

<b>A Check if:</b> <b>1a</b> Consolidated return (attach Form 851) <input type="checkbox"/> <b>b</b> Life/nonlife consolidated return <input type="checkbox"/> <b>2</b> Personal holding co. (attach Sch. PH) <input type="checkbox"/> <b>3</b> Personal service corp. (see instructions) <input type="checkbox"/> <b>4</b> Schedule M-3 attached <input type="checkbox"/>	<b>TYPE OR PRINT</b>	Name <b>MySwimPro, Inc.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>301 East Liberty Street, Suite 701</b> City or town, state, or province, country, and ZIP or foreign postal code <b>Ann Arbor MI 48104</b>	<b>B Employer identification number</b> **_***7112 <b>C Date incorporated</b> 04/22/2015 <b>D Total assets (see instructions)</b> \$ 35,728
<b>E Check if:</b> (1) <input checked="" type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

<b>Income</b>	<b>1a</b>	Gross receipts or sales	11,163		
	<b>1b</b>	Returns and allowances			
	<b>1c</b>	Balance. Subtract line 1b from line 1a			11,163
	<b>2</b>	Cost of goods sold (attach Form 1125-A)			
	<b>3</b>	Gross profit. Subtract line 2 from line 1c			11,163
	<b>4</b>	Dividends (Schedule C, line 19)			
	<b>5</b>	Interest			
	<b>6</b>	Gross rents			
	<b>7</b>	Gross royalties			
	<b>8</b>	Capital gain net income (attach Schedule D (Form 1120))			
	<b>9</b>	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)			
<b>10</b>	Other income (see instructions—attach statement)				
<b>11</b>	<b>Total income.</b> Add lines 3 through 10			11,163	

<b>Deductions (See instructions for limitations on deductions.)</b>	<b>12</b>	Compensation of officers (see instructions—attach Form 1125-E)			
	<b>13</b>	Salaries and wages (less employment credits)			21,000
	<b>14</b>	Repairs and maintenance			
	<b>15</b>	Bad debts			
	<b>16</b>	Rents			
	<b>17</b>	Taxes and licenses			2,301
	<b>18</b>	Interest			
	<b>19</b>	Charitable contributions			
	<b>20</b>	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			
	<b>21</b>	Depletion			
	<b>22</b>	Advertising			1,288
	<b>23</b>	Pension, profit-sharing, etc., plans			
	<b>24</b>	Employee benefit programs			
	<b>25</b>	Domestic production activities deduction (attach Form 8903)			
<b>26</b>	Other deductions (attach statement) <b>Miscellaneous</b>			667	
<b>27</b>	<b>Total deductions.</b> Add lines 12 through 26			25,256	
<b>28</b>	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.			-14,093	
<b>29a</b>	Net operating loss deduction (see instructions)				
<b>29b</b>	Special deductions (Schedule C, line 20)				
<b>29c</b>	Add lines 29a and 29b				

<b>Tax, Refundable Credits, and Payments</b>	<b>30</b>	Taxable income. Subtract line 29c from line 28. See instructions			
	<b>31</b>	Total tax (Schedule J, Part I, line 11)			
	<b>32</b>	Total payments and refundable credits (Schedule J, Part II, line 21)			
	<b>33</b>	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>			
	<b>34</b>	<b>Amount owed.</b> If line 32 is smaller than the total of lines 31 and 33, enter amount owed			
	<b>35</b>	<b>Overpayment.</b> If line 32 is larger than the total of lines 31 and 33, enter amount overpaid			
<b>36</b>	Enter amount from line 35 you want: <b>Credited to 2017 estimated tax</b> ▶ <b>Refunded</b> ▶				

**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
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May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Jason M. Tyra, CPA</b>	Preparer's signature <b>Jason M. Tyra, CPA</b>	Date <b>03/02/2017</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>*****5838</b>
	Firm's name ▶ <b>Jason M. Tyra, CPA, PLLC</b>			Firm's EIN ▶ <b>**_**9077</b>	
	Firm's address ▶ <b>1341 Mockingbird Lane, Suite 600W Dallas TX 75247</b>			Phone no. <b>(972) 201-9008</b>	

<b>Schedule C Dividends and Special Deductions</b> (see instructions)		(a) Dividends received	(b) %	(c) Special deductions (a) × (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3	Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8	Dividends from wholly owned foreign subsidiaries		100	
9	<b>Total.</b> Add lines 1 through 8. See instructions for limitation			
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	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, or 12			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	<b>Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4			
20	<b>Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

**Schedule J Tax Computation and Payment** (see instructions)

**Part I—Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions ▶ <input type="checkbox"/>			
2	Income tax. Check if a qualified personal service corporation. See instructions . . . . . ▶ <input type="checkbox"/>		<b>2</b>	
3	Alternative minimum tax (attach Form 4626) . . . . .		<b>3</b>	
4	Add lines 2 and 3 . . . . .		<b>4</b>	
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	<b>Total credits.</b> Add lines 5a through 5e . . . . .		<b>6</b>	
7	Subtract line 6 from line 4 . . . . .		<b>7</b>	
8	Personal holding company tax (attach Schedule PH (Form 1120)) . . . . .		<b>8</b>	
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	Other (see instructions—attach statement) . . . . .	9f		
10	<b>Total.</b> Add lines 9a through 9f . . . . .		<b>10</b>	
11	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31 . . . . .		<b>11</b>	

**Part II—Payments and Refundable Credits**

12	2015 overpayment credited to 2016 . . . . .		<b>12</b>	
13	2016 estimated tax payments . . . . .		<b>13</b>	
14	2016 refund applied for on Form 4466 . . . . .		<b>14</b>	( )
15	Combine lines 12, 13, and 14 . . . . .		<b>15</b>	
16	Tax deposited with Form 7004 . . . . .		<b>16</b>	
17	Withholding (see instructions) . . . . .		<b>17</b>	
18	<b>Total payments.</b> Add lines 15, 16, and 17 . . . . .		<b>18</b>	
19	Refundable credits from:			
a	Form 2439 . . . . .	19a		
b	Form 4136 . . . . .	19b		
c	Form 8827, line 8c . . . . .	19c		
d	Other (attach statement—see instructions) . . . . .	19d		
20	<b>Total credits.</b> Add lines 19a through 19d . . . . .		<b>20</b>	
21	<b>Total payments and credits.</b> Add lines 18 and 20. Enter here and on page 1, line 32 . . . . .		<b>21</b>	

**Schedule K Other Information** (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ <b>541511</b>		
b	Business activity ▶ <b>Software development</b>		
c	Product or service ▶ <b>Mobile applications</b>		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . If "Yes," enter name and EIN of the parent corporation ▶ _____		<b>X</b>
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) . . . . .		<b>X</b>
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) . . . . .	<b>X</b>	

**Schedule K** Other Information (continued from page 3)

		Yes	No
<b>5</b> At the end of the tax year, did the corporation:			
<b>a</b> 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 <b>Form 851</b> , Affiliations Schedule? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.			X
<b>(i)</b> Name of Corporation	<b>(ii)</b> Employer Identification Number (if any)	<b>(iii)</b> Country of Incorporation	<b>(iv)</b> Percentage Owned in Voting Stock
<b>b</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. If "Yes," complete (i) through (iv) below.			X
<b>(i)</b> Name of Entity	<b>(ii)</b> Employer Identification Number (if any)	<b>(iii)</b> Country of Organization	<b>(iv)</b> Maximum Percentage Owned in Profit, Loss, or Capital
<b>6</b> 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 . . . . . If "Yes," file <b>Form 5452</b> , Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.			X
<b>7</b> At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of <b>(a)</b> the total voting power of all classes of the corporation's stock entitled to vote or <b>(b)</b> the total value of all classes of the corporation's stock? . . . . . For rules of attribution, see section 318. If "Yes," enter: <b>(i)</b> Percentage owned ▶ _____ and <b>(ii)</b> Owner's country ▶ _____ <b>(c)</b> The corporation may have to file <b>Form 5472</b> , 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 ▶ _____			X
<b>8</b> Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . . ▶ <input type="checkbox"/> If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.			
<b>9</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____			
<b>10</b> Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ _____			
<b>11</b> If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here . . . . . ▶ <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election won't be valid.			
<b>12</b> Enter the available NOL carryover from prior tax years (don't reduce it by any deduction on line 29a.) ▶ \$ _____			
<b>13</b> 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? . . . . . If "Yes," the corporation isn't 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 ▶ \$ _____	X		
<b>14</b> Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions . . . . . If "Yes," complete and attach Schedule UTP.			X
<b>15a</b> Did the corporation make any payments in 2016 that would require it to file Form(s) 1099? . . . . .			X
<b>b</b> If "Yes," did or will the corporation file required Forms 1099? . . . . .			
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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

<b>Schedule L Balance Sheets per Books</b>		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash . . . . .				
2a	Trade notes and accounts receivable . . . . .				
b	Less allowance for bad debts . . . . .	( )		( )	
3	Inventories . . . . .				
4	U.S. government obligations . . . . .				
5	Tax-exempt securities (see instructions) . . . . .				
6	Other current assets (attach statement) . . . . .				
7	Loans to shareholders . . . . .				
8	Mortgage and real estate loans . . . . .				
9	Other investments (attach statement) . . . . .				
10a	Buildings and other depreciable assets . . . . .				
b	Less accumulated depreciation . . . . .	( )		( )	
11a	Depletable assets . . . . .				
b	Less accumulated depletion . . . . .	( )		( )	
12	Land (net of any amortization) . . . . .				
13a	Intangible assets (amortizable only) . . . . .				
b	Less accumulated amortization . . . . .	( )		( )	
14	Other assets (attach statement) . . . . .				
15	Total assets . . . . .				
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable . . . . .				
17	Mortgages, notes, bonds payable in less than 1 year . . . . .				
18	Other current liabilities (attach statement) . . . . .				
19	Loans from shareholders . . . . .				
20	Mortgages, notes, bonds payable in 1 year or more . . . . .				
21	Other liabilities (attach statement) . . . . .				
22	Capital stock: a Preferred stock . . . . .				
	b Common stock . . . . .				
23	Additional paid-in capital . . . . .				
24	Retained earnings—Appropriated (attach statement) . . . . .				
25	Retained earnings—Unappropriated . . . . .				
26	Adjustments to shareholders' equity (attach statement) . . . . .				
27	Less cost of treasury stock . . . . .	( )		( )	
28	Total liabilities and shareholders' equity . . . . .				

**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 . . . . .		7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books . . . . .			Tax-exempt interest \$ _____	
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):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation . . . . . \$ _____		a	Depreciation . . . . . \$ _____	
b	Charitable contributions . . . . . \$ _____		b	Charitable contributions \$ _____	
c	Travel and entertainment . . . . . \$ _____			_____	
6	Add lines 1 through 5 . . . . .		9	Add lines 7 and 8 . . . . .	
			10	Income (page 1, line 28)—line 6 less line 9	

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

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

**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.  
▶ See instructions on page 2.

OMB No. 1545-0123

Name

MySwimPro, Inc.

Employer identification number (EIN)

\*\*-\*\*\*7112

**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
Fares Ksebat i	***-**-3592	US	55

Form **8879-C**

### IRS e-file Signature Authorization for Form 1120

OMB No. 1545-0123

For calendar year 2016, or tax year beginning \_\_\_\_\_, 2016, ending \_\_\_\_\_, 20\_\_\_\_\_

# 2016

Department of the Treasury  
Internal Revenue Service

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

► **Information about Form 8879-C and its instructions is at [www.irs.gov/form8879c](http://www.irs.gov/form8879c).**

Name of corporation

Employer identification number

**MYSWIMPRO, INC.**

**\*\*\_\*\*\*7112**

#### Part I Tax Return Information (Whole dollars only)

<b>1</b>	Total income (Form 1120, line 11) . . . . .	<b>1</b>	<b>11,163.</b>
<b>2</b>	Taxable income (Form 1120, line 30) . . . . .	<b>2</b>	<b>-14,093.</b>
<b>3</b>	Total tax (Form 1120, line 31) . . . . .	<b>3</b>	
<b>4</b>	Amount owed (Form 1120, line 34) . . . . .	<b>4</b>	
<b>5</b>	Overpayment (Form 1120, line 35) . . . . .	<b>5</b>	

#### 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 2016 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 \_\_\_\_\_ to enter my PIN  as my signature  
ERO firm name do not enter all zeros  
 on the corporation's 2016 electronically filed income tax return.
- As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2016 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.

*	*	*	*	*	*	*	*	*	*	*
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 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 ► **03/02/2017**

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

**Corporation  
Five Year Tax History**  
▶ Keep for your records

Name as Shown on Return <b>MySwimPro, Inc.</b>				Employer Identification No. <b>**_***7112</b>	
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>1</b> Gross receipts . . .					11,163.
<b>2</b> Cost of sales . . .					
<b>3</b> Gross profit . . .					11,163.
<b>4</b> Net capital gain . . .					
<b>5</b> Other income . . .					
<b>6</b> Total income . . .					11,163.
<b>7</b> Salaries . . . . .					21,000.
<b>8</b> Depreciation . . .					
<b>9</b> Other deductions . . . .					4,256.
<b>10</b> Total deductions . . .					25,256.
<b>11</b> Taxable income . . .					-14,093.
<b>12</b> Income tax . . . . .					
<b>13</b> Alternative minimum tax . . .					
<b>14</b> General business credits . . .					
<b>15</b> Other credits . . . . .					
<b>16</b> PHC tax . . . . .					
<b>17</b> Recapture taxes . . . . .					
<b>18</b> Tax liability . . . . .					

**For Controlled Group Members Only**

Enter your share of the \$50,000, \$25,000 and \$9,925,000 taxable income brackets, and your share of the additional 5% tax and 3% tax for the prior years.

	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>19</b> \$50,000 bracket . . . . .					
<b>20</b> \$25,000 bracket . . . . .					
<b>21</b> \$9,925,000 bracket . . . . .					
<b>22</b> Additional 5% tax . . . . .					
<b>23</b> Additional 3% tax . . . . .					



IRS e-file Authentication Statement

2016

Keep for your records

Name(s) Shown on Return
MySwimPro, Inc.

Employer ID No.
\*\*-\*\*\*7112

A - Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer entered PIN [X]
ERO entered Officer's PIN

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the corporation. If the corporation furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the corporation.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN \*\*\*832 Self-Select PIN \*\*\*\*\*

C - Signature of Officer

Perjury Statement:

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 2016 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (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.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN . . . . . \*\*\*\*\*
Date . . . . . 02/28/2017

Corporation Information Worksheet

2016

► Keep for your records

Part I – Identifying Information

Employer Identification Number . . . \*\*\_\*\*\*7112

Name . . . . . MySwimPro, Inc.
Address . . . . . 301 East Liberty Street, Suite 701
City . . . . . Ann Arbor State MI U.S. ZIP Code 48104
Province/State . . . . . Foreign Postal Code . . . . .
Foreign Code . . . . . Foreign Country . . . . .

Is the business primary physical address different from the mailing address? . . . . . Yes No
Address . . . . . 301 East Liberty Street, Suite 701
City . . . . . Ann Arbor State MI U.S. ZIP Code . 48104
Foreign Province/State . . . . . Foreign Postal Code . . . . .
Foreign Code . . . . . Foreign Country . . . . .

Telephone . . . . . (313)613-4911 Extension . . . . .
Fax . . . . . E-mail Address . . fares@myswimpro.com

Election to use straight line depreciation and claim credit for AMT or Research credit.

Part II – Type of Return

Prepare Form 1120-H Prepare Schedule PH

Part III – Tax Year and Filing Information

X Calendar year
Fiscal year — Ending month . . . . .
Short year — Beginning date . . . . . Ending date . . . . .

Date Incorporated . . . . . 04/22/2015
1120-H filers only: Date association formed . . . . .

Use general method of annualization to calculate regular tax for short year
IRS Service Center where corporation return is filed . . . . . Cincinnati, OH 45999-0012
 X Corporation is enrolled in the Electronic Federal Tax Payment System (EFTPS)

**Part IV – 2016 Estimated Tax Payments**

Amount of 2015 overpayment credited to 2016 estimated tax . . . . . \_\_\_\_\_

Quarter Paymt Due	Due Date	Date Paid	Amount Paid	Information Req for Electronic Filing		
				Payment Method	Bank Acct Num	EFTPS Confirmation Number
First .	04/18/16					
Second	06/15/16					
Third .	09/15/16					
Fourth	12/15/16					

**Additional Payments**

1	N/A					
2	N/A					
3	N/A					
4	N/A					

**Part V - Taxpayer Signature Information**

Officer's Name . . . . . Fares Ksebat i  
 Officer's Name for EF . . . . . Fares Ksebat i  
 Officer's Social Security Number . \*\*\*-\*\*-3592 Officer's Title . . President

**Part VI – Electronic Filing Information**

**Electronic Filing Security Information (see tax help)**

Total income amount from 2015 return (Form 1120, pg 1, ln 11 or Form 1120-H, ln 6) . . . . . 0.

Claiming compensation of officers for 2016. . . . .

Number of officers with compensation for 2016 . . . . . \_\_\_\_\_

Number of Employee W2s issued for 2016 . . . . . 2

Check the box(es) for returns required to be filed for 2016:

- (1)  Form 720    (2)  Form 940    (3)  Form 941    (4)  Form 943  
 (5)  Form 944    (6)  Form 945    (7)  Form 990    (8)  Form 1042  
 (9)  Not Applicable

**Practitioner PIN program:**

Sign this return electronically using the Practitioner PIN

ERO entered PIN

Officer's PIN (enter any 5 numbers) . . . . . \*\*\*\*\*

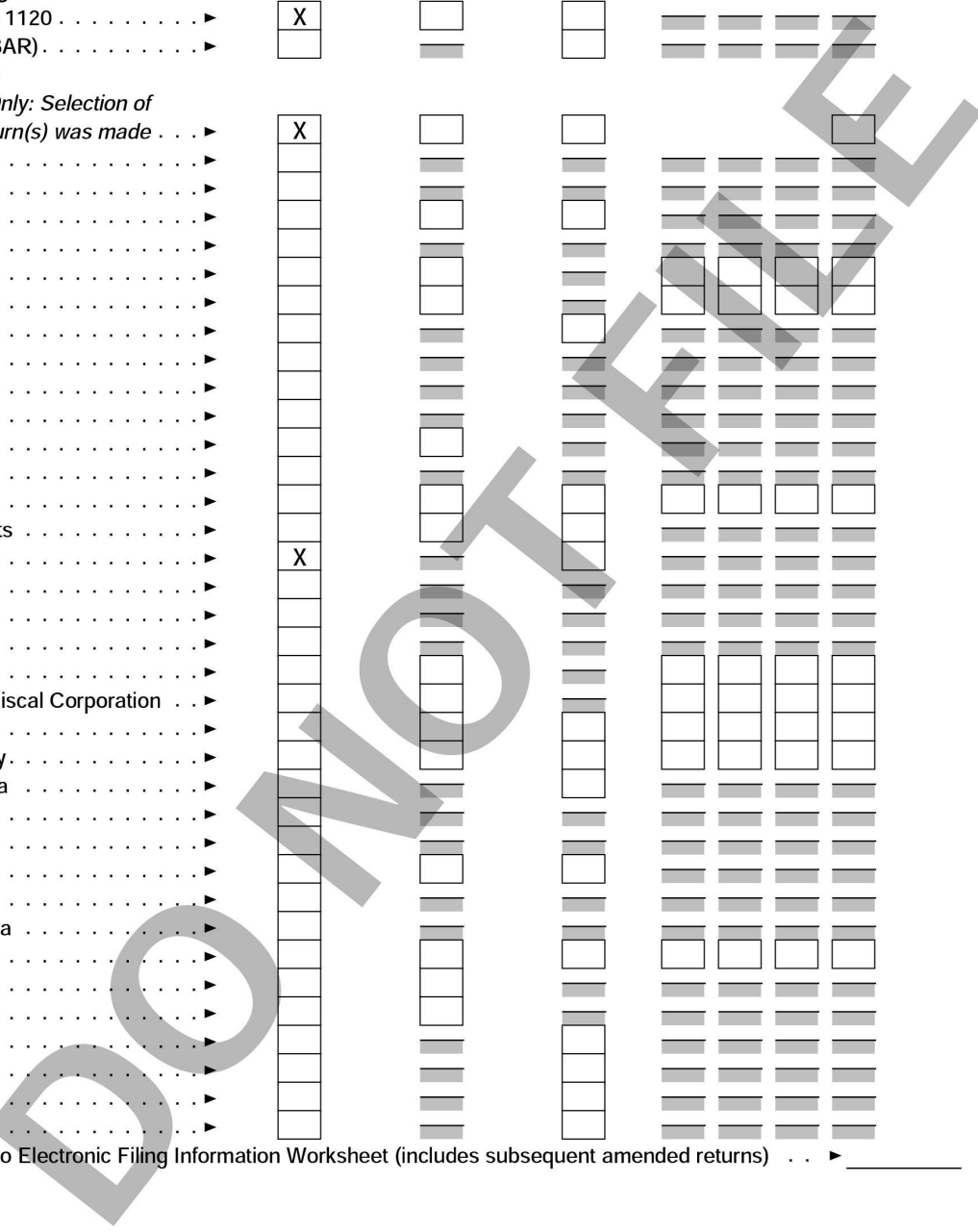
Date PIN entered . . . . . 02/28/2017

**Choose Returns to be Filed Electronically:**

*Note:* Returns represented by gray bars are not supported by ProSeries or Taxing Agency.

Filings To	Original	Extension	Amended	Estimated Payments			
	Return		Return	1	2	3	4
<b>Federal Filings</b>							
Federal Form 1120 . . . . . ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 114 (FBAR) . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>State Filings</b>							
<i>Information Only: Selection of state/city return(s) was made . . . ▶</i>							
Alabama . . . . . ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arkansas . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
California . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colorado . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connecticut . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Florida . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Georgia . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illinois . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iowa . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kansas . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Louisiana . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maine . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maryland . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massachusetts . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Michigan . . . . . ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minnesota . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missouri . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Montana . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Jersey . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Jersey Fiscal Corporation . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New York . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New York City . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Carolina . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oklahoma . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oregon . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pennsylvania . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhode Island . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Carolina . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennessee . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Texas . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utah . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vermont . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virginia . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Virginia . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wisconsin . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QuickZoom to Electronic Filing Information Worksheet (includes subsequent amended returns) . . ▶



**Part VII – Direct Deposit or Electronic Funds Withdrawal Information**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>direct deposit</b> of any federal tax refund?
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>electronic funds withdrawal</b> of federal balance due (EF only)?
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>electronic funds withdrawal</b> of Form 7004 balance due (EF only)?
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>electronic funds withdrawal</b> of amended return balance due (EF only)?

**Bank Information**

Check to confirm transferred account information (which appears in green) is correct . . . .

Name of Financial Institution (optional) . . . \_\_\_\_\_

Check the appropriate box . . . . .  Checking  Savings

Routing number . . . . . \_\_\_\_\_

Account number . . . . . \_\_\_\_\_

**Payment Information**

Enter the payment date to withdraw tax payment . . . . . \_\_\_\_\_

Balance due amount from this return . . . . . \_\_\_\_\_

Enter an amount to withdraw tax payment . . . . . \_\_\_\_\_

If partial payment is made, the remaining balance due . . . . . \_\_\_\_\_

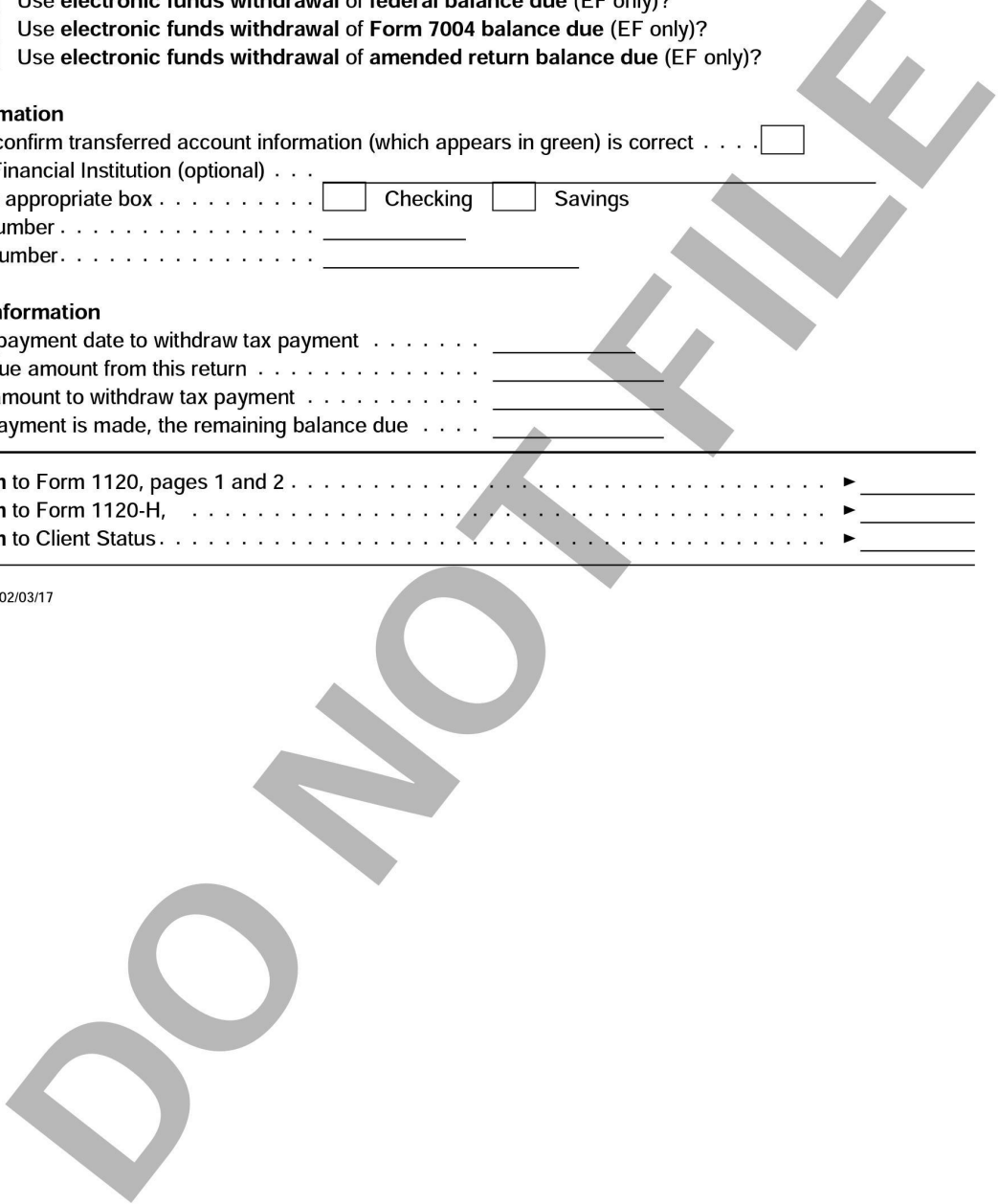
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**QuickZoom** to Form 1120, pages 1 and 2 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 1120-H, . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Client Status. . . . . ▶ \_\_\_\_\_

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Name		Employer Identification No.
MySwimPro, Inc.		**_***7112
1	Accounting . . . . .	1
2	Amortization . . . . .	2
3	Automobile and truck expense . . . . .	3
4	Bank charges . . . . .	4
5	Cleaning . . . . .	5
6	Commissions . . . . .	6
7	Computer services and supplies . . . . .	7
8	Credit and collection costs . . . . .	8
9	Delivery and freight . . . . .	9
10	Discounts . . . . .	10
11	Dues and subscriptions . . . . .	11
12	Equipment rent . . . . .	12
13	Gifts . . . . .	13
14	Insurance . . . . .	14
15	Janitorial . . . . .	15
16	Laundry and cleaning . . . . .	16
17	Legal and professional . . . . .	17
18 a	Meals and entertainment, subject to 50% limit . . . . .	18 a
b	Meals and entertainment, subject to 80% limit . . . . .	b
c	Meals and entertainment, allowed at 100% . . . . .	c
d	Less disallowed . . . . .	d
e	Meals and entertainment, net . . . . .	18 e
19	Miscellaneous . . . . .	19
20	Office expense . . . . .	20
21	Ordinary loss from partnerships . . . . .	21
Name: _____		
EIN: _____		
Addr: _____		
City: _____		
State: _____ ZIP: _____		
Foreign: _____		
22	Outside services/independent contractors . . . . .	22
23	Parking fees and tolls . . . . .	23
24	Permits and fees . . . . .	24
25	Postage . . . . .	25
26	Printing . . . . .	26
27	Security . . . . .	27
28	Supplies . . . . .	28
29	Telephone . . . . .	29
30	Tools . . . . .	30
31	Training/continuing education . . . . .	31
32	Travel . . . . .	32
33	Uniforms . . . . .	33
34	Utilities . . . . .	34
35	Other (itemize): . . . . .	35
36	Total . . . . .	36

667.

667.

**DO NOT FILE**

Name MySwimPro, Inc.	Employer Identification Number **-***7112
-------------------------	--

**CURRENT LAW: Two year carryback, twenty year carryover**

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2015 . . . . .			
2014 . . . . .			
2013 . . . . .			
2012 . . . . .			
2011 . . . . .			
2010 . . . . .			
2009 . . . . .			
2008 . . . . .			
2007 . . . . .			
2006 . . . . .			
2005 . . . . .			
2004 . . . . .			
2003 . . . . .			
2002 . . . . .			
2001 . . . . .			
2000 . . . . .			
1999 . . . . .			
1998 . . . . .			
1997 . . . . .			
Total new law . . . . .			

**OLD LAW: Three year carryback, fifteen year carryover**

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2011 . . . . .			
2010 . . . . .			
2009 . . . . .			
2008 . . . . .			
2007 . . . . .			
2006 . . . . .			
2005 . . . . .			
2004 . . . . .			
2003 . . . . .			
2002 . . . . .			
2001 . . . . .			
2000 . . . . .			
1999 . . . . .			
1998 . . . . .			
1997 . . . . .			
Total old law . . . . .			



**Net Operating Loss Summary**

NOL Carryover Year	A NOL Carryover Available	B Deduction Allowed in Current Year	C Adjustment Under Section 172(b)(2)	D Remaining Carryover 20 Years	E Remaining Carryover 15 Years*
2015 . . . . .					
2014 . . . . .					
2013 . . . . .					
2012 . . . . .					
2011 . . . . .					
2010 . . . . .					
2009 . . . . .					
2008 . . . . .					
2007 . . . . .					
2006 . . . . .					
2005 . . . . .					
2004 . . . . .					
2003 . . . . .					
2002 . . . . .					
2001 . . . . .					
2000 . . . . .					
1999 . . . . .					
1998 . . . . .					
1997 . . . . .					
Totals . . . . .					
Less: Carryover expiring due to 15-year limitation . . . . .					
Add: Current year net operating loss . . . . .					14,093.
Less: Carryback of current year net operating loss . . . . .					
Net operating loss carryover to next year . . . . .					14,093.

\* The 15 year carryover based on the Old Law reached it's final carryover year.

► Keep for your records

Name as Shown on Return <u>MySwimPro, Inc.</u>		Employer ID No. **_***7112
	<b>To Current Year</b>	<b>To Next Year</b>
<b>Form 1120:</b>		
Contributions carryover . . . . .		
Net Operating Loss carryover . . . . .		14,093.
AMT Net Operating Loss carryover . . . . .		
<b>Schedule D (Form 1120):</b>		
Unused capital loss carryover . . . . .		
Less current year capital loss carried back . . . . .		
Carryover expiring next year due to 5 year limitation . . . . .		
Capital loss carryover to next year . . . . .		
<b>Form 2220:</b>		
Tax . . . . .		
<b>Form 4562:</b>		
Section 179 carryover . . . . .		
<b>Form 4797:</b>		
Nonrecaptured net Section 1231 losses — 2011 . . . . .		
Nonrecaptured net Section 1231 losses — 2012 . . . . .		
Nonrecaptured net Section 1231 losses — 2013 . . . . .		
Nonrecaptured net Section 1231 losses — 2014 . . . . .		
Nonrecaptured net Section 1231 losses — 2015 . . . . .		
Nonrecaptured net Section 1231 losses — 2016 . . . . .		
Total nonrecaptured net Section 1231 loss carryforwards . . . . .		
<b>Form 8827:</b>		
Prior year Alternative Minimum Tax from Form 4626 . . . . .		
Minimum tax credit carryforward . . . . .		
<b>Form 3800:</b>		
General business credit carryforward . . . . .		

Electronic Filing Information Worksheet  
▶ Keep for your records

2016

Name(s) shown on return  
MySwimPro, Inc.

Identifying number  
\*\*-\*\*\*7112

Part I – State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically

Part II – Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return. . . . . ▶ \*\*\*832

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . . ▶

ERO Name Jason M. Tyra, CPA, PLLC ERO Electronic Filers Identification Number (EFIN) \*\*\*832  
ERO Address 1341 Mockingbird Lane, Suite 600W ERO Employer Identification Number \*\*\_\*\*\*9077  
City Dallas State TX ZIP Code 75247 ERO Social Security Number or PTIN  
Country

Part III – Paid Preparer Information

Firm Name Jason M. Tyra, CPA, PLLC Preparer Social Security Number or PTIN \*\*\*\*\*5838  
Preparer Name Jason M. Tyra, CPA Employer Identification Number \*\*\_\*\*\*9077  
Address 1341 Mockingbird Lane, Suite 600W Phone Number (972)201-9008 Fax Number (972)201-9008  
City Dallas State TX ZIP Code 75247  
Country Preparer E-mail Address jason@tyracpa.com

Part IV – Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment . . . . . ▶  
Amount you are paying with the amended return . . . . . ▶

- Check this box to file another federal amended return electronically
  - File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
  - Check this box to file another state and/or city amended return electronically
- \* Select the state and/or city amended return(s) to file electronically.

State/City *
<input type="checkbox"/> California State Corporation
<input type="checkbox"/> Georgia State Corporation
<input type="checkbox"/> Maryland State Corporation
<input type="checkbox"/> Michigan Business Tax
<input type="checkbox"/> New Jersey State Corporation
<input type="checkbox"/> New Jersey State Fiscal Corporation
<input type="checkbox"/> New York State Corporation
<input type="checkbox"/> New York City Corporation
<input type="checkbox"/> North Carolina State Corporation
<input type="checkbox"/> Pennsylvania State Corporation
<input type="checkbox"/> Tennessee State Corporation
<input type="checkbox"/> Vermont State Corporation
<input type="checkbox"/> Virginia State Corporation
<input type="checkbox"/> See Amended Returns

Part V – Name Control

Name Control, enter here to override default . . . . . MYSW

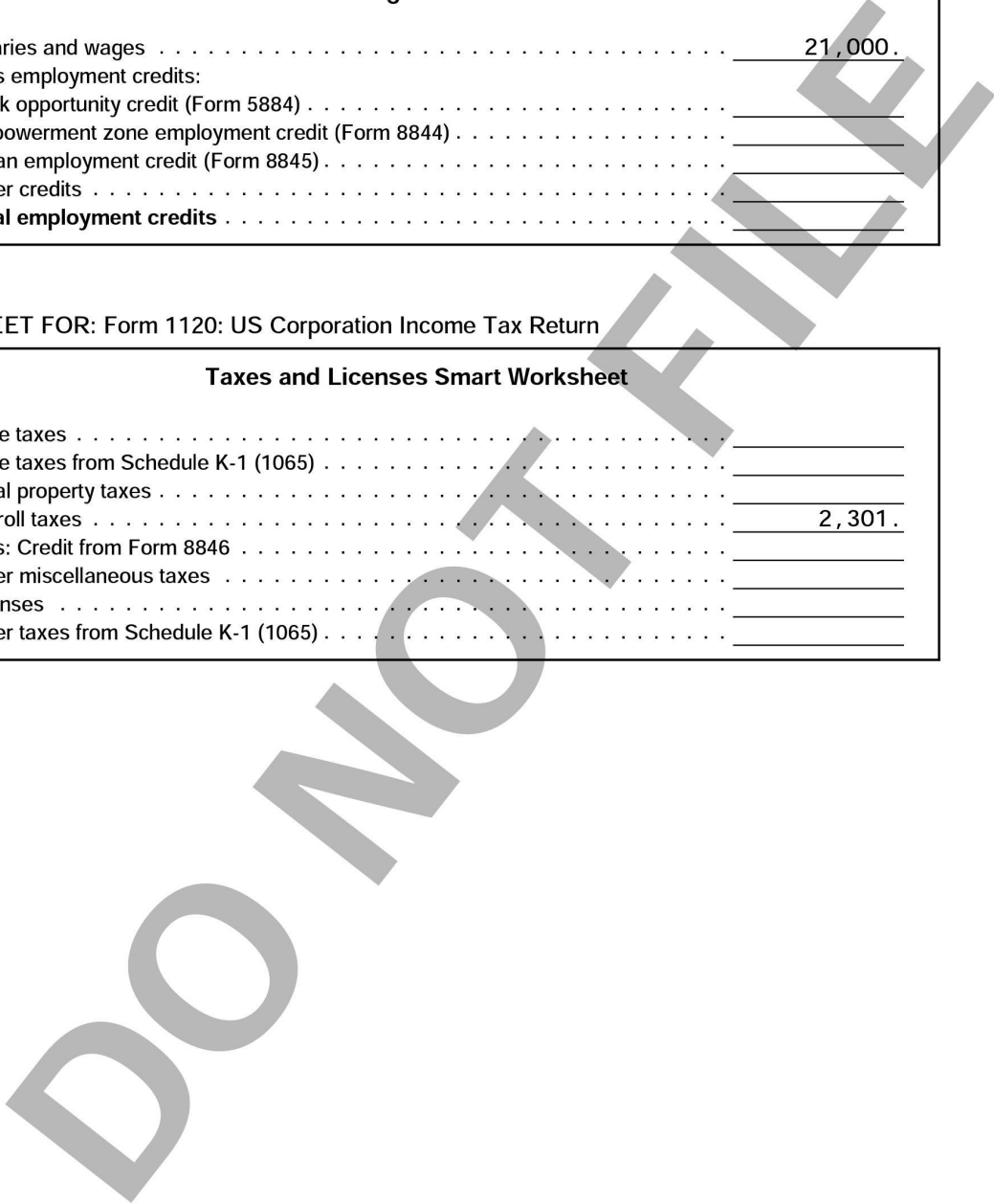
### Smart Worksheets from your 2016 Federal Corporation Tax Return

SMART WORKSHEET FOR: Form 1120: US Corporation Income Tax Return

Salaries and Wages Smart Worksheet	
<b>A</b>	Salaries and wages . . . . . 21,000.
<b>B</b>	Less employment credits:
	Work opportunity credit (Form 5884) . . . . .
	Empowerment zone employment credit (Form 8844) . . . . .
	Indian employment credit (Form 8845) . . . . .
	Other credits . . . . .
	<b>Total employment credits</b> . . . . .

SMART WORKSHEET FOR: Form 1120: US Corporation Income Tax Return

Taxes and Licenses Smart Worksheet	
<b>A 1</b>	State taxes . . . . .
<b>2</b>	State taxes from Schedule K-1 (1065) . . . . .
<b>B</b>	Local property taxes . . . . .
<b>C 1</b>	Payroll taxes . . . . . 2,301.
<b>2</b>	Less: Credit from Form 8846 . . . . .
<b>D</b>	Other miscellaneous taxes . . . . .
<b>E</b>	Licenses . . . . .
<b>F</b>	Other taxes from Schedule K-1 (1065) . . . . .



## Additional information from your 2016 Federal Corporation Tax Return

Electronic Filing Information Worksheet

Amended Returns

Continuation Statement

---

- West Virginia State Corporation
- Wisconsin Non-Combined Corporation

DO NOT FILE

Michigan Information Worksheet

2016

Keep for your records

Part I – Identifying Information

EIN or TR Number . . . . . \*\*\_\*\*\*7112
Name . . . . . MySwimPro, Inc.
Doing Business As . . . . .
Address . . . . . 301 East Liberty Street, Suite 701
City . . . . . Ann Arbor State . . MI ZIP Code . . 48104
Foreign Province/State . . . . . Foreign Postal Code . . . . .
Foreign Code . . . . . Foreign Country . . . . .

Business primary physical address:

Address . . . . . 301 East Liberty Street, Suite 701
City . . . . . Ann Arbor State . . MI U.S. ZIP Code . . 48104
Foreign Province/State . . . . . Foreign Postal Code . . . . .
Foreign Code . . . . . Foreign Country . . . . .

Telephone Number . . . . . (313)613-4911 Extension . . . . .
Fax Number . . . . . E-mail Address . . . . . fares@myswimpro.com
Principal business activity . . . . . Mobile app development Business start date . . . . . 04/22/15
Business Activity Code Number (NAICS) . . . . . 541511

Yes No X No . . . . Address above is new
Final return, enter date business discontinued . . . . .

Part II – Information Needed to Complete Michigan Business Returns

- 1 a X File Form 4891, Michigan Corporate Income Tax (CIT) Annual Return . . . . .
b File Form 4567, Michigan Business Tax (MBT) Annual Return (restricted) \* . . . . .
c Do not file any of above forms
d File Form 4918, Annual Flow-Through Withholding (FTW) Reconciliation Return \*\* . . . . .
2 Yes No X No . . . . Business activity is subject to tax both within, and without, Michigan
3 Taxpayer's gross receipts . . . . . (apportioned) 11,163.
4 Property acquired under SBT subject to ITC recapture (disposed or transferred) (MBT)
5 Compute compensation, investment, and R&D credits on Form 4570 (MI Business Tax)
6 Compute small business tax credit on Form 4893 (CIT) or Form 4571 (MBT)
7 Compute contribution credit(s) on Form 4572 (MI Business Tax)
8 The business activity is protected under PL 86-272

\* To file Form 4567, the entity: 1) must have a certificated credit, and 2) has elected to continue paying under MBT.
\*\* Flow-Through Withholding is no longer required for FTEs with tax years beginning after June 30, 2016.

Part III – Tax Year Information

X Calendar year
Fiscal year: Ending month . . . . .
Short year: Beginning date . . . . . Ending date . . . . .

Part IV – Michigan 2016 Estimated Tax Payments

Amount of 2015 overpaid tax credited to 2016 estimated tax . . . . .

Payment Quarters	Due Date	Payment Date	Amount Paid
First Quarter Payment . . . . .	04/15/16		
Second Quarter Payment . . . . .	07/15/16		
Third Quarter Payment . . . . .	10/15/16		
Fourth Quarter Payment . . . . .	01/15/17		

Quarterly payments are for Form 4918 (FTW return)

Part V - Taxpayer Signature Information

Officer's/Partner's/LLC Member's Name Fares Ksebat i

For returns filing federal Form 1065:

General Partner       Limited Liability Company Member       Tax Matters Partner (TMP)

Signing Officer's/Partner's/LLC Member's Title . . President

Signing Officer's/Partner's/LLC Member's SSN . . \*\*-\*\*\*-3592

Part VI – Michigan MBT/CIT Electronic Filing Information

- 1 a  The state return will be filed electronically
- b Date return was e-filed . . . . .
- c Date return was accepted by the state . . . . .
- d Enter date Form 4576 (MBT-V) or 4901 (CIT-V) was given to client . . . . .

Information Required for Electronic Filing:

Enter the Business Tax Representative signing date . . . . . ▶ 02/28/2017  
(Signing date)

Electronic Filing of Amended Return:

- The amended return will be filed electronically
- Another amended return will be filed electronically

Part VII – Extension Status

Yes No

Has the CIT or MBT return due date been extended?      Extended due date . . . . .

QuickZoom to Form 4, Application for Extension of Time to File Tax Returns . . . . . ▶

QuickZoom to Form 4891 . . . . . ▶

QuickZoom to Form 4918 . . . . . ▶

QuickZoom to Form 4567, page 1 . . . . . ▶

# 2016 MICHIGAN Corporate Income Tax Annual Return

Issued under authority of Public Act 38 of 2011.

1. Return is for calendar year 2016 or for tax year beginning: <span style="float:right">MM-DD-YYYY</span>		and ending: <span style="float:right">MM-DD-YYYY</span>	
2. Taxpayer Name (print or type) <b>MYSWIMPRO, INC.</b>		3. Federal Employer Identification Number (FEIN) <b>**_***7112</b>	
4. Street Address <b>301 EAST LIBERTY STREET, SUITE 701</b>			
City <b>ANN ARBOR</b>		State <b>MI</b>	ZIP/Postal Code <b>48104</b>
5. NAICS (North American Industry Classification System) Code <b>541511</b>		6. If Discontinued, Effective Date	
7a. <input type="checkbox"/> Check if Filing Michigan Unitary Business Group Return. (Include Form 4896, if applicable, and Form 4897.)		7b. Affiliated Group Election year (MM-DD-YYYY)	
		8. <input type="checkbox"/> Check if a special sourcing formula for transportation services is used in the sourcing of Sales to Michigan.	

**Important:** If the tax liability on line 41 is less than or equal to \$100, or the gross receipts on line 11 are less than \$350,000, you are not required to file this return or pay the tax. Short period filers, see instructions.

9. Apportionment Calculation

a. Michigan sales of the corporation/Unitary Business Group (UBG) (if no Michigan sales, enter zero).....	9a.	00
b. Proportionate Michigan sales from unitary Flow-Through Entities (FTEs) (include Form 4900).....	9b.	00
c. Michigan sales. Add lines 9a and 9b.....	9c.	00
d. Total sales of the corporation/UBG.....	9d.	00
e. Proportionate total sales from unitary FTEs (include Form 4900).....	9e.	00
f. Total sales. Add lines 9d and 9e.....	9f.	00
g. Apportionment percentage. Divide 9c by 9f.....	9g.	100.0000 %

10. a. Gross receipts from corporate activities (see instructions).....	10a.	11,163	00
10. b. Apportioned gross receipts from FTEs.....	10b.		00
11. <b>REQUIRED:</b> Total gross receipts for filing threshold purposes. Multiply line 10a by line 9g, and add line 10b.....	11.	11,163	00

## PART 1: CORPORATE INCOME TAX

All filers, see instructions. Unitary Business Group filers will complete lines 12 through 17, 19 through 24, and 27 through 31 with amounts reflecting the total of all UBG members.

12. Federal taxable income from federal Form 1120. (Amount includes agricultural activities. See instructions.)	12.	-14,093	00
13. Domestic production activities deduction based on IRC § 199 reported on federal Form 8903, to the extent deducted from federal taxable income.....	13.		00
14. Miscellaneous (see instructions).....	14.		00
15. Adjustments due to decoupling of Michigan depreciation from IRC § 168(k). If adjustment is negative, enter as negative:			
a. Net bonus depreciation adjustment.....	15a.		00
b. Gain/loss adjustment on sale of eligible depreciable asset(s).....	15b.		00
c. Add lines 15a and 15b. If negative, enter as negative.....	15c.		00
16. Add lines 12, 13, 14 and 15c. If negative, enter as negative.....	16.	-14,093	00
17. For a UBG, total group eliminations from business income (see instructions). All other filers, enter zero.....	17.	0	00
18. <b>Business Income.</b> All filers, subtract line 17 from line 16. If negative, enter as negative.....	18.	-14,093	00

### Additions to Business Income

19. Interest income and dividends derived from obligations or securities of states other than Michigan.....	19.		00
20. Taxes on or measured by net income including tax imposed under CIT.....	20.		00
21. Any carryback or carryover of a federal net operating loss (enter as a positive number).....	21.		00
22. Royalty, interest, and other expenses paid to a related person that is not a UBG member of this taxpayer....	22.		00
23. Expenses from the production of oil and gas, and/or minerals (see instructions).....	23.		00
24. Miscellaneous (see instructions).....	24.		00
25. Total Additions to Income. Add lines 19 through 24.....	25.		00
26. <b>Corporate Income Tax Base After Additions.</b> Add lines 18 and 25. If negative, enter as negative.....	26.	-14,093	00



**PART 1: CORPORATE INCOME TAX (Continued)**

**Subtractions from Business Income**

27. Income from non-unitary FTEs (Enter loss as negative; include Form 4898; see instructions) .....	27.		00
28. Dividends and royalties received from persons other than U.S. persons and foreign operating entities .....	28.		00
29. Interest income derived from United States obligations .....	29.		00
30. Income from the production of oil and gas, and/or minerals (see instructions) .....	30.		00
31. Miscellaneous (see instructions) .....	31.		00
32. Total Subtractions from Income. Add lines 27 through 31 .....	32.		00
33. <b>Corporate Income Tax Base.</b> Subtract line 32 from line 26. If negative, enter as negative .....	33.	- 14,093	00
34. Apportioned Corporate Income Tax Base. Multiply line 33 by percentage on line 9g .....	34.	- 14,093	00
35. Apportioned Income from non-unitary FTEs from Form 4898 (see instructions) .....	35.		00
36. Total apportioned Corporate Income Tax Base. Add line 34 and line 35 .....	36.	- 14,093	00
37a. Available CIT business loss carryforward (see instructions). Enter as positive .....	37a.		00
37b. <input type="checkbox"/> Check if any loss on line 37a was acquired in this filing period in an IRC 381(a)(1) or (2) transaction (see instructions)			
38. Subtract line 37a from line 36. If negative, enter here as negative. A negative number here is the available business loss carryforward to the next filing period (see instructions) .....	38.	- 14,093	00
39. <b>Corporate Income Tax Before Credit.</b> Multiply line 38 by 6% (0.06). If less than zero, enter zero .....	39.	0	00

**PART 2: TOTAL CORPORATE INCOME TAX**

40. Small Business Alternative Credit (SBAC) from Form 4893, line 14 or line 18, whichever applies .....	40.		00
41. <b>Tax Liability after SBAC.</b> Subtract line 40 from line 39. If less than or equal to \$100, enter zero. If apportioned or allocated gross receipts are less than \$350,000, enter zero (see instructions) .....	41.	0	00
42. Recapture of Certain Business Tax Credits from Form 4902, line 18 .....	42.		00
43. Total Tax Liability. Add lines 41 and 42 .....	43.	0	00

**PART 3: PAYMENTS AND TAX DUE**

UBGs include on lines 44 through 47 payments from all members as reported on Form 4897.

44. Overpayment credited from prior period return (MBT or CIT) .....	44.		00
45. Estimated tax payments .....	45.		00
46. Flow-Through Withholding payments .....	46.		00
47. Tax paid with request for extension .....	47.		00
48. Payment total. Add lines 44 through 47 .....	48.		00
49. <b>TAX DUE.</b> Subtract line 48 from line 43. If less than zero, leave blank .....	49.		00
50. Underpaid estimate penalty and interest from Form 4899, line 38 .....	50.		00
51. Annual Return Penalty (see instructions) .....	51.		00
52. Annual Return Interest (see instructions) .....	52.		00
53. <b>PAYMENT DUE.</b> If line 49 is blank, go to line 54. Otherwise, add lines 49 through 52 .....	53.		00

**PART 4: REFUND OR CREDIT FORWARD**

54. Overpayment. Subtract lines 43, 50, 51 and 52 from line 48. If less than zero, leave blank (see instructions) ..	54.		00
55. <b>CREDIT FORWARD.</b> Amount on line 54 to be credited forward and used as an estimate for next CIT tax year ..	55.		00
56. <b>REFUND.</b> Subtract line 55 from line 54 .....	56.		00

<b>Taxpayer Certification.</b> I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		<b>Preparer Certification.</b> I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's PTIN, FEIN or SSN <b>*****5838</b>	
Authorized Signature for Tax Matters		Preparer's Business Name (print or type) <b>JASON M. TYRA, CPA, PLLC</b>	
Authorized Signer's Name (print or type) <b>FARES KSEBATI</b>	Date <b>02-28-2017</b>	Preparer's Business Address and Telephone Number (print or type) <b>1341 MOCKINGBIRD LANE, SUITE 600W DALLAS TX 75247 972-201-9008</b>	
Title <b>PRESIDENT</b>	Telephone Number <b>313-613-4911</b>		

**Return is due April 30 or on or before the last day of the 4th month after the close of the tax year.**

**WITHOUT PAYMENT.** Mail return to:  
Michigan Department of Treasury,  
PO Box 30803, Lansing MI 48909

**WITH PAYMENT.** Pay amount on line 53. Mail check and return to: Michigan Department of Treasury,  
PO Box 30804, Lansing MI 48909. Make check payable to "State of Michigan." Print taxpayer's FEIN, the tax year, and "CIT" on the front of the check. Do not staple the check to the return.