Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [X] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558
- [X] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
PROBLATHYEST

1b Three-digit plan number (PN) ▶ 034

1c Effective date of plan 01/01/2025

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

GURUPRASAD SRIHARI
KATHY ANN BURTON ESTATE
LAURA A BURTON
243 BIAS FORK RD
WEST HAMLIN, WV 25571-7525

836, 16TH MAIN ROAD BSK 2 STAGE
BENGALURU, KARNATAKA 560070 IN

2b Employer Identification Number (EIN)
47-6430809

2c Plan Sponsor's telephone number
+919482912724

2d Business code (see instructions)
531310

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	01/25/2026	GURUPRASAD SRIHARI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/25/2026	GURUPRASAD SRIHARI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	6
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	4
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	8
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	8
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	4
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	4
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

3B 2K

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

4A

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[X] Code section 412(e)(3) insurance contracts	**(2)**	[X] Code section 412(e)(3) insurance contracts
(3)	[ ] Trust	**(3)**	[ ] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☒ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PROBLATHYEST

B Three-digit plan number (PN) ▶ 034

C Plan sponsor's name as shown on line 2a of Form 5500
GURUPRASAD SRIHARI

D Employer Identification Number (EIN)
47-6430809

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
US NATURAL RESOURCES HHS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-6430809	00533	248874374	4	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
2000	400

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LAURA BURTON
243 BIAS FORK ROAD
WEST HAMLIN, WV 25577

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2000		ADMINISTRATION, IMMUNITY RIGHTS ACKNOWLEDGED BY US GONMNT, IN LIEU OF CONGRESS, SENATE, AMENDMENTS	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	5000
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	6000		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	6000
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	6000
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	4000		
	▶ US SECURITIES				
	(5) Total deductions			7e(5)	4000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2000

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PROBLATHYEST

B Three-digit plan number (PN) ▶ 034

C Plan sponsor's name as shown on line 2a of Form 5500
GURUPRASAD SRIHARI

D Employer Identification Number (EIN)
47-6430809

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2000	5000
(2) Participant contributions	1b(2)	1000	500
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	5000	10000
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		2000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	8000	17500
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	8000	17500

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1000	
(B) Participants	2a(1)(B)	2000	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	6000	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6000
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		2000
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	4000	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		4000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		15000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1000	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		14000
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 **(2)** ☐ DOL Regulation 2520.103-12(d) **(3)** ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **(2)** EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**			
e Was this plan covered by a fidelity bond?	**4e**			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PROBLATHYEST

B Three-digit plan number (PN) ▶ 034

C Plan sponsor's name as shown on line 2a of Form 5500
GURUPRASAD SRIHARI

D Employer Identification Number (EIN)
47-6430809

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 2000

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 47-6430809

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 1

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a** 4500

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c** 4500

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☒ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☒ **No**

11 a Does the ESOP hold any preferred stock? ..... ☒ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☒ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☒ **No**

Part V **Additional Information for Multiemployer Defined Benefit Pension Plans**

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) ____________

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) ____________

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) ____________

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) ____________

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) ____________

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) ____________

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☒ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	2
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	1
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

pennsylvania
DEPARTMENT OF REVENUE
HARRISBURG PA 17128-2005

Pennsylvania Personal Income Tax Return

SRIHARI, GURUPRASAD

Period	31-Dec-2024
Submitted	16-Feb-2025
Confirmation #	0-021-369-584

Taxpayer

GURUPRASAD SRIHARI **Cell Phone** (India) (948)-291-2724

Email guruprasadsrihari504@gmail.com **Occupation** CEO

Taxpayer deceased 12-Aug-2010

Spouse

[redacted]

Email **Occupation** DIRECTOR

Address

210 W 6TH ST PH 46 ERIE PA 16507-1358

School district & residency

County	**Municipality**	**School district**
Erie	Erie City	Erie City

Residency Status Resident

Final return? No

Amended Return? Yes **Filing Status** Married Filing Joint

Summary

1a. Gross compensation (**Form W-2, Forms 1099, and Schedule UE**)	47,250.00
1b. Unreimbursed employee business expenses (**Schedules UE**)	0.00
1c. Net compensation	47,250.00
2. Interest income (**Schedules A**)	0.00
3. Dividend and capital gains distributions income (**Schedules B**)	0.00
4. Net income or loss from the operation of a business, profession, or farm (**Schedules C** and/or **Schedule E**)	350.00
5. Net gain or loss from the sale, exchange or disposition of property (**Schedules D**)	25,340.00
6. Net income or loss from rents, royalties, patents or copyrights (**Schedule E**)	0.00
7. Estate or trust income	0.00
8. Gambling and lottery winnings (**Schedule T**)	0.00
9. **Total Pennsylvania taxable income**	72,940.00
10a. Other deductions (**Schedule O**)	0.00
10b. Deduction type	C - Combined Deductions
11. **Adjusted Pennsylvania taxable income**	72,940.00
12. **Pennsylvania tax liability**	2,239.00

pennsylvania
DEPARTMENT OF REVENUE
HARRISBURG PA 17128-2005

Pennsylvania Personal Income Tax Return

SRIHARI, GURUPRASAD

Period	31-Dec-2024
Submitted	16-Feb-2025
Confirmation #	0-021-369-584

13. Total Pennsylvania tax withheld (**Forms W-2**, **Forms 1099-MISC**, **Forms 1099-NEC**, **Forms 1099-R**, and/or **Schedule T**)			4,020.00
14. Credit from your prior year Pennsylvania Personal Income Tax return			0.00
15. Estimated installment payments			0.00
16. Extension payment			0.00
17. Nonresident tax withheld from Pennsylvania Schedule(s) NRK-1			0.00
18. **Total estimated payments and credits**			0.00
19a. Filing status	**Married Filing Joint?** Yes	**Deceased?** Yes	
19b. Dependents			0
20. Total eligibility income (**Schedule SP**)			0.00
21. Tax forgiveness credit (**Schedule SP**)			0.00
22. Resident credit			0.00
23. Total other credits			0.00
24. **Total payments and credits**			4,020.00
25. **Use Tax**			0.00
26. **Tax due**			0.00
27a. Penalties and interest			0.00
27b. Penalty and interest code			
28. **Total payment due**			0.00
29. **Overpayment**			1,781.00
30. **Refund**			1,781.00
31. **Credit**			0.00
32. Refund donation	Donation amount		0.00
33. Refund donation	Donation amount		0.00
34. Refund donation	Donation amount		0.00
35. Refund donation	Donation amount		0.00
36. Refund donation	Donation amount		0.00
Amount paid with return submission			0.00

1099-MISC Miscellaneous Income

Corrected? **No**

Payer's name US GOVMNT AFFAIRS, RESOURCES, RIOUGE, DIRECTS (AUGMENE) INTERNAL GOV'MENTAL.. EXECUTIVE NEEDS
Payer's phone +1 (800) 832-1325

Payer's address 2 N 13TH ST LEWISBURG PA 17837-1362

Account number	O 440-16 0 74 12 200 D
FATCA filing requirement? **Yes**	
Rents	1,500.00
Royalties	1,300.00
Other income	900.00
Federal income tax withheld	1,600.00
Fishing boat proceeds	400.00
Medical and health care payments	600.00
Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale? **Yes**	
Substitute payments in lieu of dividends or interest	0.00
Crop insurance proceeds	700.00
Gross proceeds paid to an attorney	400.00
Section 409A deferrals	100.00
Excess golden parachute payments	0.00
Nonqualified deferred compensation	0.00

State tax withheld	State	Payer's state number	State income
$700.00	VA	9 - L)I R Q A CGR US M IS CA J W IS (AM J BR H	$6,000.00
$520.00	PA	US SPACE FORCE ATHANT 5 8 98 19 37 S AR RU L	$4,700.00

1099-MISC Miscellaneous Income

Corrected? **No**

Payer's name US GOVMNT AUGEMENE, REFINERIES, COMMON COURT, FARM, RIOUGE, ADJUTICABLE AFFAIRS, EXECUTIVE, INTERENCING
Payer's phone +1 (717) 772-2194

Payer's address 1500 COMMON WEALTH JUDICIAL CENTER BLDG 601 HARRISBURG PA 17106

Account number	14841547
FATCA filing requirement? **No**	
Rents	2,700.00
Royalties	4,000.00
Other income	2,000.00
Federal income tax withheld	2,400.00
Fishing boat proceeds	400.00
Medical and health care payments	200.00

Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale? **Yes**

Substitute payments in lieu of dividends or interest	0.00
Crop insurance proceeds	600.00
Gross proceeds paid to an attorney	1,000.00
Section 409A deferrals	1,000.00
Excess golden parachute payments	700.00
Nonqualified deferred compensation	600.00

State tax withheld	State	Payer's state number	State income
$200.00	KS	22093691	$600.00
$200.00	PA	B C A 10556 C2 A D 6 C 21 C 22	$2,200.00
$200.00	VA	9845065096	$1,300.00

1099-MISC Miscellaneous Income

Corrected? **No**

Payer's name US NATURAL RESOURCES FORESTS MAINE

Payer's phone +1 (800) 832-1325

Payer's address 1400 INDEPENDENCE WAY HATFIELD PA 19440-4103

Account number	9844025722 LF
FATCA filing requirement? **No**	
Rents	2,600.00
Royalties	4,200.00
Other income	1,200.00
Federal income tax withheld	750.00
Fishing boat proceeds	600.00
Medical and health care payments	500.00

Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale? **Yes**

Substitute payments in lieu of dividends or interest	0.00
Crop insurance proceeds	1,200.00
Gross proceeds paid to an attorney	400.00
Section 409A deferrals	700.00
Excess golden parachute payments	150.00
Nonqualified deferred compensation	200.00

State tax withheld	State	Payer's state number	State income
$1,200.00	ME	9844025722 LF	$2,000.00
$1,600.00	ME	9844025722 RI	$1,800.00
$600.00	MS	MI 4475 AD MIR448 AD KSM5976 LIU2 LI R4 MI 2	$3,500.00
$700.00	RI	ON N9J3S3	$4,200.00

1099-MISC Miscellaneous Income

Corrected? **No**

Payer's name US GOVMNT ADEME, JUSTIFY, COHERCE, AUDIMENE, PERSONA POSSEME, AFFAIRS, ADJUCTICATE, AFFAIRS INTRINSE GOVMNT AGENCY WHITE HOUSE
Payer's phone +1 (703) 246-2793

Payer's address 1200 GOVERNMENT CENTER PKWY BLDG 10 FAIRFAX VA 22035

Account number	LEGA PERSONA 5 ENT04 WR2 HOLLY07 PRJU9VES P OUR E
FATCA filing requirement? **No**	
Rents	1,100.00

Royalties	850.00
Other income	400.00
Federal income tax withheld	740.00
Fishing boat proceeds	0.00
Medical and health care payments	250.00
Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale? **Yes**	
Substitute payments in lieu of dividends or interest	0.00
Crop insurance proceeds	100.00
Gross proceeds paid to an attorney	0.00
Section 409A deferrals	0.00
Excess golden parachute payments	0.00
Nonqualified deferred compensation	0.00

State tax withheld	State	Payer's state number	State income
$1,300.00	CA	CA2 HOLLY 02 ENT04 P ERS5 PRJU9VES EW05 VIPE0 5 9	$3,100.00
$200.00	PA	GQLSRE	$1,400.00
$200.00	PA	TR 4 W Q 5 T2 SI SI GMA 06	$1,400.00

1099-MISC Miscellaneous Income

Corrected? **No**

Payer's name US JUDICIAL AUGMENE ADJURE, FED

Payer's phone +1 (202) 502-4160

Payer's address THURGOOD FEDERAL JUDICIARY BLDG ONE E COLUMBUS CIRCLE NE VA 20002

Account number	281642350
FATCA filing requirement? **No**	
Rents	2,500.00
Royalties	4,000.00
Other income	3,200.00
Federal income tax withheld	600.00
Fishing boat proceeds	400.00

Medical and health care payments	20.00
Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale? **Yes**	
Substitute payments in lieu of dividends or interest	700.00
Crop insurance proceeds	40.00
Gross proceeds paid to an attorney	100.00
Section 409A deferrals	0.00
Excess golden parachute payments	50.00
Nonqualified deferred compensation	200.00

State tax withheld	State	Payer's state number	State income
$100.00	RI	281642350	$3,000.00

Form W-2

Employee's name: GURUPRASAD SRIHARI

Employer's name PROBUS SERVICES INC

Wages, tips, other 16,000.00 Medicare wages 9,000.00

State	Employer's state ID number	State wages, tips, etc.	State income tax
OK	10858809	$1,000.00	$100.00
ME	9844025722 G4 L	$12,000.00	$2,000.00
PA	4785569557	$3,500.00	$1,000.00
MS	MI 4475AD MIR447	$5,500.00	$2,000.00
RI	173465990	$600.00	$100.00
CT	1651616	$700.00	$100.00

Form W-2

Employee's name: GURUPRASAD SRIHARI

Employer's name PROBUS TECHNICAL SERVICES INC

Wages, tips, other 7,000.00 Medicare wages 4,200.00

State	Employer's state ID number	State wages, tips, etc.	State income tax
AZ	5197348890	$2,000.00	$400.00
VA	S3482290 CH01	$400.00	$200.00
PA	6868367 HA3 FS1	$500.00	$100.00
SC	9845006820	$400.00	$50.00
SC	2992270 LIR 446	$200.00	$50.00
TN	2992270 446A	$400.00	$100.00
MS	9844006820 4475A	$450.00	$100.00
MS	2992270 LIR 4475	$200.00	$100.00

Form W-2

Employee's name: GURUPRASAD SRIHARI

Employer's name US COMMONWEALTH COURT

Wages, tips, other 12,000.00 Medicare wages 2,400.00

State	Employer's state ID number	State wages, tips, etc.	State income tax
PA	173484374	$800.00	$200.00
PA	5305494/569143 A	$4,500.00	$800.00
PA	91133156/9113384	$6,000.00	$800.00

Form W-2

Employee's name: GURUPRASAD SRIHARI

Employer's name US NATURAL RESOURCES FORESTS REFINERIES

Wages, tips, other 8,000.00 Medicare wages 400.00

State	Employer's state ID number	State wages, tips, etc.	State income tax
TN	9844025722	$4,600.00	$600.00
TN	629084025	$600.00	$40.00

Form W-2

Employee's name: GURUPRASAD SRIHARI

Employer's name US RACING BODY FORMULA CAR SPORTS

Wages, tips, other 7,000.00 Medicare wages 1,200.00

State	Employer's state ID number	State wages, tips, etc.	State income tax
TN	629084025	$1,600.00	$250.00

Schedule A - Interest income		
Who earned this interest income?	Joint	
Interest income reported on your federal return		0.00
Tax-exempt interest income reported on your federal return		0.00
Other addition adjustments		0.00
Description		
Interest income from direct obligations of the Commonwealth of Pennsylvania and/or its municipalities		1,200.00
Interest income from direct obligations of the U.S. government		400.00
Other reduction adjustments		0.00
Description:		
Distributions from life insurance, annuity, or endowment contracts included in federal taxable income		0.00
Distributions from Charitable Gift Annuities included in federal taxable income		0.00
Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes		1,200.00
Distributions from Health/Medical Savings Accounts included in federal taxable income		0.00

Schedule B - Dividend income

Who earned this dividend income?	Joint
Dividend income reported on your federal return	0.00
Pennsylvania exempt-interest dividend income	0.00
Other reduction adjustments	0.00
Description of other reduction adjustments:	
Total exempt-interest dividends	0.00
Other addition adjustments	0.00
Description of other addition adjustments:	
Total earnings and profits included on Line 1 of IRC Section 965 Transition Tax Statement	0.00
Total payments of earnings and profits included in Line 9a received in prior years	0.00
Payments of earnings and profits included in Line 9a received in the current year	0.00
Capital gains distributions	1,000.00

Schedule C - Profit or Loss from Business or Profession

Who owns the business?	Taxpayer
Main business activity	TECHNICAL SERVICES FARM LEGALITIES MOTION PICTURE
Product or service	PROFESSIONAL, TECHNICAL SCIENTIFIC
Business name	PROBUS SERVICES INC
Business address	210 SIXTH AVE MEDIA PA 19063-5914
Federal Employer Identification Number	346463586
Sales Tax License Number	
Federal NAICS Code	541199
Method used to value closing inventory	**Lower of cost or market**
Accounting method	**Accrual**
Did you deduct expenses for an office in your home?	No
Is the business out of existence?	No
Was there any change in determining quantities, costs, or valuations?	No

Income

Gross receipts or sales	4,000.00
Returns and allowances	1,200.00
Other income	1,000.00

Deductions

Did you have any expenses to deduct?			Yes
Advertising	0.00	Amortization	300.00
Bad debts from sales or services	0.00	Bank charges	40.00
Car and truck expenses	0.00	Commissions	0.00
Cost depletion but not percentage depletion	0.00	Dues and publications	0.00
Employee benefit programs (excluding employee pension and profit-sharing plans)	50.00	Freight (not included on Schedule C-1)	0.00
Intangible drilling and development costs (amortization)	600.00	Intangible drilling and development costs (1/3 current expensing)	400.00
Insurance	0.00	Interest on business indebtedness	0.00
Laundry and cleaning	300.00	Legal and professional services	0.00
Management fees	0.00	Office supplies	100.00
Pension and profit-sharing plans for employees	0.00	Postage	50.00
Rent on business property	0.00	Repairs	0.00
Start-up costs (direct expenses)	0.00	Subcontractor fees	0.00
Supplies	0.00	Taxes	0.00
Telephone	200.00	Travel and entertainment	0.00
Utilities	40.00	Wages	100.00
Total of other expenses			

Total of other expenses	4,800.00	

Schedule C-1 - Cost of Goods Sold and/or Operations

Did you engage in a trade or business in which the production, purchase or sale of merchandise was an income-producing factor?	No
Inventory at beginning of year	0.00
Purchases	0.00
Cost of items withdrawn for personal use	0.00
Cost of labor	0.00
Materials and supplies	0.00
Other costs	0.00
Inventory at end of year	0.00

Schedule C-2 - Depreciation

Do you have depreciation to report?	Yes
Any depreciation included in Schedule C-1	0.00
Section 179 depreciation included in Schedule C-1	0.00
Total Section 179 depreciation	0.00
Did you have building depreciation?	Yes
Building acquisition date	01-May-2001
Building cost or other basis	9,000.00
Building depreciation allowed or allowable in prior years	6,000.00
Building depreciation calculation method	MOVING AVERAGE
Building life or rate	0.00
Building depreciation for this year	2,600.00
Did you have furniture or fixture depreciation?	Yes
Furniture and fixtures acquisition date	01-May-2019
Furniture and fixtures cost or other basis	2,400.00
Furniture and fixtures depreciation allowed or allowable in prior years	600.00
Furniture and fixtures depreciation calculation method	MOVING AVERAGE
Furniture and fixtures life or rate	0.00
Furniture and fixtures depreciation for this year	1,200.00
Did you have transportation equipment depreciation?	No
Transportation equipment acquisition date	
Transportation equipment cost or other basis	0.00
Transportation equipment depreciation allowed or allowable in prior years	0.00
Transportation equipment depreciation calculation method	
Transportation equipment life or rate	0.00
Transportation equipment depreciation for this year	0.00

Did you have machinery and other equipment depreciation?	No
Machinery and other equipment acquisition date	
Machinery and other equipment cost or other basis	0.00
Machinery and other equipment depreciation allowed or allowable in prior years	0.00
Machinery and other equipment depreciation calculation method	
Machinery and other equipment life or rate	0.00
Machinery and other equipment depreciation for this year	0.00
Did you have other properties that depreciated?	Yes

Schedule C - Profit or Loss from Business or Profession

Who owns the business?	Taxpayer
Main business activity	LEGALITIES, LEGAL SERVICES ENGINEERING
Product or service	PROFESSIONAL SCIENTIFIC TECHNICAL SERVICES
Business name	PROBUS TECHNICAL SERVICES INC
Business address	18 4TH ST READING PA 19607-2708
Federal Employer Identification Number	383269858
Sales Tax License Number	
Federal NAICS Code	541199
Method used to value closing inventory **Lower of cost or market**	
Accounting method **Accrual**	
Did you deduct expenses for an office in your home?	No
Is the business out of existence?	No
Was there any change in determining quantities, costs, or valuations?	No

Income

Gross receipts or sales	9,000.00
Returns and allowances	4,500.00
Other income	0.00

Deductions

Did you have any expenses to deduct?			Yes
Advertising	0.00	Amortization	0.00
Bad debts from sales or services	0.00	Bank charges	0.00
Car and truck expenses	0.00	Commissions	0.00
Cost depletion but not percentage depletion	0.00	Dues and publications	0.00
Employee benefit programs (excluding employee pension and profit-sharing plans)	1,000.00	Freight (not included on Schedule C-1)	0.00
Intangible drilling and development costs (amortization)	700.00	Intangible drilling and development costs (1/3 current expensing)	400.00
Insurance	0.00	Interest on business indebtedness	0.00

Laundry and cleaning	0.00	Legal and professional services	0.00
Management fees	0.00	Office supplies	0.00
Pension and profit-sharing plans for employees	0.00	Postage	0.00
Rent on business property	0.00	Repairs	0.00
Start-up costs (direct expenses)	0.00	Subcontractor fees	0.00
Supplies	100.00	Taxes	0.00
Telephone	0.00	Travel and entertainment	0.00
Utilities	0.00	Wages	0.00
Total of other expenses	0.00		

Schedule C-1 - Cost of Goods Sold and/or Operations

Did you engage in a trade or business in which the production, purchase or sale of merchandise was an income-producing factor?	No
Inventory at beginning of year	0.00
Purchases	0.00
Cost of items withdrawn for personal use	0.00
Cost of labor	0.00
Materials and supplies	0.00
Other costs	0.00
Inventory at end of year	0.00

Schedule C-2 - Depreciation

Do you have depreciation to report?	Yes
Any depreciation included in Schedule C-1	0.00
Section 179 depreciation included in Schedule C-1	0.00
Total Section 179 depreciation	0.00
Did you have building depreciation?	Yes
Building acquisition date	01-Jun-2001
Building cost or other basis	4,000.00
Building depreciation allowed or allowable in prior years	500.00
Building depreciation calculation method	AVERAGE
Building life or rate	0.00
Building depreciation for this year	1,500.00
Did you have furniture or fixture depreciation?	No
Furniture and fixtures acquisition date	
Furniture and fixtures cost or other basis	0.00
Furniture and fixtures depreciation allowed or allowable in prior years	0.00
Furniture and fixtures depreciation calculation method	
Furniture and fixtures life or rate	0.00
Furniture and fixtures depreciation for this year	0.00

Did you have transportation equipment depreciation?	No	
Transportation equipment acquisition date		
Transportation equipment cost or other basis		0.00
Transportation equipment depreciation allowed or allowable in prior years		0.00
Transportation equipment depreciation calculation method		
Transportation equipment life or rate		0.00
Transportation equipment depreciation for this year		0.00
Did you have machinery and other equipment depreciation?	No	
Machinery and other equipment acquisition date		
Machinery and other equipment cost or other basis		0.00
Machinery and other equipment depreciation allowed or allowable in prior years		0.00
Machinery and other equipment depreciation calculation method		
Machinery and other equipment life or rate		0.00
Machinery and other equipment depreciation for this year		0.00
Did you have other properties that depreciated?	Yes	

Schedule D - Sale, Exchange or Disposition of Property

To whom does this schedule belong?	Joint
Taxable distributions from C Corporations	0.00
Taxable distributions from C Corporations adjusted basis	0.00
Taxable gain from exchange of insurance contracts	0.00
Taxable distributions from PA S corporations from REV-998	0.00
Taxable distributions from partnerships from REV-999	0.00
Did you have taxable gain from selling a principal residence?	Yes

Schedule D - Real Property Sales

Property Sold	Date Acquired	Date Sold	Gross Sales	Cost Adjust Basis	Gain or Loss
8685143 MWF 5557PA CONG01 G AILE 10 -06 6B HA K2584			$4,000.00	$1,800.00	$2,200.00
868 5143 3306309342 PA6 455121 SEN02 6899 G A ILE 10-6 6B HA. K2584			$8,000.00	$5,000.00	$3,000.00
118003 LALIPUR 164 INDIA 07 156284403 TG2 TAGORE 20 SM05			$4,000.00	$1,800.00	$2,200.00
653924 L DELHI INDIA SF06 SD A02 RB04 IIT357110092			$3,200.00	$1,000.00	$2,200.00
173745555 PARAMOUNT MGM 1324 9906 V IP B2 B AC JL S AALR H1 BRO EO5 6 602			$4,000.00	$600.00	$3,400.00
600890210 UNIVERSAL 20TH CEN2 FOX A1CD B2 BAC JL S AALR H1 PRED10			$3,500.00	$2,800.00	$700.00
197381820 BROWN UNIVERSITY RI 06 STUDY	01-Mar-1982	30-Nov-2024	$2,000.00	$1,600.00	$400.00
L1NCOLN HIGH RI04 162462312 COURSE 17	02-Mar-1969	30-Nov-2024	$5,000.00	$4,600.00	$400.00
1 LY SK SW9 S RW1 LEA05 TO 40 IN CRE M18 T SU	01-Mar-1972	30-Nov-2024	$4,500.00	$1,800.00	$2,700.00
M ORR SW7 N9 75 AT H I S N 100 M SW 7S C H IT R TN 1 SUI 5 ON	01-Mar-1960	31-Dec-2024	$8,000.00	$6,000.00	$2,000.00
F IEL DS AV NUE LA F ALLE ON T RIO 2 13			$1,400.00	$1,000.00	$400.00
					$19,600.00

Schedule D - Principal Residence Sales

Residence Address	Date Acquired	Date Sold	Gross Sales	Cost Adjust Basis	Gain Or Loss
3 E 37TH ST ERIE PA 16504-1519	07-Jun-2006	01-Jun-2024	$7,000.00	$2,500.00	$4,500.00
6 E 31ST ST ERIE PA 16504-1058	01-Jun-2004	31-Dec-2024	$2,000.00	$760.00	$1,240.00
					$5,740.00

Schedule E - Rents and Royalty Income

Sales Tax License Number

Are rental payments made by lessees through a third party broker? No

Properties

Property description	00528044 ORD ER
Property type	6 - Royalties
Description of property type	
For profit property?	Yes
Is the property rental location in Pennsylvania?	No
Is the property rented for any period less than 30 days?	No
Address	KEY E OF ENFFOFAN08GSTRGT 8 E KEY ENFFOFANO8GS7RGT CLIFTON VA 20124
Who owns this property?	Joint

Income

Rent received	300.00
Royalties received	400.00

Expenses

Advertising	0.00	Automobile and travel	0.00
Cleaning and maintenance	0.00	Commissions	0.00
Depreciation expense	0.00	Insurance	0.00
Legal and professional fees	0.00	Management fees	0.00
Mortgage interest	0.00	Other interest	0.00
Repairs	0.00	Supplies	200.00
Taxes (not based on net income)	0.00	Utilities	100.00
Depletion	0.00		

Property description	MI 4475 AD LYARR2 PHOENE 3 MIR 4468
Property type	5 - Land
Description of property type	
For profit property?	Yes
Is the property rental location in Pennsylvania?	No
Is the property rented for any period less than 30 days?	No
Address	5 87 SPC 5877 SPINX PH 04 L EON5 FIFE2 HATTIESBURG MS 39402
Who owns this property?	Joint

Income

Rent received	200.00
Royalties received	300.00

Expenses

Advertising	0.00	Automobile and travel	0.00
Cleaning and maintenance	400.00	Commissions	0.00

Depreciation expense	0.00	Insurance	0.00
Legal and professional fees	0.00	Management fees	0.00
Mortgage interest	0.00	Other interest	0.00
Repairs	0.00	Supplies	0.00
Taxes (not based on net income)	200.00	Utilities	500.00
Depletion	0.00		

Property description	KSM5873 CADILLAC VT05 LYA 03 FIR4
Property type	8 - Other
Description of property type	MIR 44 78 AD TARR ASSET LYNE PHNE6
For profit property?	Yes
Is the property rental location in Pennsylvania?	No
Is the property rented for any period less than 30 days?	No
Address	120 LEFAYAIERE CROSS 31 587 4 SIDE 5873 BRISTOL RI 02809
Who owns this property?	Joint

Income

Rent received	0.00
Royalties received	0.00

Expenses

Advertising	0.00	Automobile and travel	0.00
Cleaning and maintenance	0.00	Commissions	0.00
Depreciation expense	0.00	Insurance	0.00
Legal and professional fees	0.00	Management fees	0.00
Mortgage interest	0.00	Other interest	0.00
Repairs	0.00	Supplies	0.00
Taxes (not based on net income)	0.00	Utilities	0.00
Depletion	0.00		

Property description	C ON C HE B ON 2E 0O((RE
Property type	6 - Royalties
Description of property type	
For profit property?	Yes
Is the property rental location in Pennsylvania?	Yes
Is the property rented for any period less than 30 days?	Yes
Address	1 W 30TH ST ERIE PA 16508-1809
Who owns this property?	Joint

Income

Rent received	800.00
Royalties received	600.00

Expenses

Advertising	0.00	Automobile and travel	0.00

Cleaning and maintenance	0.00	Commissions	400.00
Depreciation expense	0.00	Insurance	0.00
Legal and professional fees	0.00	Management fees	0.00
Mortgage interest	100.00	Other interest	0.00
Repairs	0.00	Supplies	0.00
Taxes (not based on net income)	0.00	Utilities	200.00
Depletion	0.00		

Property description	VEN SEN R 1G W 1TS LARQUE 23 24 H
Property type	5 - Land
Description of property type	
For profit property?	Yes
Is the property rental location in Pennsylvania?	No
Is the property rented for any period less than 30 days?	No
Address	5872 HAYES 6974 LOT 23 24 MA ARQUIS FIG 10 PLN 20 EVANS GA 30809
Who owns this property?	Joint

Income

Rent received	900.00
Royalties received	1,200.00

Expenses

Advertising	0.00	Automobile and travel	0.00
Cleaning and maintenance	0.00	Commissions	400.00
Depreciation expense	0.00	Insurance	0.00
Legal and professional fees	0.00	Management fees	0.00
Mortgage interest	0.00	Other interest	0.00
Repairs	0.00	Supplies	200.00
Taxes (not based on net income)	0.00	Utilities	300.00
Depletion	0.00		

Property description	3415618 DEN VU E LA FA6 L1E PE JET
Property type	8 - Other
Description of property type	SERVICES
For profit property?	Yes
Is the property rental location in Pennsylvania?	Yes
Is the property rented for any period less than 30 days?	No
Address	1 E 37TH ST ERIE PA 16504-1519
Who owns this property?	Joint

Income

Rent received	650.00
Royalties received	550.00

Expenses

Advertising	0.00	Automobile and travel	0.00
Cleaning and maintenance	0.00	Commissions	0.00
Depreciation expense	0.00	Insurance	0.00
Legal and professional fees	0.00	Management fees	0.00
Mortgage interest	0.00	Other interest	0.00
Repairs	0.00	Supplies	200.00
Taxes (not based on net income)	0.00	Utilities	150.00
Depletion	0.00		

Property description	47NT8W55 T 69579 V. AN
Property type	6 - Royalties
Description of property type	
For profit property?	Yes
Is the property rental location in Pennsylvania?	Yes
Is the property rented for any period less than 30 days?	No
Address	5 W 9TH ST LANSDALE PA 19446-2331
Who owns this property?	Joint

Income

Rent received	450.00
Royalties received	500.00

Expenses

Advertising	100.00	Automobile and travel	0.00
Cleaning and maintenance	200.00	Commissions	0.00
Depreciation expense	0.00	Insurance	0.00
Legal and professional fees	0.00	Management fees	0.00
Mortgage interest	0.00	Other interest	0.00
Repairs	0.00	Supplies	200.00
Taxes (not based on net income)	0.00	Utilities	200.00
Depletion	0.00		

Property description	SIR 000868 VILL06 BESCOM 2819024899
Property type	5 - Land
Description of property type	
For profit property?	Yes
Is the property rental location in Pennsylvania?	No
Is the property rented for any period less than 30 days?	No
Address	120 4TH ST OLD TOWN ME 04468-1332
Who owns this property?	Joint

Income

Rent received	0.00

Royalties received			0.00

Expenses

Advertising	0.00	Automobile and travel	0.00
Cleaning and maintenance	0.00	Commissions	0.00
Depreciation expense	0.00	Insurance	0.00
Legal and professional fees	0.00	Management fees	0.00
Mortgage interest	0.00	Other interest	0.00
Repairs	0.00	Supplies	0.00
Taxes (not based on net income)	0.00	Utilities	0.00
Depletion	0.00		

Property description	RU IEH T 14 LYARR E07D RN02 CRIM I4
Property type	8 - Other
Description of property type	REFINERIES OIL, RESOURCES, NATURAL
For profit property?	Yes
Is the property rental location in Pennsylvania?	No
Is the property rented for any period less than 30 days?	No
Address	1732 LARIEFE 570 TOLLESON AZ 85353
Who owns this property?	Joint

Income

Rent received	600.00
Royalties received	650.00

Expenses

Advertising	0.00	Automobile and travel	0.00
Cleaning and maintenance	0.00	Commissions	0.00
Depreciation expense	0.00	Insurance	0.00
Legal and professional fees	0.00	Management fees	0.00
Mortgage interest	0.00	Other interest	0.00
Repairs	0.00	Supplies	0.00
Taxes (not based on net income)	0.00	Utilities	200.00
Depletion	0.00		

Property description	J L-1 T S A C LA MOTION, PICTURE 26
Property type	6 - Royalties
Description of property type	
For profit property?	Yes
Is the property rental location in Pennsylvania?	Yes
Is the property rented for any period less than 30 days?	No
Address	8 N 27TH ST READING PA 19606-2102
Who owns this property?	Taxpayer

Income

Rent received			500.00
Royalties received			400.00

Expenses

Advertising	200.00	Automobile and travel	0.00
Cleaning and maintenance	100.00	Commissions	0.00
Depreciation expense	0.00	Insurance	0.00
Legal and professional fees	0.00	Management fees	0.00
Mortgage interest	0.00	Other interest	0.00
Repairs	0.00	Supplies	0.00
Taxes (not based on net income)	0.00	Utilities	40.00
Depletion	20.00		

Property description	SK 1N AP)OTOHOLLYWOOD HH S1 T EM 7
Property type	6 - Royalties
Description of property type	
For profit property?	Yes
Is the property rental location in Pennsylvania?	Yes
Is the property rented for any period less than 30 days?	No
Address	210 W 6TH ST PH 79 ERIE PA 16507-1357
Who owns this property?	Taxpayer

Income

Rent received	200.00
Royalties received	250.00

Expenses

Advertising	40.00	Automobile and travel	0.00
Cleaning and maintenance	50.00	Commissions	0.00
Depreciation expense	0.00	Insurance	0.00
Legal and professional fees	0.00	Management fees	0.00
Mortgage interest	0.00	Other interest	0.00
Repairs	0.00	Supplies	50.00
Taxes (not based on net income)	0.00	Utilities	50.00
Depletion	0.00		

Property description	PVREPNGR 3 L AD I DN T
Property type	6 - Royalties
Description of property type	
For profit property?	Yes
Is the property rental location in Pennsylvania?	Yes
Is the property rented for any period less than 30 days?	No
Address	3 42ND ST CARBONDALE PA 18407-1551
Who owns this property?	Joint

Income

Rent received			400.00
Royalties received			350.00

Expenses

Advertising	0.00	Automobile and travel	0.00
Cleaning and maintenance	0.00	Commissions	0.00
Depreciation expense	0.00	Insurance	0.00
Legal and professional fees	0.00	Management fees	0.00
Mortgage interest	0.00	Other interest	0.00
Repairs	0.00	Supplies	0.00
Taxes (not based on net income)	0.00	Utilities	100.00
Depletion	0.00		

Other expenses

Do you have other expenses to report?	No

Schedule O - Other Deductions

SECTION I IRC SECTION 529 QUALIFIED TUITION PROGRAM CONTRIBUTIONS

Did you contribute to an IRC Section 529 Qualified Tuition Program? Yes

Beneficiary's name	Taxpayer's contribution	Spouse's contribution
[redacted]	$350.00	$200.00
	$300.00	$300.00

SECTION II IRC SECTION 529A PENNSYLVANIA ABLE SAVINGS ACCOUNT PROGRAM CONTRIBUTIONS

Did you contribute to an IRC Section 529A Pennsylvania ABLE Savings Account Program? No

SECTION III OTHER DEDUCTIONS AND LIMITATIONS

Did you contribute to a Medical Savings Account?	Yes	
Taxpayer's Medical Savings Account contributions		400.00
Spouse's Medical Savings Account contributions		250.00
Did you contribute to a Health Savings Account?	Yes	
Taxpayer's Health Savings Account contributions		200.00
Spouse's Health Savings Account contributions		200.00
Taxpayer's total Pennsylvania taxable income		63,720.00
Spouse's total Pennsylvania taxable income		16,020.00
Total Pennsylvania taxable income		79,740.00

Schedule SP - Special Tax Forgiveness

SECTION I – Filing Status for Tax Forgiveness.

What is your filing status for tax forgiveness? Married

- Yes - Married and claiming tax forgiveness together with my spouse

SECTION II – Dependent Children

Do you have any dependent children? Yes

Name	Age	Relationship to taxpayer
[redacted]		

SECTION III – Eligibility Income

Column A Unmarried or Married Filing Jointly	Description	Column B Taxpayer	Column C Spouse
$0.00	Nontaxable interest, dividends and gains and/or annualized income	$0.00	$0.00
$0.00	Alimony	$0.00	$0.00
$400.00	Insurance proceeds and inheritances	$0.00	$0.00
$50.00	Gifts, awards, and prizes	$0.00	$0.00
$0.00	Nonresident income	$0.00	$0.00
$0.00	Taxpayer's nontaxable military income (do not include combat pay)	$0.00	$0.00
$0.00	Gain excluded from sale of a residence	$0.00	$0.00
$0.00	Nontaxable educational assistance	$0.00	$0.00
$0.00	Foster care and cash received for personal purposes	$0.00	$0.00

Schedule DC - Dependent Care Credit

Section I - Persons/Organizations Who Provided Care

[redacted]

Section III - Income and Calculation of Credit

1. Enter number of qualifying persons from Section II of Scheduled DC.	2
2. Enter the amount as shown on line 9a of your Federal Form 2441. Enter on your PA-40, Line 23.	0.00

REV-1882 Health Insurance Coverage Information Request	
Do you have health insurance coverage?	No
Taxpayer's Date of Birth	24-Mar-1967
Does your spouse have heath insurance coverage?	
Spouse's Date of Birth	10-Aug-1976
Do you have any dependent children?	
Do all of your dependents have health insurance coverage?	No
Do you consent to allow Pennie to communicate with you via telephone or email?	Yes
Adjusted gross income from Line 11 of your federal tax return	0.00
Number of household members included on your federal tax return	3

Dependent Date of Birth
20-Apr-1999
14-Sep-2003

Original Recommendation for report SL4475

Sample	Crop-1	Crop-2	Lime (tons/	Lime (tons/	N-1	N-2	P2O5-1	P2O5-2
1	Corn, grain		0.9	0	120 - 160		0	
2	Corn, grain		0.4	0	120 - 160		0	
3	Corn, grain		0.8	0	120 - 160		0	

K2O-1	K2O-2	Mg-1	Mg-2	S-1	S-2	Mn-1	Mn-2	Zn-1	
90			0		20		0		0
100			0		20		0		0
50			0		0		0		0

Zn-2	Cu-1	Cu-2	B-1	B-2	Note-1	Note-2
		0		0	3	
		0		0	3	
		0		0	3	

FON #2500974 Summary

Closed

Landowner Reports

2025 Report: Complete

View

2026 Report: Not Required

A previous year's report indicated harvesting as complete.

2027 Report: Not Required

A previous year's report indicated harvesting as complete.

What is the Landowner Report?

Forest landowners who file a "Forest Operations Notification" with at least one harvest activity are required to complete a Landowner Report **each year** between the operation start and end dates, **whether or not a harvest occurred** until a Landowner Report is submitted indicating that the harvest is complete. Our records indicate that this Notification requires landowner reporting, which must be done by either the **landowner** or the **designated agent** listed on the Notification.

THIS INFORMATION IS CONFIDENTIAL.

How is the Landowner Report used?

As mandated by the legislature, the Maine Forest Service uses information from this report to:

- Produce the Silvicultural Activities Report and the annual Stumpage Price Report.
- Determine timberland valuations in the Tree Growth Tax Program.
- Monitor trends in forest management activities.

Who needs to fill this out?

It is important for the landowner (or designated agent) to complete this report accurately.

When is this report due?

Please complete each Landowner Report no later than **January 31** that follows the reporting year.

Certifications

Certified by Guruprasad Srihari on 05/21/2025 at 07:58 PM

Forest Operations Contacts

Please check that the correct people have been identified as the relevant and required Contacts. If you need to make corrections, please return to the Contacts page.

Landowner

Name: Guruprasad Srihari

Company Name: Probus Services inc

Physical Address: 210 W sixth street, Apt 302, Erie, Pennsylvania 16507

Mailing Address: 836 16th main road, Bsk 2 stage, Bangalore, Karnataka 560070

Ownership of lands in Maine:
1-10 acres

Ownership Type:
Forest Industry

The contact information for this landowner is designated by law as confidential. [12 M.R.S. §8883-B (8)] If this Forest Operations Notifications is shared with others, the landowner contact information (address, email, phone number) must be redacted to comply with state law.

Designated Agent

None Indicated

Harvester/Operator

Name: Guruprasad Srihari

Company Name: Probus Services inc

Physical Address: 210 W sixth street, Apt 302, Erie, Pennsylvania 16507

Mailing Address: 836 16th main road, Bsk 2 stage, Bangalore, Karnataka 560070

Licensed Forester

None Indicated

Overview

Operation Start Date:
05/21/2025

Operation End Date:
05/21/2027

Town, Township, or Plantation:
T15 R5 WELS

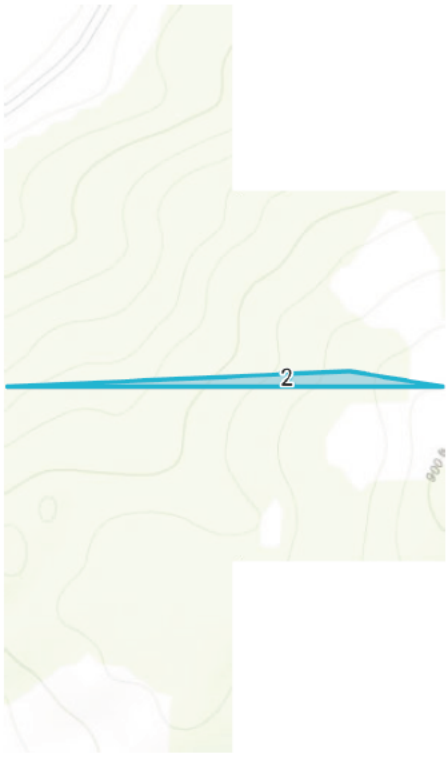
County:
Aroostook

Name of nearest all-weather road:
Hyde

Property Parcel Acreage:
1 acres

- This parcel **WAS** purchased within the past five years.

Map



Activity ID: 2

Activity Type: Harvest

Calculated Size: 1.1 Acres

This map is ADVISORY, for planning purposes only. Actual ground conditions, water body locations, and current regulations determine where and how MFS timber harvesting rules apply. Contact a MFS Forester for additional information/assistance.

Activity Details

Please check the following information about proposed activities. If you need to make corrections, please return to the Activity Details page.

Harvest Activities

Total size of the area to be harvested:
1 acres

- The land that you intend to harvest **IS** taxed under the Maine Tree Growth Tax Law.
- The land use **WILL NOT** be converted to something other than forest within 2 years.
- Harvest **WILL NOT** create clearcuts larger than 20 acres.
- Harvest **WILL NOT** create clearcuts larger than 75 acres.
- Harvesting **WILL NOT** be within a 250-foot wide regulated area adjacent to a Great Pond, river or regulated wetland, and/or within a 75-foot wide regulated area adjacent to a stream (including unmapped streams)
- You **WILL NOT** be adding wood to a stream that is consistent with the MFS Chapter 25 Rule.

Road Construction Activities

No Road Construction Activity is proposed

Water Crossing Activities

No Water Crossing Activity is proposed.

Maine Forest Service Contacts

District Forester

Name:
Randy Lagasse

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45 Radar Road
Ashland, Maine 04732

Mailing Address:
45 Radar Road
Ashland, Maine 04732

Phone: (207) 557-1086

Email: randy.lagasse@maine.gov

Forest Protection Northern Region Office

Address:
45 Radar Road
Ashland, Maine 04732

Phone: (207) 435-7963

Email: Maine.Forestrangers@maine.gov

Important Reminders

The Maine Forest Service is available to answer questions and assist landowners with planning your forest management activities. Maine Forest Service strongly recommends that you:

- ✔ Check with the town or municipality about any local ordinances that may apply to your activity.

- ✔ Be familiar with **ALL** rules that apply to your activity **BEFORE** you begin your activities.
- ✔ Plan your harvest well in advance!

Harvest Reminders

There are no important reminders.

Road Construction Reminders

There are no important reminders.

Water Crossing Reminders

There are no important reminders.

General Reminders

There are no important reminders.

Amendments

Actions	File Name	Uploaded By	Uploaded On

No amendments were uploaded to this notification.