

S CORPORATION
Two-Year Comparison

2020

Name SLOAN APPRAISAL SERVICES LLC	Employer Identification Number 82-3070166
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Description	Prior Year	Current Year	Increase (Decrease)
ORDINARY BUSINESS INCOME (LOSS):			
INCOME:			
GROSS RECEIPTS OR SALES LESS RETURNS AND ALLOWANCES	428,364.	487,002.	58,638.
GROSS PROFITS	428,364.	487,002.	58,638.
OTHER INCOME	418.	0.	-418.
TOTAL INCOME	428,782.	487,002.	58,220.
DEDUCTIONS:			
COMPENSATION OF OFFICERS	50,000.	100,000.	50,000.
TAXES AND LICENSES	5,714.	7,744.	2,030.
INTEREST	602.	170.	-432.
DEPRECIATION	12,000.	5,324.	-6,676.
ADVERTISING	2,509.	2,462.	-47.
EMPLOYEE BENEFIT PROGRAMS	0.	25,000.	25,000.
OTHER DEDUCTIONS	228,900.	215,196.	-13,704.
TOTAL DEDUCTIONS	299,725.	355,896.	56,171.
ORDINARY BUSINESS INCOME (LOSS)	129,057.	131,106.	2,049.
S CORPORATION TAXES:			
PAYMENTS AND CREDITS:			
BALANCE DUE OR REFUND:			
SCHEDULE K:			
INCOME:			
ORDINARY BUSINESS INCOME (LOSS)	129,057.	131,106.	2,049.
INTEREST INCOME	21.	27.	6.
DEDUCTIONS:			
CHARITABLE CONTRIBUTIONS	6,205.	9,068.	2,863.
INVESTMENT INTEREST:			
INVESTMENT INCOME	21.	27.	6.
CREDITS:			

S CORPORATION
Two-Year Comparison

2020

Name SLOAN APPRAISAL SERVICES LLC	Employer Identification Number 82-3070166
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Description	Prior Year	Current Year	Increase (Decrease)
FOREIGN TAXES:			
AMT ITEMS:			
POST-1986 DEPRECIATION ADJUSTMENT	-457.	-426.	31.
OTHER SCHEDULE K ITEMS:			
NONDEDUCTIBLE EXPENSES	1,130.	594.	-536.
PROPERTY DISTRIBUTIONS	26,794.	33,443.	6,649.
INCOME (LOSS)	122,873.	122,065.	-808.
SCHEDULE M-1:			
NET INCOME (LOSS) PER BOOKS	121,743.	121,471.	-272.
TRAVEL & ENTERTAINMENT RECORDED ON BOOKS NOT INCLUDED ON SCHEDULE K	1,130.	594.	-536.
TOTAL EXPENSES RECORDED ON BOOKS NOT INCLUDED ON SCHEDULE K	1,130.	594.	-536.
TOTAL OF LINES 1 THROUGH 3	122,873.	122,065.	-808.
INCOME (LOSS)	122,873.	122,065.	-808.
SCHEDULE M-2:			
ACCUMULATED ADJUSTMENTS ACCOUNT:			
BALANCE AT BEGINNING OF TAX YEAR	19,132.	114,081.	94,949.
ORDINARY INCOME	129,057.	131,106.	2,049.
OTHER ADDITIONS	21.	27.	6.
OTHER REDUCTIONS	7,335.	9,662.	2,327.
COMBINE LINES 1 THROUGH 5	140,875.	235,552.	94,677.
DISTRIBUTIONS	26,794.	33,443.	6,649.
BALANCE AT END OF TAX YEAR	114,081.	202,109.	88,028.

Form **8879-S**

IRS e-file Signature Authorization for Form 1120-S

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879-S.
- ▶ Go to www.irs.gov/Form8879S for the latest information.

2020

For calendar year 2020, or tax year beginning _____, 2020, and ending _____, 20__.

Name of corporation **SLOAN APPRAISAL SERVICES LLC** Employer identification number **82-3070166**

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120-S, line 1c)	1	487,002.
2	Gross profit (Form 1120-S, line 3)	2	487,002.
3	Ordinary business income (loss) (Form 1120-S, line 21)	3	131,106.
4	Net rental real estate income (loss) (Form 1120-S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120-S, Schedule K, line 18)	5	122,065.

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 2020 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 ANDERSON LAW GROUP, PLLC to enter my PIN 45304
ERO firm name Don't enter all zeros
 as my signature on the corporation's 2020 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2020 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. 91956545304
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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 ANDERSON LAW GROUP, PLLC Date 09/15/21

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

For Paperwork Reduction Act Notice, see instructions.

Form **8879-S** (2020)

LHA

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns
 ▶ **File a separate application for each return.**
 ▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.**

Print or Type	Name SLOAN APPRAISAL SERVICES LLC	Identifying number 82-3070166
	Number, street, and room or suite no. (If P.O. box, see instructions.) 9524 W CAMELBACK RD STE C130-291	
	City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) GLENDALE, AZ 85305-3112	

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for 25

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ▶
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ▶
 If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ▶
- 5a The application is for calendar year 2020, or tax year beginning _____, and ending _____
- b **Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (See instructions - attach explanation.)

6 Tentative total tax	6	0.
7 Total payments and credits. See instructions	7	0.
8 Balance due. Subtract line 7 from line 6. See instructions	8	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

Department of the Treasury
Internal Revenue Service

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

2020

For calendar year 2020 or tax year beginning _____, ending _____

A S election effective date 01/01/2017	Name SLOAN APPRAISAL SERVICES LLC Number, street, and room or suite no. If a P.O. box, see instructions. 9524 W CAMELBACK RD STE C130-291 City or town, state or province, country, and ZIP or foreign postal code GLENDALE, AZ 85305-3112	D Employer identification number 82-3070166
B Business activity code number (see instructions) 532289		E Date incorporated 01/01/2017
C Check if Sch. M-3 attached <input type="checkbox"/>		F Total assets (see instructions) \$ 339,775.

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year **2**

J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

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

Income	1 a Gross receipts or sales 487,002.	b Return and allowances	c Bal. Subtract line 1b from line 1a	1c	487,002.
	2 Cost of goods sold (attach Form 1125-A)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	487,002.
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4	
	5 Other income (loss) (attach statement)			5	
	6 Total income (loss). Add lines 3 through 5			6	487,002.
Deductions (See instructions for limitations)	7 Compensation of officers (see instrs. - attach Form 1125-E)			7	100,000.
	8 Salaries and wages (less employment credits)			8	
	9 Repairs and maintenance			9	
	10 Bad debts			10	
	11 Rents			11	
	12 Taxes and licenses STATEMENT 1			12	7,744.
	13 Interest (see instructions)			13	170.
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14	5,324.
	15 Depletion (Do not deduct oil and gas depletion.)			15	
	16 Advertising			16	2,462.
	17 Pension, profit-sharing, etc., plans			17	
	18 Employee benefit programs			18	25,000.
	19 Other deductions (attach statement) STATEMENT 2			19	215,196.
	20 Total deductions. Add lines 7 through 19			20	355,896.
	21 Ordinary business income (loss). Subtract line 20 from line 6			21	131,106.
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a			
	b Tax from Schedule D (Form 1120-S)	22b			
	c Add lines 22a and 22b			22c	
	23 a 2020 estimated tax payments and 2019 overpayment credited to 2020	23a			
	b Tax deposited with Form 7004	23b			
	c Credit for federal tax paid on fuels (attach Form 4136)	23c			
	d Reserved for future use	23d			
	e Add lines 23a through 23d			23e	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			24	
	25 Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed			25	
	26 Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid			26	
27 Enter amount from line 26: Credited to 2021 estimated tax Refunded			27		

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

Sign Here Signature of officer: _____ Date: _____ Title: **PRESIDENT**

May the IRS discuss this return with the preparer shown below? See instr.
 Yes No

Print/Type preparer's name CHRISTOS ZATTAS, EA	Preparer's signature CHRISTOS ZATTAS, EA	Date 09/15/21	Check if self-employed <input type="checkbox"/>	PTIN P01879963
Firm's name ANDERSON LAW GROUP, PLLC	Firm's EIN 91-1956265			
Firm's address 3225 MCLEOD DRIVE LAS VEGAS, NV 89121	Phone no. 888-969-2677			

Schedule B Other Information (see instructions)	Yes	No		
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____				
2 See the instructions and enter the: a Business activity ▶ HOME APPRAISALS b Product or service ▶ SERVICE				
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X		
4 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X		
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X		
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock?		X		
If "Yes," complete lines (i) and (ii) below.				
(i) Total shares of restricted stock	▶	_____		
(ii) Total shares of non-restricted stock	▶	_____		
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?		X		
If "Yes," complete lines (i) and (ii) below.				
(i) Total shares of stock outstanding at the end of the tax year	▶	_____		
(ii) Total shares of stock outstanding if all instruments were executed	▶	_____		
6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide info. on any reportable transaction? ...		X		
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount		<input type="checkbox"/>		
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.				
8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years	▶	\$ _____		
9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X		
10 Does the corporation satisfy one or more of the following? See instructions		X		
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.				
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.				
c The corporation is a tax shelter and the corporation has business interest expense.				
If "Yes," complete and attach Form 8990.				
11 Does the corporation satisfy both of the following conditions?		X		
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.				
b The corporation's total assets at the end of the tax year were less than \$250,000.				
If "Yes," the corporation is not required to complete Schedules L and M-1.				

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction ▶ \$ _____		X
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments in 2020 that would require it to file Form(s) 1099?	X	
	b If "Yes," did the corporation file or will it file required Form(s) 1099?	X	
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 15 ▶ \$ _____		

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	131,106.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income STATEMENT 3	4	27.
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends 5b		
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
	b Collectibles (28%) gain (loss) 8b		
	c Unrecaptured section 1250 gain (attach statement) 8c		
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions) ... Type ▶	10	
	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions STATEMENT 4	12a	9,068.
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures Type ▶	12c	
	d Other deductions (see instructions) Type ▶	12d	
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type ▶	13d	
	e Other rental credits (see instructions) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type ▶	13g	
Foreign Transactions	14a Name of country or U.S. possession ▶		
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Reserved for future use	14d	
	e Foreign branch category	14e	
	f Passive category	14f	
	g General category	14g	
	h Other (attach statement)	14h	
	Deductions allocated and apportioned at shareholder level		
	i Interest expense	14i	
	j Other	14j	
	Deductions allocated and apportioned at corporate level to foreign source income		
	k Reserved for future use	14k	
	l Foreign branch category	14l	
	m Passive category	14m	
	n General category	14n	
	o Other (attach statement)	14o	
Other information			
p Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued ▶	14p		
q Reduction in taxes available for credit (attach statement)	14q		
r Other foreign tax information (attach statement)			

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	-426.	
	b Adjusted gain or loss	15b		
	c Depletion (other than oil and gas)	15c		
	d Oil, gas, and geothermal properties - gross income	15d		
	e Oil, gas, and geothermal properties - deductions	15e		
	f Other AMT items (attach statement)	15f		
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a		
	b Other tax-exempt income	16b		
	c Nondeductible expenses	16c	594.	
	d Distributions (attach statement if required)	16d	33,443.	
	e Repayment of loans from shareholders	16e		
Other Information	17a Investment income	17a	27.	
	b Investment expenses	17b		
	c Dividend distributions paid from accumulated earnings and profits	17c		
	d Other items and amounts (att. stmt.)		STATEMENT 5	
Reconciliation	18 Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p		18	122,065.

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		80,881.		270,121.
2 a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (att. stmt.)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (att. stmt.)	STATEMENT 6	61,694.		69,654.
10 a	Buildings and other depreciable assets	14,559.		19,883.	
b	Less accumulated depreciation	(14,559.)	0.	(19,883.)	0.
11 a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13 a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (att. stmt.)				
15	Total assets		142,575.		339,775.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (att. stmt.)	STATEMENT 7	484.		109,656.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (att. stmt.)				
22	Capital stock				
23	Additional paid-in capital		28,010.		28,010.
24	Retained earnings	STATEMENT 8	114,081.		202,109.
25	Adjustments to shareholders' equity (att. stmt.)				
26	Less cost of treasury stock	()		()	
27	Total liabilities and shareholders' equity		142,575.		339,775.

Schedule M-1

Reconciliation of Income (Loss) per Books With Income (Loss) per Return

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

1 Net income (loss) per books	121,471.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): _____		a Tax-exempt interest \$ _____	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):	
a Depreciation \$ _____		a Depreciation \$ _____	
b Travel and entertainment \$ 594.	594.	7 Add lines 5 and 6	
4 Add lines 1 through 3	122,065.	8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	122,065.

Schedule M-2

Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instrs.)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	114,081.			
2 Ordinary income from page 1, line 21	131,106.			
3 Other additions STATEMENT 11	27.			
4 Loss from page 1, line 21	()			
5 Other reductions STATEMENT 12	9,662.			()
6 Combine lines 1 through 5	235,552.			
7 Distributions	33,443.			
8 Balance at end of tax year. Subtract line 7 from line 6	202,109.			

Form 1120-S (2020)

Form **4562**

Depreciation and Amortization (Including Information on Listed Property) OTHER

OMB No. 1545-0172

2020

Attachment
Sequence No. 179

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SLOAN APPRAISAL SERVICES LLC

OTHER DEPRECIATION

82-3070166

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	5,324.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	5,324.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability questions.

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

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

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

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

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2020 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2020 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

2020 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	COMPUTER EQUIPMENT	01/01/17	200DE	5.00		HY17	2,559.				2,559.	2,559.		0.	2,559.
2	TRUCK	06/01/19	200DE	5.00		HY17	12,000.			12,000.				0.	
3	TRAILER	05/31/20	200DE	5.00		HY19E	5,324.			5,324.				5,324.	
	* TOTAL OTHER DEPRECIATION						19,883.			17,324.	2,559.	2,559.		5,324.	2,559.
CURRENT YEAR ACTIVITY															
	BEGINNING BALANCE						14,559.		0.	12,000.	2,559.	2,559.			2,559.
	ACQUISITIONS						5,324.		0.	5,324.	0.	0.			0.
	DISPOSITIONS/RETIRED						0.		0.	0.	0.	0.			0.
	ENDING BALANCE						19,883.		0.	17,324.	2,559.	2,559.			2,559.

028111 04-01-20

(D) - Asset disposed

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

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

SLOAN APPRAISAL SERVICES LLC
9524 W CAMELBACK RD STE C130-291
GLENDALE, AZ 85305-3112

Employer Identification Number: 82-3070166

For the Year Ending December 31, 2020

SLOAN APPRAISAL SERVICES LLC is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

FORM 1120S	TAXES AND LICENSES	STATEMENT 1
DESCRIPTION		AMOUNT
LICENSES		10.
PAYROLL TAXES		7,734.
TOTAL TO FORM 1120S, PAGE 1, LINE 12		7,744.

FORM 1120S	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ADMINISTRATIVE OFFICE REIMBURSEMENT		6,070.
BANK CHARGES		175.
COMPUTER EXPENSES		9,175.
DUES & SUBSCRIPTIONS		18,969.
GIFTS		344.
INSURANCE		9,110.
MEALS		594.
MILEAGE REIMBURSEMENT		10,205.
OFFICE EXPENSE		28,641.
OUTSIDE SERVICES		107,616.
POSTAGE		525.
PROFESSIONAL FEES		3,253.
SEMINARS		2,342.
STORAGE		2,987.
TELEPHONE		4,365.
TRAVEL		992.
VEHICLE EXPENSE		9,833.
TOTAL TO FORM 1120S, PAGE 1, LINE 19		215,196.

SCHEDULE K	INTEREST INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
INTEREST INCOME		27.
TOTAL TO SCHEDULE K, LINE 4		27.

SCHEDULE K	CHARITABLE CONTRIBUTIONS			STATEMENT 4
DESCRIPTION	NO LIMIT	50%, 60% OR 100% LIMIT	30% LIMIT	20% LIMIT
VARIOUS CASH	X	9,068.		
TOTALS TO SCHEDULE K, LINE 12A		9,068.		

SCHEDULE K	OTHER ITEMS, LINE 17D	STATEMENT 5
DESCRIPTION		AMOUNT
SECTION 199A - ORDINARY INCOME (LOSS)		131,106.
SECTION 199A - W-2 WAGES		100,000.
SECTION 199A - UNADJUSTED BASIS OF ASSETS		19,883.

SCHEDULE L	OTHER INVESTMENTS	STATEMENT 6
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
LOANS RECEIVABLE	61,694.	69,654.
TOTAL TO SCHEDULE L, LINE 9	61,694.	69,654.

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT 7
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
401K PAYABLE		50,000.
CARES LOAN		19,692.
CREDIT CARD PAYABLES	400.	1,910.
PAYROLL LIABILITIES	84.	38,054.
TOTAL TO SCHEDULE L, LINE 18	484.	109,656.

SCHEDULE L ANALYSIS OF TOTAL RETAINED EARNINGS PER BOOKS STATEMENT 8

DESCRIPTION	AMOUNT
BALANCE AT BEGINNING OF YEAR	114,081.
NET INCOME PER BOOKS	121,471.
DISTRIBUTIONS	-33,443.
OTHER INCREASES (DECREASES)	
BALANCE AT END OF YEAR - SCHEDULE L, LINE 24, COLUMN (D)	202,109.

SCHEDULE K NONDEDUCTIBLE EXPENSES STATEMENT 9

DESCRIPTION	AMOUNT
EXCLUDED MEALS EXPENSES	594.
TOTAL TO SCHEDULE K, LINE 16C	594.

FORM 1120S DISTRIBUTIONS STATEMENT 10

DESCRIPTION	DATE ACQUIRED	DATE DISTRIBUTED	COST	AMOUNT
				33,443.
TOTAL INCLUDED IN FORM 1120S, PAGE 4, LINE 16D				33,443.

SCHEDULE M-2 ACCUMULATED ADJUSTMENTS ACCOUNT - OTHER ADDITIONS STATEMENT 11

DESCRIPTION	AMOUNT
PORTFOLIO INTEREST INCOME	27.
TOTAL TO SCHEDULE M-2, LINE 3 - COLUMN (A)	27.

SCHEDULE M-2 ACCUMULATED ADJUSTMENTS ACCOUNT- OTHER REDUCTIONS STATEMENT 12

<u>DESCRIPTION</u>	<u>AMOUNT</u>
CHARITABLE CONTRIBUTIONS	9,068.
NONDEDUCTIBLE EXPENSES	594.
TOTAL TO SCHEDULE M-2, LINE 5 - COLUMN (A)	<u>9,662.</u>

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
1	COMPUTER EQUIPMENT	01/01/17	150DB	5.00	2,559.	1,493.	0.	426.	-426.
3	TRAILER	05/31/20	200DB	5.00	5,324.	0.	5,324.	5,324.	0.
	TOTALS				7,883.	1,493.	5,324.	5,750.	-426.
	MACRS AMT ADJUSTMENT							-426.	

**Schedule K-1
(Form 1120-S)**

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or tax
year beginning _____
ending _____

Final K-1 Amended K-1 OMB No. 1545-0123

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

Part I Information About the Corporation	
A Corporation's employer identification number 82-3070166	
B Corporation's name, address, city, state, and ZIP code SLOAN APPRAISAL SERVICES LLC 9524 W CAMELBACK RD STE C130-291 GLENDALE, AZ 85305-3112	
C IRS Center where corporation filed return E-FILE	
Part II Information About the Shareholder	
D Shareholder's identifying number 574-32-9912	
E Shareholder's name, address, city, state, and ZIP code NITA L. SLOAN 9524 W CAMELBACK RD STE C130-291 GLENDALE, AZ 85305	
F Current year allocation percentage ... <u>70.000000 %</u>	
G Shareholder's number of shares Beginning of tax year <u>70.00</u> End of tax year <u>70.00</u>	
H Loans from shareholder Beginning of tax year \$ _____ End of tax year \$ _____	
For IRS Use Only	

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) 91,774.	13	Credits
2	Net rental real estate inc (loss)		
3	Other net rental income (loss)		
4	Interest income 19.		
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 sec 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15 A	Alternative min tax (AMT) items -298.
11	Section 179 deduction	16 C*	Items affecting shareholder basis 416.
12 G	Other deductions 6,348.	D*	23,410.
		17 A	Other information 19.
		V *	STMT
		AC*	STMT
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		
*See attached statement for additional information.			

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 16, CODE C

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
EXCLUDED MEALS EXPENSES	416.	SEE SHAREHOLDERS INSTRUCTIONS
TOTAL	416.	

SCHEDULE K-1 DISTRIBUTIONS BOX 16, CODE D

DESCRIPTION	DATE	AMOUNT	FILING INSTRUCTIONS
		23,410.	
TOTAL		23,410.	

SCH K-1

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 17, UNDER CODE V. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 SECTION 199A ITEMS, BOX 17
CODE V

DESCRIPTION	AMOUNT
TRADE OR BUSINESS	
ORDINARY INCOME(LOSS)	91,774.
W-2 WAGES	70,000.
UNADJUSTED BASIS	13,918.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C), BOX 17, CODE AC

DESCRIPTION	AMOUNT
GROSS RECEIPTS - CURRENT YEAR	340,920.

**Schedule K-1
(Form 1120-S)**

2020

Final K-1 Amended K-1 OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or tax
year beginning _____
ending _____

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

Part I Information About the Corporation	
A Corporation's employer identification number 82-3070166	
B Corporation's name, address, city, state, and ZIP code SLOAN APPRAISAL SERVICES LLC 9524 W CAMELBACK RD STE C130-291 GLENDALE, AZ 85305-3112	
C IRS Center where corporation filed return E-FILE	
Part II Information About the Shareholder	
D Shareholder's identifying number 512-70-6293	
E Shareholder's name, address, city, state, and ZIP code LANCE R. SLOAN 9524 W CAMELBACK RD STE C130-291 GLENDALE, AZ 85305	
F Current year allocation percentage ... 30.000000 %	
G Shareholder's number of shares Beginning of tax year 30.00 End of tax year 30.00	
H Loans from shareholder Beginning of tax year \$ _____ End of tax year \$ _____	
For IRS Use Only	

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) 39,332.	13	Credits
2	Net rental real estate inc (loss)		
3	Other net rental income (loss)		
4	Interest income 8.		
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 sec 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative min tax (AMT) items -128.
		A	
11	Section 179 deduction	16	Items affecting shareholder basis 178.
		C*	
12	Other deductions 2,720.	D*	10,033.
		G	
		17	Other information 8.
		A	
		V *	STMT
		AC*	STMT
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		
*See attached statement for additional information.			

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 16, CODE C

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
EXCLUDED MEALS EXPENSES	178.	SEE SHAREHOLDERS INSTRUCTIONS
TOTAL	178.	

SCHEDULE K-1 DISTRIBUTIONS BOX 16, CODE D

DESCRIPTION	DATE	AMOUNT	FILING INSTRUCTIONS
		10,033.	
TOTAL		10,033.	

SCH K-1

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 17, UNDER CODE V. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 SECTION 199A ITEMS, BOX 17
CODE V

DESCRIPTION	AMOUNT
TRADE OR BUSINESS	
ORDINARY INCOME(LOSS)	39,332.
W-2 WAGES	30,000.
UNADJUSTED BASIS	5,965.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C), BOX 17, CODE AC

DESCRIPTION	AMOUNT
GROSS RECEIPTS - CURRENT YEAR	146,109.

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Name of S corporation SLOAN APPRAISAL SERVICES LLC	Employer Identification Number (required) 82-3070166
Name and Title of Officer NITA SLOAN, PRESIDENT	

PART 1 - PURPOSE

- To certify the truthfulness, correctness, and completeness of the S corporation's Arizona electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the S corporation wishes to use the officer's electronic signature to the S corporation's federal income tax return as the S corporation's signature to the Arizona electronic income tax return filed by the S corporation.

PART 2 - TAX RETURN INFORMATION FROM ARIZONA RETURN

1 Total Distributive Income (Loss) from Form 120S, line 1	122,065	00
2 Total Income Attributable to AZ from Form 120S, line 10		00
3 REFUND: Enter the amount to be refunded from Form 120S, line 30		00
4 AMOUNT OWED: Enter the total due from Form 120S, line 27		00

PART 3 - FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit.

TYPE OF ACCOUNT
 Checking Savings

ACCOUNT NUMBER _____ ROUTING NUMBER _____

DIRECT DEBIT REQUEST DATE _____ DIRECT DEBIT PAYMENT AMOUNT \$ _____ .00

Foreign Account: See instructions below.

Box 3 Checkbox - Refund: The S corporation is due a refund based on the information provided on its income tax return. If the S corporation is due a refund, we will send a check.

Box 4 Checkbox - Amount Owed: The S corporation owes taxes based on the information provided on its income tax return. The S corporation has elected to direct debit for payment. The payment will be withdrawn from the account on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Checkbox: Check the "Foreign Account" box if the S corporation's debit will ultimately come from a foreign account. If you check this box, do not enter the S corporation's bank account information, we will not direct debit the account. **If the S corporation owes tax and is required to pay by EFT, submit payment by ACH Credit to avoid penalty. If the S corporation owes tax and is NOT required to pay by EFT, submit payment by ACH Credit or complete Form 120V, mail it with a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.**

PART 4 - DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I am an officer of the above S corporation and that I have examined a copy of the S corporation's electronic Arizona S corporation income tax return and accompanying schedules and statements for the 2020 tax year, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Total Distributive Income (Loss) and Total Income Attributable to Arizona listed above are the amounts shown on the copy of the S corporation's electronic Arizona S corporation income tax return.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of the tax liability by the original due date of the income tax return, the corporation will remain liable for the tax liability and all applicable interest and penalties. When electronically filing the S corporation's federal and state tax returns, I understand that if there is an error on the federal return, the state return will also be rejected.

I consent to the S corporation's Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending an electronic Arizona income tax return and accompanying schedules and statements to the Arizona Department of Revenue (ADOR), and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending the S corporation's ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of the return is accepted and, if the

return is rejected, the reason(s) for the rejection. If the processing of the return or refund is delayed, I authorize ADOR to disclose to the S corporation's ERO, OLSP and/or transmitter the reason(s) for the delay. If ADOR contacts the S corporation's ERO for a copy of the return, any accompanying documents or schedules to the return, and/or this authorization form, I authorize the S corporation's ERO to release copies of the requested documents to ADOR.

I authorize ANDERSON LAW GROUP, PLLC
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want the officer's electronic signature to the S corporation's federal electronic income tax return to serve as the officer's signature to the S corporation's Arizona electronic S corporation income tax return for the 2020 tax year. I understand that when the S corporation's ERO makes the election that the officer's electronic signature to the S corporation's federal income tax return will serve as the officer's signature to the S corporation's Arizona S corporation income tax return, I will have signed the S corporation's Arizona income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

PLEASE SIGN	_____ SIGNATURE of OFFICER	_____ DATE
--------------------	-------------------------------	---------------

S corporations and Partnerships: Use Form 204 to request an extension of time to file a composite return on Form 140NR for nonresident individual shareholders or nonresident individual partners.

For the calendar year 2020 or fiscal year beginning _____ and ending _____ .

Name SLOAN APPRAISAL SERVICES LLC			Employer Identification Number (EIN) 82-3070166	
Address - number and street or PO Box 9524 W CAMELBACK RD STE C130-291			Business Telephone Number (with area code) 602-730-5769	
City, Town or Post Office GLENDALE	State AZ	ZIP Code 85305-3112	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88	
A <input type="checkbox"/> Check if this is the first tax return filed under this name and EIN. B <input type="checkbox"/> Check if name and/or address has changed. C <input type="checkbox"/> Check if EIN has changed. Enter prior EIN: _____				
Check type of return to be filed: <input type="checkbox"/> 120 <input type="checkbox"/> 120A <input checked="" type="checkbox"/> 120S <input type="checkbox"/> 165			81 PM	66 RCVD

All electronic applications for an extension of time to file **must be submitted on or before the original due date of the return**, unless the original due date falls on Saturday, Sunday, or a legal holiday. In that case, the application must be submitted on or before the business day following such Saturday, Sunday, or legal holiday.

An Arizona extension cannot be granted for more than six months beyond the original due date of the return. Arizona will accept a valid federal extension for the same period of time covered by the federal extension.

CHECK ONE BOX	Extension Date	Taxable Year Ending
<input checked="" type="checkbox"/> Form 120, Form 120A, Form 120S, or Form 165: This is a request for an automatic six-month extension until _____	09/15/2021	12/31/2020
<input type="checkbox"/> A federal extension will be used to file this tax return. See instructions if this form is being used to submit the Arizona extension payment.		

EXTENSION PAYMENT COMPUTATION (Forms 120, 120A, or 120S only)			
1 Tax liability for the taxable year: See instructions	1	0	00
2 Less estimated tax payments	2		00
3 Balance of Tax: Subtract line 2 from line 1. Enter the difference	3	0	00
4 Enter amount of extension payment. See instructions	4		00
5 Reserved			

Taxpayers that have a tax liability of \$5,000 or more for tax year 2020 must make tax payments by electronic funds transfer (EFT). Failure to do so shall result in a penalty of 5% of the non-electronic payment. Taxpayers required to make estimated tax payments by EFT must complete the department's electronic funds transfer authorization agreement at least 30 days prior to their first transaction. Go to AZTaxes.gov to register. Click "Enroll to File and Pay Online." Complete the New User Registration form as directed.

are not required to pay by EFT may mail a check to the Arizona Department of Revenue or they may pay by ACH Credit.

The taxpayer will be liable for the extension underpayment penalty if at least 90 percent of the tax liability disclosed by the return has not been paid by the original due date of the return. Taxpayers subject to the extension underpayment penalty are not subject to the late payment penalty prescribed by A.R.S. § 42 1125(D). Interest accrues on any additional tax due from the original due date of the return until paid.

NOTE: Taxpayers making a payment from a foreign bank account that are required to pay by EFT must make payment by ACH Credit. Taxpayers making a payment from a foreign bank account that

If you have a Foreign Account and are paying by check, include this form with your check.

All others, do not mail this form to the Arizona Department of Revenue.

Retain with your tax records for a minimum of four (4) years. Your estimated tax payment will be applied to your account.

Name (as shown on page 1) SLOAN APPRAISAL SERVICES LLC	EIN 82-3070166
--	--------------------------

Foreign Account: Check this box if your direct debit of payment will ultimately come from a foreign account. If you check this box, do not enter your routing or account numbers. If this box is checked, we cannot debit your payment. If you owe tax and are required to pay by EFT, submit payment by ACH Credit to avoid penalty. If you owe tax and are NOT required by pay by EFT, you may pay by ACH Credit, or mail the completed Form 120 EXT-E with your check to the Arizona Department of Revenue, PO Box 29038, Phoenix, AZ 85038-9085. Write your EIN and "Tax Year 2020" on your payment.

Direct Debit of Payment: I authorize the Arizona Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. 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.

Account information must be present when requesting direct debit. Direct Debit Payment Amount should equal amount on line 4.

TYPE OF ACCOUNT

Checking Savings

ROUTING NUMBER

ACCOUNT NUMBER

DIRECT DEBIT REQUEST DATE

DIRECT DEBIT PAYMENT AMOUNT

\$.00

Internet Payments: Corporate taxpayers must be registered with the department before they can pay taxes online. Go to www.AZTaxes.gov to register and make payments over the internet.

If you have a Foreign Account and are paying by check, include this form with your check.

All others, do not mail this form to the Arizona Department of Revenue.

Retain with your tax records for a minimum of four (4) years. Your extension tax payment will be applied to your account.

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns
File a separate application for each return.
 Go to www.irs.gov/Form7004 for instructions and the latest information.

Print or Type	Name SLOAN APPRAISAL SERVICES LLC	Identifying number 82-3070166
	Number, street, and room or suite no. (If P.O. box, see instructions.) 9524 W CAMELBACK RD STE C130-291	
	City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) GLENDALE, AZ 85305-3112	

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for 25

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ▶
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ▶
 If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ▶
- 5a The application is for calendar year 2020, or tax year beginning _____, and ending _____
- b **Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (See instructions - attach explanation.)

6 Tentative total tax	6	0.
7 Total payments and credits. See instructions	7	0.
8 Balance due. Subtract line 7 from line 6. See instructions	8	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

For the [X] calendar year 2020 or [] fiscal year beginning _____ and ending _____

Business Telephone Number (with area code) 602-730-5769
Name SLOAN APPRAISAL SERVICES LLC
Address - number and street or PO Box 9524 W CAMELBACK RD STE C130-291
City, Town or Post Office GLENDALE
State AZ ZIP Code 85305-3112
CHECK ONE: [X] Original [] Amended
Employer Identification Number (EIN) 82-3070166
Business Activity Code (from federal Form 1120-S) 532289

68 Check box if: A [] This is a first return B [] Name change C [] Address change
A ARIZONA apportionment for multistate S corporations only (check one box):
1 [] AIR CARRIER 2 [] STANDARD 3 [] SALES FACTOR ONLY
B [] Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP) is included.
C Is this the S corporation's final Arizona return under this EIN? [] Yes [X] No
D Does the S corporation conduct business within and without Arizona? [] Yes [X] No
E Will a composite return be filed on Form 140NR? [] Yes [X] No
F Total number of nonresident individual shareholders 0
G Total number of resident and part-year resident individual shareholders 2
H Total number of entity shareholders: See instructions 0
Nonprofit Medical Marijuana Dispensary (NMMD) only: See instructions.
I [] NMMD Registry Identification Number:

Check box if return filed under extension: [82] 82F []
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
[88]
[81] PM [66] RCVD

Table with 30 rows and 3 columns. Row 1: 1 TOTAL DISTRIBUTIVE INCOME (LOSS) from federal Form 1120-S, Schedule K 1 122,065 00
Row 2: 2 Excess net passive income 2 00
Row 3: 3 Capital gains/built-in gains 3 00
Row 4: 4 Total federal income subject to corporate income tax: Add lines 2 and 3. Enter the difference 4 00
Row 5: 5 Nonapportionable or allocable income: Include schedule. Multistate S corporations only 5 00
Row 6: 6 Apportionable income: Subtract line 5 from line 4. Enter the difference. Multistate S corporations only 6 00
Row 7: 7 Arizona apportionment ratio from Schedule A or Schedule ACA 7 .
Row 8: 8 Income apportioned to Arizona: Line 6 multiplied by line 7. Multistate S corporations only 8 00
Row 9: 9 Other income allocated to Arizona: Include schedule. Multistate S corporations only 9 00
Row 10: 10 Total income attributable to Arizona: Add lines 8 and 9. Enter the total 10 00
Row 11: 11 Net income subject to Arizona corporate income tax: 11 00
Row 12: 12 Enter tax: See instructions before completing this line. 12 0 00
Row 13: 13 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 22 13 00
Row 14: 14 Subtotal: Add lines 12 and 13. Enter the total 14 00
Row 15: 15 Nonrefundable tax credits from Arizona Form 300, Part 2, line 40 15 00
Row 16: 16 Enter form number for each nonrefundable credit claimed: 161 3 162 3 163 3 164 3
Row 17: 17 Tax liability: Subtract line 15 from line 14. Enter the difference 17 0 00
Row 18: 18 Refundable tax credits: Check box(es) and enter amount 181 [] 308 182 [] 349 18 00
Row 19: 19 Extension payment made with Form 120EXT or online: See instructions 19 00
Row 20: 20 Estimated tax payments: See instructions 20 00
Row 21: 21 Total payments: Add lines 18 through 20. Enter the total. For amended returns, see instructions 21 00
Row 22: 22 Balance of tax due: If line 17 is larger than line 21, subtract line 21 from line 17. Enter the difference. Skip line 23 22 00
Row 23: 23 Overpayment of tax: If line 21 is larger than line 17, subtract line 17 from line 21. Enter the difference 23 00
Row 24: 24 Penalty and interest 24 00
Row 25: 25 Estimated tax underpayment penalty. If Form 220 is included, check box 25A [] 25 00
Row 26: 26 Information return penalty: See instructions 26 00
Row 27: 27 TOTAL DUE: See instructions 27 00
Row 28: 28 OVERPAYMENT: See instructions 28 00
Row 29: 29 Amount of line 28 to be applied to 2021 estimated tax 29 00
Row 30: 30 Amount to be refunded: Subtract line 29 from line 28. Enter the difference 30 00

SCHEDULE A Apportionment Formula (Multistate S Corporations Only)

IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona Schedule MSP. If the "SALES FACTOR ONLY" box on page 1, line A, is checked, complete only Section A3, Sales Factor, lines a through f. See instructions.

- A1 Property Factor - STANDARD APPORTIONMENT ONLY
Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value).
a Owned Property (at original cost):
1 Inventories
2 Depreciable assets (do not include construction in progress)
3 Land
4 Other assets (describe):
5 Less: Nonbusiness property (if included in above totals)
6 Total of section a (the sum of lines 1 through 4 less line 5)
b Rented property (capitalize at 8 times net rent paid)
c Total owned and rented property (Total of section a plus section b)
A2 Payroll Factor - STANDARD APPORTIONMENT ONLY
Total wages, salaries, commissions and other compensation to employees (per federal Form 1120S, or payroll reports)
A3 Sales Factor
a Sales delivered or shipped to Arizona purchasers
b Sales from services or from designated intangibles for qualifying multistate service providers only (see instructions; include Schedule MSP)
c Other gross receipts
d Total sales and other gross receipts
e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1)
f Sales Factor Only (for Column A, multiply line d by line e; for Column B, enter the amount from line d; for Column C, divide Column A by Column B.) Skip line A4 and line A5.
STANDARD Apportionment, continue to A4.
SALES FACTOR ONLY Apportionment, enter the amount from Column C on page 1, line 7
A4 STANDARD Apportionment Total Ratio: Add Column C of lines A1c, A2, and A3f. Enter the total
A5 Average Apportionment Ratio for STANDARD Apportionment: Divide line A4, Column C, by four (4). Enter the result on page 1, line 7. (If one of the factors is "0" in both Column A and Column B, see instructions.)

Table with 3 columns: COLUMN A Total Within Arizona Round to nearest dollar, COLUMN B Total Everywhere Round to nearest dollar, COLUMN C Ratio Within Arizona A ÷ B. Includes rows for A1, A2, A3, A4, and A5.

SCHEDULE B Other Information

- B1 Date business began in Arizona or date income was first derived from Arizona sources: 01/01/2017
B2 Address at which tax records are located for audit purposes:
Number/Street: 9524 W CAMELBACK RD STE C130-2
City: GLENDALE State: AZ ZIP Code: 85305
B3 The taxpayer designates the individual listed below as the person to contact to schedule an audit of this return and authorizes the disclosure of confidential information to this individual. (See instructions, page 12.)
Name: NITA SLOAN Phone Number: 602-730-5769 (Area Code)
Title: PRESIDENT
B4 List prior taxable years ending in MM/DD/YYYY format for which a federal examination has been finalized:
NOTE: A.R.S. § 43-327 requires the taxpayer, within ninety days after final determination, to report these changes under separate cover to the Arizona Department of Revenue or to file amended returns reporting these changes. (See instructions, page 2.)
B5 Indicate tax accounting method: [X] Cash [] Accrual [] Other (Specify method.)

SCHEDULE C Shareholder Information

Complete Schedule C for all shareholders of the S corporation. If the S corporation has more than 8 shareholders, include additional schedules as necessary.

(a) Shareholder Name	(b) Street Address	(d) Shareholder Tax Identification Number	(e) Shareholder's Ownership Percentage	(f) Distributive Share of Income Page 1, Line 1	(g) Resident (R) Nonresident (N) Other Entity (O)
	(c) City, State ZIP				
1	SEE STATEMENT 1				
2					
3					
4					
5					
6					
7					
8					

Include additional sheets as necessary

Declaration	The following declaration must be signed by one or more of the following officers: president, treasurer, or any other principal officer.		
	Under penalties of perjury, I, the undersigned officer authorized to sign this return, declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.		
Please Sign Here	OFFICER'S SIGNATURE	DATE	PRESIDENT TITLE
	OFFICER'S PRINTED NAME		
	CHRISTOS ZATTAS, EA	09/15/2021	P01879963
	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
	CHRISTOS ZATTAS, EA		
	PAID PREPARER'S PRINTED NAME		
Paid Preparer's Use Only	ANDERSON LAW GROUP, PLLC		91-1956265
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		
	3225 MCLEOD DRIVE		888-969-2677
	FIRM'S STREET ADDRESS		FIRM'S TELEPHONE NUMBER
	LAS VEGAS, NV	89121	
	CITY	STATE	ZIP CODE

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix, AZ 85038-9079

AZ 120S SCHEDULE C - SHAREHOLDER INFORMATION STATEMENT 1

NAME AND ADDRESS	SHAREHOLDER TIN	SHAREHOLDER OWNERSHIP PERCENTAGE	DISTRIBUTIVE SHARE OF INCOME (LOSS)	R N O
NITA L. SLOAN 9524 W CAMELBACK RD STE C130-291 GLENDALE, AZ 85305	574329912	070.000000	85,445.	R
LANCE R. SLOAN 9524 W CAMELBACK RD STE C130-291 GLENDALE, AZ 85305	512706293	030.000000	36,620.	R

ARIZONA SCHEDULE K-1 EQUIVALENT	Shareholder's Information - Resident For Calendar Year 2020, or Fiscal Year Beginning , and Ending	2020
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Shareholder Name & Address NITA L. SLOAN 9524 W CAMELBACK RD STE C130-291 GLENDALE, AZ 85305	Shareholder ID No. 574-32-9912 Percentage of Ownership 70.000000%	CHECK ONE Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>
Corporation Name & Address SLOAN APPRAISAL SERVICES LLC 9524 W CAMELBACK RD STE C130-291 GLENDALE, AZ 85305-3112	Corporation ID Number 82-3070166	

Shareholder's Distributive Share of Income, Adjustments and Arizona Tax Credit Items	Amount
ADDITIONS TO INCOME	
Non-Arizona municipal interest	_____
Taxes paid to other states	_____
Other additions to income	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
SUBTRACTIONS FROM INCOME	
Interest on U.S. Government obligations	_____
Other subtractions from income	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
ARIZONA TAX CREDITS	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For the calendar year 2020 or fiscal year beginning _____ and ending _____ .

CHECK ONE: Original Amended

Shareholder's Tax Identification Number 574-32-9912	S corporation's Employer Identification Number (EIN) 82-3070166
Shareholder's Name NITA L. SLOAN	S corporation's Name SLOAN APPRAISAL SERVICES LLC
Shareholder's Address - number and street or rural route 9524 W CAMELBACK RD STE C130-291	S corporation's Address - number and street or rural route 9524 W CAMELBACK RD STE C130-291
Shareholder's City, Town or Post Office State ZIP Code GLENDALÉ, AZ 85305	S corporation's City, Town or Post Office State ZIP Code GLENDALÉ, AZ 85305-3112
Shareholder's percentage of stock ownership for the taxable year: 70.0000 %	

Part 1 Net Capital Gain (Loss) From Investment in a Qualified Small Business - Information Schedule

If the shareholder's federal Schedule K-1 (Form 1120-S) does not include any net capital gain (loss) from investment in a qualified small business as determined by the Arizona Commerce Authority, the S corporation is not required to complete Part 1.

Pro Rata Share Items	Distributive Share Amount
1 Net capital gain (loss) from investment in a qualified small business 1	

Part 2 Net Capital Gain (Loss) From the Exchange of Legal Tender - Information Schedule

If the shareholder's federal Schedule K-1 (Form 1120-S) does not include any net capital gain (loss) from the exchange of legal tender, the S corporation is not required to complete Part 2.

Pro Rata Share Items	Distributive Share Amount
2 Net capital gain (loss) from the exchange of legal tender 2	

Part 3 Net Long-Term Capital Gain (Loss) Subtraction - Information Schedule

If the shareholder's federal Schedule K-1 (Form 1120-S) includes net long-term capital gain (loss), complete line 3 through line 5 (if applicable).
If the shareholder's federal Schedule K-1 (Form 1120-S) does not include any net long-term capital gain (loss), the S corporation is not required to complete Part 3.

Pro Rata Share Items From federal Form 1120-S, Schedule K-1	(a) Distributive Share Amount	(b) Net long-term capital gain (loss) included in column (a) from assets acquired before January 1, 2012	(c) Net long-term capital gain (loss) included in column (a) from assets acquired after December 31, 2011
3 Net long-term capital gain (loss) 3			

ADDITIONAL INFORMATION:

4 Net long-term capital gain (loss) from investment in a qualified small business (amount already included in line 3, column (c)) 4			
5 Net long-term capital gain (loss) from the exchange of legal tender (amount already included in line 3, column (c)) 5			

ARIZONA SCHEDULE K-1 EQUIVALENT	Shareholder's Information - Resident For Calendar Year 2020, or Fiscal Year Beginning , and Ending	2020
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Shareholder Name & Address LANCE R. SLOAN 9524 W CAMELBACK RD STE C130-291 GLENDALE, AZ 85305	Shareholder ID No. 512-70-6293 Percentage of Ownership 30.000000%	CHECK ONE Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>
Corporation Name & Address SLOAN APPRAISAL SERVICES LLC 9524 W CAMELBACK RD STE C130-291 GLENDALE, AZ 85305-3112	Corporation ID Number 82-3070166	

Shareholder's Distributive Share of Income, Adjustments and Arizona Tax Credit Items	Amount
ADDITIONS TO INCOME	
Non-Arizona municipal interest	_____
Taxes paid to other states	_____
Other additions to income	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
SUBTRACTIONS FROM INCOME	
Interest on U.S. Government obligations	_____
Other subtractions from income	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
ARIZONA TAX CREDITS	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For the calendar year 2020 or fiscal year beginning _____ and ending _____ .

CHECK ONE: Original Amended

Shareholder's Tax Identification Number 512-70-6293	S corporation's Employer Identification Number (EIN) 82-3070166
Shareholder's Name LANCE R. SLOAN	S corporation's Name SLOAN APPRAISAL SERVICES LLC
Shareholder's Address - number and street or rural route 9524 W CAMELBACK RD STE C130-291	S corporation's Address - number and street or rural route 9524 W CAMELBACK RD STE C130-291
Shareholder's City, Town or Post Office State ZIP Code GLENDALÉ, AZ 85305	S corporation's City, Town or Post Office State ZIP Code GLENDALÉ, AZ 85305-3112
Shareholder's percentage of stock ownership for the taxable year: 30.0000 %	

Part 1 Net Capital Gain (Loss) From Investment in a Qualified Small Business - Information Schedule

If the shareholder's federal Schedule K-1 (Form 1120-S) does not include any net capital gain (loss) from investment in a qualified small business as determined by the Arizona Commerce Authority, the S corporation is not required to complete Part 1.

Pro Rata Share Items	Distributive Share Amount
1 Net capital gain (loss) from investment in a qualified small business 1	

Part 2 Net Capital Gain (Loss) From the Exchange of Legal Tender - Information Schedule

If the shareholder's federal Schedule K-1 (Form 1120-S) does not include any net capital gain (loss) from the exchange of legal tender, the S corporation is not required to complete Part 2.

Pro Rata Share Items	Distributive Share Amount
2 Net capital gain (loss) from the exchange of legal tender 2	

Part 3 Net Long-Term Capital Gain (Loss) Subtraction - Information Schedule

If the shareholder's federal Schedule K-1 (Form 1120-S) includes net long-term capital gain (loss), complete line 3 through line 5 (if applicable).
If the shareholder's federal Schedule K-1 (Form 1120-S) does not include any net long-term capital gain (loss), the S corporation is not required to complete Part 3.

Pro Rata Share Items From federal Form 1120-S, Schedule K-1	(a) Distributive Share Amount	(b) Net long-term capital gain (loss) included in column (a) from assets acquired before January 1, 2012	(c) Net long-term capital gain (loss) included in column (a) from assets acquired after December 31, 2011
3 Net long-term capital gain (loss) 3			

ADDITIONAL INFORMATION:

4 Net long-term capital gain (loss) from investment in a qualified small business (amount already included in line 3, column (c)) 4			
5 Net long-term capital gain (loss) from the exchange of legal tender (amount already included in line 3, column (c)) 5			

DO NOT STAPLE ANY ITEMS TO THE RETURN.

For the calendar year 2020 or fiscal year beginning _____ and ending _____ . **66**

1 Your First Name and Middle Initial SLOAN APPRAISAL SERVICES LLC	Last Name	Enter your SSN(s).	Your Social Security Number 82-3070166
1 Spouse's First Name and Middle Initial (if filing joint)	Last Name		Spouse's Social Security No.
2 Current Home Address - number and street, rural route 9524 W CAMELBACK RD STE C130-291		Apt. No.	Daytime Phone (with area code) 94 602-730-5769
3 City, Town or Post Office GLENDALE, AZ 85305-3112		State ZIP Code	88

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

81 PM	80 RCVD
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Resident Personal Income Tax Forms - Check only one box:

140 140A 140EZ 140PTC 140ET
 Part-Year Resident Personal Income Tax, Form 140PY
 Nonresident Personal Income Tax, Form 140NR
 Nonresident Composite, Form 140NR

All extension requests must be postmarked on or before the original due date of the return, unless the original due date falls on a Saturday, Sunday, or legal holiday. In that case, your request must be post-marked on or before the business day following that Saturday, Sunday, or legal holiday. If you are a calendar year filer, your request for a 2020 filing extension must be postmarked on or before May 17, 2021.

Arizona will grant an extension to individuals filing Forms 140, 140A, 140EZ, 140NR, 140PY, 140PTC or 140ET. An Arizona extension will give you until October 15, 2021 to file your calendar year end 2020 tax return. Arizona will accept a valid federal extension for the period covered by the federal extension.

CHECK ONE BOX:

<input checked="" type="checkbox"/> Individual Calendar Year Filers:	Fiscal Tax Year Ending	Return Due Date
This is a request for an automatic filing extension		October 15, 2021
<input type="checkbox"/> Individual Fiscal Year Filers:		
Enter taxable year end date and 6-month extension due date		

A federal extension will be used to file this tax return. This form is being used to transmit the Arizona extension payment.

1 Tax liability for 2020. You may estimate this amount	1		00
2 Arizona income tax withheld during 2020	2	00	
3 Arizona estimated tax payments for 2020	3	00	
4 Credits you will claim on your 2020 return. See Arizona Form 301 for a list of credits	4	00	
5 Add lines 2 through 4	5		00
6 Balance of Tax: Subtract line 5 from line 1	6		00
7 Enter amount of payment enclosed with this extension PAYMENT ENCLOSED ▶	7		00

- Make check payable to Arizona Department of Revenue; **write your SSN and tax year on your payment.**
- **Include your payment with this form.**
- For **Nonresident Composite returns**, write "Composite 140NR" on payment and include the taxable year end and entity's EIN.

- **IMPORTANT:** If you are filing under a federal extension but are making an Arizona extension *payment by credit card or electronic payment*, **do not mail Form 204** to us. We will apply your extension tax payment to your account.
- If you **are** sending a payment with this request, mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.
- If you are **not** sending a payment with this request, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.