

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

OMB No. 1545-0123

## 2020

▶ 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](http://www.irs.gov/Form1120S) for instructions and the latest information.

For calendar year 2020 or tax year beginning \_\_\_\_\_, 2020, ending \_\_\_\_\_, 20

A S election effective date 01/01/2018	<b>TYPE OR PRINT</b>	Name HARBAR GLOBAL CORP	D Employer identification number 82-2284659
B Business activity code number (see instructions) 424990		Number, street, and room or suite no. If a P.O. box, see instructions. 654 VINCENT AVE	E Date incorporated 07/14/2017
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code BRONX NY 10465	F Total assets (see instructions) \$ 22,155.

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 ▶ \_\_\_\_\_ 3

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.

<b>Income</b>	1a	Gross receipts or sales	740.			
	1b	Returns and allowances				
		c	Balance. Subtract line 1b from line 1a		740.	
	2	Cost of goods sold (attach Form 1125-A)				
	3	Gross profit. Subtract line 2 from line 1c			740.	
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)				
5	Other income (loss) (see instructions—attach statement)					
6	<b>Total income (loss).</b> Add lines 3 through 5			740.		
<b>Deductions</b> <small>(see instructions for limitations)</small>	7	Compensation of officers (see instructions—attach Form 1125-E)				
	8	Salaries and wages (less employment credits)				
	9	Repairs and maintenance				
	10	Bad debts				
	11	Rents				
	12	Taxes and licenses				
	13	Interest (see instructions)				
	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			209.	
	15	Depletion ( <b>Do not deduct oil and gas depletion.</b> )				
	16	Advertising			59.	
	17	Pension, profit-sharing, etc., plans				
	18	Employee benefit programs				
	19	Other deductions (attach statement) <i>See Statement</i>			581.	
	20	<b>Total deductions.</b> Add lines 7 through 19			849.	
	21	<b>Ordinary business income (loss).</b> Subtract line 20 from line 6			-109.	
<b>Tax and Payments</b>	22a	Excess net passive income or LIFO recapture tax (see instructions)				
	22b	Tax from Schedule D (Form 1120-S)				
		c	Add lines 22a and 22b (see instructions for additional taxes)			
	23a	2020 estimated tax payments and 2019 overpayment credited to 2020				
	23b	Tax deposited with Form 7004				
	23c	Credit for federal tax paid on fuels (attach Form 4136)				
	23d	Reserved for future use				
		e	Add lines 23a through 23d			
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>				
	25	<b>Amount owed.</b> If line 23e is smaller than the total of lines 22c and 24, enter amount owed				
	26	<b>Overpayment.</b> If line 23e is larger than the total of lines 22c and 24, enter amount overpaid				
27	Enter amount from line 26: <b>Credited to 2021 estimated tax</b> ▶ <b>Refunded</b> ▶					

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	02/27/2021	MEMBER	
	Date	Title	

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JUAN E. MENA	Preparer's signature 	Date 02/27/2021	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00130486
	Firm's name ▶ JUAN E. MENA PA			Firm's EIN ▶ 22-2866188	
	Firm's address ▶ 512 35 St UNION CITY NJ 07087			Phone no. (201) 863-9245	

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

**1** Check accounting method: **a**  Cash **b**  Accrual  
**c**  Other (specify) ▶ \_\_\_\_\_

**2** See the instructions and enter the:  
**a** Business activity ▶ MISC **b** Product or service ▶ SELLING ASPIRUBS & LOTIONS

**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 information on any reportable transaction? . . . . . **X**

**7** Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . .   
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. See instructions . . . . . ▶ \$ \_\_\_\_\_

**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
<b>12</b> 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
<b>13</b> During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions . . . . .		X
<b>14a</b> Did the corporation make any payments in 2020 that would require it to file Form(s) 1099? . . . . .		X
<b>b</b> If "Yes," did the corporation file or will it file required Form(s) 1099? . . . . .		X
<b>15</b> Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 . . . . . ▶ \$		X

**Schedule K Shareholders' Pro Rata Share Items**

	Total amount	
<b>1</b> Ordinary business income (loss) (page 1, line 21) . . . . .	<b>1</b>	-109.
<b>2</b> Net rental real estate income (loss) (attach Form 8825) . . . . .	<b>2</b>	
<b>3a</b> Other gross rental income (loss) . . . . . <b>3a</b>		
<b>b</b> Expenses from other rental activities (attach statement) . . . . . <b>3b</b>		
<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a . . . . . <b>3c</b>		
<b>4</b> Interest income . . . . . <b>4</b>		
<b>5</b> Dividends: <b>a</b> Ordinary dividends . . . . . <b>5a</b> <b>b</b> Qualified dividends . . . . . <b>5b</b>		
<b>6</b> Royalties . . . . . <b>6</b>		
<b>7</b> Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) . . . . . <b>7</b>		
<b>8a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) . . . . . <b>8a</b>		
<b>b</b> Collectibles (28%) gain (loss) . . . . . <b>8b</b>		
<b>c</b> Unrecaptured section 1250 gain (attach statement) . . . . . <b>8c</b>		
<b>9</b> Net section 1231 gain (loss) (attach Form 4797) . . . . . <b>9</b>		
<b>10</b> Other income (loss) (see instructions) . . . . . Type ▶ <b>10</b>		
<b>11</b> Section 179 deduction (attach Form 4562) . . . . . <b>11</b>		
<b>12a</b> Charitable contributions . . . . . <b>12a</b>		
<b>b</b> Investment interest expense . . . . . <b>12b</b>		
<b>c</b> Section 59(e)(2) expenditures . . . . . Type ▶ <b>12c</b>		
<b>d</b> Other deductions (see instructions) . . . . . Type ▶ <b>12d</b>		
<b>13a</b> Low-income housing credit (section 42(j)(5)) . . . . . <b>13a</b>		
<b>b</b> Low-income housing credit (other) . . . . . <b>13b</b>		
<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) . . . . . <b>13c</b>		
<b>d</b> Other rental real estate credits (see instructions) Type ▶ <b>13d</b>		
<b>e</b> Other rental credits (see instructions) . . . . . Type ▶ <b>13e</b>		
<b>f</b> Biofuel producer credit (attach Form 6478) . . . . . <b>13f</b>		
<b>g</b> Other credits (see instructions) . . . . . Type ▶ <b>13g</b>		
<b>14a</b> Name of country or U.S. possession ▶ <b>14a</b>		
<b>b</b> Gross income from all sources . . . . . <b>14b</b>		
<b>c</b> Gross income sourced at shareholder level . . . . . <b>14c</b> Foreign gross income sourced at corporate level		
<b>d</b> Reserved for future use . . . . . <b>14d</b>		
<b>e</b> Foreign branch category . . . . . <b>14e</b>		
<b>f</b> Passive category . . . . . <b>14f</b>		
<b>g</b> General category . . . . . <b>14g</b>		
<b>h</b> Other (attach statement) . . . . . <b>14h</b> Deductions allocated and apportioned at shareholder level		
<b>i</b> Interest expense . . . . . <b>14i</b>		
<b>j</b> Other . . . . . <b>14j</b> Deductions allocated and apportioned at corporate level to foreign source income		
<b>k</b> Reserved for future use . . . . . <b>14k</b>		
<b>l</b> Foreign branch category . . . . . <b>14l</b>		
<b>m</b> Passive category . . . . . <b>14m</b>		
<b>n</b> General category . . . . . <b>14n</b>		
<b>o</b> Other (attach statement) . . . . . <b>14o</b> Other information		
<b>p</b> Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued . . . . . ▶ <b>14p</b>		
<b>q</b> Reduction in taxes available for credit (attach statement) . . . . . <b>14q</b>		
<b>r</b> Other foreign tax information (attach statement) . . . . . <b>14r</b>		

<b>Schedule K</b>		<b>Shareholders' Pro Rata Share Items (continued)</b>	<b>Total amount</b>	
Alternative Minimum Tax (AMT) items	<b>15a</b>	Post-1986 depreciation adjustment . . . . .	<b>15a</b>	0.
	<b>b</b>	Adjusted gain or loss . . . . .	<b>15b</b>	
	<b>c</b>	Depletion (other than oil and gas) . . . . .	<b>15c</b>	
	<b>d</b>	Oil, gas, and geothermal properties—gross income . . . . .	<b>15d</b>	
	<b>e</b>	Oil, gas, and geothermal properties—deductions . . . . .	<b>15e</b>	
	<b>f</b>	Other AMT items (attach statement) . . . . .	<b>15f</b>	
Items Affecting Shareholder Basis	<b>16a</b>	Tax-exempt interest income . . . . .	<b>16a</b>	
	<b>b</b>	Other tax-exempt income . . . . .	<b>16b</b>	
	<b>c</b>	Nondeductible expenses . . . . .	<b>16c</b>	
	<b>d</b>	Distributions (attach statement if required) (see instructions) . . . . .	<b>16d</b>	
	<b>e</b>	Repayment of loans from shareholders . . . . .	<b>16e</b>	
Other Information	<b>17a</b>	Investment income . . . . .	<b>17a</b>	
	<b>b</b>	Investment expenses . . . . .	<b>17b</b>	
	<b>c</b>	Dividend distributions paid from accumulated earnings and profits . . . . .	<b>17c</b>	
	<b>d</b>	Other items and amounts (attach statement) ** SEC 199A INFO: SEE STMT A . . . . .		
Reconciliation	<b>18</b>	<b>Income (loss) reconciliation.</b> 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 . . . . .	<b>18</b>	-109.

<b>Schedule L</b>		<b>Balance Sheets per Books</b>		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)		
<b>Assets</b>							
<b>1</b>	Cash . . . . .		826.				485.
<b>2a</b>	Trade notes and accounts receivable . . . . .						
<b>b</b>	Less allowance for bad debts . . . . .	( )		( )			
<b>3</b>	Inventories . . . . .						
<b>4</b>	U.S. government obligations . . . . .						
<b>5</b>	Tax-exempt securities (see instructions) . . . . .						
<b>6</b>	Other current assets (attach statement) . . . . .						
<b>7</b>	Loans to shareholders . . . . .						
<b>8</b>	Mortgage and real estate loans . . . . .						
<b>9</b>	Other investments (attach statement) . . . . .						
<b>10a</b>	Buildings and other depreciable assets . . . . .	2,200.		2,200.			
<b>b</b>	Less accumulated depreciation . . . . .	( 110.)	2,090.	( 319.)	1,881.		
<b>11a</b>	Depletable assets . . . . .						
<b>b</b>	Less accumulated depletion . . . . .	( )		( )			
<b>12</b>	Land (net of any amortization) . . . . .						
<b>13a</b>	Intangible assets (amortizable only) . . . . .						
<b>b</b>	Less accumulated amortization . . . . .	( )		( )			
<b>14</b>	Other assets (attach statement) . . . . .		19,789.		19,789.		
<b>15</b>	Total assets . . . . .		22,705.		22,155.		
<b>Liabilities and Shareholders' Equity</b>							
<b>16</b>	Accounts payable . . . . .						
<b>17</b>	Mortgages, notes, bonds payable in less than 1 year . . . . .						
<b>18</b>	Other current liabilities (attach statement) . . . . .						
<b>19</b>	Loans from shareholders . . . . .		11,067.		10,626.		
<b>20</b>	Mortgages, notes, bonds payable in 1 year or more . . . . .						
<b>21</b>	Other liabilities (attach statement) . . . . .						
<b>22</b>	Capital stock . . . . .		20,000.		20,000.		
<b>23</b>	Additional paid-in capital . . . . .						
<b>24</b>	Retained earnings . . . . .		-8,362.		-8,471.		
<b>25</b>	Adjustments to shareholders' equity (attach statement) . . . . .						
<b>26</b>	Less cost of treasury stock . . . . .	( )		( )			
<b>27</b>	Total liabilities and shareholders' equity . . . . .		22,705.		22,155.		

**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.

<b>1</b>	Net income (loss) per books . . . . .	-109.	<b>5</b>	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
<b>2</b>	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) _____		<b>a</b>	Tax-exempt interest \$ _____	
<b>3</b>	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):		<b>6</b>	Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):	
<b>a</b>	Depreciation \$ _____		<b>a</b>	Depreciation \$ _____	
<b>b</b>	Travel and entertainment \$ _____		<b>7</b>	Add lines 5 and 6 . . . . .	
<b>4</b>	Add lines 1 through 3 . . . . .	-109.	<b>8</b>	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4 . . . . .	-109.

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

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
<b>1</b> Balance at beginning of tax year . . . . .	-8,362.			
<b>2</b> Ordinary income from page 1, line 21 . . . . .				
<b>3</b> Other additions . . . . .				
<b>4</b> Loss from page 1, line 21 . . . . .	( 109.)			
<b>5</b> Other reductions . . . . .	( )			( )
<b>6</b> Combine lines 1 through 5 . . . . .	-8,471.			
<b>7</b> Distributions . . . . .				
<b>8</b> Balance at end of tax year. Subtract line 7 from line 6 . . . . .	-8,471.			

Final K-1

Amended K-1

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

**2020**

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  
82-2284659

**B** Corporation's name, address, city, state, and ZIP code  
HARBAR GLOBAL CORP  
  
654 VINCENT AVE  
BRONX NY 10465

**C** IRS Center where corporation filed return  
Kansas City, MO 64999-0013

**Part II Information About the Shareholder**

**D** Shareholder's identifying number  
085-58-4004

**E** Shareholder's name, address, city, state, and ZIP code  
GUSTAVO D COLLINS  
  
654 VICENT AVE  
BRONX NY 10465

**F** Current year allocation percentage . . . . . 80.00000 %

**G** Shareholder's number of shares  
Beginning of tax year . . . . .  
End of tax year . . . . .

**H** Loans from shareholder  
Beginning of tax year . . . . . \$ 8,854.  
End of tax year . . . . . \$ 8,501.

For IRS Use Only

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

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	-87.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		A	0.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
<b>12</b>	Other deductions		
		<b>17</b>	Other information
		V	* STMT

**18**  More than one activity for at-risk purposes\*  
**19**  More than one activity for passive activity purposes\*

\* See attached statement for additional information.

**Statement A—QBI Pass-through Entity Reporting**

Corporation's name: HARBAR GLOBAL CORP		Corporation's EIN: 82-2284659	
Shareholder's name: GUSTAVO D COLLINS		Shareholder's identifying no: 085-58-4004	
Shareholder's share of:		1120S, Line 21	
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to shareholder-specific determinations:</b>			
	Ordinary business income (loss) . . . . .	-87.	
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	W-2 wages . . . . .		
	UBIA of qualified property . . . . .	1,760.	
	Section 199A dividends . . . . .		

**Statement A—QBI Pass-through Entity Reporting**

Corporation's name:		Corporation's EIN:	
Shareholder's name:		Shareholder's identifying no:	
Shareholder's share of:			
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to shareholder-specific determinations:</b>			
	Ordinary business income (loss) . . . . .		
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	W-2 wages . . . . .		
	UBIA of qualified property . . . . .		
	Section 199A dividends . . . . .		

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

Department of the Treasury  
Internal Revenue Service

**2020**

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  
82-2284659

**B** Corporation's name, address, city, state, and ZIP code  
HARBAR GLOBAL CORP  
  
654 VINCENT AVE  
BRONX NY 10465

**C** IRS Center where corporation filed return  
Kansas City, MO 64999-0013

**Part II Information About the Shareholder**

**D** Shareholder's identifying number  
091-42-8654

**E** Shareholder's name, address, city, state, and ZIP code  
HAZEL HARBAR  
  
328 EAST 145TH STREET APT. 9E  
BRONX NY 10451

**F** Current year allocation percentage . . . . . 10.00000 %

**G** Shareholder's number of shares  
Beginning of tax year . . . . .  
End of tax year . . . . .

**H** Loans from shareholder  
Beginning of tax year . . . . . \$ 1,107.  
End of tax year . . . . . \$ 1,063.

For IRS Use Only

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

1	Ordinary business income (loss)	13	Credits
	-11.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	0.
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information
		V	* STMT

18  More than one activity for at-risk purposes\*  
19  More than one activity for passive activity purposes\*

\* See attached statement for additional information.

**Statement A—QBI Pass-through Entity Reporting**

Corporation's name: HARBAR GLOBAL CORP		Corporation's EIN: 82-2284659	
Shareholder's name: HAZEL HARBAR		Shareholder's identifying no: 091-42-8654	
Shareholder's share of:		1120S, Line 21	
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to shareholder-specific determinations:</b>			
	Ordinary business income (loss) . . . . .	-11.	
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	W-2 wages . . . . .		
	UBIA of qualified property . . . . .	220.	
	Section 199A dividends . . . . .		

**Statement A—QBI Pass-through Entity Reporting**

Corporation's name:		Corporation's EIN:	
Shareholder's name:		Shareholder's identifying no:	
Shareholder's share of:			
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to shareholder-specific determinations:</b>			
	Ordinary business income (loss) . . . . .		
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	W-2 wages . . . . .		
	UBIA of qualified property . . . . .		
	Section 199A dividends . . . . .		



**Statement A—QBI Pass-through Entity Reporting**

Corporation's name: HARBAR GLOBAL CORP		Corporation's EIN: 82-2284659	
Shareholder's name: LIONEL COLLINS		Shareholder's identifying no: 120-38-6471	
Shareholder's share of:		1120S, Line 21	
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
QBI or qualified PTP items subject to shareholder-specific determinations:			
	Ordinary business income (loss) . . . . .	-11.	
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	W-2 wages . . . . .		
	UBIA of qualified property . . . . .	220.	
	Section 199A dividends . . . . .		

**Statement A—QBI Pass-through Entity Reporting**

Corporation's name:		Corporation's EIN:	
Shareholder's name:		Shareholder's identifying no:	
Shareholder's share of:			
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
QBI or qualified PTP items subject to shareholder-specific determinations:			
	Ordinary business income (loss) . . . . .		
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	W-2 wages . . . . .		
	UBIA of qualified property . . . . .		
	Section 199A dividends . . . . .		

Corporation's Name: <u>HARBAR GLOBAL CORP</u>		Corporation's EIN: <u>82-2284659</u>	
1120S, Line 21			
<input type="checkbox"/> PTP	<input type="checkbox"/> Aggregated	<input type="checkbox"/> PTP	<input type="checkbox"/> Aggregated
<input checked="" type="checkbox"/> SSTB		<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB
Shareholder's share of:			
QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business inc (loss) . . . . .	-109.		
Rental income (loss) . . . . .			
Royalty income (loss) . . . . .			
Section 1231 gain (loss) . . . . .			
Other income (loss) . . . . .			
Section 179 deduction . . . . .			
Other deductions . . . . .			
W-2 wages . . . . .			
UBIA of qualified property . . . . .	2,200.		
Section 199A dividends . . . . .			

Corporation's Name: \_\_\_\_\_ Corporation's EIN: \_\_\_\_\_



	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
--	--	--	--

Shareholder's share of:  
 QBI or qualified PTP items subject to shareholder-specific determinations:

Ordinary business inc (loss) . . . . .	_____	_____	_____	_____
Rental income (loss) . . . . .	_____	_____	_____	_____
Royalty income (loss) . . . . .	_____	_____	_____	_____
Section 1231 gain (loss) . . . . .	_____	_____	_____	_____
Other income (loss) . . . . .	_____	_____	_____	_____
Section 179 deduction . . . . .	_____	_____	_____	_____
Other deductions . . . . .	_____	_____	_____	_____
W-2 wages . . . . .	_____	_____	_____	_____
UBIA of qualified property . . . . .	_____	_____	_____	_____

Section 199A dividends . . . . .	_____	_____	_____	_____
----------------------------------	-------	-------	-------	-------

**199A Worksheet by Activity**

**2020**

► Keep for your records

Corporation's name HARBAR GLOBAL CORP	Corporation's EIN 82-2284659
--	---------------------------------

QuickZoom to 199A Summary . . . . ► \_\_\_\_\_

Aggregation Code: \_\_\_\_\_

Trade or Business: 1120S, Line 21  
EIN: 82-2284659

Is this activity a qualified trade/business? . . . . .  Yes  No  
Specified Service Trade or Business? . . . . .  Yes  No

**QBI or qualified PTP items subject to shareholder-specific determinations:**

<b>1 a</b> Ordinary business income (loss) . . . . .	<b>1 a</b>	-109.		
<b>b</b> Adjustments . . . . .	<b>b</b>			
<b>c</b> Adjusted ordinary business income (loss) . . . . .	<b>1 c</b>			-109.
<b>2 a</b> Rental income (loss) . . . . .	<b>2 a</b>			
<b>b</b> Adjustments . . . . .	<b>b</b>			
<b>c</b> Adjusted rental income (loss) . . . . .	<b>2 c</b>			
<b>3 a</b> Royalty income (loss) . . . . .	<b>3 a</b>			
<b>b</b> Adjustments . . . . .	<b>b</b>			
<b>c</b> Adjusted royalty income (loss) . . . . .	<b>3 c</b>			
<b>4 a</b> Section 1231 gain (loss) . . . . .	<b>4 a</b>			
<b>b</b> Adjustments . . . . .	<b>b</b>			
<b>c</b> Adjusted section 1231 gain (loss) . . . . .	<b>4 c</b>			
<b>5</b> Other income (loss) . . . . .	<b>5</b>			
<b>6 a</b> Section 179 deduction . . . . .	<b>6 a</b>			
<b>b</b> Adjustments . . . . .	<b>b</b>			
<b>c</b> Adjusted section 179 deduction . . . . .	<b>6 c</b>			
<b>7</b> Other deductions . . . . .	<b>7</b>			
<b>8 a</b> W-2 wages . . . . .	<b>8 a</b>			
<b>b</b> Adjustments . . . . .	<b>b</b>			
<b>c</b> Adjusted W-2 Wages . . . . .	<b>8 c</b>			
<b>9 a</b> UBIA of qualified property . . . . .	<b>9 a</b>	2,200.		
<b>b</b> Adjustments . . . . .	<b>b</b>			
<b>c</b> Adjusted UBIA of qualified property . . . . .	<b>9 c</b>			2,200.

**Section 179 Carryover Detail for this Activity**

Tentative Section 179 deduction from current year assets . . . . .

**Part I: Prior Year Carryovers  
by Year and Category**

- A Before 2018 . . . . .
- B 2018 . . . . .
- C 2019 . . . . .
- Total prior year carryovers to this year . . . . .**

Section 179 Regular Tax	Section 179 QBI
	0.
	0.
0.	0.

**Part II: 179 Deduction Allowed  
by Year and Category**

- Total 179 deduction allowed for this activity in current year . . . . .**
- A Amount allowed from 2020 . . . . .
- B Amount allowed from before 2018 . . . . .
- C Amount allowed from 2018 . . . . .
- D Amount allowed from 2019 . . . . .

Section 179 Regular Tax	Section 179 QBI

**Part III: Total Carryforward to 2021  
by Year and Category**

- A Carryforward from 2020 . . . . .
- B Carryforward from before 2018 . . . . .
- C Carryforward from 2018 . . . . .
- D Carryforward from 2019 . . . . .
- Total carryforward to next year . . . . .**

Section 179 Regular Tax	Section 179 QBI
	0.
0.	0.
0.	0.

**Additional information from your 2020 US Form 1120S: Income Tax Return for S Corp****Form 1120S: S-Corporation Tax Return****Other Deductions****Continuation Statement**

Description	Amount
BANK CHARGES	143.
INSURANCE	192.
OFFICE EXPENSE	62.
PRINTING	33.
TELEPHONE	151.
<b>Total</b>	<b>581.</b>



Department of Taxation and Finance

# New York S Corporation Franchise Tax Return

# CT-3-S

Tax Law – Articles 9-A and 22

All filers must enter tax period:

beginning  ending

Final return (see instructions)  Amended return

Employer identification number (EIN) <b>82-2284659</b>	File number <b>AA5</b>	Business telephone number <b>( 646 ) 288-1644</b>	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation <b>HARBAR GLOBAL CORP</b>		Trade name/DBA	
Mailing address Care of (c/o)		State or country of incorporation <b>NY</b>	
Number and street or PO box <b>654 VINCENT AVE</b>		Date of incorporation <b>07-14-17</b>	Foreign corporations: date began business in NYS
City <b>BRONX</b>	U.S. state/Canadian province <b>NY</b>	ZIP/Postal code <b>10465</b>	Country (if not United States)
NAICS business code number (from NYS Pub 910) <b>424990</b>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.		New York S election effective date <b>01-01-18</b>
NYS principal business activity <b>MISC</b>		Number of shareholders <b>3</b>	
Has the corporation revoked its election to be treated as a New York S corporation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, enter effective date:			
<b>A</b> Pay amount shown on Part 2, line 46. Make payable to: <b>New York State Corporation Tax</b> <b>A</b> Attach your payment here. Detach all check stubs. (See instructions for details.)		Payment enclosed <input type="text" value="25"/>	

You must attach a copy of the following: (1) federal Form 1120S as filed; (2) Form CT-34-SH; (3) Form CT-60, if applicable; (4) any applicable credit claim forms, and (5) Form CT-225, if applicable.

- B If you filed a return(s) other than federal Form 1120S, enter the form number(s) here .....
- C Enter your business apportionment factor (from Part 3, line 56) .....
- D Did the S corporation make an IRC section 338 or 453 election? ..... Yes  No
- E Did this entity have an interest in real property located in New York State during the last three years? ..... Yes  No
- F Has there been a transfer or acquisition of a controlling interest in this entity during the last three years? ..... Yes  No
- G If the IRS has completed an audit of any of your returns within the last five years, list years....
- H If this return is for a New York S termination year, mark an X in the appropriate box to indicate which method of accounting was used for the New York S short year (see New York S corporation termination year in instructions)  
Normal accounting rules  Daily pro rata allocation
- I Mark an X in the box if you are filing Form CT-3-S as a result of the mandatory New York S election of Tax Law, Article 22, section 660(i)..
- J If you are one of the following, mark an X in one box: QETC  Qualified New York manufacturer
- K If you filed as a New York C corporation in previous years, enter the last year filed as such .....
- L Are you a residual interest holder in a real estate mortgage investment conduit (REMIC)?..... Yes  No
- M Enter the amount, if any, of tax paid from federal Form 1120S, line 22c .....
- N If you include the activities of a qualified subchapter S subsidiary (QSSS), partnership, single member limited liability company (SMLLC), or DISC in this return, or have other affiliated entities, mark an X in the box and attach Form CT-60 .....

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- O Were you required to report any nonqualified deferred compensation, as required by IRC §457A, on your 2020 federal return? (see instructions) ..... Yes  No
- P If you are a foreign corporation computing your tax taking into account only your distributive shares from multiple limited partnerships, mark an X in the box .....

**Part 1 – Federal Form 1120S information**

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

1	Ordinary business income or loss.....	•	1	-109
2	Net rental real estate income or loss .....	•	2	
3	Other net rental income or loss.....	•	3	
4	Interest income .....	•	4	
5	Ordinary dividends.....	•	5	
6	Royalties .....	•	6	
7	Net short-term capital gain or loss .....	•	7	
8	Net long-term capital gain or loss .....	•	8	
9	Net section 1231 gain or loss.....	•	9	
10	Other income or loss.....	•	10	
11	Loans to shareholders (from federal Form 1120S, Schedule L, line 7, columns b and d) Beginning of tax year • <input type="text"/> End of tax year • <input type="text"/>			
12	Total assets (from federal Form 1120S, Schedule L, line 15, columns b and d) Beginning of tax year • <input <input="" end="" of="" tax="" type="text" value="22,155." year="" •=""/>			
13	Loans from shareholders (from federal Form 1120S, Schedule L, line 19, columns b and d) Beginning of tax year • <input <input="" end="" of="" tax="" type="text" value="10,626." year="" •=""/>			

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

	A Accumulated adjustments account	B Shareholders' undistributed taxable income previously taxed	C Accumulated earnings and profits	D Other adjustments account
14 Balance at beginning of tax year.....	-8,362.			
15 Ordinary income from federal Form 1120S, page 1, line 21..				
16 Other additions.....				
17 Loss from federal Form 1120S, page 1, line 21.....	-109.			
18 Other reductions .....				
19 Combine lines 14 through 18..	-8,471.			
20 Distributions.....				
21 Balance at end of tax year. Subtract line 20 from line 19..	-8,471.			



**Part 2 – Computation of tax** (see instructions)

Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1, mark an X in one box)..... Yes  No

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

22	New York receipts (from Part 3, line 55, column A (New York State))	22	740
23	Fixed dollar minimum tax (see instructions)	23	25
24	Recapture of tax credits (see instructions)	24	
25	Total tax after recapture of tax credits (add lines 23 and 24)	25	25
26	Special additional mortgage recording tax credit (current year or deferred; see instructions)	26	
27	Tax due after tax credits (subtract line 26 from line 25)	27	25

**First installment of estimated tax for the next tax period:**

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

**Composition of prepayments** (see instructions):

	Date paid	Amount
32	Mandatory first installment	
33	Second installment from Form CT-400	
34	Third installment from Form CT-400	
35	Fourth installment from Form CT-400	
36	Payment with extension request from Form CT-5.4	
37	Overpayment credited from prior years (see instructions)	37

38	Total prepayments (add lines 32 through 37)	38	
39	Balance (subtract line 38 from line 31; if line 38 is larger than line 31, enter 0)	39	25
40	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) <input type="checkbox"/>	40	0
41	Interest on late payment (see instructions)	41	
42	Late filing and late payment penalties (see instructions)	42	
43	Balance (add lines 39 through 42)	43	25

**Voluntary gifts/contributions**

44	Total voluntary gifts/contributions (from Form CT-227, Part 2, line 1)	44	
45	Add lines 31, 40, 41, 42, and 44	45	25
46	Balance due (If line 38 is less than line 45, subtract line 38 from line 45 and enter here. This is the amount due; enter your payment amount on line A on page 1.)	46	25
47	Overpayment (If line 38 is more than line 45, subtract line 45 from line 38 and enter here. This is the amount of your overpayment; see instructions.)	47	
48	Amount of overpayment to be credited to next period (see instructions)	48	
49	Refund of overpayment (subtract line 48 from line 47; see instructions)	49	
50	Refund of unused special additional mortgage recording tax credit (see instructions)	50	
51	Amount of special additional mortgage recording tax credit to be applied as an overpayment to next period	51	

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Part 3 – Computation of business apportionment factor (see instructions)

Mark an X in this box only if you have no receipts required to be included in the denominator of the apportionment factor (see instr.) ...

		A – New York State	B – Everywhere
Section 210-A.2			
1 Sales of tangible personal property	1		
2 Sales of electricity	2		
3 Net gains from sales of real property	3		
Section 210-A.3			
4 Rentals of real and tangible personal property	4		
5 Royalties from patents, copyrights, trademarks, and similar intangible personal property	5		
6 Sales of rights for certain closed-circuit and cable TV transmissions of an event	6		
Section 210-A.4			
7 Sale, licensing, or granting access to digital products	7		

Section 210-A.5(a)(1) – Fixed percentage method for qualified financial instruments (QFIs)  
 8 To make this irrevocable election, mark an X in the box (see instructions) .....  8

Section 210-A.5(a)(2) – Mark an X in each box that is applicable (see line 8 instructions)

Section 210-A.5(a)(2)(A)			
9 Interest from loans secured by real property	9		
10 Net gains from sales of loans secured by real property	10		
11 Interest from loans not secured by real property (QFI <input type="checkbox"/> )	11		
12 Net gains from sales of loans not secured by real property (QFI <input type="checkbox"/> )	12		
Section 210-A.5(a)(2)(B) (QFI <input type="checkbox"/> )			
13 Interest from federal debt	13		
14			
15 Interest from NYS and its political subdivisions debt	15		
16 Net gains from federal, NYS, and NYS political subdivisions debt	16		
17 Interest from other states and their political subdivisions debt	17		
18 Net gains from other states and their political subdivisions debt	18		
Section 210-A.5(a)(2)(C) (QFI <input type="checkbox"/> )			
19 Interest from asset-backed securities and other government agency debt	19		
20 Net gains from government agency debt or asset-backed securities sold through an exchange	20		
21 Net gains from all other asset-backed securities	21		
Section 210-A.5(a)(2)(D) (QFI <input type="checkbox"/> )			
22 Interest from corporate bonds	22		
23 Net gains from corporate bonds sold through broker/dealer or licensed exchange	23		
24 Net gains from other corporate bonds	24		
Section 210-A.5(a)(2)(E)			
25 Net interest from reverse repurchase and securities borrowing agreements	25		
Section 210-A.5(a)(2)(F)			
26 Net interest from federal funds	26		
Section 210-A.5(a)(2)(I) (QFI <input type="checkbox"/> )			
27 Net income from sales of physical commodities	27		
Section 210-A.5(a)(2)(J) (QFI <input type="checkbox"/> )			
28 Marked to market net gains	28		
Section 210-A.5(a)(2)(H) (QFI <input type="checkbox"/> ) 210-A.5(a)(2)(G) (QFI <input type="checkbox"/> )			
29 Interest from other financial instruments	29		
30 Net gains and other income from other financial instruments	30		

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Part 3 – Computation of business apportionment factor (continued)

		A – New York State	B – Everywhere
<b>Section 210-A.5(b)</b>			
31	Brokerage commissions .....		
32	Margin interest earned on behalf of brokerage accounts .....		
33	Fees for advisory services for underwriting or management of underwriting .....		
34	Receipts from primary spread of selling concessions .....		
35	Receipts from account maintenance fees .....		
36	Fees for management or advisory services .....		
37	Interest from an affiliated corporation .....		
<b>Section 210-A.5(c)</b>			
38	Interest, fees, and penalties from credit cards .....		
39	Service charges and fees from credit cards .....		
40	Receipts from merchant discounts .....		
41	Receipts from credit card authorizations and settlement processing ..		
42	Other credit card processing receipts .....		
<b>Section 210-A.5(d)</b>			
43	Receipts from certain services to investment companies .....		
44			
<b>Section 210-A.6</b>			
45	Receipts from railroad and trucking business .....		
<b>Section 210-A.6-a</b>			
46	Receipts from the operation of vessels .....		
<b>Section 210-A.7</b>			
47	Receipts from air freight forwarding .....		
48	Receipts from other aviation services .....		
<b>Section 210-A.8</b>			
49	Advertising in newspapers or periodicals .....		
50	Advertising on television or radio .....		
51	Advertising via other means .....		
<b>Section 210-A.9</b>			
52	Transportation or transmission of gas through pipes .....		
<b>Section 210-A.10</b>			
53	Receipts from other services/activities not specified .....	740	7,403
<b>Section 210-A.11</b>			
54	Discretionary adjustments .....		
<b>Total receipts</b>			
55	Add lines 1 through 54 in columns A and B .....	740	7,403

Calculation of business apportionment factor

56 New York State business apportionment factor (divide line 55, column A by line 55, column B and enter the resulting decimal here; round to the sixth decimal place after the decimal point; see instructions) .....



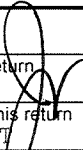
**Amended return information**

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

Final federal determination •  If marked, enter date of determination: • \_\_\_\_\_

<b>Third – party designee</b> <i>(see instructions)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Designee's name <i>(print)</i>	Designee's phone number ( )
	Designee's email address		PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

<b>Authorized person</b>	Printed name of authorized person GUSTABO COLLINS	Signature of authorized person	Official title MEMBER
	Email address of authorized person JUAN@MENATAXES.COM	Telephone number (646) 288-1644	Date 02-27-21
<b>Paid preparer use only</b> <i>(see instr.)</i>	Firm's name <i>(or yours if self-employed)</i> JUAN E. MENA PA	Firm's EIN 22-2866188	Preparer's PTIN or SSN P00130486
	Signature of individual preparing this return 	Address 512 35 ST UNION CITY NJ 07087	City State ZIP code
	Email address of individual preparing this return JUAE.MENA@VERIZON.NET	Preparer's NYTPRIN or 12149482	Excl. code Date 02-27-21

See instructions for where to file.

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# New York S Corporation Shareholders' Information Schedule

# CT-34-SH

Legal name of corporation <b>HARBAR GLOBAL CORP</b>	Employer identification number (EIN) <b>822284659</b>
--	--

Attach to Form CT-3-S

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

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

<b>Additions</b>	1	New York State franchise tax imposed under Article 9-A .....	1	
	2	Federal depreciation deduction from Form CT-399, if applicable .....	2	
	3	Other additions (attach Form CT-225) .....	3	
	3a	New York addition adjustments due to decoupling from the Internal Revenue Code (IRC) .....	3a	
<b>Subtractions</b>	4	Allowable New York depreciation from Form CT-399, if applicable .....	4	
	5	Other subtractions (attach Form CT-225) .....	5	
	5a	New York subtraction adjustments due to decoupling from the IRC .....	5a	
<b>Other items</b> (attach explanation)	6	Additions to itemized deductions .....	6	
	7	Subtractions from itemized deductions .....	7	

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

**START-UP NY tax credits** (see instructions)

8 START-UP NY business certificate number .....	•	<b>8</b>	
9 Year of the START-UP NY business tax benefit period (enter the year number from 1 to 10) .....	•	<b>9</b>	
10 START-UP NY telecommunication services excise tax credit (Form CT-640) .....	•	<b>10</b>	
11 Recapture of START-UP NY tax benefits (Form CT-645) .....	•	<b>11</b>	
12 START-UP NY tax elimination credit tax-free NY area allocation factor (Form CT-638) .....	•	<b>12</b>	
13 START-UP NY tax elimination credit business allocation factor (Form CT-638) .....	•	<b>13</b>	
<b>START-UP NY tax elimination credit factors from partnership</b> (for multiple partnerships attach separate statement; see instructions)			
14 START-UP NY partnership EIN .....	•	<b>14</b>	
15 START-UP NY business certificate number (obtain number from your partnership) ....	•	<b>15</b>	
16 Year of the START-UP NY business tax benefit period (enter the year number from 1 to 10; obtain number from your partnership) .....	•	<b>16</b>	
17 START-UP NY tax elimination credit tax-free NY area allocation factor (obtain factor from your partnership) .....	•	<b>17</b>	
18 START-UP NY tax elimination credit business allocation factor (obtain factor from your partnership) ..	•	<b>18</b>	

**Investment tax credits** (see instructions)

19 Investment tax credit and employment incentive credit (Form CT-46) .....	•	<b>19</b>	
20 Investment tax credit on research and development property (Form CT-46) .....	•	<b>20</b>	
21			
22 Tax on early dispositions – investment tax credit, retail enterprise tax credit, historic barn credit, investment tax credit on research and development property, or investment tax credit for financial services industry (Form CT-44 or CT-46) .....	•	<b>22</b>	

**Empire zone (EZ) tax credits** (see instructions)

23 EZ investment tax credit (Form CT-603) .....	•	<b>23</b>	
24			
25 Recaptured tax credit – EZ investment tax credit or EZ investment tax credit for financial services industry (Form CT-603 or CT-605) .....	•	<b>25</b>	



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

Qualified empire zone enterprise (QEZE) tax credits (see instructions)		
26	QEZE real property tax credit allowed (Form CT-606)	26
27	Net recapture of QEZE real property tax credit (Form CT-606)	27
28	QEZE tax reduction credit employment increase factor (Form CT-604)	28
29	QEZE tax reduction credit zone allocation factor (Form CT-604)	29
30	QEZE tax reduction credit benefit period factor (Form CT-604)	30
<b>QEZE tax reduction credit factors from partnership</b> (for multiple partnerships attach separate statement; see instructions)		
31	QEZE partnership EIN	31
32	QEZE employment increase factor (obtain factor from your partnership)	32
33	QEZE zone allocation factor (obtain factor from your partnership)	33
34	QEZE benefit period factor (obtain factor from your partnership)	34
Farmers' school tax credit (see instructions)		
35	Total acres of qualified agricultural property	35
36	Total amount of eligible school district property taxes paid	36
37	Total acres of qualified agricultural property converted to nonqualified use	37
38	Total acres of qualified conservation property	38
Other credits (attach applicable forms)		
39	Recapture of alternative fuels credit (Form CT-40)	39
40	Credit for employment of persons with disabilities (Form CT-41)	40
41	Rehabilitation of historic properties credit (Form CT-238; also see Form CT-34-SH-I regarding project number reporting)	41
42	Recapture of rehabilitation of historic properties credit (Form CT-238)	42
43	Clean heating fuel credit (Form CT-241)	43
44		
45	Empire State commercial production credit (Form CT-246)	45
46	Empire State film production credit for the current year (Form CT-248)	46
47	Empire State film production credit for the second year (Form CT-248)	47
48	Empire State film production credit for the third year (Form CT-248)	48
49	Long-term care insurance credit (Form CT-249)	49
50	Credit for purchase of an automated external defibrillator (Form CT-250)	50
51	Empire State film post-production credit for the current year (Form CT-261)	51
52	Empire State film post-production credit for the second year (Form CT-261)	52
53	Empire State film post-production credit for the third year (Form CT-261)	53
54	Excelsior jobs tax credit component (Form CT-607)	54
55	Excelsior investment tax credit component (Form CT-607)	55
56	Excelsior research and development tax credit component (Form CT-607)	56
57	Excelsior real property tax credit component (Form CT-607)	57
58	Recapture of excelsior jobs program tax credit (Form CT-607)	58
59	Brownfield redevelopment tax credit site preparation credit component (Form CT-611)	59
60	Brownfield redevelopment tax credit tangible property credit component (Form CT-611)	60
61	Brownfield redevelopment tax credit on-site groundwater remediation credit component (Form CT-611)	61
62	Recapture of brownfield redevelopment tax credit (Form CT-611)	62
63	Brownfield redevelopment tax credit site preparation credit component (Form CT-611.1)	63
64	Brownfield redevelopment tax credit tangible property credit component (Form CT-611.1)	64
65	Brownfield redevelopment tax credit on-site ground water remediation credit component (Form CT-611.1)	65
66	Recapture of brownfield redevelopment tax credit (Form CT-611.1)	66
67	Brownfield redevelopment tax credit site preparation credit component (Form CT-611.2)	67
68	Brownfield redevelopment tax credit tangible property credit component (Form CT-611.2)	68
69	Brownfield redevelopment tax credit on-site ground water remediation credit component (Form CT-611.2)	69
70	Recapture of brownfield redevelopment tax credit (Form CT-611.2)	70
71	Remediated brownfield credit for real property taxes (Form CT-612)	71
72	Recapture of remediated brownfield credit for real property taxes (Form CT-612)	72
73	Environmental remediation insurance credit (Form CT-613)	73

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

74	Recapture of environmental remediation insurance credit (Form CT-613).....	•	74		
75	Security officer training tax credit (attach Form CT-631).....	•	75		
76	Economic transformation and facility redevelopment program jobs tax credit component (Form CT-633).....	•	76		
77	Economic transformation and facility redevelopment program investment tax credit component (Form CT-633).....	•	77		
78	Economic transformation and facility redevelopment program job training tax credit component (Form CT-633).....	•	78		
79	Economic transformation and facility redevelopment program real property tax credit component (Form CT-633).....	•	79		
80	Recapture of economic transformation and facilities redevelopment program tax credit (Form CT-633)...	•	80		
81	Taxicabs and livery service vehicles accessible to persons with disabilities credit (Form CT-236)....	•	81		
82	QETC employment credit (Form DTF-621).....	•	82		
83	QETC capital tax credit (Form DTF-622).....	•	83		
84	Recapture of QETC capital tax credit (Form DTF-622).....	•	84		
85	Low-income housing credit (Form DTF-624).....	•	85		
86	Recapture of low-income housing credit (Form DTF-626).....	•	86		
87	Empire state jobs retention credit (Form CT-634).....	•	87		
88	Recapture of empire state jobs retention credit (Form CT-634).....	•	88		
89	New York youth jobs program credit (Form CT-635).....	•	89		
90	Alcoholic beverage production credit for beer (Form CT-636).....	•	90		
91	Alcoholic beverage production credit for cider (Form CT-636).....	•	91		
92	Alcoholic beverage production credit for wine (Form CT-636).....	•	92		
93	Alcoholic beverage production credit for liquor (Form CT-636).....	•	93		
94	Alternative fuels and electric vehicle recharging property credit (Form CT-637).....	•	94		
95	Recapture of alternative fuels and electric vehicle recharging property credit (Form CT-637).....	•	95		
96					
97	Real property tax credit for manufacturers (Form CT-641).....	•	97		
98	Recapture of real property tax credit for manufacturers (Form CT-641).....	•	98		
99	Empire state musical and theatrical production credit (Form CT-642).....	•	99		
100	Hire a veteran credit (Form CT-643).....	•	100		
101	Workers with disabilities tax credit (Form CT-644).....	•	101		
102	Employee training incentive program tax credit (Form CT-646).....	•	102		
103	Farm workforce retention credit (Form CT-647).....	•	103		
104	Life sciences research and development tax credit (Form CT-648).....	•	104		
105	Farm donations to food pantries credit (Form CT-649; also see Form CT-34-SH-I regarding additional informational reporting).....	•	105		
106	Empire State apprenticeship tax credit (Form CT-650).....	•	106		
107	Recovery tax credit (Form CT-651).....	•	107		
108	Employer-provided child care credit (Form CT-652).....	•	108		
109	Other tax credits and recaptures (see instructions).....	•	109		
	_____				
	_____				

(complete Schedule B on the last page)

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**Schedule B – Shareholders’ identifying information** (see instructions)

Photocopy Schedule B as needed. Attach all additional schedules to this form. Also mark an X in the box.

<b>A</b> For each shareholder, enter last name, first name, middle initial on first line; enter home address on second and third lines. (attach federal Schedule K-1 for each shareholder)	<b>B</b> Identifying number (SSN or EIN)	<b>C</b> Percentage of ownership	<b>D</b> Shareholder residency status (make only one entry) 1 for New York State 2 for New York City 3 for Yonkers 4 for NYS nonresident	<b>E</b> Shareholder entity status (make only one entry) I for individual F for estate or trust E for exempt organization
1 COLLINS GUSTAVO D 654 VICENT AVE BRONX NY 10465	1 085-58-4004	80.0000	1	I
2 HARBAR HAZEL 328 EAST 145TH STREET APT BRONX NY 10451	2 091-42-8654	10.0000	1	I
3 COLLINS LIONEL 328 EAST 145TH STREET APT BRONX NY 10451	3 120-38-6471	10.0000	1	I
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11	11			



For calendar year 2020 or tax year  
beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, \_\_\_\_\_.

Shareholder's Identification No. <u>085-58-4004</u>	Corporation's Identification No. <u>82-2284659</u>
Shareholder's Name, Address and ZIP Code <u>GUSTAVO D COLLINS</u> <u>654 VICENT AVE</u> <u>BRONX, NY 10465</u>	Corporation's Name, Address and ZIP Code <u>HARBAR GLOBAL CORP</u> <u>654 VINCENT AVE</u> <u>BRONX, NY 10465</u>

Check if New York State nonresident . . . . .

Check your S corporation was required to report, under P.L. 110-343, Div, C, Section 801(d)(2), any  
nonqualified deferred compensation on you 2020 S corporation federal return . . . . .

Number of shares . . . . . 80 Percentage of stock ownership . . . . . 80.00000

From: 07-14-17 To: PRESENT

**Shareholder's Share of Income, Credits, Deductions, Etc**

	New York Amount (nonresidents only)	Federal K-1 Amount
1 Ordinary business income (loss) . . . . .		-87.
2 Net rental real estate income (loss) . . . . .		
3 Other net rental income (loss) . . . . .		
4 Interest income . . . . .		
5 Ordinary dividends . . . . .		
6 Royalties . . . . .		
7 Net short-term capital gain (loss) . . . . .		
8 Net long-term capital gain (loss) . . . . .		
9 Net section 1231 gain (loss) . . . . .		
10 Other income (loss) . . . . .		
11 Total income (loss) (add lines 1 through 10) . . . . .		-87.
12 Section 179 expense deduction . . . . .		
13 Other deductions . . . . .		
14 Total deductions (add lines 12 through 13) . . . . .		
15 Investment interest expense . . . . .		
16 Foreign taxes paid . . . . .		
17 Property distributions . . . . .		
18 Repayment of loans from shareholders . . . . .		

**Schedule A, Part 1 – Shareholders' Shares of Changes from Federal Items**

<b>Additions</b>		
1 New York franchise tax imposed under Article 9-A . . . . .	1	
2 Federal depreciation deduction (from Form CT-399) . . . . .	2	
3 Other additions . . . . .	3	
3 a New York addition adjustments due to decoupling from the IRC	3 a	
<b>Subtractions</b>		
4 Allowable New York depreciation (from Form CT-399) . . . . .	4	
5 Other subtractions . . . . .	5	
5 a New York subtraction adjustments due to decoupling from the IRC . . . . .	5 a	
<b>Other Items</b>		
6 Additions to federal itemized deductions . . . . .	6	
7 Subtractions from federal itemized deductions . . . . .	7	

**Schedule A, Part 2 – Shareholders’ Shares of New York S Corporation’s New York State Tax Credits and Taxes on Early Dispositions**

8	Start-Up NY business certificate number . . . . .	8	
9	Year of the Start-Up NY business tax benefit period (enter the year number from 1 to 10) . . . . .	9	
10	Start-Up NY telecommunication services excise tax credit (Form CT-640) . . . . .	10	
11	Recapture of Start-Up NY tax benefits (Form CT-645) . . . . .	11	
12	Start-Up NY tax elimination credit tax free NY area allocation factor (Form CT-638) . . . . .	12	
13	Startup NY tax elimination credit business allocationpercentage (Form CT-638)	13	
14	Start-up NY partnership employer identification number.	14	
15	Start-up NY business certificate number..	15	
16	Year of the Start-up NY business tax benefit period....	16	
17	Start-up NY tax elem crd tax free NY area alloc factor.	17	
18	Start-up NY tax elem credit business allocation factor	18	
19	Investment tax credit and employment incentive credit (Form CT-46) . . . . .	19	
20	Investment tax credit on research and development property (Form CT-46)	20	
21		21	
22	Tax on early dispositions – Investment Tax Credit, Retail Enterprise Tax Credit, Historic Barn Credit, Investment Tax Credit Research and Development . . . . .	22	
23	EZ Investment Tax Credit (Form CT-603) . . . . .	23	
24		24	
25	Recaptured tax credit - EZ capital tax credit, EZ investment tax credit, or EZ investment tax credit financial service industry (CT-602, CT-603 or CT-605) . . . . .	25	
26	QEZE real property taxes credit allowed (Form CT-606) . . . . .	26	
27	Net recapture of QEZE real property tax credit (Form CT-606) . . . . .	27	
28	QEZE tax reduction credit employment increase factor (Form CT-604) . . . . .	28	
29	QEZE tax reduction credit zone allocation factor (Form CT-604) . . . . .	29	
30	QEZE tax reduction credit benefit period factor (Form CT-604) . . . . .	30	
31	QEZE partnership employer identification number.....	31	
32	QEZE employment increase factor.....	32	
33	QEZE zone allocation factor.....	33	
34	QEZE benefit period factor.....	34	
35	Total acres of qualified agricultural property. . . . .	35	
36	Total amount of eligible school district property taxes paid . . . . .	36	
37	Total acres of qualified agricultural property converted to noqualified use . . . . .	37	
38	Total acres of qualified conservation property. . . . .	38	
39	Recapture of Alternative Fuels Credit (Form CT-41) . . . . .	39	
40	Credit for employment of persons with disabilities(Form CT-41) . . . . .	40	
41	Rehabilitation of historic properties credit (Form CT-238) . . . . .	41	
42	Recapture of rehabilitation of historic properties credit (Form CT-238) . . . . .	42	
43	Clean heating fuel credit (Form CT-241) . . . . .	43	
44		44	
45	Empire State commercial production credit (Form CT-246) . . . . .	45	
46	Empire State film production credit for the current year (Form CT-248) . . . . .	46	
47	Empire State film production credit for the second year (Form CT-248) . . . . .	47	
48	Empire State film production credit for the third year (Form CT-248) . . . . .	48	
49	Long-term care insurance credit (Form CT-249) . . . . .	49	
50	Credit for purchase of an automated external defibrillator (Form CT-250) . . . . .	50	
51	Empire State film post-production credit for the current year (Form CT-261) . . . . .	51	
52	Empire State film post-production credit for the second year (Form CT-261) . . . . .	52	
53	Empire State film post-production credit for the third year (Form CT-261) . . . . .	53	
54	Excelsior jobs tax credit component (Form CT-607) . . . . .	54	

**Schedule A, Part II – Shareholders’ Shares of New York S Corporation’s New York State Tax Credits and Taxes on Early Dispositions (continued)**

55	Excelsior investment tax credit component (Form CT-607) . . . . .	55	_____
56	Excelsior research and development tax credit component (Form CT-607) . . . . .	56	_____
57	Excelsior real property tax credit component (Form CT-607) . . . . .	57	_____
58	Recapture of excelsior jobs program tax credit (Form CT-607) . . . . .	58	_____
59	Brownfield redevelopment tax credit site preparation credit component . . . . .	59	_____
60	Brownfield redevelopment tax credit tangible property credit component. . . . .	60	_____
61	Brownfield redevelopment tax credit on-site ground water remed cr comp . . . . .	61	_____
62	Recapture of brownfield redevelopment tax credit (Form CT-611) . . . . .	62	_____
63	Brownfield redevelopment tax credit site preparation credit component . . . . .	63	_____
64	Brownfield redevelopment tax credit tangible property credit component. . . . .	64	_____
65	Brownfield redevelopment tax credit on-site groundwater remediation credit component . . . . .	65	_____
66	Recapture of brownfield redevelopment tax credit (Form CT-611.1) . . . . .	66	_____
67	Brownfield redevelopment tax credit site preparation credit component (Form CT-611.2) . . . . .	67	_____
68	Brownfield redevelopment tax credit tangible property credit component (Form CT-611.2) . . . . .	68	_____
69	Brownfield redevelopment tax credit on-site ground water remediation credit component (Form CT-611.2) . . . . .	69	_____
70	Recapture of brownfield redevelopment tax credit (Form CT-611.2) . . . . .	70	_____
71	Remediated brownfield credit for real property taxes (Form CT-612) . . . . .	71	_____
72	Recapture of remediated brownfield credit for real property taxes (CT-612) . . . . .	78	_____
73	Environmental remediation insurance credit (Form CT-613) . . . . .	73	_____
74	Recapture of environmental remediation insurance credit (Form CT-613) . . . . .	74	_____
75	Security officer training tax credit (attach Form CT-631) . . . . .	75	_____
76	Economic transformation and facility redevelopment program jobs tax credit component (Form CT-633) . . . . .	76	_____
77	Economic transformation and facility redevelopment program investment tax credit component (Form CT-633) . . . . .	77	_____
78	Economic transformation and facility redevelopment program job training tax credit component (Form CT-633) . . . . .	78	_____
79	Economic transformation and facility redevelopment program real property tax credit component (Form CT-633) . . . . .	79	_____
80	Recapture of economic transformation and facilities redevelopment program tax credit (Form CT-633) . . . . .	80	_____
81	Taxicabs and livery service vehicles accessible to persons with disabilities credit (Form CT-236) . . . . .	81	_____
82	QETC employment credit (Form DTF-621) . . . . .	82	_____
83	QETC capital tax credit (Form DTF-622) . . . . .	83	_____
84	Recapture of QETC capital tax credit (Form DTF-622) . . . . .	84	_____
85	Low-income housing credit (Form DTF-624) . . . . .	85	_____
86	Recapture of low-income housing credit (Form DTF-626) . . . . .	86	_____
87	Empire state jobs retention credit (Form CT-634) . . . . .	87	_____
88	Recapture of empire state jobs retention credit (Form CT-634) . . . . .	88	_____
89	New York youth jobs program credit (Form CT-635) . . . . .	89	_____
90	Alcoholic beverage production credit for beer (Form CT-636) . . . . .	90	_____
91	Alcoholic beverage production credit for cider (Form CT-636) . . . . .	91	_____
92	Alcoholic beverage production credit for wine (Form CT-636) . . . . .	92	_____
93	Alcoholic beverage production credit for liquor (Form CT-636) . . . . .	93	_____
94	Alternative fuels and electric vehicle recharging property cr (Form CT-637) . . . . .	94	_____
95	Recapture of alternative fuels and electric vehicle recharging property credit (For CT-637) . . . . .	95	_____
96		96	_____



For calendar year 2020 or tax year  
beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, \_\_\_\_\_.

Shareholder's Identification No. <u>091-42-8654</u>	Corporation's Identification No. <u>82-2284659</u>
Shareholder's Name, Address and ZIP Code <u>HAZEL HARBAR</u> <u>328 EAST 145TH STREET APT. 9E</u> <u>BRONX, NY 10451</u>	Corporation's Name, Address and ZIP Code <u>HARBAR GLOBAL CORP</u> <u>654 VINCENT AVE</u> <u>BRONX, NY 10465</u>

Check if New York State nonresident . . . . .

Check your S corporation was required to report, under P.L. 110-343, Div, C, Section 801(d)(2), any nonqualified deferred compensation on you 2020 S corporation federal return . . . . .

Number of shares. . . . . 10 Percentage of stock ownership. . . . . 10.00000

From: 07-14-17 To: PRESENT

**Shareholder's Share of Income, Credits, Deductions, Etc**

	New York Amount (nonresidents only)	Federal K-1 Amount
1 Ordinary business income (loss) . . . . .		-11.
2 Net rental real estate income (loss) . . . . .		
3 Other net rental income (loss) . . . . .		
4 Interest income . . . . .		
5 Ordinary dividends . . . . .		
6 Royalties . . . . .		
7 Net short-term capital gain (loss). . . . .		
8 Net long-term capital gain (loss) . . . . .		
9 Net section 1231 gain (loss) . . . . .		
10 Other income (loss) . . . . .		
11 Total income (loss) (add lines 1 through 10) . . . . .		-11.
12 Section 179 expense deduction . . . . .		
13 Other deductions . . . . .		
14 Total deductions (add lines 12 through 13) . . . . .		
15 Investment interest expense . . . . .		
16 Foreign taxes paid . . . . .		
17 Property distributions . . . . .		
18 Repayment of loans from shareholders . . . . .		

**Schedule A, Part 1 – Shareholders' Shares of Changes from Federal Items**

<b>Additions</b>		
1 New York franchise tax imposed under Article 9-A . . . . .	1	
2 Federal depreciation deduction (from Form CT-399) . . . . .	2	
3 Other additions . . . . .	3	
3 a New York addition adjustments due to decoupling from the IRC	3 a	
<b>Subtractions</b>		
4 Allowable New York depreciation (from Form CT-399) . . . . .	4	
5 Other subtractions . . . . .	5	
5 a New York subtraction adjustments due to decoupling from the IRC . . . . .	5 a	
<b>Other Items</b>		
6 Additions to federal itemized deductions . . . . .	6	
7 Subtractions from federal itemized deductions . . . . .	7	

Schedule A, Part 2 – Shareholders’ Shares of New York S Corporation’s New York State Tax Credits and Taxes on Early Dispositions

Table with 4 columns: Line number, Description, Column 3, Column 4. Rows 8-54. Includes items like 'Start-Up NY business certificate number', 'Year of the Start-Up NY business tax benefit period', 'Recapture of Start-Up NY tax benefits', etc.

**Schedule A, Part II – Shareholders’ Shares of New York S Corporation’s New York State Tax Credits and Taxes on Early Dispositions (continued)**

55	Excelsior investment tax credit component ( <i>Form CT-607</i> ) . . . . .	55	
56	Excelsior research and development tax credit component ( <i>Form CT-607</i> ) . . . . .	56	
57	Excelsior real property tax credit component ( <i>Form CT-607</i> ) . . . . .	57	
58	Recapture of excelsior jobs program tax credit ( <i>Form CT-607</i> ) . . . . .	58	
59	Brownfield redevelopment tax credit site preparation credit component . . . . .	59	
60	Brownfield redevelopment tax credit tangible property credit component. . . . .	60	
61	Brownfield redevelopment tax credit on-site ground water remed cr comp. . . . .	61	
62	Recapture of brownfield redevelopment tax credit ( <i>Form CT-611</i> ) . . . . .	62	
63	Brownfield redevelopment tax credit site preparation credit component . . . . .	63	
64	Brownfield redevelopment tax credit tangible property credit component. . . . .	64	
65	Brownfield redevelopment tax credit on-site groundwater remediation credit component . . . . .	65	
66	Recapture of brownfield redevelopment tax credit ( <i>Form CT-611.1</i> ) . . . . .	66	
67	Brownfield redevelopment tax credit site preparation credit component ( <i>Form CT-611.2</i> ) . . . . .	67	
68	Brownfield redevelopment tax credit tangible property credit component ( <i>Form CT-611.2</i> ). . . . .	68	
69	Brownfield redevelopment tax credit on-site ground water remediation credit component ( <i>Form CT-611.2</i> ) . . . . .	69	
70	Recapture of brownfield redevelopment tax credit ( <i>Form CT-611.2</i> ) . . . . .	70	
71	Remediated brownfield credit for real property taxes ( <i>Form CT-612</i> ) . . . . .	71	
72	Recapture of remediated brownfield credit for real property taxes (CT-612) . . . . .	78	
73	Environmental remediation insurance credit ( <i>Form CT-613</i> ). . . . .	73	
74	Recapture of environmental remediation insurance credit ( <i>Form CT-613</i> ) . . . . .	74	
75	Security officer training tax credit ( <i>attach Form CT-631</i> ) . . . . .	75	
76	Economic transformation and facility redevelopment program jobs tax credit component ( <i>Form CT-633</i> ) . . . . .	76	
77	Economic transformation and facility redevelopment program investment tax credit component ( <i>Form CT-633</i> ) . . . . .	77	
78	Economic transformation and facility redevelopment program job training tax credit component ( <i>Form CT-633</i> ) . . . . .	78	
79	Economic transformation and facility redevelopment program real property tax credit component ( <i>Form CT-633</i> ) . . . . .	79	
80	Recapture of economic transformation and facilities redevelopment program tax credit ( <i>Form CT-633</i> ) . . . . .	80	
81	Taxicabs and livery service vehicles accessible to persons with disabilities credit ( <i>Form CT-236</i> ) . . . . .	81	
82	QETC employment credit ( <i>Form DTF-621</i> ) . . . . .	82	
83	QETC capital tax credit ( <i>Form DTF-622</i> ) . . . . .	83	
84	Recapture of QETC capital tax credit ( <i>Form DTF-622</i> ). . . . .	84	
85	Low-income housing credit ( <i>Form DTF-624</i> ) . . . . .	85	
86	Recapture of low-income housing credit ( <i>Form DTF-626</i> ) . . . . .	86	
87	Empire state jobs retention credit ( <i>Form CT-634</i> ). . . . .	87	
88	Recapture of empire state jobs retention credit ( <i>Form CT-634</i> ) . . . . .	88	
89	New York youth jobs program credit ( <i>Form CT-635</i> ) . . . . .	89	
90	Alcoholic beverage production credit for beer ( <i>Form CT-636</i> ) . . . . .	90	
91	Alcoholic beverage production credit for cider ( <i>Form CT-636</i> ). . . . .	91	
92	Alcoholic beverage production credit for wine ( <i>Form CT-636</i> ) . . . . .	92	
93	Alcoholic beverage production credit for liquor ( <i>Form CT-636</i> ) . . . . .	93	
94	Alternative fuels and electric vehicle recharging property cr ( <i>Form CT-637</i> ) . . . . .	94	
95	Recapture of alternative fuels and electric vehicle recharging property credit ( <i>For CT-637</i> ) . . . . .	95	
96		96	



Schedule  
**K-1**  
Form CT-3-S

New York State  
**Schedule K-1 Equivalent**

**2020**

For calendar year 2020 or tax year  
beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, \_\_\_\_\_.

Shareholder's Identification No. <u>120-38-6471</u>	Corporation's Identification No. <u>82-2284659</u>
Shareholder's Name, Address and ZIP Code <u>LIONEL COLLINS</u> <u>328 EAST 145TH STREET APT. 9E</u> <u>BRONX, NY 10451</u>	Corporation's Name, Address and ZIP Code <u>HARBAR GLOBAL CORP</u> <u>654 VINCENT AVE</u> <u>BRONX, NY 10465</u>

Check if New York State nonresident . . . . .

Check your S corporation was required to report, under P.L. 110-343, Div, C, Section 801(d)(2), any nonqualified deferred compensation on you 2020 S corporation federal return . . . . .

Number of shares . . . . . 10 Percentage of stock ownership . . . . . 10.00000

From: 07-14-17 To: PRESENT

**Shareholder's Share of Income, Credits, Deductions, Etc**

	New York Amount (nonresidents only)	Federal K-1 Amount
1 Ordinary business income (loss) . . . . .		-11.
2 Net rental real estate income (loss) . . . . .		
3 Other net rental income (loss) . . . . .		
4 Interest income . . . . .		
5 Ordinary dividends . . . . .		
6 Royalties . . . . .		
7 Net short-term capital gain (loss) . . . . .		
8 Net long-term capital gain (loss) . . . . .		
9 Net section 1231 gain (loss) . . . . .		
10 Other income (loss) . . . . .		
11 Total income (loss) (add lines 1 through 10) . . . . .		-11.
12 Section 179 expense deduction . . . . .		
13 Other deductions . . . . .		
14 Total deductions (add lines 12 through 13) . . . . .		
15 Investment interest expense . . . . .		
16 Foreign taxes paid . . . . .		
17 Property distributions . . . . .		
18 Repayment of loans from shareholders . . . . .		

**Schedule A, Part 1 – Shareholders' Shares of Changes from Federal Items**

<b>Additions</b>		
1 New York franchise tax imposed under Article 9-A . . . . .	1	
2 Federal depreciation deduction (from Form CT-399) . . . . .	2	
3 Other additions . . . . .	3	
3 a New York addition adjustments due to decoupling from the IRC	3 a	
<b>Subtractions</b>		
4 Allowable New York depreciation (from Form CT-399) . . . . .	4	
5 Other subtractions . . . . .	5	
5 a New York subtraction adjustments due to decoupling from the IRC . . . . .	5 a	
<b>Other Items</b>		
6 Additions to federal itemized deductions . . . . .	6	
7 Subtractions from federal itemized deductions . . . . .	7	

**Schedule A, Part 2 – Shareholders’ Shares of New York S Corporation’s New York State Tax Credits and Taxes on Early Dispositions**

8	Start-Up NY business certificate number . . . . .	8	
9	Year of the Start-Up NY business tax benefit period (enter the year number from 1 to 10) . . . . .	9	
10	Start-Up NY telecommunication services excise tax credit (Form CT-640) . . . . .	10	
11	Recapture of Start-Up NY tax benefits (Form CT-645) . . . . .	11	
12	Start-Up NY tax elimination credit tax free NY area allocation factor (Form CT-638) . . . . .	12	
13	Startup NY tax elimination credit business allocationpercentage (Form CT-638)	13	
14	Start-up NY partnership employer identification number.	14	
15	Start-up NY business certificate number..	15	
16	Year of the Start-up NY business tax benefit period....	16	
17	Start-up NY tax elem crd tax free NY area alloc factor.	17	
18	Start-up NY tax elem credit business allocation factor	18	
19	Investment tax credit and employment incentive credit (Form CT-46) . . . . .	19	
20	Investment tax credit on research and development property (Form CT-46)	20	
21		21	
22	Tax on early dispositions – Investment Tax Credit, Retail Enterprise Tax Credit, Historic Barn Credit, Investment Tax Credit Research and Development property, or Investment Tax Credit Financial Services Industry (CT-44 or CT-46)	22	
23	EZ Investment Tax Credit (Form CT-603) . . . . .	23	
24		24	
25	Recaptured tax credit - EZ capital tax credit, EZ investment tax credit, or EZ investment tax credit financial service industry (CT-602, CT-603 or CT-605) . .	25	
26	QEZE real property taxes credit allowed (Form CT-606) . . . . .	26	
27	Net recapture of QEZE real property tax credit (Form CT-606) . . . . .	27	
28	QEZE tax reduction credit employment increase factor (Form CT-604) . . . . .	28	
29	QEZE tax reduction credit zone allocation factor (Form CT-604) . . . . .	29	
30	QEZE tax reduction credit benefit period factor (Form CT-604) . . . . .	30	
31	QEZE partnership employer identification number.....	31	
32	QEZE employment increase factor.....	32	
33	QEZE zone allocation factor.....	33	
34	QEZE benefit period factor.....	34	
35	Total acres of qualified agricultural property. . . . .	35	
36	Total amount of eligible school district property taxes paid . . . . .	36	
37	Total acres of qualified agricultural property converted to noqualified use . . . . .	37	
38	Total acres of qualified conservation property. . . . .	38	
39	Recapture of Alternative Fuels Credit (Form CT-41) . . . . .	39	
40	Credit for employment of persons with disabilities(Form CT-41) . . . . .	40	
41	Rehabilitation of historic properties credit (Form CT-238) . . . . .	41	
42	Recapture of rehabilitation of historic properties credit (Form CT-238) . . . . .	42	
43	Clean heating fuel credit (Form CT-241) . . . . .	43	
44		44	
45	Empire State commercial production credit (Form CT-246) . . . . .	45	
46	Empire State film production credit for the current year (Form CT-248) . . . . .	46	
47	Empire State film production credit for the second year (Form CT-248) . . . . .	47	
48	Empire State film production credit for the third year (Form CT-248) . . . . .	48	
49	Long-term care insurance credit (Form CT-249) . . . . .	49	
50	Credit for purchase of an automated external defibrillator (Form CT-250) . . . . .	50	
51	Empire State film post-production credit for the current year (Form CT-261) . . . . .	51	
52	Empire State film post-production credit for the second year (Form CT-261) . . . . .	52	
53	Empire State film post-production credit for the third year (Form CT-261) . . . . .	53	
54	Excelsior jobs tax credit component (Form CT-607) . . . . .	54	

**Schedule A, Part II – Shareholders’ Shares of New York S Corporation’s New York State Tax Credits and Taxes on Early Dispositions (continued)**

55	Excelsior investment tax credit component ( <i>Form CT-607</i> ) . . . . .	55	_____
56	Excelsior research and development tax credit component ( <i>Form CT-607</i> ) . . . . .	56	_____
57	Excelsior real property tax credit component ( <i>Form CT-607</i> ) . . . . .	57	_____
58	Recapture of excelsior jobs program tax credit ( <i>Form CT-607</i> ) . . . . .	58	_____
59	Brownfield redevelopment tax credit site preparation credit component . . . . .	59	_____
60	Brownfield redevelopment tax credit tangible property credit component. . . . .	60	_____
61	Brownfield redevelopment tax credit on-site ground water remed cr comp . . . . .	61	_____
62	Recapture of brownfield redevelopment tax credit ( <i>Form CT-611</i> ) . . . . .	62	_____
63	Brownfield redevelopment tax credit site preparation credit component . . . . .	63	_____
64	Brownfield redevelopment tax credit tangible property credit component. . . . .	64	_____
65	Brownfield redevelopment tax credit on-site groundwater remediation credit component . . . . .	65	_____
66	Recapture of brownfield redevelopment tax credit ( <i>Form CT-611.1</i> ) . . . . .	66	_____
67	Brownfield redevelopment tax credit site preparation credit component ( <i>Form CT-611.2</i> ) . . . . .	67	_____
68	Brownfield redevelopment tax credit tangible property credit component ( <i>Form CT-611.2</i> ) . . . . .	68	_____
69	Brownfield redevelopment tax credit on-site ground water remediation credit component ( <i>Form CT-611.2</i> ) . . . . .	69	_____
70	Recapture of brownfield redevelopment tax credit ( <i>Form CT-611.2</i> ) . . . . .	70	_____
71	Remediated brownfield credit for real property taxes ( <i>Form CT-612</i> ) . . . . .	71	_____
72	Recapture of remediated brownfield credit for real property taxes (CT-612) . . . . .	78	_____
73	Environmental remediation insurance credit ( <i>Form CT-613</i> ) . . . . .	73	_____
74	Recapture of environmental remediation insurance credit ( <i>Form CT-613</i> ) . . . . .	74	_____
75	Security officer training tax credit ( <i>attach Form CT-631</i> ) . . . . .	75	_____
76	Economic transformation and facility redevelopment program jobs tax credit component ( <i>Form CT-633</i> ) . . . . .	76	_____
77	Economic transformation and facility redevelopment program investment tax credit component ( <i>Form CT-633</i> ) . . . . .	77	_____
78	Economic transformation and facility redevelopment program job training tax credit component ( <i>Form CT-633</i> ) . . . . .	78	_____
79	Economic transformation and facility redevelopment program real property tax credit component ( <i>Form CT-633</i> ) . . . . .	79	_____
80	Recapture of economic transformation and facilities redevelopment program tax credit ( <i>Form CT-633</i> ) . . . . .	80	_____
81	Taxicabs and livery service vehicles accessible to persons with disabilities credit ( <i>Form CT-236</i> ) . . . . .	81	_____
82	QETC employment credit ( <i>Form DTF-621</i> ) . . . . .	82	_____
83	QETC capital tax credit ( <i>Form DTF-622</i> ) . . . . .	83	_____
84	Recapture of QETC capital tax credit ( <i>Form DTF-622</i> ) . . . . .	84	_____
85	Low-income housing credit ( <i>Form DTF-624</i> ) . . . . .	85	_____
86	Recapture of low-income housing credit ( <i>Form DTF-626</i> ) . . . . .	86	_____
87	Empire state jobs retention credit ( <i>Form CT-634</i> ) . . . . .	87	_____
88	Recapture of empire state jobs retention credit ( <i>Form CT-634</i> ) . . . . .	88	_____
89	New York youth jobs program credit ( <i>Form CT-635</i> ) . . . . .	89	_____
90	Alcoholic beverage production credit for beer ( <i>Form CT-636</i> ) . . . . .	90	_____
91	Alcoholic beverage production credit for cider ( <i>Form CT-636</i> ) . . . . .	91	_____
92	Alcoholic beverage production credit for wine ( <i>Form CT-636</i> ) . . . . .	92	_____
93	Alcoholic beverage production credit for liquor ( <i>Form CT-636</i> ) . . . . .	93	_____
94	Alternative fuels and electric vehicle recharging property cr ( <i>Form CT-637</i> ) . . . . .	94	_____
95	Recapture of alternative fuels and electric vehicle recharging property credit ( <i>For CT-637</i> ) . . . . .	95	_____
96	_____	96	_____





To be filed by S Corporations only. All C Corporations must file Form NYC-2, NYC-2S or NYC-2A

For CALENDAR YEAR 2020 or FISCAL YEAR beginning

2020 and ending

Name: HARBAR GLOBAL CORP, Address: 654 VINCENT AVE, BRONX NY, Zip Code: 10465, Date business began in NYC: 07-14-17, Taxpayer's Email Address: JUAN@MENATAXES.COM, EMPLOYER IDENTIFICATION NUMBER: 82-2284659, BUSINESS CODE NUMBER AS PER FEDERAL RETURN: 424990

SCHEDULE A Computation of Tax - BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

Table with columns: A. Payment, Amount being paid electronically with this return, A., Payment Amount. Rows include: 1. Allocated net income (0), 2a. Allocated capital (11,583), 2b. Total allocated capital (0), 3. Alternative Tax, 4. Minimum tax (740), 5. Allocated subsidiary capital, 6. Tax (25), 7. UBT Paid Credit, 8. Tax after UBT Credit (25), 9a. REAP Credit, 9b. LMREAP Credit, 10a. Real Estate Tax Escalation, 10b. Intentionally left blank, 10c. Beer Production Credit, 11. Net tax after credits (25), 12. First installment of estimated tax, 13. Total of lines 11, 12a and 12b (25), 14. Prepayments, 15. Balance due (25), 16. Overpayment, 17a. Interest, 17b. Additional charges, 17c. Penalty for underpayment, 18. Total of lines 17a, 17b and 17c, 19. Net overpayment, 20. Amount of line 19 to be, 20c. Routing Number, 21. TOTAL REMITTANCE DUE (25)

**SCHEDULE A - Continued** **Computation of Tax** - BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

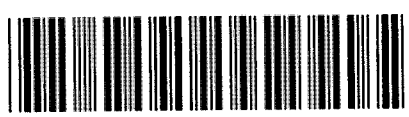
22.	Issuer's allocation percentage (from Schedule E, line 15) .....		22.	100.00%	
23.	NYC rent deducted on federal tax return or NYC rent from Schedule G, Part 1. (See instructions)		23.	0	
24.	Gross receipts or sales from federal return .....		24.	740	
25.	EIN of Parent Corporation .....	<input type="text"/> - <input type="text"/>	26.	22,155	
26.	Total assets from federal return .....		28.		
27.	EIN of Common Parent Corporation .....	<input type="text"/> - <input type="text"/>			
28.	Compensation of stockholders (from Sched. F, line 1) .....				

**COMPOSITION OF PREPAYMENTS SCHEDULE**

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 14	DATE	AMOUNT
A. Mandatory first installment paid with preceding year's tax .....		
B. Payment with Declaration, Form NYC-400 (1) .....		
C. Payment with Notice of Estimated Tax Due (2) .....		
D. Payment with Notice of Estimated Tax Due (3) .....		
E. Payment with extension, Form NYC-EXT .....		
F. Overpayment from preceding year credited to this year .....		
G. <b>TOTAL</b> of A through F (enter on Schedule A, line 14) .....		

**ALTERNATIVE TAX SCHEDULE** Refer to page 6 of instructions before computing the alternative tax

Net income/loss (See instructions) .....	1.	\$	-109.
Enter 100% of salaries and compensation for the taxable year paid to stockholders owning more than 5% of the taxpayer's stock. (See instr.) ....	2.	\$	
Total (line 1 plus line 2) .....	3.	\$	-109.
Statutory exclusion - Enter \$40,000. (if return does not cover an entire year, exclusion must be prorated based on the period covered by the return) .....	4.	\$	40,000.
Net amount (line 3 minus line 4) .....	5.	\$	
15% of net amount (line 5 x 15%) .....	6.	\$	
Investment income to be allocated (amount on Schedule B, line 22b x 15%. Do not enter more than the amount on line 6 above. Enter "0" if not applicable.) .....	7.	\$	
Business income to be allocated (line 6 minus line 7) .....	8.	\$	
Allocated investment income (line 7 x investment allocation % from Schedule. D, line 2F) .....	9.	\$	
Allocated business income (line 8 x business allocation % from Schedule H, line 7) .....	10.	\$	
Taxable net income (line 9 plus line 10) .....	11.	\$	
Tax rate .....	12.		8.85% (.0885)
Alternative tax (line 11 x line 12) Transfer amount to page 1, Schedule A, line 3 .....	13.	\$	



SCHEDULE B Computation and Allocation of Entire Net Income

Table with 26 rows and 3 columns. Row 1: Federal taxable income before net operating loss deduction and special deductions (NYC-ATT-SCORP) 1. -109. Row 2: Interest on federal, state, municipal and other obligations not included in line 1 above (see instructions) 2. Row 3: Deductions directly attributable to subsidiary capital (attach list) (see instructions) 3. Row 4: Deductions indirectly attributable to subsidiary capital (attach list) (see instructions) 4. Row 5a: NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (attach rider) (see instr.) 5a. Row 5b: NYC General Corporation Tax deducted on federal return (see instructions) 5b. Row 6: New York City adjustments relating to (see instructions): 6a. (a) Employment opportunity relocation costs credit and IBZ credit 6a. 6b. (b) Real estate tax escalation credit 6b. 6c. (c) ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z) 6c. Row 7: Additions: 7a. (a) Payment for use of intangibles 7a. 7b. (b) Intentionally Omitted 7b. 7c. (c) Other (see instructions) (attach rider) 7c. Row 8: Total of lines 1 through 7c 8. -109. Row 9a: Dividends from subsidiary capital (itemize on rider) (see instr.) 9a. Row 9b: Interest from subsidiary capital (itemize on rider) (see instructions) 9b. Row 9c: Gains from subsidiary capital 9c. Row 10: 50% of dividends from nonsubsidiary corporations (see instructions) 10. Row 11: New York City net operating loss deduction (attach Form NYC-NOLD-GCT) (see instr.) 11. Row 12: Gain on sale of certain property acquired prior to 1/1/66 (see instructions) 12. Row 13: NYC and NYS tax refunds included in Sch. B, line 8 (see instructions) 13. Row 14: Wages and salaries subject to IRC §280C deduction disallowance (see instr.) 14. Row 15: Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instr.) 15. Row 16a: Contributions of capital by governmental entities or civic groups (see instructions) 16a. Row 16b: Other deductions: (see instructions) (attach rider) 16b. Row 17: Total deductions (add lines 9a through 16b) 17. Row 18: Entire net income (line 8 less line 17) (see instructions) 18. 0. Row 19: If the amount on line 18 is not correct, enter correct amount here and explain in rider (see instr.) 19. Row 20: Investment income - (complete lines a through h below) (see instructions) 20a. (a) Dividends from nonsubsidiary stocks held for investment (see instructions) 20a. 20b. (b) Interest from investment capital (include federal, state and municipal obligations) (itemize in rider) 20b. 20c. (c) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities held for investment (itemize on rider or attach Federal Schedule D) 20c. 20d. (d) Income from assets included on line 3 of Schedule D 20d. 20e. (e) Add lines 20a through 20d inclusive 20e. 20f. (f) Deductions directly or indirectly attributable to investment income (attach list) (see instructions) 20f. 20g. (g) Balance (line 20e less line 20f) 20g. 20h. (h) Interest on bank accounts included in income reported on line 20d 20h. Row 21: New York City net operating loss deduction apportioned to investment income (attach rider) (see instr.) 21. Row 22a: Investment income (line 20g less line 21) 22a. Row 22b: Investment income to be allocated (see instructions) 22b. Row 23: Business income to be allocated (line 18 or line 19 less line 22b) 23. Row 24: Allocated investment income (Multiply line 22b by the investment allocation percentage on Schedule D, Line 2.) (see instr.) 24. Row 25a: Allocated business income (Multiply line 23 by the business allocation percentage on Schedule H, Line 7.) 25a. Row 25b: If the amount on line 25a is not correct, enter correct amount here and explain in rider (see instructions) 25b. Row 26: Total allocated net income (line 24 plus line 25a or line 25b (enter at Schedule A, line 1)) 26. 0.



<b>SCHEDULE C Subsidiary Capital and Allocation</b>								
A DESCRIPTION OF SUBSIDIARY CAPITAL LIST EACH ITEM (USE RIDER IF NECESSARY)		B EMPLOYER IDENTIFICATION NUMBER	C % of Voting Stock Owned	D Average Value	E Liabilities Directly or In- directly Attributable to Subsidiary Capital	F Net Average Value (column C minus column D)	G Issuer's Allocation Percentage	H Value Allocated to NYC (column E x column F)
			%				%	
1. Total Cols C, D and E (including items on rider) 1.								
2. Total Column G - Allocated subsidiary capital: Transfer this total to Schedule A, line 5							2.	

<b>SCHEDULE D Investment Capital and Allocation</b>							
A DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	B No. of Shares or Amount of Securities	C Average Value	D Liabilities Directly or Indirectly Attributable to Investment Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)	H Gross Income from Investment
					%		
1. Totals (including items on rider) 1.							
2. Investment allocation percentage (line 1G divided by line 1E rounded to the nearest one hundredth of a percentage point) 2.							%
3. Cash - (To treat cash as investment capital, you must include it on this line.) 3.							
4. Investment capital (total of lines 1E and 3E - enter on Schedule E, line 10) 4.							

**SCHEDULE E Computation and Allocation of Capital**

Basis used to determine average value in column C. Check one. (Attach detailed schedule.)

- Annually
- Semi-annually
- Quarterly
- Monthly
- Weekly
- Daily

- Total assets from federal return
- Real property and marketable securities included in line 1
- Subtract line 2 from line 1
- Real property and marketable securities at fair market value
- Adjusted total assets (add lines 3 and 4)
- Total liabilities (see instructions)

COLUMN A Beginning of Year	COLUMN B End of Year	COLUMN C Average Value
22,705	22,155	1. 22,430
		2.
		3. 22,430
		4.
		5. 22,430
11,067	10,626	6. 10,847
		7. 11,583
		8.
		9. 11,583
		10.
		11. 11,583
		12.
		13. 11,583
		14. 11,583
		15. 100.00 %



**SCHEDULE F Certain Stockholders**

Include all stockholders owning in excess of 5% of taxpayer's issued capital stock who received any compensation, including commissions.

Name, Country and US Zip Code (Attach rider if necessary)	Social Security Number	Official Title	Salary & All Other Compensation Received from Corporation (If none, enter "0")

- Total, including any amount on rider. (Enter on Schedule A, line 28) 1.

**SCHEDULE G Locations of Places of Business Inside and Outside New York City**

All taxpayers must complete Schedule G, Parts 1 and 2.

**Part 1 - List location for each place of business INSIDE New York City (see instructions; attach rider if necessary)**

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
Total					

**Part 2 - List location for each place of business OUTSIDE New York City (see instructions; attach rider if necessary)**

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
Total					

**SCHEDULE H Business Allocation - see instructions before completing this schedule**  
 Taxpayers must report their Business Allocation Percentage in this schedule for this return to be accepted

Taxpayers who do not allocate business income outside New York City must enter 100% on Schedule H, line 7.  
 Taxpayers who allocate business income both inside and outside New York City must complete Schedule H and enter percentage on Schedule H, line 7.

	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
<i>Receipts in the regular course of business from:</i>		
1. Sales of tangible personal property	1.	1.
2. Services performed	2.	2.
3. Rentals of property	3.	3.
4. Royalties	4.	4.
5. Other business receipts	5.	5.
6. Total	6.	6.
7. Business Allocation Percentage (line 6, column A divided by line 6, column B rounded to the nearest hundredth of a percent. If using Schedule I, enter percentage from Part 1, line 8 or Part 2, line 2. See instructions.)	7.	100.00 %



SCHEDULE I Business Allocation for Aviation Corporations and Corporations Operating Vessels

Part 1 Business allocation for aviation corporations

Table with columns: AVERAGE FOR THE YEAR, COLUMN A - NEW YORK CITY, COLUMN B - EVERYWHERE. Rows include Aircraft arrivals and departures, New York City percentage, Revenue tons handled, etc.

Part 2 Business allocation for corporations operating vessels in foreign commerce

Table with columns: COLUMN A - NEW YORK CITY TERRITORIAL WATERS, COLUMN B - EVERYWHERE. Rows include Aggregate number of working days, Allocation percentage.

SCHEDULE J The following information must be entered for this return to be complete. (REFER TO INSTRUCTIONS BEFORE COMPLETING THIS SECTION.)

- 1a. New York City principal business activity MISC
1b. Other significant business activities
2. Trade name of reporting corporation
3. Is this corporation included in a consolidated federal return?
4. Is this corporation a member of a controlled group of corporations...
5. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income...
6. If "YES" to question 5:
6a. For years prior to 1/1/15, has Form(s) NYC-3360...
6b. For years beginning on or after 1/1/15, has an amended return(s) been filed?
7. Did this corporation make any payments treated as interest...
8. Was this corporation a member of a partnership or joint venture...
9. At any time during the taxable year, did the corporation have an interest in real property...
10. a) If "YES" to 9, attach a schedule of such property...
b) Was any NYC real property...
c) Was there a partial or complete liquidation...
d) Was 50% or more of the corporation's ownership transferred...
11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return...
12. If "NO" to 11, explain:
13. Does the corporation have one or more qualified subchapter S subsidiaries?
14. Enter the number of Fed K1 returns attached: 3
15. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC...
16. If "YES", were all required Commercial Rent Tax Returns filed?



**SCHEDULE K Federal Return Information**

The following information must be entered for this return to be complete.

Enter on lines 1 through 10 in the Federal Amount column the amounts reported on your federal Form 1120S. (See instructions)

Federal 1120S	▼ Federal Amount ▼
1. Dividends .....	1.
2. Interest income .....	2.
3. Capital gain net income .....	3.
4. Other income .....	4. -109
5. Total income .....	5. -109
6. Bad debts .....	6.
7. Interest expense .....	7.
8. Other deductions .....	8. 0
9. Total deductions .....	9. 0
10. Net operating loss deduction .....	10.

**CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION**

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

Firm's Email Address:

I authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instructions) .....YES

JUANE.MENA@VERIZON.NET

<b>SIGN HERE:</b> Signature of officer	Title <u>MEMBER</u>	Date <u>02-27-21</u>	Preparer's Social Security Number or PTIN
<b>PREPARER'S USE ONLY</b> Preparer's signature <i>Juan E. Mena</i>	Preparer's printed name <u>JUAN E. MENA</u>	Check if self-employed <input checked="" type="checkbox"/> Date <u>02-27-21</u>	<u>P 0 0 - 1 3 - 0 4 8 6</u>
Firm's name (or yours, if self-employed) <u>JUAN E. MENA PA</u> <u>512 35 ST UNION CITY NJ NJ 07087</u>		▲ Zip Code	Firm's Employer Identification Number <u>2 2 - 2 8 6 6 1 8 8</u>
▲ Address			

**MAILING INSTRUCTIONS**

ATTACH COPY OF ALL PAGES OF YOUR FEDERAL TAX RETURN 1120S.

Make remittance payable to the order of NYC DEPARTMENT OF FINANCE. Payment must be made in U.S. dollars and drawn on a U.S. bank.

To receive proper credit, you must enter your correct Employer Identification Number on your tax return and remittance.

The due date for the calendar year 2020 return is on or before March 15, 2021.

For fiscal years beginning in 2020, file on or before the 15th day of the 3rd month following the close of the fiscal year.

**ALL RETURNS EXCEPT REFUND RETURNS**

NYC DEPARTMENT OF FINANCE  
GENERAL CORPORATION TAX  
P.O. BOX 5564  
BINGHAMTON, NY 13902-5564

**REMITTANCES**

**PAY ONLINE WITH FORM NYC-200V  
AT NYC.GOV/ESERVICES**

OR

**Mail Payment and Form NYC-200V ONLY to:**  
NYC DEPARTMENT OF FINANCE  
P.O. BOX 3933  
NEW YORK, NY 10008-3933

**RETURNS CLAIMING REFUNDS**

NYC DEPARTMENT OF FINANCE  
GENERAL CORPORATION TAX  
P.O. BOX 5563  
BINGHAMTON, NY 13902-5563



All federal Subchapter S Corporations must complete this schedule and include it when filing Form NYC-1, NYC-3A, NYC-3L, NYC-4S, or NYC-4SEZ. Amounts on Part I, Lines 1 through 8, 12 and 13 and Part II, Lines 15 through 18 are carried from your Federal form 1120S.

For CALENDAR YEAR 2020 or FISCAL YEAR beginning \_\_\_\_\_ and ending \_\_\_\_\_

Name as shown on NYC-1, NYC-3A/ATT, NYC-3L, NYC-4S or NYC-4SEZ  
HARBAR GLOBAL CORP

EMPLOYER IDENTIFICATION NUMBER  
8 2 - 2 2 8 4 6 5 9

**PART I - ADDITIONS TO ORDINARY BUSINESS INCOME**

	From Federal Form 1120S			
1. Ordinary business income (loss).....	Schedule K, Line 1		1.	-109
2. Net rental real estate income (loss) .....	Schedule K, Line 2		2.	
3. Other net rental income (loss).....	Schedule K, Line 3c		3.	
4a. Interest income.....	Schedule K, Line 4		4a.	
4b. Interest Expense Addback .....	See Instructions		4b.	
5. Ordinary dividends .....	Schedule K, Line 5a		5.	
6. Royalties .....	Schedule K, Line 6		6.	
7. Net short-term capital gain (loss) .....	Schedule K, Line 7	7.		
8. Net long-term capital gain (loss) .....	Schedule K, Line 8a	8.		
9. Sum of lines 7 and 8 .....	See Instructions	9.		
10. Capital Loss Carryover .....	See Instructions	10.		
11. Net Capital Gain .....	See Instructions		11.	
12. Net Section 1231 gain (loss) .....	Schedule K, Line 9		12.	
13. Other income (loss).....	See Instructions		13.	
14. <b>TOTAL ADDITIONS</b> (Sum of lines 1 through 6 plus lines 11 through 13) .....			14.	-109

**PART II - DEDUCTIONS FROM ORDINARY BUSINESS INCOME**

Make applicable adjustments for C Corporation treatment of items 15 through 21				
15. Section 179 deduction.....	Schedule K, Line 11		15.	0
16. Contributions .....	Schedule K, Line 12a		16.	0
17. Interest expense.....	See Instructions		17.	
18. Section 59(e)(2) expenditures.....	Schedule K, Line 12c		18.	
19. Other deductions .....	See Instructions		19.	
20. Intentionally Omitted .....			20.	
21. <b>TOTAL DEDUCTIONS</b> (Sum of lines 15 through 20).....			21.	0

**PART III - CALCULATION OF FEDERAL TAXABLE INCOME**

22. Federal Taxable Income .....	See Instructions		22.	-109
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