FOR INFORMATION REGARDING LINES 1-9, SEE PAGE 3

US 1120S **K-1 Attachment** **2012**

Shareholder: JOHN DI SCIULLO 50.000 % **ID:** 208-52-2963

9a Unrecaptured 1250 gain included in line 9 and 10b	
10 Other income (loss)	
a Other portfolio income (loss)	
b Involuntary conversions	
Form 4684, gain at 28%	
c 1256 contracts and straddles	
d Mining exploration costs and recapture	
e Other income (loss). Type and amount	
11a Section 179 deduction for ordinary income or loss	
b Section 179 deduction for rental real estate income or loss	
12 Other deductions	
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b Cash contributions-30%	
c Noncash contributions-50%	
d Noncash contributions-30%	
e Cap. gain property to a 50% org.-30%	
f Capital gain property-20%	
g Contributions 100%	
h Investment interest expense	
i Deductions - royalty income	
j Section 59(e)(2) expenditures	
k Deductions - portfolio - 2% floor	
l Deductions - portfolio (other)	
m Preproductive period expenses	
n Commercial revitalization deduction from rental real estate activities	
o Reforestation expense deduction	
p Domestic production activities information Attach statement.	
q Qualified production activities income	
Qualified production activities income (oil related)	
r Employer's W-2 wages	
s Other deductions	
Form 4684, line 32	
13 Credits and credit recapture	
a Low-income housing credit - section 42(j)(5)), from pre-2008 buildings	
b Low-income housing credit - other, from pre-2008 buildings	
c Low-income housing credit - section 42(j)(5)), from post-2007 buildings	
d Low-income housing credit - other, from post-2007 buildings	
e Qualified rehabilitation expenditures, rental real estate	
f Other rental real estate credits	
g Other rental credits	
h Undistributed capital gains credit	
i Alcohol and cellulosic biofuel fuels credit	
j Work opportunity credit	
k Disabled access credit	
l Empowerment zone and renewal community employment credit	
m Credit for increasing research activities	
n Credit for employer social security and Medicare taxes	
o Backup withholding	
p Other credits - see information below	
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Form 8907	
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Form 8936	
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Other credits	

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Shareholder: JOHN DI SCIULLO 50.000 % **ID:** 208-52-2963

14	Foreign transactions	
a	Name of foreign country or U.S. possession	
b	Gross income from all sources	
c	Gross income sourced at shareholder level	
	Foreign gross income sourced at corporate level	
d	Passive	
e	Listed categories	
f	General limitation	
	Deductions allocated and apportioned at shareholder level	
g	Interest expense	
h	Other	
	Deductions allocated and apportioned at corporate level to foreign source income	
i	Passive	
j	Listed categories	
k	General limitation	
	Other information	
l	Total foreign taxes paid or accrued	
n	Reduction in taxes available for credit	
	Other foreign tax information	
o	Foreign trading gross receipts	
p	Extraterritorial income exclusion	
q	Other foreign transactions	
15	Alternative minimum tax (AMT) items	
a	Post-1986 depreciation adjustment	
	Ordinary income ____ Rental ____	
b	Adjusted gain or loss	
	Ordinary income ____ Rental ____	
c	Depletion other than oil and gas	
d	Oil, gas, or geothermal properties - gross income	
e	Oil, gas, or geothermal properties - deductions	
f	Other AMT items. Pre-1987 depreciation adjustment included in line 15f	
	Ordinary income ____ Rental ____	
	Other - type ____ Amount	
16	Items affecting shareholder basis	
a	Tax-exempt interest income	
b	Other tax-exempt income	
c	Nondeductible expenses	
d	Distributions	2,957.
e	Repayment of loans from shareholders	

17	**a**	Investment income			
	b	Investment expenses		**k**	Dispositions of property with section 179 deductions
	c	Qualified rehabilitation expenses, other than rental real estate		**l**	Recapture of section 179 deduction
	d	Basis of energy property		**m**	Section 453(I)(3) information
	e	Recapture of low-income housing credit, section 42(j)(5) applies		**n**	Section 453A(c) information
				o	Section 1260(b) information
	f	Recapture of low-income housing credit - other		**p**	Interest allocable to production expenditures
	g	Recapture of investment credit		**q**	CCF nonqualified withdrawal
	h	Recapture of other credits ____		**r**	Information needed to figure depletion - oil and gas
	i	Look-back interest - completed long-term contracts		**s**	Amortization of reforestation cost
	j	Look-back interest - income forecast method		**t**	Section 108(i) information
				u	Other information

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671112

Schedule K-1 (Form 1120S)
Department of the Treasury
Internal Revenue Service

2012

For calendar year 2012, or tax year beginning JAN 01, 2012 ending DEC 31, 2012

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0130

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See page 2 and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
16-1546143

B Corporation's name, address, city, state, and ZIP code
OFF BEAT PRODUCTIONS INC

5260 RODGERS RD B1
HAMBURG NY 14075-

C IRS Center where corporation filed return
Cincinnati

Part II Information About the Shareholder

D Shareholder's identifying number
121-52-2740

E Shareholder's name, address, city, state, and ZIP code
JAMES GILLAN

242 LINCOLN PARKWAY

BUFFALO NY 14216

F Shareholder's percentage of stock ownership for tax year 50.000%

For IRS Use Only

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

1	Ordinary business income (loss) 1,825.	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative min. tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis D 1,360.
12	Other deductions		
		17	Other information

* See attached statement for additional information.

FOR INFORMATION REGARDING LINES 1-9, SEE PAGE 3

US 1120S **K-1 Attachment** **2012**

Shareholder: JAMES GILLAN 50.000 % **ID:** 121-52-2740

9a	Unrecaptured 1250 gain included in line 9 and 10b		
10	Other income (loss)		
a	Other portfolio income (loss)		
b	Involuntary conversions		
	Form 4684, gain at 28%		
c	1256 contracts and straddles		
d	Mining exploration costs and recapture		
e	Other income (loss). Type and amount		
11a	Section 179 deduction for ordinary income or loss		
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b	Cash contributions-30%		
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e	Cap. gain property to a 50% org.-30%		
f	Capital gain property-20%		
g	Contributions 100%		
h	Investment interest expense		
i	Deductions - royalty income		
j	Section 59(e)(2) expenditures		
k	Deductions - portfolio - 2% floor		
l	Deductions - portfolio (other)		
m	Preproductive period expenses		
n	Commercial revitalization deduction from rental real estate activities		
o	Reforestation expense deduction		
p	Domestic production activities information Attach statement.		
q	Qualified production activities income		
	Qualified production activities income (oil related)		
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g	Other rental credits		
h	Undistributed capital gains credit		
i	Alcohol and cellulosic biofuel fuels credit		
j	Work opportunity credit		
k	Disabled access credit		
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	Reserved for future use		
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	Form 8882		
	Form 8907		
	Form 8908		
	Form 8910		
	Form 8936		
	Form 8941		
	Other credits		

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Shareholder: JAMES GILLAN 50.000 % **ID:** 121-52-2740

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	Foreign gross income sourced at corporate level	
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	Deductions allocated and apportioned at shareholder level	
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	Deductions allocated and apportioned at corporate level to foreign source income	
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q	Other foreign transactions	
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f	Other AMT items. Pre-1987 depreciation adjustment included in line 15f	
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16	Items affecting shareholder basis	
a	Tax-exempt interest income	
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c	Nondeductible expenses	
d	Distributions	1,360.
e	Repayment of loans from shareholders	

17	**a**	Investment income		**k**	Dispositions of property with section 179 deductions
	b	Investment expenses		**l**	Recapture of section 179 deduction
	c	Qualified rehabilitation expenses, other than rental real estate		**m**	Section 453(l)(3) information
	d	Basis of energy property		**n**	Section 453A(c) information
	e	Recapture of low-income housing credit, section 42(j)(5) applies		**o**	Section 1260(b) information
	f	Recapture of low-income housing credit - other		**p**	Interest allocable to production expenditures
	g	Recapture of investment credit		**q**	CCF nonqualified withdrawal
	h	Recapture of other credits ____		**r**	Information needed to figure depletion - oil and gas
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	j	Look-back interest - income forecast method		**t**	Section 108(i) information
				u	Other information

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ERO/Preparer Certification and Signature 2012

I certify that I have a prepared Form TR-579-CT, New York State E-File Signature Authorization for Tax Year 2012, signed by the authorized officer of the corporation, authorizing me to sign and file this return on behalf of the corporation. I further certify that all information provided on the return is true, correct and complete to the best of my knowledge and belief, and that I have provided a copy of this return to the corporation. If financial institution account information has been provided on the return, I certify that the corporation has agreed to payment of the amount indicated as due by electronic funds withdrawal, that the corporation has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the indicated account, and that the designated financial institution is authorized to debit the entry to the corporation's account. By checking the box shown below, I understand and agree that I am electronically signing and filing this return.

☒ I have read the certification above and agree.

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

Note: Schedule M-3 required instead of Schedule M-1 if total assets are $10 million or more - see instructions

1 Net income (loss) per books		5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest $	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):			
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize): a Depreciation $ b Travel and entertainment $		6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize): a Depreciation $	
4 Add lines 1 through 3		7 Add lines 5 and 6	
		8 Income (loss) (Schedule K, line 18). Line 4 less line 7	

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

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	1,107.		
2 Ordinary income from page 1, line 21	3,650.		
3 Other additions			
4 Loss from page 1, line 21	( )		
5 Other reductions	( )	( )	
6 Combine lines 1 through 5	4,757.		
7 Distributions other than dividend distributions	4,317.		
8 Balance at end of tax year. Subtract line 7 from line 6	440.		

671112

Schedule K-1 (Form 1120S)
Department of the Treasury
Internal Revenue Service

2012

For calendar year 2012, or tax year beginning JAN 01, 2012
ending DEC 31, 2012

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0130

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See page 2 and separate instructions.

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OFF BEAT PRODUCTIONS INC

5260 RODGERS RD B1
HAMBURG NY 14075-

C IRS Center where corporation filed return
Cincinnati

Part II Information About the Shareholder

D Shareholder's identifying number
208-52-2963

E Shareholder's name, address, city, state, and ZIP code
JOHN DI SCIULLO

5260 ROGERS ROAD

HAMBURG NY 14075

F Shareholder's percentage of stock ownership for tax year..... 50.000%

For IRS Use Only

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

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5b	Qualified dividends	14	Foreign transactions
6	Royalties		
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FOR INFORMATION REGARDING LINES 1-9, SEE PAGE 3

US 1120S **K-1 Attachment** **2012**

Shareholder: JOHN DI SCIULLO 50.000 % **ID:** 208-52-2963

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k Deductions - portfolio - 2% floor	
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o Reforestation expense deduction	
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Department of the Treasury
Internal Revenue Service

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OFF BEAT PRODUCTIONS INC

5260 RODGERS RD B1
HAMBURG NY 14075-

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Cincinnati

Part II Information About the Shareholder

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121-52-2740

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JAMES GILLAN

242 LINCOLN PARKWAY

BUFFALO NY 14216

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Shareholder: JAMES GILLAN 50.000 % **ID:** 121-52-2740

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	e	Recapture of low-income housing credit, section 42(j)(5) applies	o	Section 1260(b) information	
	f	Recapture of low-income housing credit - other	p	Interest allocable to production expenditures	
	g	Recapture of investment credit	q	CCF nonqualified withdrawal	
	h	Recapture of other credits	r	Information needed to figure depletion - oil and gas	
	i	Look-back interest - completed long-term contracts	s	Amortization of reforestation cost	
	j	Look-back interest - income forecast method	t	Section 108(i) information	
			u	Other information	

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Form **8879-S**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for Form 1120S

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

▶ **Information about Form 8879-S and its instructions is at www.irs.gov/form8879s.**

For calendar year 2012, or tax year beginning ,2012, ending ,20

OMB No. 1545-1863

2012

Name of corporation
OFF BEAT PRODUCTIONS INC

Employer identification number
16-1546143

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	12,165.
2	Gross profit (Form 1120S, line 3)	2	12,165.
3	Ordinary business income (loss) (Form 1120S, line 21)	3	3,650.
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	3,650.

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 2012 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 acknowledgment of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ESTHER GULYAS TAX SERVICE INC to enter my PIN 14075 as my signature
ERO firm name **do not enter all zeros**
on the corporation's 2012 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2012 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 02/21/2013 Title ▶ PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 16353014174
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 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 ▶ 01/14/2014

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

2012 **CT-2** New York State Department of Taxation and Finance
Corporation Tax Return Summary

2c Legal name of corporation | 2c. | OFF BEAT PRODUCTIONS INC

Payment enclosed | 8. | 25.00

1	Return type	1.	CT3S
2a	Employer ID number (EIN)	2a.	16-1546143
2b	File number (FCC)	2b.	AA1
3	Period beginning date (mm-dd-yy)	3.	01-01-12
4	Period ending date (mm-dd-yy)	4.	12-31-12
5	Amended (Y = 1; N = 0)	5.	0
6	Address change (Y = 1; N = 0)	6.	1
7	Final (Y = 1; N = 0)	7.	0
9	NAICS code	9.	512100
10	MTA indicator (None = 0; Y = 1; N = 2; Both = 3)	10.	
11a	Type of bank - Clearinghouse (Y = 1; N = 0)	11a.	
11b	Type of bank - Savings (Y = 1; N = 0)	11b.	
11c	Type of bank - Other commercial (Y = 1; N = 0)	11c.	
12	Federal 1120-H filed (Y = 1; N = 0)	12.	
13	REIT/RIC indicator (Y = 1; N = 0)	13.	
14	QSSS indicator (Y = 1; N = 0)	14.	0
15	Form ID number	15.	440001121045
16	Tax sub type	16.	23
17	Tax due/MTA surcharge	17.	25.00
18	Mandatory first installment (MFI) - no extension filed and tax due is over $1,000	18.	
19	Return a Gift to Wildlife	19.	
20	Breast Cancer Research and Education Fund	20.	
21	Prostate Cancer Research, Detection, and Education Fund	21.	
22	9/11 Memorial	22.	
23	Volunteer Firefighting & EMS Recruitment Fund	23.	
24	Balance due	24.	25.00
25	Amount of overpayment credited to next period - NYS	25.	
26	Refund of overpayment	26.	
27	Refund of unused tax credits	27.	
28	Tax credits to be credited as an overpayment to next year's return	28.	
29	Amount of overpayment credited to next period - MTA	29.	
30	Amount of MTA surcharge retaliatory tax credit to be refunded	30.	
31	Total license fee	31.	
32	Maintenance fee due	32.	
33	Fixed dollar minimum	33.	
34	(Combined) parent's EIN	34.	
35	New York receipts	35.	
36	Alternative entire net income (ENI) percentage	36.	%
37	Computation of issuer's allocation percentage	37.	%
38	Issuer's allocation percentage	38.	%
39	Paid preparer's EIN	39.	16-1474140

For office use only

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New York State Department of Taxation and Finance

2012 **New York S Corporation Franchise Tax Return** **CT-3-S**

Tax Law – Articles 9-A and 22

All filers must enter tax period:

Final return *(see instr., page 5)* ☐ **Amended return** ☐ beginning 01-01-12 ending 12-31-12

Employer identification number (EIN)	File number	Business telephone number	If you have any subsidiaries incorporated outside NYS, mark an X in the box	If you claim an overpayment, mark an X in the box
16-1546143	AA1	716-632-7886	☐	☐

Legal name of corporation: OFF BEAT PRODUCTIONS INC

Trade name/DBA:

Mailing name *(if different from legal name above)*: c/o

Number and street or PO box: 5260 RODGERS RD B1

City: HAMBURG State: NY ZIP code: 14075-

State or country of incorporation: NEW YORK

Date of incorporation: 04-25-97

Foreign corporations: date began business in NYS:

Date received (for Tax Department use only)

Audit (for Tax Department use only)

NAICS business code number *(from federal return)*: 512100

If address/phone above is new, mark an X in the box: X

Principal business activity: FILM PRODUCTION

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.

Has the corporation revoked its election to be treated as a New York S corporation? Yes ☐ No X If *Yes*, enter effective date:

Number of shareholders: 2

A Pay amount shown on line 46. Make payable to: ***New York State Corporation Tax***
Attach your payment here. Detach all check stubs. *(See instructions for details.)*

A Payment enclosed: 25.

You must attach a copy of the following: (1) federal Form 1120S as filed; (2) Form CT-34-SH; (3) Form CT-3-S-ATT *(if required; see instructions);* and (4) any applicable credit claim forms.

B If you filed a return(s) other than federal Form 1120S, enter the form number(s) here ..... ●

C If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an *X* in the box and attach Form CT-60-QSSS ..... ☐

D Have you underreported your tax due on past returns? To correct this without penalty, visit our Web site *(see instructions).*

E Enter your business allocation percentage *(if you did not complete Form CT-3-S-ATT, Schedule A, you must enter either 0 or 100)* .... ● %

F Enter your investment allocation percentage *(if you did not complete Form CT-3-S-ATT, Schedule B, you must enter either 0 or 100)* . ● %

G Did the S corporation make an IRC section 338 or 453 election? ..... Yes ☐ No X

H Did this entity have an interest in real property located in New York State during the last three years? .... Yes X No ☐

I Has there been a transfer or acquisition of a controlling interest in this entity during the last three years? Yes ☐ No X

J If the IRS has completed an audit of any of your returns within the last five years, list years

K If this return is for a New York S termination year, mark an *X* in the appropriate box to indicate which method of accounting was used for the New York S short year *(see instructions, page 5)* ..... Normal accounting rules ☐ Daily pro rata allocation ☐

L Issuer's allocation percentage *(see instructions)* ..... ● 100.0000%

M Mark an *X* in the box if you are filing Form CT-3-S as a result of the mandatory New York S election of Tax Law, Article 22, section 660(i) .. ● ☐

N Eligible qualified New York manufacturers mark an *X* in this box *(see instructions)* ..... ● ☐

O Did you include a disregarded entity in this return? *(mark an X in the appropriate box)* ..... Yes ☐ No ☐
If *Yes,* enter the name and EIN below. If more than one, attach list with names and EINs.

440001121045

Legal name of disregarded entity	EIN

Provide the information for lines 1 through 10 from the corresponding lines on your federal Form 1120S, Schedule K, total amount column. *(Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)*

1	Ordinary business income or loss	1	3,650.
2	Net rental real estate income or loss	2	
3	Other net rental income or loss	3	
4	Interest income	4	
5	Ordinary dividends	5	
6	Royalties	6	
7	Net short-term capital gain or loss	7	
8	Net long-term capital gain or loss	8	
9	Net section 1231 gain or loss	9	
10	Other income or loss	10	
11	Loans to shareholders *(from federal Form 1120S, Schedule L, line 7, columns b and d)* Beginning of tax year	End of tax year	
12	Total assets *(from federal Form 1120S, Schedule L, line 15, columns b and d)* Beginning of tax year	End of tax year	
13	Loans from shareholders *(from federal Form 1120S, Schedule L, line 19, columns b and d)* Beginning of tax year	End of tax year	

Provide the information for lines 14 through 21 from the corresponding lines on your federal Form 1120S, Schedule M-2.
(Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

		A Accumulated adjustments account	B Other adjustments account	C Shareholders' undistributed taxable income previously taxed
14	Balance at beginning of tax year	1,107.		
15	Ordinary income from federal Form 1120S, page 1, line 21	3,650.		
16	Other additions			
17	Loss from federal Form 1120S, page 1, line 21			
18	Other reductions			
19	Add lines 14 through 18	4,757.		
20	Distributions other than dividend distributions	4,317.		
21	Balance at end of tax year. Subtract line 20 from line 19	440.		

Computation of tax *(see instructions)*

You must enter an amount on line 22; if none, enter *0*.

22	New York receipts	22	12,165.
23	Fixed dollar minimum tax	23	25.
24	Recapture of tax credits	24	
25	Total tax after recapture of tax credits *(add lines 23 and 24)*	25	25.
26	Special additional mortgage recording tax credit *(from Form CT-43)*	26	
27	Tax due after tax credits *(subtract line 26 from line 25)*	27	25.

First installment of estimated tax for the next tax period:

28	Enter amount from line 27	28	25.
29	If you filed a request for extension, enter amount from Form CT-5.4, line 2	29	
30	If you did not file Form CT-5.4 and line 28 is over $1,000, enter 25% (.25) of line 28. Otherwise enter *0*	30	
31	Add line 28 and line 29 **or** 30	31	25.

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Computation of tax *(continued)*

Composition of prepayments *(see instructions)*:		Date paid	Amount		
32 Mandatory first installment	32				
33 Second installment from Form CT-400	33				
34 Third installment from Form CT-400	34				
35 Fourth installment from Form CT-400	35				
36 Payment with extension request from Form CT-5.4	36				
37 Overpayment credited from prior years	37				
38 Total prepayments *(add lines 32 through 37)*				38	
39 Balance *(subtract line 38 from line 31; if line 38 is larger than line 31, enter 0)*				39	25.
40 Estimated tax penalty *(see instructions; mark an X in the box if Form CT-222 is attached)* ☐				40	
41 Interest on late payment				41	
42 Late filing and late payment penalties				42	
43 Balance *(add lines 39 through 42)*				43	25.

Voluntary gifts/contributions *(see instructions)*:				
44a Return a Gift to Wildlife	44a		00	
44b Breast Cancer Research & Education Fund	44b		00	
44c Prostate Cancer Research, Detection, and Education Fund	44c		00	
44d 9/11 Memorial	44d		00	
44e Volunteer Firefighting & EMS Recruitment Fund	44e		00	
45 Add lines 31, 40, 41, 42, and 44a through 44e				45 25.
46 Balance due *(If line 38 is less than line 45, subtract line 38 from line 45 and enter here. This is the amount due;* ***enter your payment amount on line A on page 1.)***				46 25.
47 Overpayment *(If line 38 is more than line 45, subtract line 45 from line 38 and enter here. This is the amount of your overpayment; see instructions.)*				47
48 Amount of overpayment to be credited to next period				48
49 Refund of overpayment *(subtract line 48 from line 47)*				49
50 If you claim a refund of unused special additional mortgage recording tax credit, enter the amount from Form CT-43, line 13 *(see instructions)*				50
51 Amount of special additional mortgage recording tax credit to be applied as an overpayment to next period				51

Amended return information

If filing an amended return, mark an **X** in the box for any items that apply and attach documentation.

Final federal determination ☐ If marked, enter date of determination: _____

Third – party designee *(see instructions)*	Yes [X] No ☐ Designee's name *(print)*: ESTHER GULYAS		Designee's phone number: 716-632-7886
	Designee's e-mail address: ESTHER@EGTAX.COM		PIN: 14174

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: PRESIDENT	
	E-mail address of authorized person	Telephone number: 716-632-7886	Date: 02-21-13	
Paid preparer use only *(see instr.)*	Firm's name *(or yours if self-employed)*: ESTHER GULYAS TAX SERVICE INC	Firm's EIN: 16-1474140	Preparer's PTIN or SSN: P00779859	
	Signature of individual preparing this return	Address: 2475 NIAGARA FALLS	City: SAMHERST	State: NY ZIP code: 14228-
	E-mail address of individual preparing this return	Preparer's NYTPRIN: 11087424	Date: 02-21-13	

See instructions for where to file.

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New York State Department of Taxation and Finance

2012

New York S Corporation Shareholders' Information Schedule

CT-34-SH

Attachment to Form CT-3-S or CT-32-S

Legal name of corporation	Employer ID number
OFF BEAT PRODUCTIONS INC	16-1546143

Schedule A – Shareholders' New York State modifications and credits (Enter the total amount reported by the New York S corporation on each line. Each shareholder must include his or her pro rata share of these amounts on his or her personal income tax return.)

Part 1 – Total shareholder modifications related to S corporation items *(see instructions)*

Additions	1	New York State franchise tax imposed under Article 9-A or Article 32	1	
	2	Federal depreciation deduction from Form CT-399, if applicable	2	
	3	Other additions *(attach explanation)*	3	
Subtractions	4	Allowable New York depreciation from Form CT-399, if applicable	4	
	5	Other subtractions *(attach explanation)*	5	
Other items *(attach explanation)*	6	Additions to federal itemized deductions	6	
	7	Subtractions from federal itemized deductions	7	
	8	New York State adjustments to federal tax preference items	8	

Part 2 – Total S corporation New York State credits and taxes on early dispositions *(see instructions; attach applicable forms)*

Investment tax credits

9	Investment tax credit, retail enterprise tax credit, historic barn credit, and employment incentive credit *(Form CT-46 and, if applicable, Form CT-46-ATT)*	9	
10	Investment tax credit on research and development property *(Form CT-46)*	10	
11	Investment tax credit for financial services industry *(Form CT-44)*	11	
12	Tax on early dispositions – investment tax credit, retail enterprise tax credit, historic barn credit, investment tax credit on research and development property, or investment tax credit for financial services industry *(Form CT-44 or CT-46)*	12	

Empire zone (EZ) tax credits

13	EZ wage tax credit *(Form CT-601)*	13	
14	EZ capital tax credit for monetary contributions *(Form CT-602)*	14	
15	EZ investment tax credit *(Form CT-603)*	15	
16	EZ investment tax credit for financial services industry *(Form CT-605)*	16	
17	Recaptured tax credit – EZ capital tax credit, EZ investment tax credit, or EZ investment tax credit for financial services industry *(Form CT-602, CT-603, or CT-605)*	17	

Qualified empire zone enterprise (QEZE) tax credits *(see instructions)*

18	QEZE real property tax credit allowed *(Form CT-606)*	18	
19	Net recapture of QEZE real property tax credit *(Form CT-606)*	19	
20	QEZE tax reduction credit employment increase factor *(Form CT-604)*	20	
21	QEZE tax reduction credit zone allocation factor *(Form CT-604)*	21	
22	QEZE tax reduction credit benefit period factor *(Form CT-604)*	22	

QEZE tax reduction credit factors from partnership *(for multiple partnerships attach separate statement)*

23	QEZE partnership employer identification number	23	
24	QEZE employment increase factor *(obtain factor from your partnership)*	24	
25	QEZE zone allocation factor *(obtain factor from your partnership)*	25	
26	QEZE benefit period factor *(obtain factor from your partnership)*	26	

Farmers' school tax credit *(see instructions)*

27	Total acres of qualified agricultural property	27	
28	Total amount of eligible school district property taxes paid	28	
29	Total acres of qualified agricultural property converted to nonqualified use	29	
30	Total acres of qualified conservation property	30	

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Part 2 – Total S corporation New York State credits and taxes on early dispositions *(continued)*

Other credits *(see instructions; attach applicable forms)*

31	Recapture of alternative fuels credit *(Form CT-40)*	31	
32	Credit for employment of persons with disabilities *(Form CT-41)*	32	
33	Rehabilitation of historic properties credit *(Form CT-238)*	33	
34	Recapture of rehabilitation of historic properties credit *(Form CT-238)*	34	
35	Clean heating fuel credit *(Form CT-241)*	35	
36	Biofuel production credit *(Form CT-243)*	36	
37	Empire State commercial production credit *(Form CT-246)*	37	
38	Empire State film production credit for the current year *(Form CT-248)*	38	
39	Empire State film production credit for the second year *(Form CT-248)*	39	
40	Empire State film production credit for the third year *(Form CT-248)*	40	
41	Long-term care insurance credit *(Form CT-249)*	41	
42	Credit for purchase of an automated external defibrillator *(Form CT-250)*	42	
43	Empire State film post-production credit *(Form CT-261)*	43	
44	Excelsior jobs tax credit component *(Form CT-607)*	44	
45	Excelsior investment tax credit component *(Form CT-607)*	45	
46	Excelsior research and development tax credit component *(Form CT-607)*	46	
47	Excelsior real property tax credit component *(Form CT-607)*	47	
48	Brownfield redevelopment tax credit site preparation credit component *(Form CT-611)*	48	
49	Brownfield redevelopment tax credit tangible property credit component *(Form CT-611)*	49	
50	Brownfield redevelopment tax credit on-site groundwater remediation credit component *(Form CT-611)*	50	
51	Recapture of brownfield redevelopment tax credit *(Form CT-611)*	51	
52	Brownfield redevelopment tax credit site preparation credit component *(Form CT-611.1)*	52	
53	Brownfield redevelopment tax credit tangible property credit component *(Form CT-611.1)*	53	
54	Brownfield redevelopment tax credit on-site ground water remediation credit component *(Form CT-611.1)*	54	
55	Recapture of brownfield redevelopment tax credit *(Form CT-611.1)*	55	
56	Remediated brownfield credit for real property taxes *(Form CT-612)*	56	
57	Recapture of remediated brownfield credit for real property taxes *(Form CT-612)*	57	
58	Environmental remediation insurance credit *(Form CT-613)*	58	
59	Recapture of environmental remediation insurance credit *(Form CT-613)*	59	
60	Security officer training tax credit *(attach Form CT-631)*	60	
61	Economic transformation and facility redevelopment program jobs tax credit component *(Form CT-633)*	61	
62	Economic transformation and facility redevelopment program investment tax credit component *(Form CT-633)*	62	
63	Economic transformation and facility redevelopment program job training tax credit component *(Form CT-633)*	63	
64	Economic transformation and facility redevelopment program real property tax credit component *(Form CT-633)*	64	
65	Taxicabs and livery service vehicles accessible to persons with disabilities credit *(Form CT-236)*	65	
66	QETC employment credit *(Form DTF-621)*	66	
67	QETC capital tax credit *(Form DTF-622)*	67	
68	Recapture of QETC capital tax credit *(Form DTF-622)*	68	
69	Low-income housing credit *(Form DTF-624)*	69	
70	Recapture of low-income housing credit *(Form DTF-626)*	70	
71	Green building credit *(Form DTF-630)*	71	
72	Empire state jobs retention credit *(Form CT-634)*	72	
73	Recapture of empire state jobs retention credit *(Form CT-634)*	73	
74	New York youth works credit *(Form CT-635)*	74	
75	Beer production credit *(Form CT-636)*	75	
76	Other tax credit(s) *(see instructions)* _____ _____ _____	76	

Schedule B – Shareholders' identifying information

Photocopy Schedule B, as needed, attach additional sheets, and mark an *X* in the box. ☐

A For each shareholder, enter last name, first name, middle initial on first line; enter home address on second and third lines. *(attach federal Schedule K-1 for each shareholder)*	B Identifying number (SSN or EIN)	C Percentage of ownership	D Shareholder residency status (make only one entry) *1* for New York State *2* for New York City *3* for Yonkers *4* for NYS nonresident	E Shareholder entity status (make only one entry) *I* for individual *F* for estate or trust *E* for exempt organization
1 DI SCIULLO, JOHN 5260 ROGERS ROAD HAMBURG NY 14075	1 208-52-2963	50.000	1	I
2 GILLAN, JAMES 242 LINCOLN PARKWAY BUFFALO NY 14216	2 121-52-2740	50.000	1	I
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11	11			

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New York State
e-file
www.tax.ny.gov

New York State E-File Signature Authorization for Tax Year 2012
For Form CT-3, CT-3-A, CT-3M/4M, CT-3-S, CT-4, CT-13, CT-240, CT-245, or CT-400

Electronic return originator (ERO)/paid preparer: **do not** mail this form to the Tax Department.
Keep it for your records.

Legal name of corporation: OFF BEAT PRODUCTIONS INC

Return type (mark all that apply): ____ CT-3 ____ CT-3-A ____ CT-3M/4M X CT-3-S ____ CT-4 ____ CT-13 ____ CT-240 ____ CT-245 ____ 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-3M/4M, General Business Corporation MTA Surcharge Return; CT-3-S, New York S Corporation Franchise Tax Return; or CT-4, General Business Corporation Franchise Tax Return Short Form; CT-13, Unrelated Business Income Tax Return; CT-240, Foreign Corporation License Fee Return; CT-245, Maintenance Fee and Activities Return For a Foreign Corporation Disclaiming Tax Liability; 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. Please note that an alternative signature can be used as described in TSB-M-05(1)C, Alternative Methods of Signing for Tax Return Preparers. Go to our Web site at www.tax.ny.gov to find this document.

Do not mail Form TR-579-CT 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), Form CT-5.3, Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge, or both), Form CT-5.4, Request for Six-Month Extension to File New York S Corporation Franchise Tax Return, or Form CT-5.9-E, Request for Three-Month Extension to File Form CT-186-E. Instead use Form CT-579.1-CT, New York State Authorization for Electronic Funds Withdrawal for Tax Year 2012, Form CT-5, Form CT-5.3, Form CT-5.4, Form CT-5.9, or Form CT-5.9-E.

Financial institution information (required if electronic payment is authorized)

1	Amount of authorized debit	1.	25.
2	Financial institution routing number	2.	222370440
3	Financial institution account number	3.	000756246695

Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3M/4M, CT-3-S, CT-4, CT-13, CT-240, CT-245 or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2012 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 2012 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 2012 electronic return, and I authorize the financial institution to withdraw the amount from the account. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five business days prior to the payment date.

Signature of authorized officer of the corporation: _____ Date: 02/21/2013

Print your name and title: JOHN DISCIULLO PRESIDENT

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2012 New York State electronic corporate return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2012 New York State corporate return signed by a paid preparer, I declare that the information contained in the corporation's 2012 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 2012 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: _____ Date: 02/21/2013

Print name: ESTHER GULYAS TAX SERVICE

Paid preparer's signature: _____ Date: 02/21/2013

Print name: ESTHER GULYAS TAX SERVICE

John Disciullo

From: offbeat7@aol.com
Sent: Thursday, May 08, 2014 2:27 PM
To: john.disciullo@wbbz.tv
Subject: Fwd: financial worksheet- Off Beat Productions, Inc.

-----Original Message-----
From: offbeat7 <offbeat7@aol.com>
To: cfabian <cfabian@egtax.com>
Cc: john.disciullo <john.disciullo@wbbz.tv>; Offbeat7 <Offbeat7@aol.com>
Sent: Sun, Jan 12, 2014 3:15 pm
Subject: financial worksheet- Off Beat Productions, Inc.

Hello Chris

Here is the Financial information to prepare the K-1 form for Off Beat Productions.

Pardon the sizes of some of the type- I took a word document and am working of that- I will clean this up and send it along on paper as well - but wanted to get something to you as soon as possible, *so we can have this completed by the end of January!*
-----Original Message-----
From: offbeat7 <offbeat7@aol.com>
To: Offbeat7 <Offbeat7@aol.com>; john.disciullo <john.disciullo@wbbz.tv>
Sent: Fri, Jan 10, 2014 8:19 pm
Subject: financial worksheet

TO: **Chris Fabian - E..G. Tax**
FROM: **John Di Sciullo, Executive Producer "Off Beat Cinema"**
DATE: **January 12, 2014**
RE: ***K-1 Information & Off Beat Financials 2013***

Enclosed is information for the completion of the K-1 tax form for Off Beat Productions. Please process the 1099 forms first for those listed.

If there are questions, please call me at 716-929-9084 or my cell, 989-8866

We will need (2) K-1 forms processed, one for myself, and one for James Gillan. We are partners in the project. For James, it will help speed things up if you give his K-1 directly to his accountant that handles his work. James is a partner and Creative Services Director for Paragon Advertising of Buffalo.

Here is Mr. Gillan's accountant:

Berti, Spechler, Sarmiento, McKay & Co.
1933 Cliff Drive
Suite 26
Santa Barbara, CA 93109
(805) 963 - 0571 phone
(805) 966 - 6241 fax
Contact: Gordon McKay

The enclosed materials simplistically show the Gross Revenue and expenses for Off Beat Productions, Inc. for calendar year 2013. Checkbook & statements are on file in our office.

Off Beat Productions, Inc. is owned and operated by James Gillan and John Di Sciullo and is the company responsible for the production of the television program "Off Beat Cinema."

financial notes on profit and loss will follow. BUT FIRST... here is the information for the 1099 forms, which I believe are due JANUARY 31!

OFF BEAT PRODUCTIONS, INC. 2013 FINANCIALS, PAGE 2:
Note the cast members and outside contractors, this is the amount of money received OVER THE COURSE OF THE YEAR.

ED DOBOSIEWICZ: **$1,070** **(cast player)**
170 WOODWARD AVE.

BUFFALO, N.Y. 14214

SS# 075-52-0696

CONSTANCE MCEWEN CALDWELL **$500** **(cast player)**
31 Cheltenham Drive

Buffalo, N.Y. 14216

Ss# 056-56-9674

ANTHONY BILLONI **$785** **(cast player)**

Note: Tony's address has changed. He got divorced this year. Will update that ASAP

SS# 121-42-1807

LANORA ZIOBROWSKI **$230** **(administrative help)**
210 – 61 ST.

NIAGARA FALLS, N.Y. 14304

SS# 082-56-2963

SARAH KOLBERG **$0** **(production assistant)**
P.O. Box 905

Buffalo, N.Y. 14205

Ss# 076-70-2557

JOHN DI SCIULLO **$1,960** **(*partner disbursement*)**
5260 ROGERS ROAD
B-1
HAMBURG, N.Y. 14075
SS# 208-52-2963

JAMES GILLAN **$2,725** **(*partner disbursement*)**
242 LINCOLN PKWY

BUFFALO, N.Y. 14216

Ss # 121-52-2740

NATHAN BENSON **$4,656** **(freelance editor, digital distribution)**
65 W. HAZELTINE AVE.
KENMORE, N.Y. 14217

SS# 113-72-2034

ANDY SMYCZYNSKI **$310** **(freelance director)**
address forthcoming

social security forthcoming (if needed)

Off Beat Productions, Inc. 2013 Financials page 3:

List of other expenses are on worksheets
In chronological order

INCOME - $14,053.44

List of income clients are on worksheets
In chronological order