

Selden Fox

Accounting for your future

619 Enterprise Drive | Oak Brook, Illinois 60523 | www.seldenfox.com
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April 23, 2019

Mr. Adam Jidd
Luxury Auto Salon LLC
1215 Rand Road
Des Plaines, Illinois 60016

Dear Adam:

You have requested that your returns be electronically filed. **Please return the signed authorizations (in the envelope provided) to Selden Fox, Ltd. as soon as possible.** We will electronically transmit your federal return to the Internal Revenue Service and your state return to the applicable state tax department. The bound copy is for your use and should be retained for your files.

e-file SIGNATURE AUTHORIZATION:

- FORM 8879-S – FEDERAL

2018 CORPORATION INCOME TAX RETURNS (*Your copy only*):

- FEDERAL
- ILLINOIS

Upon an audit of the returns, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

We sincerely appreciate this opportunity to serve you. Please contact us if you have any questions concerning the returns or if we may be of further assistance.

Very truly yours,

SELDEN FOX, LTD.

Garth A. Reimel
Vice President of Dealer Operations

GAR/dsl

2018 TAX RETURN FILING INSTRUCTIONS

U.S. INCOME TAX RETURN FOR AN S CORPORATION

FOR THE YEAR ENDING
DECEMBER 31, 2018

Prepared for	LUXURY AUTO SALON LLC 1215 RAND ROAD DES PLAINES, IL 60016
Prepared by	SELDEN FOX, LTD. 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835
To be signed and dated by	THE APPROPRIATE CORPORATE OFFICER(S).
Amount of tax	Total tax \$ 0 Less: payments and credits \$ 0 Plus: other amount \$ 0 Plus: interest and penalties \$ 0 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0 Other amount \$ 0 Refunded to you \$ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-S TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN.
Return must be mailed on or before	RETURN FEDERAL FORM 8879-S TO US BY SEPTEMBER 16, 2019.
Special Instructions	ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE SHAREHOLDERS.

Form **8879-S**

IRS e-file Signature Authorization for Form 1120S

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

- ▶ Return completed Form 8879-S to ERO. (Don't send to IRS.)
- ▶ Go to www.irs.gov/Form8879S for the latest information.

2018

For calendar year 2018, or tax year beginning _____, 2018, and ending _____, 20_____.

Name of corporation **LUXURY AUTO SALON LLC** Employer identification number **47-0963813**

Part I Tax Return Information (Whole dollars only)		
1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	645,453.
2	Gross profit (Form 1120S, line 3)	619,957.
3	Ordinary business income (loss) (Form 1120S, line 21)	-51,356.
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	-51,356.

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2018 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **SELDEN FOX, LTD.** to enter my PIN **93813** as my signature on the corporation's 2018 electronically filed income tax return.
ERO firm name Don't enter all zeros

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2018 electronically filed income tax return.

Officer's signature _____ Date _____ Title **MEMBER**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **36221060523**
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

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

For Paperwork Reduction Act Notice, see instructions.

Form **8879-S** (2018)

LHA

Department of the Treasury
Internal Revenue Service

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

2018

For calendar year 2018 or tax year beginning _____, and ending _____

A S election effective date 05/29/2014	TYPE OR PRINT	Name LUXURY AUTO SALON LLC	D Employer identification number 47-0963813
B Business activity code number (see instructions) 811190		Number, street, and room or suite no. If a P.O. box, see instructions. 1215 RAND ROAD	E Date incorporated 05/29/2014
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code DES PLAINES, IL 60016	F Total assets (see instructions) \$ 98,604.
G Is the corporation electing to be an S corporation beginning with this tax year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach Form 2553 if not already filed			
H Check if: (1) <input type="checkbox"/> Final return (2) <input type="checkbox"/> Name change (3) <input type="checkbox"/> Address change (4) <input type="checkbox"/> Amended return (5) <input type="checkbox"/> S election termination or revocation			
I Enter the number of shareholders who were shareholders during any part of the tax year 2			

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

Income	1 a Gross receipts or sales ... 645,453.	b Return and allowances	c Bal. Subtract line 1b from line 1a ...	1c	645,453.
	2 Cost of goods sold (attach Form 1125-A)			2	25,496.
	3 Gross profit. Subtract line 2 from line 1c			3	619,957.
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4	
	5 Other income (loss) (attach statement)	STATEMENT 1		5	10,907.
	6 Total income (loss). Add lines 3 through 5			6	630,864.
Deductions (See instructions for limitations)	7 Compensation of officers (see instrs. - attach Form 1125-E)			7	
	8 Salaries and wages (less employment credits)			8	270,468.
	9 Repairs and maintenance			9	17,549.
	10 Bad debts			10	
	11 Rents			11	120,000.
	12 Taxes and licenses	STATEMENT 2		12	56,308.
	13 Interest (see instructions)			13	
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14	1,938.
	15 Depletion (Do not deduct oil and gas depletion.)			15	
	16 Advertising			16	3,551.
	17 Pension, profit-sharing, etc., plans			17	
	18 Employee benefit programs			18	48,600.
	19 Other deductions (attach statement)	STATEMENT 3		19	163,806.
	20 Total deductions. Add lines 7 through 19			20	682,220.
	21 Ordinary business income (loss). Subtract line 20 from line 6			21	-51,356.
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a		22c	
	b Tax from Schedule D (Form 1120S)	22b			
	c Add lines 22a and 22b				
	23 a 2018 estimated tax payments and 2017 overpayment credited to 2018	23a		23e	
	b Tax deposited with Form 7004	23b			
	c Credit for federal tax paid on fuels (attach Form 4136)	23c			
	d Refundable credit from Form 8827, line 8c	23d			
	e Add lines 23a through 23d				
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			24	
	25 Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed			25	
	26 Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid			26	
27 Enter amount from line 26: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>			27		

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

Sign Here

Signature of officer	Date	Title
		MEMBER

May the IRS discuss this return with the preparer shown below (see instr.)?

Yes No

Print/Type preparer's name GARTH REIMEL	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00158182
Firm's name SELDEN FOX, LTD.	Firm's EIN 36-2985770		Phone no. 630-954-1400	
Firm's address 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835				

Schedule B Other Information (see instructions)	Yes	No		
1 Check accounting method: (a) <input type="checkbox"/> Cash (b) <input checked="" type="checkbox"/> Accrual (c) <input type="checkbox"/> Other (specify) <input type="checkbox"/>				
2 See the instructions and enter the: (a) Business activity CAR WASH (b) Product or service SERVICE				
3 At any time during the tax year, was any shareholder in 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? If "yes" complete lines (i) and (ii) below		X		
(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? If "yes" complete lines (i) and (ii) below		X		
(i) Total shares of stock outstanding at the end of the tax year				
(ii) Total shares of stock outstanding if all instruments were executed				
6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide info. on any reportable transaction? ...		X		
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.				
8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years <input type="checkbox"/> \$				
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 of the following conditions and the corporation doesn't own a pass-through entity with current year, or prior year carryover, excess business interest expense? See instructions		X		
a The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year don't exceed \$25 million, and the corporation isn't a tax shelter; or				
b The corporation only has business interest expense from (1) an electing real property trade or business, (2) an electing farming business, or (3) certain utility businesses under section 163(j)(7). If "No," complete and attach Form 8990.				
11 Does the corporation satisfy both of the following conditions?				
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		X		
If "Yes," the corporation is not required to complete Schedules L and M-1.				

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction ▶ \$ _____		X
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments in 2018 that would require it to file Form(s) 1099?		X
	b If "Yes," did the corporation file or will it file all required Forms 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 13 ▶ \$ _____		

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	-51,356.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b Collectibles (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions) ... Type ▶	10	
	11 Section 179 deduction (attach Form 4562)	11	
Credits	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
	d Other deductions (see instructions) Type ▶	12d	
Foreign Transactions	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c	
	d Other rental real estate credits (see instructions) Type ▶	13d	
	e Other rental credits (see instructions) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type ▶	13g	
Foreign Transactions	14a Name of country or U.S. possession ▶		
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Section 951A category	14d	
	e Foreign branch category	14e	
	f Passive category	14f	
	g General category	14g	
	h Other (attach statement)	14h	
	Deductions allocated and apportioned at shareholder level		
	i Interest expense	14i	
	j Other	14j	
	Deductions allocated and apportioned at corporate level to foreign source income		
	k Section 951A category	14k	
l Foreign branch category	14l		
m Passive category	14m		
n General category	14n		
o Other (attach statement)	14o		
Other information			
p Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14p		
q Reduction in taxes available for credit (attach statement)	14q		
r Other foreign tax information (attach statement)			

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Alternative Minimum Tax (AMT) items	15a Post-1986 depreciation adjustment	15a	-791.
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties - gross income	15d	
	e Oil, gas, and geothermal properties - deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	1,277.
	d Distributions (attach statement if required)	16d	
	e Repayment of loans from shareholders	16e	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (att. stmt.)		STATEMENT 4
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p	18	-51,356.

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		54,666.		56,419.
2 a	Trade notes and accounts receivable	11,277.			
b	Less allowance for bad debts	()	11,277.	()	
3	Inventories		7,922.		15,202.
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (att. stmt.)	STATEMENT 5	25,000.		25,000.
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (att. stmt.)				
10 a	Buildings and other depreciable assets	21,985.		21,985.	
b	Less accumulated depreciation	(18,064.)	3,921.	(20,002.)	1,983.
11 a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13 a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (att. stmt.)				
15	Total assets		102,786.		98,604.
Liabilities and Shareholders' Equity					
16	Accounts payable		1,331.		1,187.
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (att. stmt.)	STATEMENT 6	120,147.		168,747.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (att. stmt.)				
22	Capital stock				
23	Additional paid-in capital		10,000.		10,000.
24	Retained earnings		-28,692.		-81,330.
25	Adjustments to shareholders' equity (att. stmt.)				
26	Less cost of treasury stock	()		()	
27	Total liabilities and shareholders' equity		102,786.		98,604.

JWA

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

Note: The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	-52,638.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$ <u>1,277.</u>		7 Add lines 5 and 6	
STMT 8 <u>5.</u>	1,282.	8 Income (loss) (Schedule K, line 18). Line 4 less line 7	-51,356.
4 Add lines 1 through 3	-51,356.		

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

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	-28,692.			
2 Ordinary income from page 1, line 21				
3 Other additions				
4 Loss from page 1, line 21	(51,356.)			
5 Other reductions STATEMENT 9	(1,277.)			
6 Combine lines 1 through 5	-81,325.			
7 Distributions				
8 Balance at end of tax year. Subtract line 7 from line 6	-81,325.			

JWA

Form 1120S (2018)

Cost of Goods Sold

(Rev. November 2018)

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
 ▶ **Go to www.irs.gov/Form1125A for the latest information.**

OMB No. 1545-0123

Department of the Treasury
 Internal Revenue Service

Name **LUXURY AUTO SALON LLC** Employer Identification number **47-0963813**

1 Inventory at beginning of year	1	7,922.
2 Purchases	2	32,776.
3 Cost of labor	3	
4 Additional section 263A costs (attach schedule) SEE STATEMENT 10	4	
5 Other costs (attach schedule)	5	
6 Total. Add lines 1 through 5	6	40,698.
7 Inventory at end of year	7	15,202.
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	25,496.

9 a Check all methods used for valuing closing inventory:
 (i) Cost
 (ii) Lower of cost or market
 (iii) Other (Specify method used and attach explanation) ▶ _____

b Check if there was a writedown of subnormal goods ▶

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** _____

e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes No
 If "Yes," attach explanation.

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

2018

Name LUXURY AUTO SALON LLC	Employer identification number 47-0963813
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	0.
4 Enter the tax shown on the corporation's 2017 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	0.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions.	STATEMENT 11
6 <input type="checkbox"/> The corporation is using the adjusted seasonal installment method.	
7 <input type="checkbox"/> The corporation is using the annualized income installment method.	
8 <input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.	

Part III Figuring the Underpayment		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9				
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10				
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15				
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16				
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2018)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2018 and before 7/1/2018	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{365}$	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2018 and before 10/1/2018	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2018 and before 1/1/2019	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2018 and before 4/1/2019	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\% (0.06)}{365}$	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2019 and before 7/1/2019	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2019 and before 10/1/2019	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2019 and before 1/1/2020	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2019 and before 3/16/2020	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38			\$ 0.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Limitation on Business Interest Expense Under Section 163(j)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8990 for instructions and the latest information.

Taxpayer name(s) shown on tax return LUXURY AUTO SALON LLC	Identification number 47-0963813
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Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to 163(j).

Section I - Business Interest Expense

1 Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	1	5.		
2 Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2			
3 Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3			
4 Floor plan financing interest expense. See instructions	4			
5 Total business interest expense. Add lines 1 through 4	5			5.

Section II - Adjusted Taxable Income

Taxable Income

6 Taxable income. See instructions	6	-51,361.
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Additions (adjustments to be made if amounts are taken into account on line 6)

7 Any item of loss or deduction which is not properly allocable to a trade or business of the taxpayer. See instructions	7			
8 Any business interest expense not from a pass-through entity. See instructions	8	5.		
9 Amount of any net operating loss deduction under section 172	9			
10 Amount of any qualified business income deduction allowed under section 199A	10			
11 Deduction allowable for depreciation, amortization, or depletion attributable to a trade or business	11	1,938.		
12 Amount of any loss or deduction items from a pass-through entity. See instructions	12			
13 Other additions. See instructions	13			
14 Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14			
15 Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15			
16 Total. Add lines 7 through 15	16			1,943.

Reductions (adjustments to be made if amounts are taken into account on line 6)

17 Any item of income or gain which is not properly allocable to a trade or business of the taxpayer. See instructions	17			
18 Any business interest income not from a pass-through entity. See instructions	18			
19 Amount of any income or gain items from a pass-through entity. See instructions	19			
20 Other reductions. See instructions	20			
21 Total. Combine lines 17 through 20	21			
22 Adjusted taxable income. Combine lines 6, 16, and 21. (If zero or less, enter -0-)	22			

Section III - Business Interest Income

23 Current year business interest income. See instructions	23			
24 Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	24			
25 Total. Add lines 23 and 24	25			

Section IV - 163(j) Limitation Calculations

Limitation on Business Interest Expense

26	Multiply adjusted taxable income (line 22) by 30% (0.30). See instructions	26		
27	Business interest income (line 25)	27		
28	Floor plan financing interest expense (line 4)	28		
29	Total. Add lines 26, 27, and 28		29	

Allowable Business Interest Expense

30	Total current year business interest expense deduction. See instructions	30		
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Carryforward

31	Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0-)	31		5.
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Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

32	Excess business interest expense. Enter amount from line 31	32		
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Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-)	33		
34	Subtract line 33 from line 26. (If zero or less, enter -0-)	34		
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-)	35		
36	Excess Taxable Income. Multiply line 35 by line 22	36		

Excess Business Interest Income

37	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-)	37		
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Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-)	38		5.
39	Subtract line 38 from line 26. (If zero or less, enter -0-)	39		
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-)	40		
41	Excess Taxable Income. Multiply line 40 by line 22	41		

Excess Business Interest Income

42	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-)	42		
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Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Luxury Auto Salon LLC
1215 Rand Road
Des Plaines, IL 60016

Employer Identification Number: 47-0963813

For the Year Ending December 31, 2018

Luxury Auto Salon LLC is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

Luxury Auto Salon LLC
1215 Rand Road
Des Plaines, IL 60016

Employer Identification Number: 47-0963813

For the Year Ending December 31, 2018

LUXURY AUTO SALON LLC is making the safe harbor election under Reg. Sec. 1.263(a)-3(h) for the following eligible building property(s).

Description of Eligible Property(s):

1215 RAND RD DES PLAINES, IL 60016

FORM 1120S	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
OTHER INCOME		2,866.	
REFUNDS		8,041.	
TOTAL TO FORM 1120S, PAGE 1, LINE 5		10,907.	

FORM 1120S	TAXES AND LICENSES	STATEMENT	2
DESCRIPTION		AMOUNT	
TAXES AND LICENSES		56,308.	
TOTAL TO FORM 1120S, PAGE 1, LINE 12		56,308.	

FORM 1120S	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
BANK SERVICE CHARGES		7,661.	
COMPUTER/INTERNET		4,897.	
CONTRACT LABOR		5,569.	
DISCOUNTS ALLOWED		97,555.	
INSURANCE		495.	
MEALS		1,278.	
MEMBERSHIPS, DUES, PUB'LCTN		5,588.	
OFFICE SUPPLIES		4,299.	
PROFESSIONAL & SERVICE FEES		2,840.	
UNIFORMS		423.	
UTILITIES		33,201.	
TOTAL TO FORM 1120S, PAGE 1, LINE 19		163,806.	

SCHEDULE K	OTHER ITEMS, LINE 17D	STATEMENT	4
DESCRIPTION		AMOUNT	
SECTION 199A - QUALIFIED BUSINESS INCOME		-51,356.	
SECTION 199A - W-2 WAGES		270,468.	
SECTION 199A - UNADJUSTED BASIS OF ASSETS		21,985.	

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT	5
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
DUE FROM A&F HOLDINGS	25,000.	25,000.	
TOTAL TO SCHEDULE L, LINE 6	25,000.	25,000.	

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	6
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
1215 RAND LLC	66,701.	66,701.	
A&F HOLDINGS	53,446.	53,446.	
ANGEL EYES GROUP LLC		48,600.	
TOTAL TO SCHEDULE L, LINE 18	120,147.	168,747.	

SCHEDULE K	NONDEDUCTIBLE EXPENSES	STATEMENT	7
DESCRIPTION		AMOUNT	
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES		1,277.	
TOTAL TO SCHEDULE K, LINE 16C		1,277.	

SCHEDULE M-1	EXPENSES RECORDED ON BOOKS THIS YEAR NOT INCLUDED ON SCHEDULE K	STATEMENT	8
DESCRIPTION		AMOUNT	
INTEREST EXPENSE		5.	
TOTAL TO SCHEDULE M-1, LINE 3		5.	

SCHEDULE M-2 ACCUMULATED ADJUSTMENTS ACCOUNT- OTHER REDUCTIONS STATEMENT 9

DESCRIPTION	AMOUNT
NONDEDUCTIBLE EXPENSES	1,277.
TOTAL TO SCHEDULE M-2, LINE 5 - COLUMN (A)	1,277.

FORM 1125-A ADDITIONAL SECTION 263A COSTS STATEMENT 10

DESCRIPTION	AMOUNT
ACTIVITY. BY THE PROCEDURES AND METHODS EMPLOYEE SPENDS MORE THAN 1/3 OF REVPROC 2010-44 & 2011-14 OF THEIR TIME IN A PURCHASING THERE WERE NO COSTS REQUIRED TO BE CAPITALIZED AS NO	
TOTAL TO LINE 4	

BASIS OF 2220 PENALTY

STATEMENT 11

THE REQUIRED ANNUAL PAYMENT UNDER SECTION 6655(G) IS THE LESSER OF:

1. 100% OF THE TAX* SHOWN ON THE CURRENT YEAR'S TAX RETURN OR, IF NO RETURN IS FILED, 100% OF THE CURRENT YEAR'S TAX;

- * INCLUDES: EXCESS PASSIVE TAX
- BUILT IN GAINS TAX
- ITC RECAPTURE
- 4136 CREDIT

2. THE SUM OF:

(A) 100% OF THE TAXES DUE FOR THE CURRENT YEAR BY VIRTUE OF THE BUILT-IN GAINS AND THE RECAPTURE OF INVESTMENT CREDIT; PLUS

(B) 100% OF THE TAX ON EXCESS PASSIVE INCOME THAT WAS SHOWN ON THE FORM 1120S FOR THE PRECEDING TAXABLE YEAR; LESS

(C) CURRENT YEAR CREDIT FOR FEDERAL TAX ON FUELS

TOTAL

3. REQUIRED ANNUAL PAYMENT BEFORE PENALTY CAN BE ASSESSED

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
11	GAUGE FOR BODY REPAIR	10/08/14	150DB	5.00	963.	670.	102.	156.	-54.
12	LED SIGNS	10/20/14	150DB	5.00	13,022.	9,062.	1,375.	2,112.	-737.
13	LED SIGNS	05/11/15	200DB	5.00	8,000.	2,848.	461.	461.	0.
TOTALS					21,985.	12,580.	1,938.	2,729.	-791.
MACRS AMT ADJUSTMENT								-791.	

Schedule K-1
(Form 1120S)

2018

Final K-1 Amended K-1

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

For calendar year 2018, 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 47-0963813	
B Corporation's name, address, city, state, and ZIP code LUXURY AUTO SALON LLC 1215 RAND ROAD DES PLAINES, IL 60016	
C IRS Center where corporation filed return E-FILE	
Part II Information About the Shareholder	
D Shareholder's identifying number 344-02-7228	
E Shareholder's name, address, city, state and ZIP code ADAM JIDD 415 MICHAEL MANOR GLENVIEW, IL 60025	
F Shareholder's percentage of stock ownership for tax year 50.000000%	

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) -25,678.	13	Credits
2	Net rental real estate inc (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 sec 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15 A	Alternative min tax (AMT) items -396.
11	Section 179 deduction	16 C*	Items affecting shareholder basis 639.
12	Other deductions		
		17 V *	Other information -25,678.
		W *	135,234.
		X *	10,993.

*See attached statement for additional information.

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

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	639.	SEE SHAREHOLDERS INSTRUCTIONS
TOTAL	639.	

SECTION 199A ADDITIONAL INFORMATION

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

SCHEDULE K-1 SECTION 199A ITEMS, BOX 17 CODES V THROUGH Z

CODE	DESCRIPTION	AMOUNT
	TRADE OR BUSINESS	
V	QUALIFIED BUSINESS INCOME	-25,678.
W	W-2 WAGES	135,234.
X	UNADJUSTED BASIS	10,993.
Y	REIT DIVIDENDS	0.
Z	PTP INCOME	0.

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

Table with 3 columns: Code, Report on, and Description. It lists various income and deduction categories such as Ordinary business income, Foreign transactions, Section 179 deduction, and Credits, each associated with a specific code and reporting instruction.

Shareholder Basis Worksheet

Shareholder Number: 1	Year Ended: DECEMBER 31, 2018
Shareholder Name: ADAM JIDD	S Corporation Name: LUXURY AUTO SALON LLC
Shareholder ID Number: 344-02-7228	S Corporation ID Number: 47-0963813
Ownership Percentage: 50.000000 %	

Stock Basis

1. a. Stock basis, beginning of year (Not less than zero)	0.	
b. Additional capital contributions		
2. Increases:		
a. Ordinary income from trade or business		
b. Net income from rental real estate activities		
c. Net income from other rental activities		
d. Net short-term capital gains		
e. Net long-term capital gains		
f. Other portfolio income		
g. Net gain under Section 1231		
h. Other income		
i. Tax exempt interest income		
j. Other tax-exempt income		
k. Section 179 recapture		
l. Depletion (other than oil and gas) in excess of basis		
m. Other increases:		
3. Total increases (Add lines 2(a) through 2(m))		
4. Total increases to stock basis (Add lines 1 and 3)		
5. Less: Distributions		
6. Subtract line 5 from line 4 (Not less than zero)		
7. Decreases:		
a. Ordinary losses from trade or business	25,678.	
b. Net losses from rental real estate activities		
c. Net losses from other rental activities		
d. Net short-term capital losses		
e. Net long-term capital losses		
f. Other portfolio losses		
g. Net losses under Section 1231		
h. Other deductions		
i. Charitable contributions		
j. Section 179 expense deduction		
k. Deductions related to portfolio income (losses)		
l. Interest expense on investment debts		
m. Foreign taxes paid or accrued		
n. Section 59(e) expenditures		
o. Nondeductible expenses	639.	
p. Oil and gas depletion		
q. Other decreases:		
		26,317.
r. Disallowed prior year's losses and deductions		
8. Total decreases (Add lines 7(a) through 7(r))		26,317.
9. Net increases or decreases to basis (Subtract line 8 from line 6)		-26,317.
10. Less: Net increases applied to debt basis		
11. Stock basis, end of year (Subtract line 10 from line 9) (Not less than zero)		0.

Shareholder Basis Worksheet, Continued

Shareholder Number: 1	Year Ended: DECEMBER 31, 2018
Shareholder Name: ADAM JIDD	Shareholder ID Number: 344-02-7228

Debt Basis

12. Debt basis, beginning of year (Not less than zero)	0.
13. Loans made during the year	
14. Restoration of debt basis (from line 10)	
15. Subtotal (Add lines 13 and 14)	
16. Less: Loan repayments	
17. Gain from loan repayments	
18. Other adjustments:	
19. Subtotal (Combine lines 12, 15, 16, 17 and 18)	
20. Applied against excess loss and deductions	
21. Debt basis, end of year (Not less than zero)	0.
22. Total shareholder stock and debt basis, end of year (Add lines 11 and 21) (Not less than zero)	0.

Gain on Distributions

23. Distributions	
24. Less: Basis before distributions	
25. Enter excess of line 23 over line 24 (capital gain)	

Carryover

	Total Disallowed Losses	Debt Basis Applied Against Excess Losses and Deductions
26. Beginning of year		
27. Add: Losses and deductions this year	26,317.	
28. Less: Applied this year		
29. Less: Excess nondeductible expenses		
30. End of year (Not less than zero)	26,317.	

Allocation of Losses and Deductions

Shareholder Number: 1	Year Ended: DECEMBER 31, 2018
Shareholder Name: ADAM JIDD	Shareholder ID Number: 344-02-7228

	(a) Beginning of Year and Current Year Losses and Deductions	(b) %	(c) Allowable Losses and Deductions in Current Year	(d) Disallowed Losses and Deductions (Carryover to Next Year)
Ordinary losses from trade or business	25,678.	100.000000		25,678.
Net losses from rental real estate activities				
Net losses from other rental activities				
Net short-term capital losses				
Net long-term capital losses				
Other portfolio losses				
Net losses under Section 1231				
Other deductions				
Charitable contributions				
Section 179 expense deduction				
Deductions related to portfolio income (losses)				
Interest expense on investment debts				
Foreign taxes paid or accrued				
Section 59(e) expenditures				
Other decreases				
Total deductible losses and deductions	25,678.	100.000000		25,678.
Nondeductible expenses	639.	100.000000		639.
Oil and gas depletion				
Total nondeductible expenses and oil and gas depletion	639.	100.000000		639.
Totals	26,317.			26,317.

Schedule K-1
(Form 1120S)

2018

Final K-1 Amended K-1

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

For calendar year 2018, 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 47-0963813	
B Corporation's name, address, city, state, and ZIP code LUXURY AUTO SALON LLC 1215 RAND ROAD DES PLAINES, IL 60016	
C IRS Center where corporation filed return E-FILE	
Part II Information About the Shareholder	
D Shareholder's identifying number 612-95-6186	
E Shareholder's name, address, city, state and ZIP code FIRAS DIWAN 241 GREENWOOD RD GLENVIEW, IL 60025	
F Shareholder's percentage of stock ownership for tax year 50.000000%	
For IRS Use Only	

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) -25,678.	13	Credits
2	Net rental real estate inc (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 sec 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15 A	Alternative min tax (AMT) items -395.
11	Section 179 deduction	16 C*	Items affecting shareholder basis 638.
12	Other deductions		
		17 V *	Other information -25,678.
		W *	135,234.
		X *	10,992.
*See attached statement for additional information.			

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

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	638.	SEE SHAREHOLDERS INSTRUCTIONS
TOTAL	638.	

SECTION 199A ADDITIONAL INFORMATION

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

SCHEDULE K-1 SECTION 199A ITEMS, BOX 17
CODES V THROUGH Z

CODE	DESCRIPTION	AMOUNT
	TRADE OR BUSINESS	
V	QUALIFIED BUSINESS INCOME	-25,678.
W	W-2 WAGES	135,234.
X	UNADJUSTED BASIS	10,992.
Y	REIT DIVIDENDS	0.
Z	PTP INCOME	0.

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

	Report on	Code	Report on	
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:		M Credit for increasing research activities	} See the Shareholder's Instructions	
		N Credit for employer social security and Medicare taxes		
		O Backup withholding		
		P Other credits		
Passive loss	Report on			
Passive income	See the Shareholder's Instructions			
Nonpassive loss	Schedule E, line 28, column (h)			
Nonpassive income	See the Shareholder's Instructions			
	Schedule E, line 28, column (k)			
2. Net rental real estate income (loss)	See the Shareholder's Instructions	14. Foreign transactions		
3. Other net rental income (loss)		A Name of country or U.S. possession	} Form 1116, Part I	
Net income	Schedule E, line 28, column (h)	B Gross income from all sources		
Net loss	See the Shareholder's Instructions	C Gross income sourced at shareholder level		
4. Interest income	Form 1040, line 2b	Foreign gross income sourced at corporate level		
5a. Ordinary dividends	Form 1040, line 3b	D Section 951A category	} Form 1116, Part I	
5b. Qualified dividends	Form 1040, line 3a	E Foreign branch category		
6. Royalties	Schedule E, line 4	F Passive category		
7. Net short-term capital gain (loss)	Schedule D, line 5	G General category		
8a. Net long-term capital gain (loss)	Schedule D, line 12	H Other		
8b. Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D Instructions)			
8c. Unrecaptured section 1250 gain	See the Shareholder's Instructions	Deductions allocated and apportioned at shareholder level		
9. Net section 1231 gain (loss)	See the Shareholder's Instructions	I Interest expense	Form 1116, Part I	
10. Other income (loss)		J Other	Form 1116, Part I	
Code		Deductions allocated and apportioned at corporate level to foreign source income		
A Other portfolio income (loss)	See the Shareholder's Instructions	K Section 951A category	} Form 1116, Part I	
B Involuntary conversions	See the Shareholder's Instructions	L Foreign branch category		
C Sec. 1256 contracts & straddles	Form 6781, line 1	M Passive category		
D Mining exploration costs recapture	See Pub. 535	N General category		
E Section 951A income	} See the Shareholder's Instructions	O Other		
F Section 965(a) inclusion				
G Subpart F income other than sections 951A and 965 inclusion				
H Other income (loss)				
11. Section 179 deduction	See the Shareholder's Instructions	Other information		
12. Other deductions		P Total foreign taxes paid	Form 1116, Part II	
A Cash contributions (60%)	} See the Shareholder's Instructions	Q Total foreign taxes accrued	Form 1116, Part II	
B Cash contributions (30%)				
C Noncash contributions (50%)				
D Noncash contributions (30%)				
E Capital gain property to a 50% organization (30%)				
F Capital gain property (20%)				
G Contributions (100%)				
H Investment interest expense		Form 4952, line 1		
I Deductions - royalty income		Schedule E, line 19		
J Section 59(e)(2) expenditures		See the Shareholder's Instructions		
K Section 965(c) deduction		See the Shareholder's Instructions		
L Deductions - portfolio (other)		Schedule A, line 16		
M Preproductive period expenses		See the Shareholder's Instructions		
N Commercial revitalization deduction from rental real estate activities		See Form 8582 Instructions		
O Reforestation expense deduction	See the Shareholder's Instructions			
P through R	Reserved for future use			
S Other deductions	See the Shareholder's Instructions			
13. Credits		15. Alternative minimum tax (AMT) items		
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	} See the Shareholder's Instructions	A Post-1986 depreciation adjustment	} See the Shareholder's Instructions and the Instructions for Form 6251	
B Low-income housing credit (other) from pre-2008 buildings				
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings				
D Low-income housing credit (other) from post-2007 buildings				
E Qualified rehabilitation expenditures (rental real estate)			B Adjusted gain or loss	
F Other rental real estate credits			C Depletion (other than oil & gas)	
G Other rental credits			D Oil, gas, & geothermal - gross income	
H Undistributed capital gains credit		Schedule 5 (Form 1040), line 74, box a	E Oil, gas, & geothermal - deductions	
I Biofuel producer credit		} See the Shareholder's Instructions	F Other AMT items	
J Work opportunity credit				
K Disabled access credit				
L Empowerment zone employment credit				
			16. Items affecting shareholder basis	
			A Tax-exempt interest income	Form 1040, line 2a
		B Other tax-exempt income	} See the Shareholder's Instructions	
		C Nondeductible expenses		
		D Distributions		
		E Repayment of loans from shareholders		
		17. Other information		
		A Investment income	Form 4952, line 4a	
		B Investment expenses	Form 4952, line 5	
		C Qualified rehabilitation expenditures (other than rental real estate)	See the Shareholder's Instructions	
		D Basis of energy property	See the Shareholder's Instructions	
		E Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8	
		F Recapture of low-income housing credit (other)	Form 8611, line 8	
		G Recapture of investment credit	See Form 4255	
		H Recapture of other credits	See the Shareholder's Instructions	
		I Look-back interest - completed long-term contracts	See Form 8697	
		J Look-back interest - income forecast method	See Form 8866	
		K Dispositions of property with section 179 deductions	} See the Shareholder's Instructions	
		L Recapture of section 179 deduction through U		
		V Section 199A income		
		W Section 199A W-2 wages		
		X Section 199A unadjusted basis		
		Y Section 199A REIT dividends		
		Z Section 199A PTP income		
		AA Excess taxable income		
		AB Excess business interest income		
		AC Other information		

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

Print or Type	Name LUXURY AUTO SALON LLC	Identifying number 47-0963813
	Number, street, and room or suite no. (If P.O. box, see instructions.) 1215 RAND ROAD	
	City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) DES PLAINES, IL 60016	

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

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

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

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

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ▶
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ▶
 If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ▶
- 5a The application is for calendar year 2018, or tax year beginning _____, and ending _____
- b **Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (See instructions - attach explanation.)

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

2018 TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-1120-ST

FOR THE YEAR ENDING
DECEMBER 31, 2018

Prepared for	LUXURY AUTO SALON LLC 1215 RAND ROAD DES PLAINES, IL 60016
Prepared by	SELDEN FOX, LTD. 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835
To be signed and dated by	THE APPROPRIATE CORPORATE OFFICER(S).
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. ILLINOIS DOES NOT HAVE A SIGNATURE AUTHORIZATION FORM TO SIGN. UPON RECEIPT OF THE SIGNED FEDERAL AUTHORIZATION FORM, WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE IDOR.
Return must be mailed on or before	RETURN SIGNED FORM 8879-S TO OUR OFFICE BEFORE SEPTEMBER 16, 2019.
Special Instructions	ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE SHAREHOLDERS.



2018 FORM IL-1120-ST

Small Business Corporation Replacement Tax Return

Due on or before the 15th day of the 3rd month following the close of the tax year.

If this return is not for calendar year 2018, enter your fiscal tax year here. Tax year beginning _____, ending _____ <small>month day year month day year</small> This form is for tax years ending on or after December 31, 2018, and before December 31, 2019. For tax years ending in 2018 but before December 31, 2018, use the 2017 form. For prior years, use the form for that year.	Enter the amount you are paying. \$ _____
---	--

Step 1: Identify your small business corporation

A Enter your complete legal business name.
 If you have a name change, check this box.
 Name: LUXURY AUTO SALON LLC

B Enter your mailing address.
 Check this box if either of the following apply:
 • this is your **first return**, or
 • you have an **address change**.
 C/O: _____

Mailing address: 1215 RAND ROAD
 City: DES PLAINES State: IL ZIP: 60016

C If this is the first or final return, check the applicable box(es).
 First return
 Final return (Enter the date of termination. _____)
mm dd yyyy

D If this is a final return because you sold this business, enter the date sold (mm dd yyyy) _____, and the new owner's FEIN. _____

E Apportionment Formulas. Check the appropriate box or boxes and see the Apportionment Formula instructions.
 Financial organizations Transportation companies
 Federally regulated exchanges Sales companies

F Check this box if you attached Form IL-4562.

G Check this box if you attached Illinois Schedule M (for businesses).

H Check this box if you attached Schedule 80/20.

I Check this box if you attached Schedule 1299-A.

J Check this box if you attached the Subgroup Schedule.

K Enter your federal employer identification no. (FEIN).
47-0963813

L Check this box if you are a member of a unitary business group, and enter the FEIN of the member who prepared the Schedule UB, Combined Apportionment for Unitary Business Group. **Attach** Schedule UB to this return.

M Enter your North American Industry Classification System (NAICS) Code. See instructions.
811190

N Enter your Illinois corporate file (charter) number issued by the Secretary of State.

O Enter the city, state, and ZIP code where your accounting records are kept. (Use the two-letter postal abbreviation, e.g., IL, GA, etc.)
DES PLAINES IL 60016
 City State ZIP

P If you are making the business income election to treat all nonbusiness income as business income, check this box and enter "0" on Lines 36 and 44.

Q If you have completed the following, check the box and **attach** the federal form(s) to this return.
 Federal Form 8886 Federal Sch. M-3, Part II, Line 10

R If you are making a discharge of indebtedness adjustment on Schedule NLD, or Form IL-1120-ST, Line 48, check this box **and** attach federal Form 982.

S Check this box if your business activity is protected under Public Law 86-272.

Step 2: Figure your ordinary income or loss

(Whole dollars only)

1 Ordinary income or loss, or equivalent from federal Schedule K.	1	-51,356 .00
2 Net income or loss from all rental real estate activities.	2	.00
3 Net income or loss from other rental activities.	3	.00
4 Portfolio income or loss.	4	.00
5 Net IRC Section 1231 gain or loss.	5	.00
6 All other items of income or loss that were not included in the computation of income or loss on Page 1 of U.S. Form 1120-S. See instructions. Identify: _____	6	.00
7 Add Lines 1 through 6. This is your ordinary income or loss.	7	-51,356 .00

Step 3: Figure your unmodified base income or loss

8 Charitable contributions.	8	.00
9 Expense deduction under IRC Section 179.	9	.00
10 Interest on investment indebtedness.	10	.00
11 All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1120-S. See instructions. Identify: _____	11	.00
12 Add Lines 8 through 11.	12	.00
13 Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.	13	-51,356 .00

Attach your payment and Form IL-1120-ST-V here.

Step 4: Figure your income or loss

14	Enter the amount from Line 13. Unitary filers , enter the amount from Schedule UB, Step 2, Col E, Line 30.	14	-51,356 .00
15	State, municipal, and other interest income excluded from Line 14.	15	.00
16	Illinois replacement tax and surcharge deducted in arriving at Line 14.	16	.00
17	Illinois Special Depreciation addition. Attach Form IL-4562.	17	.00
18	Related-party expenses addition. Attach Schedule 80/20.	18	.00
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	19	.00
20	The amount of loss distributable to a shareholder subject to replacement tax. Attach Schedule B.	20	.00
21	Other additions. Attach Illinois Schedule M (for businesses).	21	.00
22	Add Lines 14 through 21. This amount is your income or loss.	22	-51,356 .00

Step 5: Figure your base income or loss

23	Interest income from U.S. Treasury or other exempt federal obligations.	23	.00
24	Share of income distributable to a shareholder subject to replacement tax. Attach Schedule B.	24	.00
25	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A.	25	.00
26	River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-A.	26	.00
27	High Impact Business Dividend subtraction. Attach Schedule 1299-A.	27	.00
28	High Impact Business Interest subtraction. Attach Schedule 1299-A.	28	.00
29	Contribution subtraction. Attach Schedule 1299-A.	29	.00
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.	30	461 .00
31	Related-party expenses subtraction. Attach Schedule 80/20.	31	.00
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	32	.00
33	Other subtractions. Attach Schedule M (for businesses).	33	.00
34	Total subtractions. Add Lines 23 through 33.	34	461 .00
35	Base income or loss. Subtract Line 34 from Line 22.	35	-51,817 .00

STOP	<p>A If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) <input checked="" type="checkbox"/></p> <p><i>Note</i> → If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 6.</p> <p>B If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 6. (Do not leave Lines 40 through 42 blank.) See instructions. <input type="checkbox"/></p>
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Step 6: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

36	Nonbusiness income or loss. Attach Schedule NB.	36	.00
37	Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	37	.00
38	Add Lines 36 and 37.	38	.00
39	Business income or loss. Subtract Line 38 from Line 35.	39	.00
40	Total sales everywhere. This amount cannot be negative.	40	_____
41	Total sales inside Illinois. This amount cannot be negative.	41	_____
42	Apportionment factor. Divide Line 41 by Line 40. (Round to six decimal places.)	42	_____
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	43	.00
44	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	44	.00
45	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	45	.00
46	Base income or loss allocable to Illinois. Add Lines 43 through 45.	46	.00





Step 7: Figure your net income

47	Base income or net loss from Step 5, Line 35, or Step 6, Line 46.	47	<u>-51,817</u> .00
48	Discharge of indebtedness adjustment. Attach federal Form 982. See instructions.	48	<u>0</u> .00
49	Adjusted base income or net loss. Add Lines 47 and 48.	49	<u>-51,817</u> .00
50	Illinois net loss deduction. Attach Schedule NLD. If Line 49 is zero or a negative amount, enter "0."	50	<u>0</u> .00
51	Net income. Subtract Line 50 from Line 49.	51	<u>-51,817</u> .00

Step 8: Figure your net replacement tax, surcharge, and pass-through withholding you owe

52	Replacement tax. Multiply Line 51 by 1.5% (.015).	52	<u> </u> .00
53	Recapture of investment credits. Attach Schedule 4255.	53	<u> </u> .00
54	Replacement tax before investment credits. Add Lines 52 and 53.	54	<u> </u> .00
55	Investment credits. Attach Form IL-477.	55	<u> </u> .00
56	Net replacement tax. Subtract Line 55 from Line 54. If the amount is negative, enter "0."	56	<u> </u> .00
57	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	57	<u> </u> .00
58	Pass-through withholding you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 9. See instructions. Attach Schedule B.	58	<u> </u> 0 .00
59	Total net replacement tax, surcharge, and pass-through withholding you owe. Add Lines 56, 57, and 58.	59	<u> </u> .00

Step 9: Figure your refund or balance due

60	Payments. See instructions.		
a	Credits and payments made before the original tax due date.	60a	<u> </u> .00
b	Pass-through withholding reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	60b	<u> </u> .00
c	Illinois gambling withholding. Attach Form(s) W-2G.	60c	<u> </u> .00
61	Total payments. Add Lines 60a through 60c.	61	<u> </u> .00
62	Overpayment. If Line 61 is greater than Line 59, subtract Line 59 from Line 61.	62	<u> </u> .00
63	Amount to be credited forward . See instructions.	63	<u> </u> .00
64	Refund. Subtract Line 63 from Line 62. This is the amount to be refunded.	64	<u> </u> .00
65	<div style="border: 1px solid black; padding: 5px;"> Complete to direct deposit your refund Routing Number _____ <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account Number _____ </div>		
66	Tax Due. If Line 59 is greater than Line 61, subtract Line 61 from Line 59. This is the amount you owe.	66	<u> </u> 0 .00

▶ If you owe tax on Line 66, complete a payment voucher, Form IL-1120-ST-V. Write your FEIN, tax year ending, and "IL-1120-ST-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the first page of this form.
Special Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 10: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	<u>MEMBER</u>	<u>224-217-5555</u>	<input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.
	Signature of authorized officer	Date (mm/dd/yyyy)	Title
Paid Preparer Use Only	<u>GARTH REIMEL</u>		<input type="checkbox"/> Check if self-employed <u>P00158182</u>
	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)
	Firm's name ▶ <u>SELDEN FOX, LTD.</u>	Firm's FEIN ▶ <u>36-2985770</u>	Paid Preparer's PTIN
	Firm's address ▶ <u>619 ENTERPRISE DRIVE OAK BROOK,</u>	Firm's phone ▶ <u>630-954-1400</u>	

▶ If a payment is not enclosed, mail this return to: Illinois Department of Revenue P.O. Box 19032 Springfield, IL 62794-9032	▶ If a payment is enclosed, mail this return to: Illinois Department of Revenue P.O. Box 19053 Springfield, IL 62794-9053
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Illinois Department of Revenue
2018 Schedule B Partners' or Shareholders' Information

Attach to your Form IL-1065 or Form IL-1120-ST.



Year ending
12 18
Month Year

IL Attachment no. 1

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

LUXURY AUTO SALON LLC

Enter your federal employer identification number (FEIN).

47-0963813

STOP Read this information first

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.

Note Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)

STOP Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3) and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

- 1 Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions. **1** _____
- 2 Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. **2** _____
- 3 Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a check mark in Column D. Enter the total here. See instructions. **3** _____

Totals for nonresident partners or shareholders only (from Schedule B, Section B)

- 4 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident individual members. See instructions. **4** _____
- 5 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident estate members. See instructions. **5** _____
- 6 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions. **6** _____
- 7 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust members. See instructions. **7** _____
- 8 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation members. See instructions. **8** _____
- 9 Add Line 4 through Line 8. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders on all pages. Enter the total here **and** on Form IL-1065, Line 59, or Form IL-1120-ST, Line 58. See instructions. **9** _____

▶ Attach all pages of Schedule B, Section B behind this page.

**Illinois Department of Revenue
2018 Schedule B**



LUXURY AUTO SALON LLC

47-0963813

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

Enter your federal employer identification number (FEIN).

Section B: Members' Information (See instructions before completing.)

A	B	C	D	E	F	G	H	I	J
Name and Address	Partner or Shareholder type	SSN or FEIN	Subject to Illinois replacement tax or an ESOP	Member's distributable amount of base income or loss	Excluded from pass-through withholding	Share of Illinois income subject to pass-through withholding	Pass-through withholding before credits	Distributable share of credits	Pass-through withholding amount
<i>(If Column F is blank, complete Column G through Column J. Otherwise, enter zero in Column G through Column J.)</i>									
1 Name <u>ADAM JIDD</u>									
C/O _____									
Addr. 1 <u>415 MICHAEL MANOR</u>									
Addr. 2 _____									
City <u>GLENVIEW IL 60025</u>	I	<u>344-02-7228</u> <input type="checkbox"/>		<u>-25,909.00</u>	R	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
<small>State ZIP</small>									
2 Name <u>FIRAS DIWAN</u>									
C/O _____									
Addr. 1 <u>241 GREENWOOD RD</u>									
Addr. 2 _____									
City <u>GLENVIEW IL 60025</u>	I	<u>612-95-6186</u> <input type="checkbox"/>		<u>-25,908.00</u>	R	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
<small>State ZIP</small>									
3 Name _____									
C/O _____									
Addr. 1 _____									
Addr. 2 _____									
City _____			<input type="checkbox"/>						
<small>State ZIP</small>									
4 Name _____									
C/O _____									
Addr. 1 _____									
Addr. 2 _____									
City _____			<input type="checkbox"/>						
<small>State ZIP</small>									
5 Name _____									
C/O _____									
Addr. 1 _____									
Addr. 2 _____									
City _____			<input type="checkbox"/>						
<small>State ZIP</small>									

849312 01-17-19 **Note** → If you have more members than space provided, attach additional copies of this page as necessary.

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

IL-4562 Special Depreciation

12 2018
 Month Year

For tax years ending on or after December 31, 2018.
 Attach to your Form IL-1120, IL-1120-ST, IL-1065, IL-1041, or IL-1040.

IL Attachment No. 11

Step 1: Provide the following information

LUXURY AUTO SALON LLC

47-0963813

Enter your name as shown on your return.

Enter your Social Security number (SSN) or federal employer identification number (FEIN).

Special Note → **You must read the instructions before completing Form IL-4562. Do not use negative figures.**

Step 2: Figure your Illinois special depreciation addition

- | | | | |
|---|--|---|-------|
| 1 | Enter the total amount claimed as a special depreciation allowance on federal Form 4562, Depreciation and Amortization, Line 14 or Line 25, for property acquired after September 10, 2001. | 1 | 0.00 |
| 2 | Individuals only: Enter the total amount claimed as a special depreciation allowance from federal Form 2106, Employee Business Expenses. | 2 | _____ |
| 3 | Last year of regular depreciation: Enter the total amount of all Illinois depreciation subtractions claimed on prior year IL-4562 forms, Step 3, Line 8, for each property. | 3 | _____ |
| 4 | Add Lines 1 through 3. This is your Illinois special depreciation addition. Enter the total here and see instructions for the list of Illinois form and line references to report this addition. | 4 | _____ |

Step 3: Figure your Illinois special depreciation subtraction

- | | | | |
|-----|---|----|--------|
| 5 a | Enter the portion of depreciation allowance claimed on federal Form 4562, Line 17, plus Line 19, Column g, plus Line 26, Column h, for property for which you claimed a special depreciation allowance on federal Form 4562, Line 14 or 25, for this tax year, or any other tax year ending after September 10, 2001, for bonus depreciation equal to 30 percent of your basis in the property. | 5a | _____ |
| b | Individuals only: If you completed a federal Form 2106 for this tax year, enter the portion of any depreciation deductions included in Lines 4 and 38 for this tax year or any prior tax year for bonus depreciation equal to 30 percent of your basis in the property. | 5b | _____ |
| c | Add Lines 5a and 5b. | 5c | _____ |
| 6 | Multiply Line 5c by 42.9% (0.429). | 6 | _____ |
| 7 a | Enter the portion of depreciation allowance claimed on federal Form 4562, Line 17, plus Line 19, Column g, plus Line 26, Column h, for property for which you claimed a special depreciation allowance on federal Form 4562, Line 14 or 25, for this tax year, or any other tax year ending after September 10, 2001, for bonus depreciation equal to 50 percent of your basis in the property. | 7a | 461.00 |
| b | Individuals only: If you completed a federal Form 2106 for this tax year, enter the portion of any depreciation deductions included in Lines 4 and 38 for this tax year or any prior tax year for bonus depreciation equal to 50 percent of your basis in the property. | 7b | _____ |
| c | Add Lines 7a and 7b. | 7c | 461.00 |
| d | For tax years ending on or before December 31, 2005, multiply Line 7c by 42.9% (0.429). For tax years ending after December 31, 2005, enter the amount from Line 7c. | 7d | 461.00 |
| 8 | Add Lines 6 and 7d. | 8 | 461.00 |
| 9 | Last year of regular depreciation: Enter the Illinois special depreciation addition reported on any prior year Form IL-4562, Step 2, Line 1 plus Line 2, for each property. See instructions. | 9 | _____ |
| 10 | Add Lines 8 and 9. This is your Illinois depreciation subtraction for this year. Enter the total here and see instructions for the list of Illinois form and line references to report this subtraction. | 10 | 461.00 |

→ **Attach this form to your Illinois return.** ←



IL-4562	50% BONUS PROPERTY	STATEMENT	1
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ASSET #	DESCRIPTION	CURRENT DEPRECIATION
13	LED SIGNS	461.00
TOTAL TO FORM IL-4562, STEP 3, LINE 7A		461.00

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

Print or Type	Name LUXURY AUTO SALON LLC	Identifying number 47-0963813
	Number, street, and room or suite no. (If P.O. box, see instructions.) 1215 RAND ROAD	
	City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) DES PLAINES, IL 60016	

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

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

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

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

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ▶
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ▶
 If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ▶
- 5a The application is for calendar year 2018, or tax year beginning _____, and ending _____
- b **Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (See instructions - attach explanation.)

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

THE FOLLOWING SCHEDULES K-1-P WERE NOT FILED WITH THE
ILLINOIS RETURN.

**Illinois Department of Revenue
Schedule K-1-P**

**Partner's or Shareholder's Share of Income,
Deductions, Credits, and Recapture**

Year ending

12 / 18
Month / Year

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

IL Attachment No. 12

Step 1: Identify your partnership or S corporation

1 Check your business type partnership S corporation

2 LUXURY AUTO SALON LLC

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

3 47-0963813

Enter your federal employer identification number (FEIN).

4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." 1.000000

Step 2: Identify your partner or shareholder

5 ADAM JIDD

Name

7 344-02-7228

Social Security number or FEIN

6 415 MICHAEL MANOR

Mailing address

8 50.000000

Share (%)

GLENVIEW, IL 60025

City

State

ZIP

9a Check the appropriate box. See instructions.

individual corporation trust
 partnership S corporation estate

9b To be completed by the recipient on Line 5 only.

I am a: grantor trust disregarded entity
and the amounts on this Schedule will be reported by:

Name: _____

SSN or FEIN: _____

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense	19 _____	_____
	Specify	

Step 4: Figure your partner's or shareholder's share of your business income or loss

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 <u>-25,678</u>	<u>-25,678</u>
21 Net income or loss from rental real estate activities	21 _____	_____
22 Net income or loss from other rental activities	22 _____	_____
23 Interest	23 _____	_____
24 Dividends	24 _____	_____
25 Royalties	25 _____	_____
26 Net short-term capital gain or loss	26 _____	_____
27 Net long-term capital gain or loss. Total for year.	27 _____	_____
28 Unrecaptured Section 1250 gain	28 _____	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 _____	_____
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 _____	_____
31 Other income and expense	31 _____	_____
	Specify	



Enter the partner's or shareholder's identification number from Line 7.

Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

Table with 3 columns: Line number, Column A (Member's share from Form IL-1065 or IL-1120-ST), and Column B (Member's share apportioned or allocated to Illinois). Rows include Additions (32-37) and Subtractions (38a-47).

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

Table with 3 columns: Line number, Column A (Member's share from Illinois Schedule F), and Column B (Member's share apportioned or allocated to Illinois). Rows include 48-51.

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding and federal income subject to surcharge

Table with 4 columns: Line number, Credit Code, Member's share from Illinois tax return, and Member's share from Illinois tax return. Rows include 52 Illinois Income Tax Credits, 53 Recapture, 54 Pass-through withholding, and 55 Federal income attributable to transactions subject to the Compassionate Use of Medical Cannabis Pilot Program Act surcharge.



IL SCH K-1-P MEMBER'S SHARE OF DISTRIBUTABLE BASE INCOME OR LOSS

1	ENTER THE SHARE OF INCOME FROM IL-1120-ST LINE 14 FOR THIS MEMBER (SCHEDULE K-1-P COLUMN A LINES 10-27 & 30-31)	\$	-25,678
2	ENTER THE SHARE OF ADDITIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1120-ST LINES 15-19 AND LINE 21		0
3	ADD LINES 1 AND 2		-25,678
4	ENTER THE SHARE OF SUBTRACTIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1120-ST LINES 23 AND 26-33		231
5	SUBTRACT LINE 4 FROM LINE 3	\$	-25,909

**Illinois Department of Revenue
Schedule K-1-P**

**Partner's or Shareholder's Share of Income,
Deductions, Credits, and Recapture**

Year ending

12 / 18
Month / Year

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

IL Attachment No. 12

Step 1: Identify your partnership or S corporation

1 Check your business type partnership S corporation

2 LUXURY AUTO SALON LLC

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

3 47-0963813

Enter your federal employer identification number (FEIN).

4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." 1.000000

Step 2: Identify your partner or shareholder

5 FIRAS DIWAN

Name

7 612-95-6186

Social Security number or FEIN

6 241 GREENWOOD RD

Mailing address

8 50.000000

Share (%)

GLENVIEW, IL 60025

City

State

ZIP

9a Check the appropriate box. See instructions.

individual corporation trust
 partnership S corporation estate

9b To be completed by the recipient on Line 5 only.

I am a: grantor trust disregarded entity
and the amounts on this Schedule will be reported by:

Name: _____

SSN or FEIN: _____

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense	19 _____	_____
Specify	_____	_____

Step 4: Figure your partner's or shareholder's share of your business income or loss

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 <u>-25,678</u>	<u>-25,678</u>
21 Net income or loss from rental real estate activities	21 _____	_____
22 Net income or loss from other rental activities	22 _____	_____
23 Interest	23 _____	_____
24 Dividends	24 _____	_____
25 Royalties	25 _____	_____
26 Net short-term capital gain or loss	26 _____	_____
27 Net long-term capital gain or loss. Total for year.	27 _____	_____
28 Unrecaptured Section 1250 gain	28 _____	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 _____	_____
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 _____	_____
31 Other income and expense	31 _____	_____
Specify	_____	_____



Enter the partner's or shareholder's identification number from Line 7.

Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

Table with 3 columns: Description, A (Member's share from Form IL-1065 or IL-1120-ST), and B (Member's share apportioned or allocated to Illinois). Rows include Additions (32-37) and Subtractions (38a-47).

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

Table with 3 columns: Description, A (Member's share from Illinois Schedule F), and B (Member's share apportioned or allocated to Illinois). Rows include 48 Section 1245 and 1250 gain, 49 Section 1231 gain, 50 Section 1231 gain less casualty and theft gain, and 51 Capital gain.

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding and federal income subject to surcharge

Table with 4 columns: Description, Credit Code, Member's share from Illinois tax return, and Member's share from Illinois tax return. Rows include 52 Illinois Income Tax Credits (a-q) and 53 Recapture (a-c), 54 Pass-through withholding, and 55 Federal income attributable to transactions subject to the Compassionate Use of Medical Cannabis Pilot Program Act surcharge.



IL SCH K-1-P MEMBER'S SHARE OF DISTRIBUTABLE BASE INCOME OR LOSS

1	ENTER THE SHARE OF INCOME FROM IL-1120-ST LINE 14 FOR THIS MEMBER (SCHEDULE K-1-P COLUMN A LINES 10-27 & 30-31)	\$	-25,678
2	ENTER THE SHARE OF ADDITIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1120-ST LINES 15-19 AND LINE 21		0
3	ADD LINES 1 AND 2		-25,678
4	ENTER THE SHARE OF SUBTRACTIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1120-ST LINES 23 AND 26-33		230
5	SUBTRACT LINE 4 FROM LINE 3	\$	-25,908