Department of the Treasury Internal Revenue Service

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

OMB No. 1545-0123

► Go to www.irs.gov/Form1120S for instructions and the latest information.

2(	ď	1	8

For	calen	dar year 2018 or tax	( year beg	inning		, 20	18, ending	]				, 20
A S election effective date Name									D Emplo	oyer identification number		
				NETWORK TALLAHASSEE INC								
0	1-01	-1999	TYPE			_					E0 3	EE9E99
		activity code	OR	Number, street, an	nd room or suite no. If a P.O.	hov see in	etructions					552589
		see instructions)										incorporated
		_	PRINT	PO BOX 12							01-03	1-1999
5	4151	9		City or town, state	or province, country, and ZII	P or foreign	postal code				F Total a	assets (see instructions)
		_										
C	Check if	Sch. M-3 attached		TALLAHASS	EE		FL	323	317		\$	1,354,346
G	ls the c	corporation electing	to be an S	corporation beg	ginning with this tax ye	ear?	Yes	x N	o If"	Yes," atta	ch Form	2553 if not already filed
Н (	Check	if: (1) Tinal re	tum (2) [	Name change	e (3) Address cha	ange (	4)	ended r	etum (	5) 🗍 S 6	election te	ermination or revocation
1 1	Enter ti	he number of sharel	holders wh	no were shareho	Iders during any part	of the tax						
					expenses on lines 1a			ho inetri	iotiono fo	· · ·	<u> </u>	. • 1
	1 .	Gross receipts or			······				actions to			l. T
	b						- H	1a		825,68	***************************************	
					• • • • • • • • • • • • • • • • • • • •			1b		5,01		
e)	C				<i></i>							820,670
Income	2											318,408
ĕ	3	Gross profit. Sub	tract line 2	from line 1c							. 3	502,262
_	4	Net gain (loss) fro	om Form 4	797, line 17 (atta	ach Form 4797)						. 4	
	5	Other income (los									<del>}</del>	
	6	Total income (lo	ss). Add	lines 3 through !	<u> 5 </u>							502,262
	7	Compensation of	officers (s	ee instructions - :	attach Form 1125-E)				<u></u>		. 7	302,202
~	8				is)							
õ	9											71,552
tati												
Ξ	10											17,559
ō	11				. <i></i>							
2	12	Taxes and license										8,206
(see instructions for limitations)	13	Interest (see instru	uctions) .								. 13	
Ĕ	14	Depreciation not	claimed or	ı Form 1125-A or	r elsewhere on retum	(attach F	orm 4562	)	. <b></b> .		. 14	1,492
Ë.	15	Depletion (Do no	t deduct e	oil and gas dep	letion.)						. 15	
see	16				·							
	17											
Deductions	18	Employee benefit			· · · · · · · · · · · · · · · · · · ·							= = = = = = = = = = = = = = = = = = = =
Œ	19	Other deductions										74,525
edu	20				· · · · · · · · · · · · · · · · · · ·							73,439
۵		Total deductions										246,773
	21				ct line 20 from line 6					· · · · ·	. 21	255,489
	22 a				re tax (see instructions			22a				
				•				22b				
	С	Add lines 22a and	22b (see	instructions for a	dditional taxes) .						22c	
s	23 a	2018 estimated tax	x payment	s and 2017 over	payment credited to 2	. 018		23a				
ent	b	Tax deposited with	n Form 70	04				23b				
and Payments	С	Credit for federal t	ax paid or					23c		<del></del>		
Ра	d							23d	***************************************			
밀		Add lines 23a thro										
×	24		-		ck if Form 2220 is atta						23e	
Tax		•		•						-	24	
	25				e total of lines 22c an							
	26				total of lines 22c and	24, ente	r amount o	overpaid	d		26	
	27	Enter amount from	n line 26: (	Credited to 2019	9 estimated tax►				Refu	nded 🕨	27	
	ŀ	Under penalties of perju	ry, i declare t	hat I have examined t	this return, including accomp	panying sch	edules and st	tatements,	and to		May the I	IRS discuss this return
Sig	n	all information of which	preparer has	n is true, correct, and any knowledge.	complete. Declaration of pro-	eparer (othe	er than taxpay	yer) is bas	ed on		with the p	preparer shown below
Hei		•		, <b>3</b> -1							(see instr	ructions)? Yes X No
: 1Cl		ELIZABETH :	TRAYNHA	M					PRF	SIDENT	·	10775
		Signature of officer					Date		Title		-	
	L	Print/Type preparer'	s name		Preparer's signature			Date	<u> </u>	1	eck X	if PTIN
Paid	d	Charles L I								- 1		"
	- parer			1 10				D2-(	05-202		f-employed	P01392592
	Only			l Accountin						Firm's EIN	<u> </u>	
USE	Uni	·		denderry Dr						Phone no.		
			Tallah:	assee FL 32	309						( {	850)345-7365

Schedule K-1		Final K-1		Amende		OMB No. 1545-012
(Form 1120S) 2018	Pa	rt III				Current Year Income,
Department of the Treasury For calendar year 2018, or tax year	1		Deductio usiness income		s, and	Other Items Credits
Internal Revenue Service	1	Ordinary be	255,		13	Credits
beginning 2018 ending	2	Net rental r	real estate inco			
Shareholder's Share of Income, Deductions,			18,	946		
Credits, etc. ▶ See page 2 of form and separate instructions.	3	Other net re	ental income (I			
Part I Information About the Corporation	<u></u>	<u> </u>				
A Corporation's employer identification number	-	Interest inc	come			
59-3552589	5a	Ordinary div	vidends			
B Corporation's name, address, city, state, and ZIP code	1					
NETWORK TALLAHASSEE INC	5b	Qualified di	ividends	***************************************	14	Foreign transactions
	<u> </u>					
PO BOX 12035	6	Royalties				
PO BOX 12035	7	Net short-te	erm capital gair	(loss)		
TALLAHASSEE FL 32317	'	The dillere	этт саркы дак	(1033)		
C IRS Center where corporation filed return	8a	Net long-ter	rm capital gain	(loss)		
E-FILE						
Part II Information About the Shareholder	8b	Collectibles	(28%) gain (lo	ss)		
D Shareholder's identifying number	8c	Unrecepture	ed section 1250	) goin		
264 – 91 – 5180	"	Omecapiore	eu section 120	y gant		
E Shareholder's name, address, city, state, and ZIP code	9	Net section	1231 gain (los:	s)		
DARREL HARVEY						
0500 0000	10	Other incom	ne (loss)		15	Alternative minimum tax (AMT) items
8503 CONGRESSIONAL DR TALLAHASSEE FL 32312						
TALLAHASSEE FL 32312						
F. Charled and the state of the	l			İ		
F Shareholder's percentage of stock ownership for tax year 100.0000 %						
				ĺ		
	11	Section 179	deduction		16	Items affecting shareholder basis
		ı			D	245,827
	12	Other deduc	tions			,
	S*	SI	TMT			
>						
Ć C						
9						
S S						
For IRS Use Only					17	Other information
С					ĺ	
				ŀ		
				-		
				-	V*	STMT
	j	<del></del>				
		* See a	ttached stat	ement for	additio	nal information.

Department of the Treasury

## U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

Inter	Internal Revenue Service										013				
For	r calendar year 2019 or tax year beginning , 2019, ending , 20														
	***************************************										D Employer identification number				
- • •				l	T.T.AUACCOO TY	•				D cubio	yor roammile	anon number			
^	1.01	1000	TYPE	NEIWORK TA	ALLAHASSEE INC	•									
	····	-1999 activity code	-	Number et-set	From or suite as # - P.O.	hav one in-t				59-35		····			
		s activity code (see instructions)	OR		froom or suite no. If a P.O.	uux, see instructions.				_	E Date incorporated				
PRINT PO BOX 12035										01-01	01-01-1999				
	4151		4	City or town, state of	or province, country, and ZII	or foreign postal code				F Total a	ssets (see ins	structions)			
		Sch. M-3 attached		TALLAHASSE		FL	3231	7		\$		1,311,554			
					inning with this tax ye		No	lf "	Yes," atta	ch Form 2	553 if not	already filed			
H (	Check	if: (1) 🗌 Final re	etum (2)	Name change	(3) Address cha	ange (4) 🗌 Amend	ded retu	ım (	5) ∏ S e	lection te	mination	or revocation			
1 8	Enter tl	he number of share	eholders wi	ho were sharehol	ders during any part	of the tax year						2			
J (	Check	if corporation: (1)	Aggreg	ated activities for	section 465 at-risk p	umoses (2) $\square$ Gr						ivity purposes			
						through 21. See the						ivity purposes			
							7				(ES)	······································			
	1 -				• • • • • • • • • • • • • • • • • • • •		1a		535,76						
	b						1b		3,20						
d)	C										C	532,556			
Income	2										:	167,547			
ŭ	3	Gross profit. Su	btract line 2	2 from line 1c						3	; ]	365,009			
	4	Net gain (loss) f	rom Form 4	1797, line 17 (atta	ch Form 4797)					4					
	5	Other income (Id	ss) (see in	structions - attach	statement)					5					
	6										:	365,009			
	7	Compensation of	f officers (s	ee instructions - a	attach Form 1125-E)					7					
<u>(6</u>	8										<del></del>	88,369			
<u>jo</u>	9											80,303			
itat	10											4 665			
≟	11											4,665			
φ	12					• • • • • • • • • • • • • • • • • • • •									
(see instructions for limitations)		Taxes and licens			8,927										
ğ	13	Interest (see inst	13												
£,	14	Depreciation not		1	1,464										
.⊑ œ	15	Depletion (Do not deduct oil and gas depletion.)													
es)	16	Advertising .		<i>.</i>						16	3				
	17	Pension, profit-s	haring, etc.	, plans						17	7				
ē	18	Employee benefi	it programs	3						18	3	63,682			
걸	19										)	107,623			
Deductions	20											274,730			
	21											90,279			
	22 a				e tax (see instruction		22a	• • •	<u> </u>	-   -		30,273			
	b						22b								
	ł														
					payment credited to 2		1 1	• • •		. 220					
nts	2.5 a						23a		······································						
E .							23b								
and Payments	C			·	rm 4136)		23c								
ā	d				• • • • • • • • • •		23d	<u> 1846 ().</u>			Pr.				
ā	е									. 236	)				
Tax	24					ached				24					
Ì	25					nd 24, enter amount o					i				
	26	Overpayment. I	f line 23e is	s larger than the	total of lines 22c and	24, enter amount over	erpaid.			. 26	5				
	27	Enter amount fro	m line 26:	Credited to 2020	estimated tax			R	efunded	▶ 27					
		Under penalties of per	rjury, I declare	that I have examined t	his return, including accom	panying schedules and state	ments, ar	nd to the	best of	May the II	RS discuss th	nis return			
ei.		my knowledge and be preparer has any know		correct, and complete.	Declaration of preparer (oth	er than taxpayer) is based or	n all infor	mation of	which	1 '	reparer show				
Sig		propulse mas any miss	ougo.							See instru	ctions.	Yes X No			
Here ELIZABETH TRAYNHAM PRESIDENT							1								
	İ	Signature of officer				Date		Title		•					
****	J.	Print/Type prepare	er's name		Preparer's signature		Date		1	eck X i	f PTIN				
Pai	ď	*									' I	2502			
	u pare	Charles I		7 3 ' '	<u> </u>		03-27	-202	T	f-employed	P0139	4394			
	•			1 Accounting					Firm's EIN	>					
USE	e Onl	y Firm's address		denderry Dr					Phone no.						
	n _ · ·			assee FL 32					L	(8	350)345				
EEA	rapen	work Reduction A	ct Notice,	see separate in	structions.						Form	1 <b>120-S</b> (2019)			

	П	Final K-1 Amend	4- 3 K 4	OMB No. 4545 0403
Schedule K-1 (Form 1120-S) <b>2019</b>		Charabaldaria Ch	ded K-1 are of	OMB No. 1545-0123
· · · · · · · · · · · · · · · · · · ·	LP	Deductions, Cred		상태 하면요 한 경험은 경험을 하면 가장 함께 하는 것이다. 그 이 나를
Department of the Treasury For calendar year 2019, or tax year Internal Revenue Service	1	Ordinary business income (loss)	13	Credits
beginning2019 ending		73,683		
Shareholder's Share of Income, Deductions,	2	Net rental real estate income (loss)		
Constitution at a	3	(4,478) Other net rental income (loss)	4	
	┨	Other her rental income (loss)		
Part I Information About the Corporation	4	Interest income	1	
A Corporation's employer identification number	1			
59-3552589	5a	Ordinary dividends	7	
B Corporation's name, address, city, state, and ZIP code				
NETWORK TALLAHASSEE INC	5b	Qualified dividends	14	Foreign transactions
	6	Royalties	-	
PO BOX 12035		,		
·	7	Net short-term capital gain (loss)	1	
TALLAHASSEE FL 32317				
C IRS Center where corporation filed return	8a	Net long-term capital gain (loss)		
Ogden	8b	Collectibles (28%) gain (loss)	_	
Part II Information About the Shareholder	"	Collectibles (26 %) gain (1088)		
D Shareholder's identifying number	8c	Unrecaptured section 1250 gain	1	
264-91-5180				
E Shareholder's name, address, city, state, and ZIP code DARREL HARVEY	9	Net section 1231 gain (loss)		
	10	Other income (loss)	15	Alternative minimum tax (AMT) items
14226 TURKEY CREEK DR				
TALLAHASSEE FL 32312				
F Shareholder's percentage of stock ownership for tax year				
	11	Section 179 deduction	16	Items affecting shareholder basis
			D	-
,	12	Other deductions		
<u>×</u>				
O				
Se				
SS I			ļ	
For IRS Use Only			17	Other information
Щ				
			]	
			T7.1	CIDATA
	18	More than one activity for at-risk p	Λ*	STMT .
	18	More than one activity for at-risk p		
		* See attached statement for	or addit	ional information
l l		and almorton outcombilete		ional anomations

Department of the Treasury

## U.S. Income Tax Return for an S Corporation

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► Go to www.irs.gov/Form1120S for instructions and the latest information

2020

OMB No. 1545-0123

Inter	nal Reve	enue Service	<b>&gt;</b>	Go to www.irs.	gov/Form1120S for in:	structions and th	e latest i	nformatio	on.		2020		
For	calend	dar year 2020 or ta				, 2020, ending	****				20		
											· Identification number		
	501				LLAHASSEE INC				1'	P103G1			
۸	1_01	-1999	TYPE	MEIWORK IA	JNI ABCCANAUU								
			1	Number street and	room or quito no. If a D.O. hav	one instructions				9-3552			
number (see instructions)									Date incor				
PRINT PO BOX 12035 0										1-01-	1999		
5	4151	F Total assets (see instructions)											
		Sch. M-3 attached		TALLAHASSE		FL	32317		\$	3	1,154,989		
GΙ	s the c	Form 255	53 if not already filed										
H (	Check	if: (1) 🗌 Final re	etum (2)	Name change	(3) Address change	e (4) $\square$ Ameno	- ded retum	(5)	S elec	tion term	ination or revocation		
1 8	Enter th	he number of share	holders w	ho were sharehold	ders during any part of the	ne tax vear		(-/		<b>&gt;</b>	2		
J (	Check	if corporation: (1)	Aggrec	nated activities for	section 465 at-risk purp	0995 (2) T G					sive activity purposes		
					penses on lines 1a thro						sive activity purposes		
<u> </u>					· · · · · · · · · · · · · · · · · · ·			is for mor	e iniorr	nation.	1		
	b						1a						
	"				• • • • • • • • • • • • • • • • • • • •		1b			15 to			
41	C										ļ		
Income	2												
ည္	3												
_	4	Net gain (loss) fr	om Form 4	4797, line 17 (atta	ch Form 4797)					4			
	5	Other income (lo	ss) (see in	structions - attach	statement)					5			
	6	Total income (le	oss). Add	lines 3 through 5					>	- 6			
	7	Compensation of	officers (s	see instructions - a	ttach Form 1125-E) .					7			
_	8				s)								
Suc	9												
taţi	10												
Ē	11												
ō	1				• • • • • • • • • • • • • • • • • • • •								
2	12	Taxes and licenses											
윥	13	Interest (see inst	ructions)	· <u>·</u> · · · · · · ·						13			
Ě	14	Depreciation not			814								
(see instructions for limitations)	15	Depletion (Do no		15									
see	16												
	17	Pension, profit-sh	naring, etc.	, plans						17	· · · · · · · · · · · · · · · · · · ·		
ű	18												
Ę	19												
Deductions	20										814		
Ω	21				t line 20 from line 6.						(814)		
	22 a				e tax (see instructions)			• • • •	<del>` ` ` `</del>	41	(014)		
	b	•			· · · · · · · · · · · · · · · ·		22a						
							22b						
	C				dditional taxes)		1 1	• • • •		22c			
स्	23 a				payment credited to 2020		23a			3 3725	İ		
Б	b				• • • • • • • • • • • •		23b				I		
Tax and Payments	С			n fuels (attach For	m 4136)		23c	<del></del>			1		
<u>مّ</u>	d						23d	4,4,9184.					
ang	е	Add lines 23a thr	ough 23d							23e	<u> </u>		
ж	24	Estimated tax per	nalty (see	instructions). Chec	k if Form 2220 is attach	ed		▶		24			
-	25	Amount owed. I	f line 23e	is smaller than the	e total of lines 22c and 2	24, enter amount o	owed			25			
	26				otal of lines 22c and 24					26	***		
	27			Credited to 2021		,	, ,	Refund		-			
***************************************		Under penalties of per	iurv. I declare	that I have examined to	his return, including accompany	ring schedules and state	ements and t				discuss this return		
		my knowledge and bel	lief, it is true, o	correct, and complete.	Declaration of preparer (other th	an taxpayer) is based o	on all informat	ion of which		•	parer shown below?		
Sig		preparer has any know	vledge.							See instruction			
He	re	* ETTEXDEET	U1 D X 22222	3W		1	<b>k</b>		Ľ		1 tea [X] 140		
		ELIZABETH Signature of officer	IRAINH	AM		Data	<b>)</b>	Title					
		<i>/</i>	v'e nome		Drangrade -!	Date	Det			——————————————————————————————————————	DTIM		
<b>.</b>		Print/Type prepare			Preparer's signature		Date		Check	X if	PTIN		
								nployed	P01392592				
	pare			ll Accountin	······································			Firm'	s EIN	<b>&gt;</b>			
Use	e Onl	y Firm's address	►2929 E	Edenderry Dr	•		****	Phor	e no.				
				assee FL 32						(85	0)345-7365		
For	Papen	work Reduction A	ct Notice,	, see separate ins	structions.						Form <b>1120-S</b> (2020)		

• • • • • • •	П	Final K-1 Amend	ed K-1	OMB No. 1545-012
Schedule K-1 (Form 1120-S) 2020	Г <u>Б</u> .			Current Year Income,
Department of the Treasury For calendar year 2020, or tax year		Deductions, Credi	ts, and	d Other Items
Internal Revenue Service	1	Ordinary business income (loss)	13	Credits
beginning 2020 ending	2	(814) Net rental real estate income (loss)	-	
Shareholder's Share of Income, Deductions,	-	(48,358)		
Credits, etc. See separate Instructions.	3	Other net rental income (loss)	-	
	1		1	
	4	Interest income	1	
A Corporation's employer identification number				
59-3552589  B Corporation's name, address, city, state, and ZIP code	5a	Ordinary dividends		
NETWORK TALLAHASSEE INC		Qualified dividends	14	Foreign tracesetions
NEIWORK TALLAHASSEE INC	35	Qualified dividerios	14	Foreign transactions
	6	Royalties	1	
PO BOX 12035				
	7	Net short-term capital gain (loss)	1	
TALLAHASSEE FL 32317				
C IRS Center where corporation filed return	8a	Net long-term capital gain (loss)		
Ogden	8b	Collectibles (2004) asia (Issa)	-	
Part II Information About the Shareholder	80	Collectibles (28%) gain (loss)		
D Shareholder's identifying number	8c	Unrecaptured section 1250 gain		
264-91-5180				
E Shareholder's name, address, city, state, and ZIP code	9	Net section 1231 gain (loss)	1	
DARREL HARVEY				
	10	Other income (loss)	15	Alternative minimum tax (AMT) items
14226 TURKEY CREEK DR				
TALLAHASSEE FL 32312				
F Current year allocation percentage 100.0000 %				
G Shareholder's number of shares				
Beginning of tax year				
End of tax year				
	11	Section 179 deduction	16	Items affecting shareholder basis
H Loans from shareholder  Beginning of tax year	12	Other deductions		
End of tax year \$		Owner addatations	E	
Line of tan jour				
>				
For IRS Use Only			17	Other information
ဗ				Other monnation
⊃ S				
<u>.</u>				
LO LO LO LO LO LO LO LO LO LO LO LO LO L				
			V*	STMT
	18	More than one activity for at-risk p		
•	19	More than one activity for passive	activity	purposes"
		* See attached statement for	r addit	ional information.
		COO GENERAL GENERAL TO THE TO	. addit	

U.S. Income Tax Return for an S Corporation
Do not file this form unless the corporation has filed or
is attaching Form 2553 to elect to be an S corporation.

▶ Go to www.irs.gov/Form1120S for instructions and the latest information.

2021

OMB No. 1545-0123 144

Department of the Treasury Internal Revenue Service

For	calend	ar year 2021 or tax	year beg	inning	,	2021, ending			, 20	)			
<b>A</b> :	S electio	n effective date		Name					D Employer	identification number			
				NETWORK TA	LLAHASSEE INC				-				
01	-01-1	.999	TYPE					1	59-35525	389			
В	Business	s activity code	OR	Number, street, a	nd room or suite no. If a P.	O. box. see instruc	ctions.		E Date incorp				
- 1	number (	umber (see instructions)											
E 4 .	1519		PRINT		or province, country, and	7IP or foreign post	tal codo		01-01-19	· · · · · · · · · · · · · · · · · ·			
			-	s (see instructions)									
		ich. M-3 attached		TALLAHASSE		FL	32317		\$	48,567			
					ginning with this tax year			′es 🗓 N	10				
Н	Check	if: (1)   Final re	tum (2)		(3) Address char	nge (4) 🗌 Am	nended retum	(5)	S election te	rmination			
l	Enter t	he number of share	eholders w	vho were shareho!	lders during any part of	the tax year			▶	2			
J					or section 465 at-risk pu					sive activity purposes			
Cau	ition:	Include only trade	or busine	ss income and ex	penses on lines 1a thro	such 21 See the	e instructions fo	or more in	formation	civo dotivity purpode.			
							T .		12.50				
	b	Returns and allow						187,57	1000				
					• • • • • • • • • • • • • • • • • • • •		1b	18					
٠.	С									487,392			
Income	2									12,175			
ဋ	3									475,217			
=	4	Net gain (loss) fro	om Form 4	1797, line 17 (attac	ch Form 4797)				. 4				
	5	Other income (los	ss) (see in	structions - attach	statement)		Stateme	nt.#1.	. 5	368			
	6									475,585			
_	7	Compensation of	officers (s	ee instructions - a	ttach Form 1125-E)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · ·	• • • • •	. 7				
SI	8				s)					19,000			
ä	1									69,090			
Ħ	9												
(see instructions for limitations)	10												
Σ	11												
Ö	12	Taxes and license	es				Wks. Tax	/Lic.	. 12	7,187			
ğ	13									· · · · · · · · · · · · · · · · · · ·			
nst	14				elsewhere on return (att					587			
e .	15				etion.)					307			
(S	16												
NS.	17									·			
ţį	l				• • • • • • • • • • • • • • • • • • • •								
육	18	Employee benefit	-		• • • • • • • • • • • •					8,008			
Deductions	19									351,046			
_	20	Total deductions	s. Add lin	es 7 through 19				>	20	454,918			
	21	Ordinary busine	ss incom	i <b>e (loss)</b> . Subtrac	t line 20 from line 6				. 21	20,667			
	22 a	Excess net passiv	ve income	or LIFO recaptur	e tax (see instructions) .		22a		833				
	ь						22b						
					iditional taxes)				—  <sub>22-</sub>				
ম								• • • •	. 22c				
ne.	23 a				ayment credited to 2021		23a						
ayu							23b						
Tax and Payments	С				m 4136)		23c						
anc	d	Add lines 23a thro	ough 23c.	· • • • • • • • • • • • • • • • • • • •					. 23d				
ă	24	Estimated tax pen	alty (see i	nstructions). Chec	k if Form 2220 is attache	ed		. ▶ [	24				
۳	25				total of lines 22c and 2								
	26				otal of lines 22c and 24,								
	27	Enter amount from				, ornor arribarit o		· · · · · funded ►	27				
					···								
		my knowledge and belie	ef, it is true, c	orrect, and complete. [	nis return, including accompany Declaration of preparer (other th	ing schedules and sta an taxpaver) is based	atements, and to the	best of f which	I '	scuss this return			
Sig	ın 📗	preparer has any knowl	ledge.	•						er shown below?			
dei						1			See instruction	s. Yes X No			
- •		ELIZABETH	TRAYNE	IAM				SIDENT	1				
		Signature of officer				Date	Title	······································					
		Print/Type preparer	's name		Preparer's signature		Date		heck X if	PTIN			
Pai	d	Charles L	Kina				08-10-2		elf-employed	P01392592			
	parer			ll Accountin	n <b>a</b>		155	<del></del>					
	Only			Edenderry Di				Firm's Ell					
, 50	. Um	Firm's address						Phone no					
			Talla.	hassee FL 32	2309				(850	0)345-7365			

			Final K-1 Amended	K-1	OMB No. 1545-0123
	edule K-1 2021	P			Current Year Income,
•	tment of the Traceury	<u> </u>	Deductions, Credit	<del>,</del>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	al Revenue Service For calendar year 2021, or tax year	1	Ordinary business income (loss) 9,300	13	Credits
	beginning 2021 ending	2	Net rental real estate income (loss)		
	reholder's Share of Income, Deductions, dits, etc. ► See separate instructions.	3	Other net rental income (loss)		
P	art I Information About the Corporation	4	Interest income		
A	Corporation's employer identification number 59-3552589	5a	Ordinary dividends		
В	Corporation's name, address, city, state, and ZIP code NETWORK TALLAHASSEE INC	5b		14	Schedule K-3 is attached if checked ▶
	PO BOX 12035	6	Royalties	15	Alternative minimum tax (AMT) items
	MAN I ANA GOVE	7	Net short-term capital gain (loss)		
c	TALLAHASSEE FL 32317  IRS Center where corporation filed return	8a	Net long-term capital gain (loss)		
	E-FILE				
D	Corporation's total number of shares  Beginning of tax year 100	8b	Collectibles (28%) gain (loss)		
	End of tax year	8c	Unrecaptured section 1250 gain		
Pa	art II Information About the Shareholder	9	Net section 1231 gain (loss)	16 C*	Items affecting shareholder basis
	Shareholder's identifying number 264-91-5180	10	Other income (loss)		<b>5</b>
	Shareholder's name, address, city, state, and ZIP code  DARREL HARVEY				
	14226 TURKEY CREEK DR TALLAHASSEE FL 32312				
(	Command and a state of the stat			17	Other information
G	Current year allocation percentage	11	Section 179 deduction	AC	219,326
Н	Shareholder's number of shares  Beginning of tax year 45	12	Other deductions		
	End of tax year 45		0.10.1		
!	Loans from shareholder  Beginning of tax year \$			V*	STMT
	End of tax year \$				
Only					
)se (					
For IRS Use Only					
For		18	More than one activity for at-risk p	ournose	ns*
_		19	More than one activity for passive	,	
			* See attached statement for a	ddition	nal information.
					i