12)*	11.	
12.	Net Tax after credits *(subtract lines 7, 8, 9 and 11 from line 6)*	12.	25.
13.	Total prepayments *(from Composition of Prepayments Schedule, page 2, line G)*	13.	25.
14.	Balance due *(subtract line 13 from line 12)*	14.	
15.	Overpayment *(subtract line 12 from line 13)*	15.	
16a.	Interest *(see instructions)*	16a.	
16b.	Additional charges *(see instructions)*	16b.	
16c.	Penalty for underpayment of estimated tax *(attach Form NYC-222)*	16c. 0.	
17.	Total of lines 16a, 16b and 16c	17.	
18.	Net overpayment *(line 15 less line 17)*	18.	
19.	Amount of line 18 to be: **a.** Refunded - ____ Direct deposit - *fill out line 19c* **OR** ____ Paper check	19a.	
	b. Credited to 2022 estimated tax	19b.	
19c.	**Routing Number:** ____ **Account Number:** ____ **Account Type:** Checking ____ Savings ____		
20.	**TOTAL REMITTANCE DUE.** *(see instructions)*	20.	
21.	NYC rent deducted on federal tax return or NYC rent from Schedule E, part 1	21.	18,333.
22.	Federal Return Filed: X 1120 ____ 1120C ____ 1120F ____ 1120-RIC ____ 1120-REIT ____ 1120-H ____ Other / None		
23.	Gross receipts or sales from federal return	23.	4,846,290.
24.	Total assets from federal return	24.	12,332,543.

Form NYC-2 - 2021 NAME: TENTRR, INC. EIN: 47-3054018 Page 2

COMPOSITION OF PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 13	DATE	AMOUNT
A. Mandatory First Installment paid for tax year 2021 (Do not include your mandatory first installment paid for tax year 2022)		
B. Payment with Declaration, Form NYC-400		
C. Payment with Notice of Estimated Tax Due		
D. Payment with Notice of Estimated Tax Due		
E. Payment with extension, Form NYC-EXT	04-15-22	25.
F. Overpayment from preceding year credited to this year		
G. TOTAL of A through F *(enter on Schedule A, line 13)*		25.

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this return, including any accompanying rider, is,to the best of my knowledge and belief, true, correct and complete. I authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instructions) YES X

Firm's email address: ALAN@ZERAHCO

SIGN HERE — Signature of officer | Title PRESIDENT | Date | Preparer's Social Security Number or PTIN: P00185030

PREPARER'S USE ONLY — Preparer's signature | Preparer's printed name ALAN J. COHEN | Check if self-employed ✔ | Date 10-11-22

▲ Firm's name (or yours, if self-employed): GUTTERSON & COHEN TAX SPECIALIST ▲ Address: 445 BROADHOLLOW ROAD STE 230 ▲ Zip Code: MELVILLE, NY 11747

Firm's Employer Identification No.: 81-3215466

MAILING INSTRUCTIONS

Attach copy of all pages of your federal tax return or pro forma federal tax return. The due date for the calendar year 2021 return is on or before April 15, 2022. For fiscal years beginning in 2021, file on or before the 15th day of the 4th month following the close of the fiscal year.

ALL RETURNS EXCEPT REFUND RETURNS
NYC DEPARTMENT OF FINANCE
BUSINESS CORPORATION TAX
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

REMITTANCES
PAY ONLINE WITH FORM NYC-200V AT NYC.GOV/ESERVICES
OR
Mail Payment and Form NYC-200V ONLY to:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3933
NEW YORK, NY 10008-3933

RETURNS CLAIMING REFUNDS
NYC DEPARTMENT OF FINANCE
BUSINESS CORPORATION TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563

SCHEDULE B - Computation of Tax on Business Income Base

1.	Federal taxable income (FTI) before net operating loss (NOL) and special deductions *(see instructions)*	1.	-6,113,971.
2.	Dividends and interest effectively connected with the conduct of a trade or business in the United States NOT included on line 1 by **alien corporations**	2.	
3.	Any other income not included on line 1 which is exempt by treaty from federal income tax but would otherwise be treated as effectively connected with the conduct of a trade or business in the United States by **alien corporations**	3.	
4.	Dividends not included on line 1 by **non-alien corporations**	4.	
5.	Interest on federal, state, municipal and other obligations not included on line 1 by **non-alien corporations**	5.	
6.	Income taxes paid to the US or its possessions deducted on federal return	6.	
7.	NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (see inst; attach rider) STATEMENT 1	7.	2,475.
8.	NYC Corporate Taxes deducted on federal return *(see instructions)*	8.	25.
9.	Adjustments relating to employment opportunity relocation cost credit and IBZ credit	9.	
10.	Adjustments relating to real estate tax escalation credit	10.	
11.	ACRS depreciation and/or adjustments *(attach Form NYC-399 and/or NYC-399Z)*	11.	
12.	Payment for use of intangibles	12.	
13.	Intentionally omitted	13.	
14.	Other additions *(see instructions; attach rider)*	14.	
15.	Total of *lines 1 through 14*	15.	-6,111,471.
16.	Gain on sale of certain property acquired prior to 1/1/66 *(see instructions)*	16.	
17.	NYC and NYS tax refunds included in line 15 *(see instructions)*	17.	
18.	Wages and salaries subject to IRC §280C deduction disallowance *(see instructions)*	18.	
19.	Depreciation and/or adjustment calculated under pre-ACRS or pre-9/11/01 rules *(attach Form NYC-399 and/or NYC-399Z; see instructions)*	19.	
20.	Other subtractions *(see instructions) (attach rider)*	20.	
21.	Total subtractions *(add lines 16 through 20)*	21.	
22.	Net modifications to federal taxable income *(subtract line 21 from line 15)*	22.	-6,111,471.
23.	Subtraction modification for qualified banks and other qualified lenders (from Form NYC-2.2, Schedule A, line 1; see instructions)	23.	
24.	Entire net income *(ENI) (subtract line 23 from line 22)*	24.	-6,111,471.
25.	Investment and other exempt income *(from Form NYC-2.1, Schedule D, line 1)*	25.	
26.	Entire net income less investment and other exempt income	26.	-6,111,471.
27.	Excess interest deductions attributable to investment income, investment capital and other exempt income (from Form NYC-2.1, Schedule D, line 2)	27.	
28.	Business income *(add lines 26 and 27)*	28.	-6,111,471.
29.	Addback of income previously reported as investment income *(from Form NYC-2.1, Schedule F, Part 2, line 6; if zero or less, enter 0; see instructions)*	29.	
30.	Business income after addback *(add lines 28 and 29)*	30.	-6,111,471.
31.	Intentionally Omitted	31.	
32a.	Allocated business income after addback *(Multiply Line 30 by the business allocation percentage from Schedule F, Part 3)*	32a.	-7,334.
32b.	If the amount on line 32a is not correct, enter correct amount here and explain in rider *(see instructions)*	32b.	
33.	Prior net operating loss conversion subtraction *(from Form NYC-2.3, Schedule C, line 4)*	33.	
34.	Allocated business income less prior net operating loss conversion subtraction *(see instructions)*	34.	-7,334.
35.	Net operating loss deduction *(from Form NYC-2.4, Schedule A, line 6)*	35.	
36.	Business income base *(subtract line 35 from line 34)*	36.	-7,334.
37.	Tax rate *(see instructions)*	37.	6.5000%
38.	Tax on business income base *(multiply line 36 by line 37 and enter here and on Schedule A, line 1)*	38.	

Note: If you make an entry on line 23, 25, 27, 29, 33 or 35, you must complete and file the appropriate attachment form.

Form NYC-2 - 2021 NAME: TENTRR, INC. EIN: 47-3054018 Page 4

SCHEDULE C - Computation of Tax on Capital Base

Part 1 - Computation of Total Business Capital

Basis used to determine average value in column C. *Check one. (Attach detailed schedule.)*

X - Annually ___ - Semi-annually ___ - Quarterly

___ - Monthly ___ - Weekly ___ - Daily

	COLUMN A Beginning of Year	COLUMN B End of Year	COLUMN C Average Value
1. Total assets from federal return	5,227,792.	12,332,543.	8,780,168.
2. Real property and marketable securities included in line 1			
3. Subtract line 2 from line 1			8,780,168.
4. Real property and marketable securities at fair market value			
5. Adjusted total assets *(add lines 3 and 4)*			8,780,168.
6. Total liabilities	4,265,828.	7,437,500.	5,851,664.
7. Total capital *(subtract line 6, column C, from line 5, column C)*			2,928,504.
8. Investment capital *(from Schedule D, line 4; if zero or less, enter 0)*			
9. Business capital *(subtract line 8 from line 7)*			2,928,504.
10. Addback of capital previously reported as investment capital (from Schedule D, line 5, column C; if zero or less, enter 0)			
11. Total business capital *(add lines 9 and 10)*			2,928,504.

Part 2 - Computation of Liabilities Attributable to Investment Capital and Within Business Capital

	COLUMN A	COLUMN B
1. Total liabilities *(Schedule C, Part 1, line 6) (see instructions)*		5,851,664.
2. Liabilities directly attributable to investment capital (see instructions)		
3. Liabilities directly attributable to business capital		
4. Total liabilities directly attributable (add lines 2 and 3)		
5. Total liabilities indirectly attributable (subtract line 4 from line 1)		5,851,664.
6. Average FMV of investment capital before subtraction of liabilities attributable *(Form NYC-2.1, Schedule E, Part 4, Column F, line 4) (see instructions)*		
7. Average FMV of adjusted total assets *(Schedule C, Part 1, line 5) (see instr.)*	8,780,168.	
8. Investment capital factor (divide line 6 by line 7)		.0000%
9. Liabilities indirectly attributable to investment capital (multiply line 5 by line 8)		
10. Average FMV of business capital before subtraction of liabilities attributable (subtract line 6 from line 7)	8,780,168.	
11. Liabilities indirectly attributable to business capital (subtract line 9 from line 5)	5,851,664.	
12. Liabilities directly and indirectly attributable to business capital (add lines 3 and 11; if this line 12 exceeds line 10, STOP and do not go further) *(see instr.)*	5,851,664.	
13. Liabilities directly attributable to Insurance and Utility Capital		
14. Liabilities directly attributable to General Business Capital		
15. Average FMV of Insurance and Utility Capital before subtraction of liabilities attributable		
16. Insurance and Utility Capital factor (divide line 15 by line 10)		%
17. Liabilities indirectly attributable to Insurance and Utility Capital (multiply line 16 by line 11)		
18. Liabilities attributable to Insurance and Utility Capital (add lines 13 and 17)		
19. Net Insurance and Utility Capital (subtract ln. 18 from line 15 and add any negative value from line 22, if this line 19 has a positive value without such addition) (see instr.)		
20. Allocated Insurance and Utility Capital (multiply line 19 by the business allocation percentage from Schedule F, Part 3)		
21. Liabilities attributable to General Business Capital (subtract line 2, line 9, line 13 and line 17 from line 1)	5,851,664.	
22. Net General Business Capital (subtract line 15 and line 21 from line 10, add any amount on Schedule C, Part 1, line 10 and add any negative value from line 19, if this line 22 has a positive value without such addition) *(see instructions)*	2,928,504.	

Form NYC-2 - 2021 NAME: TENTRR, INC. EIN: 47-3054018 Page 5

SCHEDULE C - (Continued)

Part 3 - Computation of tax on capital base

1a. Allocated General Business Capital (multiply Schedule C, Part 2, line 22 by the business allocation percentage from Schedule F, Part 3)	1a.	3,514.
1b. At tax rate 0.15% *(multiply line 1a by 0.15%)*	1b.	5.
2a. Allocated insurance and utility capital (Schedule C, Part 2 line 20) *(see instructions)*	2a.	
2b. At tax rate 0.075%. Check the appropriate box: ___ Utility Corp. ___ Insurance Corp. *(multiply line 2a by 0.075%)*	2b.	
3a. Cooperative housing corporations *(see instructions)*	3a.	
3b. At tax rate 0.04% Enter Boro _____ Block _____ Lot _____ (multiply line 3a by 0.04%)	3b.	
4. Sum of taxes on capital (Enter the sum of lines 1b, 2b and 3b here)	4.	5.
5. Tax on capital base *(Subtract $10,000 from line 4; If zero or less, enter 0 here and on Schedule A, line 2)*	5.	0.

SCHEDULE D - Computation of Investment Capital for the Current Year *(see instructions)*

	A Average fair market value as reported	B Liabilities attributable to column A amount		C Net average value *(column A- column B)*
1. Total capital that generates income claimed to not be apportionable to New York under the U.S. Constitution (from Form NYC-2.1, Sch. E, line 1) 1.			1.	
2. Total of stocks actually held for more than one year (from Form NYC-2.1, Schedule E, line 2) 2.			2.	
3. Total of stocks presumed held for more than one year (from Form NYC-2.1, Schedule E, line 3) 3.			3.	
4. Total investment capital for the current year *(add Column C, lines 1, 2 and 3; enter the result here and on Schedule C, Part 1, line 8; if zero or less, enter 0)*			4.	

Addback to business capital of stock presumed and claimed as investment capital in previous year

	A Average fair market value as reported	B Liabilities attributable to column A amount		C Net average value *(column A- column B)*
5. Total of stocks previously presumed held for more than one yr., but did not meet the holding period (from Form NYC-2.1, Sch. F, line 1; enter here and on Schedule C, Part 1, line 10) 5.			5.	

SCHEDULE E - Location of Places of Business Inside and Outside New York City

All taxpayers must complete Schedule E, Parts 1 and 2.

Part 1 - List location for each place of business INSIDE New York City (see instructions; attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
Total ..... ▶					

Part 2 - List location for each place of business OUTSIDE New York City (see instructions; attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
Total ..... ▶					

SCHEDULE F - Computation of Business Allocation Percentage

Complete ONLY Schedule F, Part 1 or Schedule F, Part 2
Taxpayers must report their Business Allocation Percentage in Schedule F, Part 3 for this return to be accepted

A. If this is your first Business Corporation Tax return after January 1, 2018 -

1. If your NYC receipts are:
   a. Greater than $50,000,000, complete Part 1.
   b. Less than or equal to $50,000,000, you have a one-time opportunity to elect the special three-factor allocation method.
      1. If you choose NOT to elect the three-factor formula allocation method, complete Part 1.
      2. If you choose to elect the three-factor formula allocation method, check the box below and complete Part 2. Once the election is made, you must continue to use this method of allocation unless the election is revoked.

___ **ELECTION CHECKBOX** - by checking this box, the taxpayer elects to use the special three-factor allocation method.

B. If this is NOT your first Business Corporation Tax return after January 1, 2018 -

1. If you previously DID NOT elect to use the three-factor allocation method, or have revoked the election on a prior return, complete Part 1.
2. If you have previously elected to use the three-factor allocation method and choose to continue to use it, complete Part 2.
3. If you have previously made the election to use the three-factor allocation method and choose to revoke it on this return, check the revocation box below and complete Part 1. Once this election is revoked, you are ineligible to use the three-factor allocation method in future filing periods.

___ **REVOCATION CHECKBOX -** by checking this box, the taxpayer revokes its election to use the three-factor allocation method on this return and on all future tax filings.

Form NYC-2 - 2021 NAME: TENTRR, INC. EIN: 47-3054018 Page 7

SCHEDULE F, Part 1 - Computation of Single Receipts Factor Business Allocation Percentage (see instructions)

Taxpayers who do not allocate business income and business capital outside New York City must enter 100% on Schedule F, Part 3.

Taxpayers who allocate business income both inside and outside New York City must complete Schedule F, Part 1, unless they made a valid election to use the three factor Business Allocation Percentage.

	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1. Receipts *(from Form NYC-2.5, line 54.) Continue to Part 3* 1.	5,821.	4,852,111.

SCHEDULE F, Part 2 - Computation of Three Factor Business Allocation Percentage (see instructions)

Taxpayers who are using the three factor Business Allocation Percentage should complete this Part.

		COLUMN A - NEW YORK CITY		COLUMN B - EVERYWHERE
1a.	Real estate owned 1a.		1a.	
1b.	Real estate rented - multiply by 8 *(see instr.) (attach rider)* 1b.		1b.	
1c.	Inventories owned 1c.		1c.	
1d.	Tangible personal property owned *(see instructions)* 1d.		1d.	
1e.	Tangible personal property rented - multiply by 8 *(see instr., attach rider)* 1e.		1e.	
1f.	Total 1f.		1f.	
1g.	Percentage in New York City *(divide line 1f, column A by line 1f, column B)*		1g.	%
1h.	Multiply line 1g by 3.5		1h.	
2a.	Receipts *(from Form NYC-2.5, line 54)* 2a.		2a.	
2b.	Percentage in New York City *(divide line 2a, column A by line 2a, column B)*		2b.	%
2c.	Multiply line 2b by 93		2c.	
3a.	Wages, salaries and other compensation of employees, except general executive officers *(see instructions)* 3a.			
3b.	Percentage in New York City *(divide line 3a, column A by line 3a, column B)*		3b.	%
3c.	Multiply line 3b by 3.5		3c.	
	Sum of Weighted Factors			
4.	Add lines 1h, 2c and 3c. Continue to Part 3		4.	

SCHEDULE F, Part 3 - Enter your business allocation percentage either from Part 1 or Part 2. Enter as a percentage and round to ten-thousandth of a percentage point. (See instructions)

- *If you are not allocating, enter 100%.*
- *If you are using Part 1, divide Part 1, column A by column B.*
- *If you are using Part 2, divide Part 2, line 4 by 100 if no factors are missing.*

If a factor is missing, divide line 4 by the total of the weights of the factors present .1200%

SCHEDULE G - Additional Required Information

1. List all significant business activities in NYC and everywhere *(see instructions; if necessary, attach list)* CAMPING ONLINE MARKETP
2. Enter your Secondary Business Code *(see instructions)* _____
3. Trade name of reporting corporation, if different from name entered on page 1 _____
4. Is this corporation included in a consolidated federal return? ___ YES X NO
   If "YES", give parent's name: _____ EIN: _____
5. Is this corporation a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section? ___ YES X NO
   If "YES", give common parent corporation's name _____ EIN: _____
6. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year, or are you currently under audit? ___ YES X NO
   If "YES", by whom?
   ___ Internal Revenue Service State period(s): Beg.: _____ (MMDDYY) End.: _____ (MMDDYY)
   ___ New York State Department of Taxation and Finance State period(s): Beg.: _____ (MMDDYY) End.: _____ (MMDDYY)
7. If "YES" to question 6:
   7a. For years prior to 1/1/15, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? ___ YES ___ NO
   7b. For years beginning on or after 1/1/15, has an amended return(s) been filed? ___ YES ___ NO
8. Did this corporation make any payments treated as interest in the computation of business income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If "YES", please attach a schedule giving Shareholder's name, SSN/EIN, Interest paid to shareholder, Total indebtedness to shareholder and Total interest paid ___ YES X NO
9. Was this corporation a member of a partnership or joint venture during the tax year? ___ YES X NO
   If "YES", attach schedule listing name(s) and Employer Identification Number(s).
10. At any time during the taxable year, did the corporation have an interest in real property *(including a leasehold interest)* located in NYC or a controlling interest in an entity owning such real property? ___ YES X NO
11a. If "YES" to question 10, attach a schedule of such property, indicating the nature of the interest and including the street address, borough, block and lot number.
11b. Was any NYC real property *(including a leasehold interest)* or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? ___ YES ___ NO
11c. Was there a partial or complete liquidation of the corporation? ___ YES ___ NO
11d. Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan? ___ YES ___ NO
12. If "YES" to questions 11b, 11c or 11d, was a Real Property Transfer Tax Return *(Form NYC-RPT)* filed? ___ YES ___ NO
13. If "NO" to question 12, explain: _____
14. Does this taxpayer pay rent greater than $200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? ___ YES X NO
15. If "YES" to question 14, were all required Commercial Rent Tax Returns filed? ___ YES ___ NO
    Please enter Employer Identification Number which was used on the Commercial Rent Tax Return: _____
16. Are you claiming an exception to the related member expense addback under Administrative Code section 11-652(8)(n)(2)(ii)? ___ YES X NO
    If yes, enter applicable exception and amount of royalty payments. _____ (EXCEPTION) _____ (AMOUNT)
17. If you filed federal form 1120F, did you have Effectively Connected Income (ECI)? ___ YES X NO
18. Did this corporation carry out any commercial banking business (as defined by Section 11-640(b) of the Ad. Code) during this filing period? ___ YES X NO
19. Did you include a disregarded entity in this return? If YES, attach a schedule giving the legal name and EIN of each disregarded entity included ___ YES X NO

SCHEDULE H - DETERMINATION OF TAX RATE

A. Enter the tax rate computed or used below *(see instructions)*	**A.**	6.5000
B. Enter the line number of the tax rate computed or used below	**B.**	1
Ca. Enter your unallocated business income from Schedule B, line 30 *(see instructions)*	**Ca.**	-6,111,471.
Cb. If the amount on line **Ca** is not correct, enter correct amount here and explain in rider *(see instructions)*	**Cb.**	
D. Enter your allocated business income from Schedule B, line 32a or 32b if used	**D.**	-7,334.

E. If you are a Qualified Manufacturing Corporation as defined in Administrative Code Section 11-654(1)(k)(4), mark an X in the box (see instr.) ..... **E.** ___

F. If you are a Financial Corporation as defined in Administrative Code Section 11-654(1)(e)(1)(i), mark an X in the box (see instr.) ..... **F.** ___

TAX RATE COMPUTATION FOR BUSINESS CORPORATIONS NOT SPECIFIED BELOW *(see instructions)*	
1. If unallocated business income *(Schedule B, line 30)* is less than $2M and allocated business income *(Schedule B, line 32a or 32b if used)* is less than $1M	6.50%
2. If unallocated business income *(Schedule B, line 30)* is equal to or greater than $3M *(regardless of the amount of allocated business income)*	8.85%
3. If allocated business income *(Schedule B, line 32a or 32b if used)* is equal to or greater than $1.5M *(regardless of the amount of unallocated business income)*	8.85%
4. If unallocated business income (Schedule B, line 30) is equal to or greater than $2M but less than $3M and allocated business income (Schedule B, line 32a or 32b if used) is less than $1M, use unallocated formula	6.50 + (2.35% X (line 30 - 2,000,000) / 1,000,000) = ____ %
5. If unallocated business income (Schedule B, line 30) is less than $2M and allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than $1M but less than $1.5M, use allocated formula	6.50 + (2.35% X (line 32a or 32b-1,000,000) / 500,000) = ____ %
6. If unallocated business income *(Schedule B, line 30)* is equal to or greater than $2M but less than $3M and allocated business income *(Schedule B, line 32a or 32b if used)* is equal to or greater than $1M but less than $1.5M, compute tax rates using both formulas. Use the greater of the two computed tax rates.	6.50 + (2.35% X (line 30 - 2,000,000) / 1,000,000) = ____ % 6.50 + (2.35% X (line 32a or 32b-1,000,000) / 500,000) = ____ % **Enter the greater of the two computed tax rates:** ____ %
TAX RATE COMPUTATION FOR QUALIFIED MANUFACTURING CORPORATIONS *(see instructions)*	
7. If unallocated business income *(Schedule B, line 30)* is less than $20M and allocated business income *(Schedule B, line 32a or 32b if used)* is less than $10M	4.425%
8. If unallocated business income *(Schedule B, line 30)* is equal to or greater than $40M *(regardless of the amount of allocated business income)*	8.85%
9. If allocated business income *(Schedule B, line 32a or 32b if used)* is equal to or greater than $20M *(regardless of the amount of unallocated business income)*	8.85%
10. If unallocated business income *(Schedule B, line 30)* is equal to or greater than $20M but less than $40M and allocated business income *(Schedule B, line 32a or 32b if used)* is less than $10M, use unallocated formula	4.425 + (4.425% X (line 30 - 20,000,000) / 20,000,000) = ____ %
11. If unallocated business income *(Schedule B, line 30)* is less than $20M and allocated business income *(Schedule B, line 32a or 32b if used)* is equal to or greater than $10M but less than $20M, use allocated formula	4.425 + (4.425% X (line 32a or 32b-10,000,000) / 10,000,000) = ____ %
12. If unallocated business income *(Schedule B, line 30)* is equal to or greater than $20M but less than $40M and allocated business income *(Schedule B, line 32a or 32b if used)* is equal to or greater than $10M but less than $20M, compute tax rates using both formulas. Use the greater of the two computed tax rates	4.425 + (4.425% X (line 30 - 20,000,000) / 20,000,000) = ____ % 4.425 + (4.425% X (line 32a or 32b-10,000,000) / 10,000,000) = ____ % **Enter the greater of the two computed tax rates:** ____ %
TAX RATE COMPUTATION FOR CERTAIN FINANCIAL CORPORATIONS *(see instructions)*	
13. Financial Corporations as defined in Administrative Code Section 11-654(1)(e)(1)(i)	9.00%

NYC-2.4

Department of Finance

NET OPERATING LOSS DEDUCTION (NOLD)

You MUST attach this form to Form NYC-2 or NYC-2A each tax year

For Calendar Year 2021 or Fiscal Year Beginning _____ , and ending _____

Name as shown on NYC-2 or NYC-2A:	Employer Identification Number
TENTRR, INC.	47-3054018

A. Were there any special federal Net Operating Loss elections? ..... ___ YES X NO

B. NYC-2A filers: Have there been any changes in the composition of the group of corporations included in this Combined Business Corporation Tax Return from the prior tax period? If "YES," please complete Schedules B and C. (See instructions) ..... ___ YES ___ NO

C. Are you making an election to waive the carryback period for NOLs generated in the current tax period? ..... ___ YES X NO

SCHEDULE A - COMPUTATION OF CURRENT NYC NET OPERATING LOSS DEDUCTION (NOLD)

1.	Multiply Form NYC-2 or NYC-2A, Schedule B, line 34 by your appropriate business income base tax rate for the current year from Schedule H, Determination of Tax Rate in Form NYC-2 or NYC-2A (see instructions)	1.		0.
2.	Enter the greater of the capital base tax or the fixed dollar minimum tax for the current tax year (from Form NYC-2 or NYC-2A, Schedule A, line 2 or 3)	2.		25.
3.	Subtract line 2 from line 1. If less than zero, enter "0" (see instructions)	3.		0.
4.	NOLD that is required to be utilized, if available (divide line 3 by the same business income base tax rate used for line 1; do not enter less than zero)	4.		0.
Computation of net operating loss (NOL) to be used *(see instructions)*				
5a.	NOL carryforward from prior year's Form NYC-2.4	5a.	4,181,413.	
5b.	NOL carryforwards from new members **who entered** the group during the current tax year	5b.		
5c.	NOL carryback	5c.		
5d.	Subtotal (add lines 5a, 5b and 5c)	5d.		4,181,413.
5e.	NOLs carryforwards that have expired	5e.		
5f.	NOL carryforwards unavailable for use in the current tax year	5f.		
5g.	Add lines 5e and 5f	5g.		
5h.	Total of NOLs available to be used in the current tax year (subtract line 5g from line 5d)	5h.		4,181,413.
6.	NOLs to be used in the current tax year	6.	0.	
Computation of NOL carryforward *(see instructions)*				
7a.	NOL incurred in the current tax year	7a.		7,334.
7b.	Net NOLs available (add lines 5h, 5f and 7a) ..... STMT 2	7b.		4,188,747.
7c.	NOL carryforwards from members **who left** the group during the current tax year	7c.		
7d.	Add lines 6 and 7c	7d.		
7e.	NOL available to be carried forward (subtract line 7d from 7b)	7e.		4,188,747.

SCHEDULE B - FORM NYC-2A FILERS ONLY: ENTITIES NOT INCLUDED IN PRIOR COMBINED RETURN

Are any entities included in the Combined Business Corporation Tax Return that were not included in the return for the prior period? ___ YES ___ NO

Complete this schedule for each corporation included in the Combined Business Corporation Tax Return that was not included in the Combined Business Corporation Tax Return for the prior tax period.

A Name of corporation	B Employer Identification Number	C NOL available at the beginning of this tax period	D Beginning date of this tax period (mm-dd-yy)	E Ending date of this tax period (mm-dd-yy)	F Reason(s) INCLUDED in combined business corporation tax return	G Subject to IRC §§381-384 or SRLY
						___
						___
						___
						___
						___
						___

If additional space is required, please use this format on a separate sheet and attach to this page.

SCHEDULE C - FORM NYC-2A FILERS ONLY: ENTITIES NO LONGER INCLUDED IN COMBINED GROUP (See Instructions)

Are there any entities in the combined group for which this will be the last tax period of inclusion in the group? ___ YES ___ NO

Complete this schedule for each corporation included in the combined group for any part of the group's current tax period that are no longer part of the combined group as of the beginning of the combined group's subsequent tax period.

A Name of corporation	B Employer Identification Number	C NOL available upon leaving combined group	Former Member's Tax Periodin Combined Group		F Reason(s) EXCLUDED from combined business corporation tax return
			D Beginning date (mm-dd-yy)	E Ending date (mm-dd-yy)	

If additional space is required, please use this format on a separate sheet and attach to this page.

SCHEDULE D - NYC NET OPERATING LOSS DEDUCTION SCHEDULE (NOLD)

APPLICABLE YEAR	COLUMN A - Tax Year	COLUMN B - Amount from NYC-2A or NYC-2, Sch. B, line 34	COLUMN C - NYC Net Operating Loss Generated	COLUMN D - NYC Net Operating Loss Utilized	COLUMN E - NYC Net Operating Loss Expired	COLUMN F - NYC Net Operating Loss Remaining
1. 19th preceding yr						
2. 18th preceding yr						
3. 17th preceding yr						
4. 16th preceding yr						
5. 15th preceding yr						
6. 14th preceding yr						
7. 13th preceding yr						
8. 12th preceding yr						
9. 11th preceding yr						
10. 10th preceding yr						
11. 9th preceding yr						
12. 8th preceding yr						
13. 7th preceding yr						
14. 6th preceding yr	2015					
15. 5th preceding yr	2016	-1,773,324.	-1,773,324.	0.		1,773,324.
16. 4th preceding yr	2017	-2,408,089.	-2,408,089.	0.		4,181,413.
17. 3rd preceding yr	2018	0.	0.	0.		4,181,413.
18. 2nd preceding yr	2019	0.	0.	0.		4,181,413.
19. 1st preceding yr	2020	0.	0.	0.		4,181,413.
20. Current year	2021	-7,334.	-7,334.			4,188,747.

NYC-2.5
Department of Finance

COMPUTATION OF RECEIPTS FACTOR

You MUST attach this form to Form NYC-2 if you have ANY entries on Form NYC-2, Schedule F, Part 1, line 1, or Part 2, line 2a.

Name as shown on NYC-2	Employer Identification Number
TENTRR, INC.	47-3054018

			COLUMN A - NEW YORK CITY		COLUMN B - EVERYWHERE
	Section 11-654.2(2)				
1.	Sales of tangible personal property	**1.**	0.	**1.**	4,846,290.
2.	Sales of electricity	**2.**		**2.**	
3.	Net gains from sales of real property	**3.**		**3.**	
	Section 11-654.2(3)				
4.	Rentals of real and tangible personal property	**4.**		**4.**	
5.	Royalties from patents, copyrights, trademarks, and similar intangible personal property	**5.**		**5.**	
6.	Sales of rights for certain closed-circuit and cable TV transmissions of an event	**6.**		**6.**	
	Section 11-654.2(4)				
7.	Sale, licensing, or granting access to digital products	**7.**		**7.**	
	Section 11-654.2(5)(a)(1) Fixed percentage method for qualified financial instruments (QFIs)				
8.	To make this irrevocable election, check Yes; otherwise, check No.		___ YES	X	NO
	Section 11-654.2(5)(a)(2) Mark an X in each box that is applicable *(see line 8 instructions)*				
	Section 11-654.2(5)(a)(2)(i)				
9.	Interest from loans secured by real property	**9.**		**9.**	
10.	Net gains from sales of loans secured by real property	**10.**		**10.**	
11.	Interest from loans **not** secured by real property (QFI ___)	**11.**		**11.**	
12.	Net gains from sales of loans **not** secured by real property (QFI ___)	**12.**		**12.**	
	Section 11-654.2(5)(a)(2)(ii) (QFI ___)				
13.	Interest from federal debt	**13.**		**13.**	
14.	This line intentionally omitted	**14.**			
15.	Interest from debt of NYS or its political subdivisions, including NYC	**15.**		**15.**	
16.	Net gains from federal debt and debt of NYS or its political subdivisions, including NYC	**16.**		**16.**	
17.	Interest from debt of other states or their political subdivisions	**17.**		**17.**	
18.	Net gains from debt of other states or their political subdivisions	**18.**		**18.**	
	Section 11-654.2(5)(a)(2)(iii) (QFI ___)				
19.	Interest from asset-backed securities and other government agency debt	**19.**		**19.**	
20.	Net gains from government agency debt or asset-backed securities sold through an exchange	**20.**		**20.**	
21.	Net gains from all other asset-backed securities	**21.**		**21.**	
	Section 11-654.2(5)(a)(2)(iv) (QFI ___)				
22.	Interest from corporate bonds	**22.**		**22.**	
23.	Net gains from corporate bonds sold through broker/dealer or licensed exchange	**23.**		**23.**	
24.	Net gains from other corporate bonds	**24.**		**24.**	
	Section 11-654.2(5)(a)(2)(v)				
25.	Net interest from reverse repurchase or securities borrowing agreements	**25.**		**25.**	
	Section 11-654.2(5)(a)(2)(vi)				
26.	Net interest from federal funds	**26.**		**26.**	
	Section 11-654.2(5)(a)(2)(ix) (QFI ___)				
27.	Net income from sales of physical commodities	**27.**		**27.**	
	Section 11-654.2(5)(a)(2)(x) (QFI ___)				
28.	Marked to market net gains	**28.**		**28.**	
	Section 11-654.2(5)(a)(2)(viii) (QFI ___) **11-654.2(5)(a)(2)(vii)** (QFI ___)				
29.	Interest from other financial instruments	**29.**		**29.**	
30.	Net gains and other income from other financial instruments	**30.**		**30.**	

		COLUMN A - NEW YORK CITY		COLUMN B - EVERYWHERE
Section 11-654.2(5)(b)				
31. Brokerage commissions	**31.**		**31.**	
32. Margin interest earned on behalf of brokerage accounts	**32.**		**32.**	
33. Fees for advisory services for underwriting or management of underwriting	**33.**		**33.**	
34. Receipts from primary spread of selling concessions	**34.**		**34.**	
35. Receipts from account maintenance fees	**35.**		**35.**	
36. Fees for management or advisory services	**36.**		**36.**	
37. Interest from an affiliated corporation	**37.**		**37.**	
Section 11-654.2(5)(c)				
38. Interest, fees, and penalties from credit cards	**38.**		**38.**	
39. Service charges and fees from credit cards	**39.**		**39.**	
40. Receipts from merchant discounts	**40.**		**40.**	
41. Receipts from credit card authorizations and settlement processing	**41.**		**41.**	
42. Other credit card processing receipts	**42.**		**42.**	
Section 11-654.2(5)(d)				
43. Receipts from certain services to investment companies	**43.**		**43.**	
Section 11-654.2(6)				
44. Receipts from railroad and trucking business	**44.**		**44.**	
Section 11-654.2(12)				
45. Receipts from the operation of vessels	**45.**		**45.**	
Section 11-654.2(7)				
46. Receipts from air freight forwarding	**46.**		**46.**	
47. Receipts from other aviation services	**47.**		**47.**	
Section 11-654.2(8)				
48. Advertising in newspapers or periodicals	**48.**		**48.**	
49. Advertising on television or radio	**49.**		**49.**	
50. Advertising via other means	**50.**		**50.**	
Section 11-654.2(9)				
51. Transportation or transmission of gas through pipes	**51.**		**51.**	
Section 11-654.2(10)				
52. Receipts from other services/activities not specified	**52.**	5,821.	**52.**	5,821.
Section 11-654.2(11)				
53a. Discretionary adjustments	**53a.**		**53a.**	
Section 11-654.2(5-a)				
53b. Net global intangible low-taxed income *(see instructions)*			**53b.**	
Total receipts				
54. Total of columns A and B, pages 1 and 2, lines 1 through 53b. Enter here and on NYC-2, Schedule F, Part 1, line 1, Column A and line 1, Column B, or Part 2, line 2a, column A and line 2a, column B	**54.**	5,821.	**54.**	4,852,111.

TENTRR, INC. 47-3054018

FORM NYC-2/2S NYS FRANCHISE TAX AND BUSINESS TAXES DEDUCTED ON FEDERAL RETURN STATEMENT 1

DESCRIPTION	AMOUNT
LOUISIANA TAXES - BASED ON INCOME	549.
NEW YORK TAXES - BASED ON INCOME	1,826.
UTAH TAXES - BASED ON INCOME	100.
TOTAL	2,475.

TENTRR, INC. 47-3054018

NYC NET OPERATING LOSS INCURRED AFTER 2014 STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16	1,773,324.	0.	1,773,324.	1,773,324.
12/31/17	2,408,089.	0.	2,408,089.	2,408,089.
12/31/21	7,334.	0.	7,334.	7,334.
TOTAL NOLD AFTER 2014			4,188,747.	4,188,747.
NOLD USED THIS YEAR - FORM NYC-2.4, LINE 6			0.	
NOLD CARRIED FORWARD - FORM NYC-2.4, LINE 7E			4,188,747.	