

Arthur Langer CPA PC
52 Clubhouse Circle
Melville, NY 11747

**FAIRLANE VRTX, INC
534 WEST 42ND STREET #8
NEW YORK, NY 10036**

[REDACTED]

**Arthur Langer CPA PC
52 Clubhouse Circle
Melville, NY 11747
516-702-3002**

September 4, 2025

CONFIDENTIAL

FAIRLANE VRTX, INC
534 WEST 42ND STREET #8
NEW YORK, NY 10036

Dear CLAUDE:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Income Tax Return for an S Corporation (Form 1120-S)
New York S Corporation Franchise Tax Return (Form CT-3-S)
New York City General Corporation Tax Return (Form NYC-3L)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Arthur Langer CPA PC

**Arthur Langer CPA PC
52 Clubhouse Circle
Melville, NY 11747
516-702-3002**

September 4, 2025

CONFIDENTIAL

FAIRLANE VRTX, INC
534 WEST 42ND STREET #8
NEW YORK, NY 10036

For professional services rendered in connection with the preparation of your 2024 corporate tax return:

Amount due	\$	0.00
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Filing Instructions

FAIRLANE VRTX, INC

Form 8879-CORP

E-file Authorization for Corporations

Taxable Year Ended December 31, 2024

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. No amount is due or overpaid.

Signature: You are using the Personal Identification Number (PIN) for signing your return electronically. Form 8879-CORP, *E-file Authorization for Corporations* should be signed and dated by an authorized officer of the corporation and returned to:

Arthur Langer CPA PC
52 Clubhouse Circle
Melville, NY 11747

Important: Your return will not be filed with the IRS until the signed Form 8879-CORP, E-file Authorization for Corporations has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1120-S to the IRS it will delay processing of your return.

Form 8879-CORP

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of corporation

FAIRLANE VRTX, INC

For calendar year 2024, or tax year beginning _____, ending _____

For use with Form 1120 series returns.

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

Go to www.irs.gov/Form8879CORP for the latest information.

OMB No. 1545-0123

Employer identification number
46-1575705**Part I Information** (Whole dollars only)

1 Total income (Form 1120, line 11)	1	
2 Total income (Form 1120-F, Section II, line 11)	2	
3 Total income (loss) (Form 1120-S, line 6)	3	-33,590
4 Total income (Form 1120 _____, line _____)	4	

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 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are 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 **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 _____ to enter my PIN _____ as my signature
ERO firm name _____ do not enter all zeros

on the corporation's electronically filed income tax return.

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

Officer's signature

Date 09/04/25 Title PRESIDENTCLAUDE SIMON**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

12076310257

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 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

Arthur Langer CPA

Date

09/04/25

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

Form **1120-S**Department of the Treasury
Internal Revenue Service**U.S. Income Tax Return for an S Corporation**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.

OMB No. 1545-0123

2024

For calendar year 2024 or tax year beginning _____, ending _____

A S election effective date 01/01/13	Name FAIRLANE VRTX, INC	D Employer identification number 46-1575705
B Business activity code number (see instructions) 424300	Number, street, and room or suite no. If a P.O. box, see instructions. 534 WEST 42ND STREET #8	E Date incorporated 12/04/2012
C Check if Sch. M-3 attached <input type="checkbox"/>	City or town, state or province, country, and ZIP or foreign postal code NEW YORK NY 10036	F Total assets (see instructions) \$ 0

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. Yes No

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

I Enter the number of shareholders who were shareholders during any part of the tax year **1**

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 22. See the instructions for more information.

Income	1a Gross receipts or sales	b Less returns and allowances	c Balance	1c
	2 Cost of goods sold (attach Form 1125-A)			2 33,590
	3 Gross profit. Subtract line 2 from line 1c			3 -33,590
	4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			4
	5 Other income (loss) (see instructions—attach statement)			5
	6 Total income (loss). Add lines 3 through 5			6 -33,590
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions—attach Form 1125-E)			7
	8 Salaries and wages (less employment credits)			8
	9 Repairs and maintenance			9
	10 Bad debts			10 151,705
	11 Rents			11
	12 Taxes and licenses			12
	13 Interest (see instructions)			13
	14 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14
	15 Depletion (do not deduct oil and gas depletion)			15
	16 Advertising			16
	17 Pension, profit-sharing, etc., plans			17
	18 Employee benefit programs			18
	19 Energy efficient commercial buildings deduction (attach Form 7205)			19
	20 Other deductions (attach statement)		See Stmt 1	20 60
	21 Total deductions. Add lines 7 through 20			21 151,765
	22 Ordinary business income (loss). Subtract line 21 from line 6			22 -185,355
Tax and Payments	23a Excess net passive income or LIFO recapture tax (see instructions)	23a		23c
	b Tax from Schedule D (Form 1120-S)	23b		
	c Add lines 23a and 23b (see instructions for additional taxes)			
	24a Current year's estimated tax payments and preceding year's overpayment credited to the current year	24a		24z
	b Tax deposited with Form 7004	24b		
	c Credit for federal tax paid on fuels (attach Form 4136)	24c		
	d Elective payment election amount from Form 3800	24d		
	z Add lines 24a through 24d			
	25 Estimated tax penalty (see instructions). Check if Form 2220 is attached			25
	26 Amount owed. If line 24z is smaller than the total of lines 23c and 25, enter amount owed			26
	27 Overpayment. If line 24z is larger than the total of lines 23c and 25, enter amount overpaid			27
	28 Enter amount from line 27: Credited to 2025 estimated tax		Refunded	28
Sign Here	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.			May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				PRESIDENT
	Signature of officer CLAUDE SIMON	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name Arthur Langer CPA	Preparer's signature Arthur Langer CPA	Date 09/04/25	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01396073
	Firm's name Arthur Langer CPA PC			Firm's EIN 81-4277329	
	Firm's address 52 Clubhouse Circle Melville, NY 11747			Phone no.	516-702-3002

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-S** (2024)

Schedule B Other Information (see instructions)

1	Check accounting method:	a <input checked="" type="checkbox"/> Cash	b <input type="checkbox"/> Accrual	c <input type="checkbox"/> Other (specify)	Yes	No	
2	See the instructions and enter the:						
	a Business activity	JOBBER			b Product or service	YARN	
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 applicable) 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	Yes	No
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(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.	Yes	No
	(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.	Yes	No
	(i) Total shares of stock outstanding at the end of the tax year		
	(ii) Total shares of stock outstanding if all instruments were exercised		
6	Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?	Yes	No
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.	<input type="checkbox"/>	
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	Yes	No
10	Does the corporation satisfy one or more of the following? See instructions	Yes	No
	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 \$30 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 , Limitation on Business Interest Expense Under Section 163(j).		
11	Does the corporation satisfy both of the following conditions?	Yes	No
	a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.		
	b The corporation's total assets at the end of the tax year were less than \$250,000.		
	If "Yes," the corporation is not required to complete Schedules L and M-1.		

Schedule B Other Information (see instructions) (continued)

		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction	\$	
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 that would require it to file Form(s) 1099?		X
	b If "Yes," did or will the corporation file required Form(s) 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 15	\$	
16	At any time during the tax year, did the corporation: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions		X

Schedule K Shareholders' Pro Rata Share Items

		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1 -185,355
	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 1120-S))	7
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a
	b Collectibles (28%) gain (loss)	8b
	c Unrecaptured section 1250 gain (attach statement)	8c
	9 Net section 1231 gain (loss) (attach Form 4797)	9
	10 Other income (loss) (see instructions)	Type: 10
Deductions	11 Section 179 deduction (attach Form 4562)	11
	12a Cash charitable contributions	12a
	b Noncash charitable contributions	12b
	c Investment interest expense	12c
	d Section 59(e)(2) expenditures	Type: 12d
	e Other deductions (see instructions)	Type: 12e
Credits	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
	d Other rental real estate credits (see instructions)	Type: 13d
	e Other rental credits (see instructions)	Type: 13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions)	Type: 13g
International	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance	<input type="checkbox"/>
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a
	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
	d Distributions (attach statement if required) (see instructions)	16d
	e Repayment of loans from shareholders	16e
	f Foreign taxes paid or accrued	16f

Schedule K Shareholders' Pro Rata Share Items (continued)

Other Information	17a Investment income b Investment expenses c Dividend distributions paid from accumulated earnings and profits d Other items and amounts (attach statement)	See Statement 2	Total amount	
			17a	17b
			17c	
			17d	

18 **Income (loss) reconciliation.** Combine the total amounts on lines 1 through 10. From the result,

subtract the sum of the amounts on lines 11 through 12d and 16f.

18

Schedule L Balance Sheets per Books		Beginning of tax year	End of tax year	
		(a)	(b)	(c)
1	Cash			
2a	Trade notes and accounts receivable	150,000		
b	Less allowance for bad debts	()	150,000	()
3	Inventories		33,590	
4	U.S. government obligations			
5	Tax-exempt securities (see instructions)			
6	Other current assets (attach statement)			
7	Loans to shareholders			
8	Mortgage and real estate loans			
9	Other investments (attach statement)			
10a	Buildings and other depreciable assets			
b	Less accumulated depreciation	()	()	
11a	Depletable assets			
b	Less accumulated depletion	()	()	
12	Land (net of any amortization)			
13a	Intangible assets (amortizable only)			
b	Less accumulated amortization	()	()	
14	Other assets (attach statement)			
15	Total assets	183,590		0
Liabilities and Shareholders' Equity				
16	Accounts payable			
17	Mortgages, notes, bonds payable in less than 1 year			
18	Other current liabilities (attach statement)			
19	Loans from shareholders		179,748	
20	Mortgages, notes, bonds payable in 1 year or more			
21	Other liabilities (attach statement)			
22	Capital stock		1,000	
23	Additional paid-in capital			
24	Retained earnings		2,842	
25	Adjustments to shareholders' equity (attach statement)			
26	Less cost of treasury stock	()	()	
27	Total liabilities and shareholders' equity	183,590		0

Form **1120-S** (2024)

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		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 12e, and 16f (itemize):		6 Deductions included on Schedule K, lines 1 through 12e, and 16f, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$		7 Add lines 5 and 6	
4 Add lines 1 through 3		8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	

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
1 Balance at beginning of tax year		2,842			
2 Ordinary income from page 1, line 22					
3 Other additions	Stmt 3	182,513			
4 Loss from page 1, line 22		(185,355)			
5 Other reductions		()		()	
6 Combine lines 1 through 5					
7 Distributions					
8 Balance at end of tax year. Subtract line 7 from line 6					

1125-A

Form
(Rev. November 2024)
Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

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

Name

FAIRLANE VRTX, INC

Employer identification number

46-1575705

1	Inventory at beginning of year		33,590
2	Purchases		
3	Cost of labor		
4	Additional section 263A costs (attach schedule)		
5	Other costs (attach schedule)	Stmt 4	
6	Total. Add lines 1 through 5		
7	Inventory at end of year		
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		

9a Check all methods used for valuing closing inventory. See instructions.

- (i) Cost
- (ii) Lower of cost or market
- (iii) Other (Specify method used and attach explanation.)

For certain small business taxpayers, alternative methods of accounting for inventories:

- (iv) Non-incidental materials and supplies method
- (v) AFS method
- (vi) Non-AFS method

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 (i) If the LIFO inventory method was used for this tax year, enter amount of closing inventory figured under LIFO

9d(I)

(ii) If the LIFO inventory method was used for this tax year, enter amount of the closing LIFO Reserve

9d(ii)

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? If "Yes," attach explanation

Yes

No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 11-2024)

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

 Department of the Treasury
Internal Revenue Service
beginning ending **2024**

For calendar year 2024, or tax year

**Shareholder's Share of Income, Deductions,
Credits, etc.**

See separate instructions.

 Final K-1 Amended K-1
**Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss) -185,355	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked
6	Royalties	15	Alternative minimum tax (AMT) items
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)	16	Items affecting shareholder basis
10	Other income (loss)		
F1	Shareholder's name, address, city, state, and ZIP code CLAUDE SIMON 71 TONJES ROAD CALLICOON NY 12723		
F2	If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting: TIN _____ Name _____	17	Other information V* STMT
F3	What type of entity is this shareholder? _____	11	Section 179 deduction AC* STMT
G	Current year allocation percentage 100.000000 %	12	Other deductions
H	Shareholder's number of shares Beginning of tax year 100 End of tax year 100		
I	Loans from shareholder Beginning of tax year \$ 0 End of tax year \$ 0		
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		
* See attached statement for additional information.			

For IRS Use Only

Section 199A Information Worksheet

Form **1120-S****2024**

For calendar year 2024 or tax year beginning _____, ending _____

Name

FAIRLANE VRTX, INC

Employer Identification Number

46-1575705

Column A	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
	Page 1 Activity				
Column B					
Column C					
Column D					
Column E					

QBI or Qualified PTP items: Column A Column B Column C Column D Column EOrdinary business income (loss) **-185,355**

Net rental real estate income (loss)

Other net rental income (loss)

Royalty income (loss)

Section 1231 gain (loss)

Other income (loss)

Section 179 deduction

Other deductions

W-2 wages**Qualified property****Other Information:**

QBI allocable to cooperative pmts received

W-2 wages allocable to qualified payments

Section 199A(g) deduction

Section 199A REIT dividends

Federal Statements

Statement 1 - Form 1120-S, Page 1, Line 20 - Other Deductions

Description	Amount
BANK CHARGES	\$ 60
Total	\$ <u>60</u>

Statement 2 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
Section 199A Information - See Attached Wrk	\$

Statement 3 - Form 1120-S, Page 5, Schedule M-2, Line 3(a) - Other Additions

Description	Amount
Other Additions, AAA	\$ 182,513
Total	\$ <u>182,513</u>

Federal Statements**Statement 4 - Form 1125-A, Line 5 - Other Costs**

Description	Amount
STORAGE	\$
FREIGHT	
Total	\$ <u> </u> 0

Federal Statements**CLAUDE SIMON****106-50-1158****Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)**

Description	Shareholder Amount
8990 Gross Receipts for 2023	4,130
8990 Gross Receipts for 2022	1,461
8990 Gross Receipts for 2021	13,674

Form **1120-S**
Schedule K-1**Schedule K-1, Box 17, Code V**
Shareholder's Section 199A Information**2024**

For calendar year 2024 or tax year beginning _____, ending _____

Name

FAIRLANE VRTX, INC
CLAUDE SIMONTaxpayer Identification Number
46-1575705
106-50-1158

Column A	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
	<u>Page 1 Activity</u>				
Column B					
Column C					
Column D					
Column E					

QBI or Qualified PTP items:	Column A	Column B	Column C	Column D	Column E
Ordinary business income (loss)	-185,355				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

- QBI allocable to cooperative pmts received
- W-2 wages allocable to qualified payments
- Section 199A(g) deduction

Section 199A REIT dividends

Filing Instructions

FAIRLANE VRTX, INC

Form TR-579-CT - New York State E-File Signature Authorization

Taxable Year Ended December 31, 2024

Date Due: AS SOON AS POSSIBLE

Remittance: A check in the amount of \$25 should be made payable to New York State Corporation Tax and included with Form CT-200-V. Write "E.I.N. 46-1575705, Form CT-3-S balance due for the year ended 12/31/24" on the check.

Mail To: NYS Dept of Taxation and Finance
Corp - V
P.O. Box 15163
Albany, NY 12212-5163

Signature: Form TR-579-CT, New York State E-File Signature Authorization should be signed and dated by an authorized officer of the corporation and returned to:

Arthur Langer CPA PC
52 Clubhouse Circle
Melville, NY 11747

Other: Your return is being filed electronically with the New York Department of Taxation and Finance and is not required to be mailed. If you mail a paper copy of your return, it will delay processing of your return.

**CT-200-V**

Department of Taxation and Finance

**Payment Voucher for E-Filed
Corporation Tax Returns and
Extensions**

Employer identification number 46-1575705	Primary return type CT3S	Tax period beginning (mm-dd-yyyy) 01-01-2024	Tax period ending (mm-dd-yyyy) 12-31-2024
Legal name of corporation FAIRLANE VRTX, INC			
Mailing name (if different from legal name)			
c/o			
Number and street or PO Box 534 WEST 42ND STREET #8			
City NEW YORK	State NY	ZIP code 10036	Business telephone number 516-702-3002

Amount(s) due
NYS amount 25.00
MTA amount .00

Make your check or money order payable in U.S. funds to: **New York State Corporation Tax**. Do not staple or clip your check or money order. Detach all check stubs.

Enter payment enclosed

25.00

File this entire page with your payment**Where to mail**Mail your payment along with this **entire page** to:

NYS DEPT OF TAXATION & FINANCE
CORP - V
PO BOX 15163
ALBANY NY 12212-5163

538001241022





Department of Taxation and Finance

New York State E-File Authorization for Tax Year 2024

For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations

TR-579-CT

(9/24)

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

Legal name of corporation	FAIRLANE VRTX, INC
---------------------------	--------------------

Return type (mark an X for all that apply): CT-3 CT-3-A CT-3-M CT-3-S CT-13 CT-33 CT-33-A CT-33-C CT-33-M CT-33-NL CT-183 CT-183-M CT-184 CT-184-M CT-186-E CT-300 CT-400 **Purpose**

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; CT-13, *Unrelated Business Income Tax Return*; CT-33, *Life Insurance Corporation Franchise Tax Return*; CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return*; CT-33-C, *Captive Insurance Company Franchise Tax Return*; CT-33-M, *Insurance Corporation MTA Surcharge Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-183, *Transportation and Transmission Corporation Franchise Tax Return on Capital Stock*; CT-183-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-184, *Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings*; CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return*; CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations*; or CT-400, *Estimated Tax for Corporations*.

Financial institution information (required if electronic payment is authorized)

1	Amount of authorized debit
2	Financial institution routing number
3	Financial institution account number

1
2
3

Part A – Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2024 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2024 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2024 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Signature of authorized officer of the corporation	Print your name and title	CLAUDE SIMON PRESIDENT	Date
			09-04-25

Part B – Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2024 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2024 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2024 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2024 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature	Print name	Date
Paid preparer's signature	Print name	Date
ARTHUR LANGER CPA	ARTHUR LANGER CPA	09-04-25



Department of Taxation and Finance

New York S Corporation Franchise Tax Return

Tax Law – Articles 9-A and 22

CT-3-S**2024****All filers must enter tax period:**beginning ending Final return (see instructions) Amended return

Employer identification number (EIN) 46-1575705	File number AA6	Business telephone number 516-702-3002	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation FAIRLANE VRTX, INC		Trade name/DBA	
Mailing address		State or country of incorporation NY	
Care of (c/o)			
Number and street or PO Box 534 WEST 42ND STREET #8		Date of incorporation 12-04-2012	Foreign corporations: date began business in NYS
City NEW YORK	U.S. state/Canadian province NY	ZIP/Postal code 10036	For office use only
NAICS business code number (from NYS Pub 910) 424300	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 01-01-13
NYS principal business activity JOBBER		Number of shareholders 1	
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: 	
A Pay amount shown on Part 2, line 46. Make payable to: New York State Corporation Tax ◀ Attach your payment here. Detach all check stubs. (See instructions for details.)			Payment enclosed A 25.

You must file or attach a copy of the following with this return: (1) federal Form 1120S as filed; (2) Form CT-34-SH; (3) Form CT-60, if applicable; (4) any applicable credit claim forms, (5) Form CT-225, if applicable; and (6) Form CT-227, 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) • **1.000000**

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 23c **0.**

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 file Form CT-60 with your return.



O If you are a foreign corporation calculating your tax taking into account **only** your distributive shares from **multiple** limited partnerships, mark an **X** in the box •

P If you made a voluntary contribution to any available funds, mark an **X** in the box and file Form CT-227 with your return •

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	-185,355.
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 type="text" value="183,590"/> End of tax year • <input type="text"/>		
13 Loans from shareholders (from federal Form 1120S, Schedule L, line 19, columns b and d) Beginning of tax year • <input type="text" value="179,748"/> End of tax year • <input type="text"/>		

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	• 2,842.	•	•	•
15 Ordinary income from federal Form 1120S, page 1, line 22	•			
16 Other additions	• 182,513.			•
17 Loss from federal Form 1120S, page 1, line 22	• -185,355.			
18 Other reductions	•			•
19 Combine lines 14 through 18	•	•	•	•
20 Distributions	•	•	•	•
21 Balance at end of tax year. Subtract line 20 from line 19	•	•	•	•



Part 2 – Calculation 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 0.

Caution: Do not enter 0 on line 23 or leave it blank.

23 Fixed dollar minimum tax (see instructions)

• 23 25.

24 Recapture of tax credits (see instructions)

• 24 25.

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 25.

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 25.

30 If you did not file Form CT-5.4 and line 28 is over \$1,000, enter 25% (0.25) of line 28.

Otherwise enter 0

• 30 25.

31 Add line 28 and line 29 or 30

• 31 25.

Composition of prepayments (see instructions):

32 Mandatory first installment

Date paid	Amount
32	
33	
34	
35	
36	

37 Overpayment credited from prior years (see instructions)

37

38 Total prepayments (add lines 32 through 37)

• 38 25.

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 instr.; mark an **X** in the box if Form CT-222 is filed with this return) •

41 Interest on late payment (see instructions)

• 40 0.

42 Late filing and late payment penalties (see instructions)

• 41 25.

43 Balance (add lines 39 through 42)

• 42 25.

Voluntary gifts/contributions

44 Total voluntary gifts/contributions (from Form CT-227, Part 2, line 1)

• 43 25.

45 Add lines 31, 40, 41, 42, and 44

• 44 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.)

• 45 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.)

• 46 25.

48 Amount of overpayment to be credited to next period (see instructions)

• 47 25.

49 Refund of overpayment (subtract line 48 from line 47; see instructions)

• 48 25.

50 Refund of unused special additional mortgage recording tax credit (see instructions)

• 49 25.

51 Amount of special additional mortgage recording tax credit to be applied as an overpayment to next period

• 50 25.

• 51 25.



Part 3 – Calculation 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.) **Section 210-A.2**

1 Sales of tangible personal property

2 Sales of electricity

3 Net gains from sales of real property

	A – New York State	B – Everywhere
1		•
2		•
3		•
4		•
5		•
6		•
7		•

Section 210-A.3

4 Rentals of real and tangible personal property

5 Royalties from patents, copyrights, trademarks, and similar intangible personal property

6 Sales of rights for certain closed-circuit and cable TV transmissions of an event

Section 210-A.4

7 Sale, licensing, rental, or granting access to digital products and digital services

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

10 Net gains from sales of loans secured by real property

11 Interest from loans **not** secured by real property (QFI)

12 Net gains from sales of loans **not** secured by real property (QFI)

9		•
10		•
11		•
12		•
13		•

Section 210-A.5(a)(2)(B) (QFI)

13 Interest from federal debt

14

15		•
16		•
17		•
18		•
19		•

Section 210-A.5(a)(2)(C) (QFI)

19 Interest from asset-backed securities and other government agency debt

20 Net gains from government agency debt or asset-backed securities sold through an exchange

21 Net gains from all other asset-backed securities

20		•
21		•
22		•
23		•
24		•

Section 210-A.5(a)(2)(D) (QFI)

22 Interest from corporate bonds

23 Net gains from corporate bonds sold through broker/dealer or licensed exchange

22		•
23		•
24		•
25		•
26		•

Section 210-A.5(a)(2)(E)

25 Net interest from reverse repurchase and securities borrowing agreements

25		•
26		•
27		•
28		•
29		•

Section 210-A.5(a)(2)(F)

26 Net interest from federal funds

26		•
27		•
28		•
29		•
30		•

Section 210-A.5(a)(2)(I) (QFI)

27 Net income from sales of commodities

27		•
28		•
29		•
30		•

Section 210-A.5(a)(2)(J) (QFI)

28 Marked to market net gains

28		•
29		•
30		•

Section 210-A.5(a)(2)(H) (QFI)

29 Interest from other financial instruments

29		•
30		•

Section 210-A.5(a)(2)(G) (QFI)

30 Net gains and other income from other financial instruments



Part 3 – Calculation of business apportionment factor (continued)

	A – New York State	B – Everywhere
Section 210-A.5(b)		
31 Brokerage commissions	• 31	•
32 Margin interest earned on behalf of brokerage accounts	• 32	•
33 Fees for advisory services for underwriting or management of underwriting	• 33	•
34 Receipts from primary spread of selling concessions	• 34	•
35 Receipts from account maintenance fees	• 35	•
36 Fees for management or advisory services	• 36	•
37 Interest from an affiliated corporation	• 37	•
Section 210-A.5(c)		
38 Interest, fees, and penalties from credit cards	• 38	•
39 Service charges and fees from credit cards	• 39	•
40 Receipts from merchant discounts	• 40	•
41 Receipts from credit card authorizations and settlement processing	• 41	•
42 Other credit card processing receipts	• 42	•
Section 210-A.5(d)		
43 Receipts from certain services to regulated investment companies	• 43	•
Section 210-A.5-a		
44 Global intangible low-taxed income	• 44	0 00
Section 210-A.6		
45 Receipts from railroad, trucking, and omnibus business	• 45	•
Section 210-A.6-a		
46 Receipts from the operation of vessels	• 46	•
Section 210-A.7		
47 Receipts from air freight forwarding	• 47	•
48 Receipts from other aviation services	• 48	•
Section 210-A.8		
49 Advertising in newspapers or periodicals	• 49	•
50 Advertising on television or radio	• 50	•
51 Advertising via other means	• 51	•
Section 210-A.9		
52 Receipts from transportation or transmission of gas through pipes	• 52	•
Section 210-A.10		
53 Receipts from other services/activities not specified	• 53	•
Section 210-A.11		
54 Discretionary adjustments	• 54	•
Total receipts		
55 Add lines 1 through 54 in columns A and B	• 55	•

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)

• 56 | 1 . 000000



Amended return informationIf filing an amended return, mark an **X** in the box for any items that apply and attach documentation.Final federal determination • If marked, enter date of determination: • _____

Third – party designee (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) ARTHUR LANGER CPA	Designee's phone number 516-702-3002
	Designee's email address ARTHUR@CPALANGER.COM		PIN _____

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

Authorized person	Printed name of authorized person CLAUDE SIMON	Signature of authorized person	Official title PRESIDENT
	Email address of authorized person ARTHUR@CPALANGER.COM		Telephone number 516-702-3002
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) ARTHUR LANGER CPA PC	Firm's EIN 81-4277329	Preparer's PTIN or SSN P01396073
	Signature of individual preparing this return ARTHUR LANGER CPA	Address 52 CLUBHOUSE CIRCLE MELVILLE	City State ZIP code NY 11747
	Email address of individual preparing this return ARTHUR@CPALANGER.COM	Preparer's NYTPRIN or 03	Excl. code Date 09-04-25

See instructions for where to file.





Department of Taxation and Finance

New York S Corporation Shareholders' Information Schedule

CT-34-SH

Legal name of corporation FAIRLANE VRTX, INC	Employer identification number (EIN) 46-1575705
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File with 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 their pro rata share of these amounts on their personal income tax return.)

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

Additions	1	New York State franchise tax imposed under Article 9-A	1	
	1a	New York taxes imposed under Articles 24-A and 24-B and income taxes imposed by other taxing jurisdictions	1a	
	2	Federal depreciation deduction from Form CT-399, if applicable	2	
	3	Other additions (file Form CT-225)	3	
Subtractions	4	Allowable New York depreciation from Form CT-399, if applicable	4	
	5	Other subtractions (file Form CT-225)	5	
Other items (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;
file applicable forms)****START-UP NY tax credits (see instructions)**

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 START-UP NY tax elimination credit business allocation factor (Form CT-638)	• 13	

START-UP NY tax elimination credit factors from partnership (for multiple partnerships attach separate statement; see instructions)

14 START-UP NY partnership EIN	• 14	
15 START-UP NY business certificate number (obtain number from your partnership)	• 15	
16 Year of the START-UP NY business tax benefit period (enter the year number from 1 to 10; obtain number from your partnership)	• 16	
17 START-UP NY tax elimination credit tax-free NY area allocation factor (obtain factor from your partnership)	• 17	
18 START-UP NY tax elimination credit business allocation factor (obtain factor from your partnership)	• 18	

Investment tax credits (see instructions)

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 Investment tax credit for eligible farmers on qualified property (Form CT-46)	• 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)	• 22	

Empire zone (EZ) tax credits (see instructions)

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



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	

QEZE tax reduction credit factors from partnership (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 (file 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	
57a Excelsior child care services tax credit component (Form CT-607)	• 57a	
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	



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

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 (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 containing more than 2%, but not more than 24% alcohol by volume (ABV) (Form CT-636)	• 93
93a Alcoholic beverage production credit for liquor containing more than 24% ABV (Form CT-636)	• 93a
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 childcare credit (Form CT-652)	• 108
109 New York City musical and theatrical production tax credit (Form CT-654)	• 109
110 Recapture of restaurant return-to-work credit (Form CT-655)	• 110
111	
112 COVID-19 capital costs credit (Form CT-657)	• 112
113 Recapture of COVID-19 capital costs credit (Form CT-657)	• 113
114 Recapture of additional restaurant return-to-work credit (Form CT-658)	• 114
115 Empire State digital gaming media production credit (Form CT-660)	• 115



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

116 Farm employer overtime credit (<i>Form CT-661</i>)	• 116
117 Child care creation and expansion credit (<i>Form CT-662</i>)	• 117
118 Recapture of child care creation and expansion credit (<i>Form CT-662</i>)	• 118
119 Commercial security credit (<i>Form CT-663</i>)	• 119
120 Recapture of commercial security credit (<i>Form CT-663</i>)	• 120
121 Other tax credits and recaptures (<i>see instructions</i>)	• 121

(complete Schedule B on the last page)



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.

A	B	C	D	E
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)	Identifying number (SSN or EIN)	Percentage of ownership	Shareholder residency status (make only one entry) 1 for New York State 2 for New York City 3 for Yonkers 4 for NYS nonresident	Shareholder entity status (make only one entry) I for individual F for estate or trust E for exempt organization
1 SIMON, CLAUDE 71 TONJES ROAD	1 106-50-1158	100.0000	1	I
2	2 [redacted]			
3	3 [redacted]			
4	4 [redacted]			
5	5 [redacted]			
6	6 [redacted]			
7	7 [redacted]			
8	8 [redacted]			
9	9 [redacted]			
10	10 [redacted]			
11	11 [redacted]			



Form **1120-S**Department of the Treasury
Internal Revenue Service**U.S. Income Tax Return for an S Corporation**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.

OMB No. 1545-0123

2024

For calendar year 2024 or tax year beginning _____, ending _____

A S election effective date 01/01/13	Name FAIRLANE VRTX, INC	D Employer identification number 46-1575705
B Business activity code number (see instructions) 424300	Number, street, and room or suite no. If a P.O. box, see instructions. 534 WEST 42ND STREET #8	E Date incorporated 12/04/2012
C Check if Sch. M-3 attached <input type="checkbox"/>	City or town, state or province, country, and ZIP or foreign postal code NEW YORK NY 10036	F Total assets (see instructions) \$ 0

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. Yes No

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

I Enter the number of shareholders who were shareholders during any part of the tax year **1**

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 22. See the instructions for more information.

Income	1a Gross receipts or sales	b Less returns and allowances	c Balance	1c
	2 Cost of goods sold (attach Form 1125-A)			2 33,590
	3 Gross profit. Subtract line 2 from line 1c			3 -33,590
	4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			4
	5 Other income (loss) (see instructions—attach statement)			5
	6 Total income (loss). Add lines 3 through 5			6 -33,590
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions—attach Form 1125-E)			7
	8 Salaries and wages (less employment credits)			8
	9 Repairs and maintenance			9
	10 Bad debts			10 151,705
	11 Rents			11
	12 Taxes and licenses			12
	13 Interest (see instructions)			13
	14 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14
	15 Depletion (do not deduct oil and gas depletion)			15
	16 Advertising			16
	17 Pension, profit-sharing, etc., plans			17
	18 Employee benefit programs			18
	19 Energy efficient commercial buildings deduction (attach Form 7205)			19
	20 Other deductions (attach statement)		See Stmt 1	20 60
	21 Total deductions. Add lines 7 through 20			21 151,765
	22 Ordinary business income (loss). Subtract line 21 from line 6			22 -185,355
Tax and Payments	23a Excess net passive income or LIFO recapture tax (see instructions)	23a		23c
	b Tax from Schedule D (Form 1120-S)	23b		
	c Add lines 23a and 23b (see instructions for additional taxes)			
	24a Current year's estimated tax payments and preceding year's overpayment credited to the current year	24a		24z
	b Tax deposited with Form 7004	24b		
	c Credit for federal tax paid on fuels (attach Form 4136)	24c		
	d Elective payment election amount from Form 3800	24d		
	z Add lines 24a through 24d			
	25 Estimated tax penalty (see instructions). Check if Form 2220 is attached			25
	26 Amount owed. If line 24z is smaller than the total of lines 23c and 25, enter amount owed			26
	27 Overpayment. If line 24z is larger than the total of lines 23c and 25, enter amount overpaid			27
	28 Enter amount from line 27: Credited to 2025 estimated tax		Refunded	28

**Sign
Here**

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.

May the IRS discuss this return with the preparer shown below? See instructions. Yes No**PRESIDENT**Signature of officer **CLAUDE SIMON** Date **09/04/25** Title

Paid Preparer Use Only	Print/Type preparer's name Arthur Langer CPA	Preparer's signature Arthur Langer CPA	Date 09/04/25	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01396073
	Firm's name Arthur Langer CPA PC	Firm's EIN 81-4277329			
	Firm's address 52 Clubhouse Circle Melville, NY 11747				Phone no. 516-702-3002

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-S** (2024)

Schedule B Other Information (see instructions)

1	Check accounting method:	a <input checked="" type="checkbox"/> Cash	b <input type="checkbox"/> Accrual	c <input type="checkbox"/> Other (specify)	Yes	No	
2	See the instructions and enter the:						
	a Business activity	JOBBER			b Product or service	YARN	
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 applicable) 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	Yes	No
---	-----	----

(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.	Yes	No
	(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.	Yes	No
	(i) Total shares of stock outstanding at the end of the tax year		
	(ii) Total shares of stock outstanding if all instruments were exercised		
6	Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?	Yes	No
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.	<input type="checkbox"/>	
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	Yes	No
10	Does the corporation satisfy one or more of the following? See instructions	Yes	No
	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 \$30 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 , Limitation on Business Interest Expense Under Section 163(j).		
11	Does the corporation satisfy both of the following conditions?	Yes	No
	a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.		
	b The corporation's total assets at the end of the tax year were less than \$250,000.		
	If "Yes," the corporation is not required to complete Schedules L and M-1.		

Schedule B Other Information (see instructions) (continued)

		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction	\$	
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 that would require it to file Form(s) 1099?		X
	b If "Yes," did or will the corporation file required Form(s) 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 15	\$	
16	At any time during the tax year, did the corporation: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions		X

Schedule K Shareholders' Pro Rata Share Items

		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1 -185,355
	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 1120-S))	7
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a
	b Collectibles (28%) gain (loss)	8b
	c Unrecaptured section 1250 gain (attach statement)	8c
	9 Net section 1231 gain (loss) (attach Form 4797)	9
	10 Other income (loss) (see instructions)	Type: 10
Deductions	11 Section 179 deduction (attach Form 4562)	11
	12a Cash charitable contributions	12a
	b Noncash charitable contributions	12b
	c Investment interest expense	12c
	d Section 59(e)(2) expenditures	Type: 12d
	e Other deductions (see instructions)	Type: 12e
Credits	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
	d Other rental real estate credits (see instructions)	Type: 13d
	e Other rental credits (see instructions)	Type: 13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions)	Type: 13g
International	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance	<input type="checkbox"/>
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a
	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
	d Distributions (attach statement if required) (see instructions)	16d
	e Repayment of loans from shareholders	16e
	f Foreign taxes paid or accrued	16f

Schedule K Shareholders' Pro Rata Share Items (continued)

Other Information	17a Investment income b Investment expenses c Dividend distributions paid from accumulated earnings and profits d Other items and amounts (attach statement)	See Statement 2	Total amount	
			17a	17b
			17c	
			17d	

18 **Income (loss) reconciliation.** Combine the total amounts on lines 1 through 10. From the result,

subtract the sum of the amounts on lines 11 through 12d and 16f.

18

Schedule L Balance Sheets per Books		Beginning of tax year	End of tax year	
		(a)	(b)	(c)
1	Cash			
2a	Trade notes and accounts receivable	150,000		
b	Less allowance for bad debts	()	150,000	()
3	Inventories		33,590	
4	U.S. government obligations			
5	Tax-exempt securities (see instructions)			
6	Other current assets (attach statement)			
7	Loans to shareholders			
8	Mortgage and real estate loans			
9	Other investments (attach statement)			
10a	Buildings and other depreciable assets			
b	Less accumulated depreciation	()	()	
11a	Depletable assets			
b	Less accumulated depletion	()	()	
12	Land (net of any amortization)			
13a	Intangible assets (amortizable only)			
b	Less accumulated amortization	()	()	
14	Other assets (attach statement)			
15	Total assets	183,590		0
Liabilities and Shareholders' Equity				
16	Accounts payable			
17	Mortgages, notes, bonds payable in less than 1 year			
18	Other current liabilities (attach statement)			
19	Loans from shareholders		179,748	
20	Mortgages, notes, bonds payable in 1 year or more			
21	Other liabilities (attach statement)			
22	Capital stock		1,000	
23	Additional paid-in capital			
24	Retained earnings		2,842	
25	Adjustments to shareholders' equity (attach statement)			
26	Less cost of treasury stock	()	()	
27	Total liabilities and shareholders' equity	183,590		0

Form **1120-S** (2024)

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		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 12e, and 16f (itemize):		6 Deductions included on Schedule K, lines 1 through 12e, and 16f, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$		7 Add lines 5 and 6	
4 Add lines 1 through 3		8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	

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
1 Balance at beginning of tax year	2,842			
2 Ordinary income from page 1, line 22				
3 Other additions	182,513			
4 Loss from page 1, line 22	(185,355)			
5 Other reductions	()		()	
6 Combine lines 1 through 5				
7 Distributions				
8 Balance at end of tax year. Subtract line 7 from line 6				

Form **1120-S** (2024)

1125-A

Form
(Rev. November 2024)
Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

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

Name

FAIRLANE VRTX, INC

Employer identification number

46-1575705

1	Inventory at beginning of year		33,590
2	Purchases		
3	Cost of labor		
4	Additional section 263A costs (attach schedule)		
5	Other costs (attach schedule)	Stmt 4	
6	Total. Add lines 1 through 5		
7	Inventory at end of year		
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		

9a Check all methods used for valuing closing inventory. See instructions.

- (i) Cost
- (ii) Lower of cost or market
- (iii) Other (Specify method used and attach explanation.)

For certain small business taxpayers, alternative methods of accounting for inventories:

- (iv) Non-incidental materials and supplies method
- (v) AFS method
- (vi) Non-AFS method

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 (i) If the LIFO inventory method was used for this tax year, enter amount of closing inventory figured under LIFO

9d(I)

(ii) If the LIFO inventory method was used for this tax year, enter amount of the closing LIFO Reserve

9d(ii)

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? If "Yes," attach explanation

Yes

No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 11-2024)

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

 Department of the Treasury
Internal Revenue Service
beginning ending **2024**

For calendar year 2024, or tax year

**Shareholder's Share of Income, Deductions,
Credits, etc.**

See separate instructions.

 Final K-1 Amended K-1
**Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss) -185,355	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked
6	Royalties	15	Alternative minimum tax (AMT) items
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)	16	Items affecting shareholder basis
10	Other income (loss)		
F1	Shareholder's name, address, city, state, and ZIP code CLAUDE SIMON 71 TONJES ROAD CALLICOON NY 12723		
F2	If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting: TIN _____ Name _____	17	Other information V* STMT
F3	What type of entity is this shareholder? _____	11	Section 179 deduction AC* STMT
G	Current year allocation percentage 100.000000 %	12	Other deductions
H	Shareholder's number of shares Beginning of tax year 100 End of tax year 100		
I	Loans from shareholder Beginning of tax year \$ 0 End of tax year \$ 0		
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		
* See attached statement for additional information.			

For IRS Use Only

Section 199A Information Worksheet

Form **1120-S****2024**

For calendar year 2024 or tax year beginning _____, ending _____

Name

FAIRLANE VRTX, INC

Employer Identification Number

46-1575705

Column A	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Column B	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Column C	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Column D	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Column E	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QBI or Qualified PTP items: **Column A** **Column B** **Column C** **Column D** **Column E**Ordinary business income (loss) **Column A** **Column B** **Column C** **Column D** **Column E** **-185,355**

Net rental real estate income (loss)

Other net rental income (loss)

Royalty income (loss)

Section 1231 gain (loss)

Other income (loss)

Section 179 deduction

Other deductions

W-2 wages**Qualified property****Other Information:**

QBI allocable to cooperative pmts received

W-2 wages allocable to qualified payments

Section 199A(g) deduction

Section 199A REIT dividends

Federal Statements

Statement 1 - Form 1120-S, Page 1, Line 20 - Other Deductions

Description	Amount
BANK CHARGES	\$ 60
Total	\$ <u>60</u>

Statement 2 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
Section 199A Information - See Attached Wrk	\$

Statement 3 - Form 1120-S, Page 5, Schedule M-2, Line 3(a) - Other Additions

Description	Amount
Other Additions, AAA	\$ 182,513
Total	\$ <u>182,513</u>

Federal Statements**Statement 4 - Form 1125-A, Line 5 - Other Costs**

Description	Amount
STORAGE	\$
FREIGHT	
Total	\$ <u> </u> 0

Federal Statements**CLAUDE SIMON****106-50-1158****Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)**

Description	Shareholder Amount
8990 Gross Receipts for 2023	4,130
8990 Gross Receipts for 2022	1,461
8990 Gross Receipts for 2021	13,674

Form **1120-S**
Schedule K-1**Schedule K-1, Box 17, Code V**
Shareholder's Section 199A Information**2024**

For calendar year 2024 or tax year beginning _____, ending _____

Name

FAIRLANE VRTX, INC
CLAUDE SIMONTaxpayer Identification Number
46-1575705
106-50-1158

Column A	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
	<u>Page 1 Activity</u>				
Column B					
Column C					
Column D					
Column E					

QBI or Qualified PTP items:	Column A	Column B	Column C	Column D	Column E
Ordinary business income (loss)	-185,355				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

QBI allocable to cooperative pmts received
 W-2 wages allocable to qualified payments
 Section 199A(g) deduction

Section 199A REIT dividends

Filing Instructions

FAIRLANE VRTX, INC

Form NYC-579-GCT - Signature Authorization For E-Filed General Corporation Tax Return

Taxable Year Ended December 31, 2024

Date Due: AS SOON AS POSSIBLE

Signature: Form NYC-579-GCT, Signature Authorization For E-Filed General Corporation Tax Return should be signed and dated by an authorized officer of the corporation and returned to:

Arthur Langer CPA PC
52 Clubhouse Circle
Melville, NY 11747

Other: Your return is being filed electronically with the New York City Department of Finance and is not required to be mailed. If you mail a paper copy of your return, it will delay processing of your return.

Filing Instructions

FAIRLANE VRTX, INC

Form NYC-200V - Payment Voucher for Returns and Extensions

Taxable Year Ended December 31, 2024

Date Due: AS SOON AS POSSIBLE

Remittance: A check in the amount of \$25 should be made payable to NYC Department of Finance and mailed with Form NYC-200V. Write "E.I.N. 46-1575705, Form NYC-3L balance due for the year ended 12/31/24" on the check.

Mail To: NYC Department of Finance
P.O. Box 3933
New York, NY 10008-3933



Department of Finance

59 Maiden Lane, 19th Floor
New York, NY 10038-4502
nyc.gov/finance

NYC-200V

PAYMENT VOUCHER

— (CUT HERE) —

¹¹
NYC
Department of Finance

NYC-200V

PAYMENT VOUCHER

FAIRLANE VRTX, INC

534 WEST 42ND STREET #8
NEW YORK NY 10036

EIN/SSN: 46-1575705
PERIOD BEGIN: 01-01-2024
PERIOD END: 12-31-2024

TAX TYPE
200

FORM NAME
NYC-3L

NYC DEPARTMENT OF FINANCE
P.O. BOX 3933
NEW YORK, NY 10008-3933

Payment Amount Enclosed

25.00

Make Remittance Payable to: NYC Department of Finance

200 001 00000000461575705 12312024 000000000000 06 0000002500 2

NYC
Department of Finance

NYC
579-GCT

NEW YORK CITY DEPARTMENT OF FINANCE

**Signature Authorization for
E-Filed General Corporation Tax Return**

2024

ELECTRONIC RETURN ORIGINATORS (ERO): DO NOT MAIL THIS FORM TO THE DEPARTMENT OF FINANCE. KEEP THIS FOR YOUR RECORDS.

LEGAL NAME OF CORPORATION:

FAIRLANE VRTX, INC

EMPLOYER IDENTIFICATION NUMBER

46-1575705

EMAIL ADDRESS:

ARTHUR@CPALANGER.COM

TYPE OF RETURN: NYC-EXT NYC-EXT.1 NYC-4S

NYC-400 (2025) NYC-3A NYC-3L NYC-4SEZ

Financial Institution Information - must be included if electronic payment is authorized

AMOUNT OF AUTHORIZED DEBIT:

FINANCIAL INSTITUTION ROUTING NUMBER:

FINANCIAL INSTITUTION ACCOUNT NUMBER:

Part A - Declaration and authorization of corporate officer for Forms NYC-3A, NYC-3L, NYC-4S, NYC-4SEZ, NYC-EXT, NYC-EXT.1 or NYC-400

Under penalty of perjury, I declare that I am an officer of the corporation authorized to act on behalf of the above-named corporation, and that I have examined the information on its 2024 New York City electronically filed corporation tax return, including any accompanying schedules, attachments, and statements or other report checked above, and to the best of my knowledge and belief, the electronically filed corporation tax return or other report is true, correct, and complete. The ERO has my consent to send the 2024 New York City electronically filed corporation tax return or other report checked above to New York City Department of Finance through the Internal Revenue Service. I authorize the ERO to enter my PIN as my signature on the 2024 New York City electronically filed corporation tax return or other report, or I will enter my PIN as my signature on the 2024 New York City electronically filed corporation tax return or other report. If I am paying the New York City corporation tax owed by electronic funds withdrawal, I authorize the New York City Department of Finance and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on the corporation's 2024 New York City electronically filed corporation tax return or other report, and I authorize the financial institution to debit the amount from that account.

Officer's PIN (mark an X in one box only)

I authorize _____ to enter my PIN :

ERO FIRM NAME

as my signature on the corporation's 2024 electronically filed corporation tax return or other report checked above.

As an authorized person of the corporation, I will enter my PIN as my signature on the corporation's 2024 electronically filed corporation tax return or other report checked above.

Signature of authorized person

PRESIDENT

Official title

09-04-25

Date

Part B - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in the above-named corporation's 2024 New York City electronically filed corporation tax return or other report checked above is the information furnished to me by the corporation's authorized officer. If the corporate officer furnished me with a completed 2024 New York City paper corporation tax return or other report signed by a paid preparer, I declare that the information contained in the corporation's 2024 New York City electronically filed corporation tax return or report is identical to that contained in the paper return or report. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2024 New York City electronically filed corporation tax return or other report, and, to the best of my knowledge and belief, the return or other report is true, correct, and complete. I have based this declaration on all information available to me.

ERO EFIN/PIN: Enter your six-digit EFIN followed by your five digit PIN:

12076310257

ERO's Signature

Print Name

Date

09-04-25

Paid Preparer's Signature

ARTHUR LANGER CPA

Date

09-04-25

PURPOSE - A completed Form NYC-579-GCT provides documentation that an ERO has been authorized to electronically file the General Corporation Tax return or other report. The officer of the corporation who is authorized to sign the corporation's returns may designate the ERO to electronically sign the return or other report by entering the officer's personal identification number (PIN). The form also authorizes payment of tax due on an electronically submitted return or report by an automatic clearing house (ACH) debit from a designated checking or savings account of the corporation. **You cannot revoke this authorization.**

GENERAL INSTRUCTIONS - Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return or report before the ERO transmits the electronically filed Form NYC-3A (Combined General Corporation Tax Return); NYC-3L (General Corporation Tax Return); NYC-4S (General Corporation Tax Return - short form); NYC-4SEZ (General Corporation Tax Return - EZ form); NYC-EXT (Application for 6-month Extension to File Business Income Tax Return); NYC-EXT.1 (Application for Additional Extension) or NYC-400 (Declaration of Estimated Tax by General Corporations).

EROS/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns or reports (Forms NYC-3A, NYC-3L, NYC-4S, NYC-4SEZ, NYC-EXT, NYC-EXT.1 or NYC-400). Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case.

Do not mail Form NYC-579-GCT to the Department of Finance. The EROs/paid preparers must keep the completed Form NYC-579-GCT for three years from the due date of the return or report or the date the return or report was filed, whichever is later, and must present it to the Department of Finance upon request.

GENERAL CORPORATION TAX RETURN

2024

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

For CALENDAR YEAR 2024 or FISCAL YEAR beginning _____ and ending _____



Name FAIRLANE VRTX, INC		Name Change <input type="checkbox"/>
In Care Of		
Address (number and street) 534 WEST 42ND STREET #8		Address Change <input type="checkbox"/>
City and State NEW YORK	NY	Zip Code 10036
Country (if not US)		
Business Telephone Number 516-702-3002	Date business began in NYC 12-04-2012	
<input checked="" type="checkbox"/> Final return - Check this box if you have ceased operations in NYC <input type="checkbox"/> <input type="checkbox"/> Special short period return (See Instr.) <input type="checkbox"/> <input type="checkbox"/> Claim any 9/11/01-related federal tax benefits (see instr.) <input type="checkbox"/> <input type="checkbox"/> Amended return If the purpose of the amended return is to report a federal or state change, check the appropriate box: <input type="checkbox"/> IRS change <input type="checkbox"/> NYS change		

Taxpayer's Email Address: ARTHUR@CPALANGER.COM	
EMPLOYER IDENTIFICATION NUMBER 46-1575705	
BUSINESS CODE NUMBER AS PER FEDERAL RETURN 424300	

CHECK ALL THAT APPLY

Filing a 52- 53-week taxable year
 A pro-forma federal return is attached
 Enter 2-character special condition code, if applicable (see instr.)
 IRS change NYS change Date of Final Determination _____

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

A. Payment	Amount being paid electronically with this return	A.	Payment Amount
1. Allocated net income (from Schedule B, line 26)	1.	0.	X .0885 1.
2a. Allocated capital (from Schedule E, line 14)	2a.		X .0015 2a.
2b. Total allocated capital - Cooperative Housing Corps.	2b.		X .0004 2b.
2c. Cooperatives - enter: BORO	BLOCK	LOT	
3. Alternative Tax (from Alternative Tax Schedule on page 2) (see instructions)			3.
4. Minimum tax (see instructions) - NYC Gross Receipts:		0.	4. 25.
5. Allocated subsidiary capital (see instructions)	5.		X .00075 5.
6. Tax (line 1, 2a, 2b, 3 or 4, whichever is largest, PLUS line 5)			6. 25.
7. UBT Paid Credit (attach Form NYC-9.7)			7.
8. Tax after UBT paid Credit (line 6 less line 7)			8. 25.
9a. REAP Credit (attach Form NYC-9.5)			9a.
9b. LMREAP Credit (attach Form NYC-9.8)			9b.
10a. Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)			10a.
10b. Biotechnology Credit (attach Form NYC-9.10)			10b.
10c. Beer Production Credit (attach Form NYC-9.12)			10c.
10d. Child Care Credit (attach Department of Finance approval letter)			10d. 0.
11. Net tax after credits (line 8 less sum of lines 9a through 10d)			11. 25.
12. First installment of estimated tax for period following that covered by this return:			
(a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT			12a.
(b) If application for extension has not been filed and line 11 exceeds \$1,000, enter 25% of line 11			12b.
13. Total of lines 11, 12a and 12b			13. 25.
14. Prepayments (from Prepayments Schedule, page 2, line G) (see instructions)			14.
15. Balance due (line 13 less line 14)			15. 25.
16. Overpayment (line 14 less line 13)			16.
17a. Interest (see instructions)	17a.		
17b. Additional charges (see instructions)	17b.		
17c. Penalty for underpayment of estimated tax (attach Form NYC-222)	17c.		
18. Total of lines 17a, 17b and 17c			18. 0.
19. Net overpayment (line 16 less line 18)			19.
20. Amount of line 19 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 20c OR <input type="checkbox"/> Paper check (b) Credited to 2025 estimated tax			20a. 20b.
20c. Routing Number	Account Number	ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>	
21. TOTAL REMITTANCE DUE (see instructions)			21. 25.

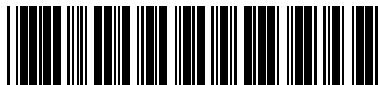
SCHEDULE A - Continued Computation of Tax - BEGIN WITH SCH. B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

22. Issuer's allocation percentage (from Schedule E, line 15)	22. %	
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.	
25. EIN of Parent Corporation	25.	
26. Total assets from federal return	26.	
27. EIN of Common Parent Corporation	27.	
28. Compensation of stockholders (from Sched. F, line 1)	28.	

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. TOTAL 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. \$
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. \$
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. \$
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. \$ 0.
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. \$ 0.
Taxable net income (line 9 plus line 10)	11. \$ 0.
Tax rate	12. 8.85% (.0885)
Alternative tax (line 11 x line 12) Transfer amount to page 1, Schedule A, line 3	13. \$ 0.



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SCHEDULE B Computation and Allocation of Entire Net Income

1. Federal taxable income before net operating loss deduction and special deductions (see instructions)	1.	-185,355.
2. Interest on federal, state, municipal and other obligations not included in line 1 above (see instructions)	2.	
3. Deductions directly attributable to subsidiary capital (attach list) (see instructions)	3.	
4. Deductions indirectly attributable to subsidiary capital (attach list) (see instructions)	4.	
5a. NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (attach rider) (see instr.)	5a.	
5b. NYC General Corporation Tax deducted on federal return (see instructions)	5b.	
5c. NYS Pass Through Entity Tax (PTET) and similar taxes from other jurisdictions deducted from Federal Taxable Income (see instr.)	5c.	
5d. NYC Pass Through Entity Tax (PTET) deducted from Federal Taxable Income (see instructions)	5d.	
6. New York City adjustments relating to (see instructions):		
(a) Employment opportunity relocation costs credit and IBZ credit	6a.	
(b) Real estate tax escalation credit	6b.	
(c) ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z)	6c.	
7. Additions:		
(a) Payment for use of intangibles	7a.	
(b) Intentionally Omitted	7b.	
(c) Other (see instructions) (attach rider)	7c.	
8. Total of lines 1 through 7c	8.	-185,355.
9a. Dividends from subsidiary capital (itemize on rider) (see instr.)	9a.	
9b. Interest from subsidiary capital (itemize on rider) (see instructions)	9b.	
9c. Gains from subsidiary capital	9c.	
10. 50% of dividends from nonsubsidiary corporations (see instructions)	10.	
11. New York City net operating loss deduction (attach Form NYC-NOLD-GCT) (see instr.)	11.	
12. Gain on sale of certain property acquired prior to 1/1/66 (see instructions)	12.	
13. NYC and NYS tax refunds included in Sch. B, line 8 (see instructions)	13.	
14. Wages and salaries subject to IRC §280C deduction disallowance (see instr.)	14.	
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.	
16a. Contributions of capital by governmental entities or civic groups (see instructions)	16a.	
16b. Other deductions: (see instructions) (attach rider)	16b.	
17. Total deductions (add lines 9a through 16b)	17.	
18. Entire net income (line 8 less line 17) (see instructions)	18.	0.
19. If the amount on line 18 is not correct, enter correct amount here and explain in rider (see instr.)	19.	
20. Investment income - (complete lines a through h below) (see instructions)		
(a) Dividends from nonsubsidiary stocks held for investment (see instructions)	20a.	
(b) Interest from investment capital (include federal, state and municipal obligations) (itemize in rider)	20b.	
(c) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities held for investment (itemize on rider or attach Federal Schedule D)	20c.	
(d) Income from assets included on line 3 of Schedule D	20d.	
(e) Add lines 20a through 20d inclusive	20e.	
(f) Deductions directly or indirectly attributable to investment income (attach list) (see instructions)	20f.	
(g) Balance (line 20e less line 20f)	20g.	
(h) Interest on bank accounts included in income reported on line 20d	20h.	
21. New York City net operating loss deduction apportioned to investment income (attach rider) (see instr.)	21.	
22a. Investment income (line 20g less line 21)	22a.	
22b. Investment income to be allocated (see instructions)	22b.	
23. Business income to be allocated (line 18 or line 19 less line 22b)	23.	
24. Allocated investment income (Multiply line 22b by the investment allocation percentage on Schedule D, Line 2.) (see instr.)	24.	
25a. Allocated business income (Multiply line 23 by the business allocation percentage on Schedule H, Line 7.)	25a.	0.
25b. If the amount on line 25a is not correct, enter correct amount here and explain in rider (see instr.)	25b.	0.
26. Total allocated net income (line 24 plus line 25a or line 25b (enter at Schedule A, line 1))	26.	0.



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ATTACH ALL PAGES OF FEDERAL RETURN

SCHEDULE C Subsidiary Capital and Allocation

DESCRIPTION OF SUBSIDIARY CAPITAL		B % of Voting Stock Owned	C Average Value	D Liabilities Directly or In- directly Attributable to Subsidiary 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)
LIST EACH ITEM (USE RIDER IF NECESSARY)	EMPLOYER IDENTIFICATION NUMBER						
		%				%	
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.	

SCHEDULE D Investment Capital and Allocation

A DESCRIPTION OF INVESTMENT	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
LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)							
					%		
1. Totals (incl. 1. items on rider)							
2. Investment allocation percentage (line 1G divided by line 1E rounded to the nearest one hundredth of a percentage point)				2.	%		
3. Cash - <i>(To treat cash as investment capital, you must include it on this line.)</i> 3.							
4. Investment capital (total of lines 1E and 3E - enter on Schedule E, line 10) 4.							

SCHEDULE E Computation and Allocation of CapitalBasis used to determine average value in column C. *Check one. (Attach detailed schedule.)* - Annually - Semi-annually - Quarterly - Monthly - Weekly - Daily

1. Total assets from federal return
2. Real property and marketable securities included in line 1
3. Subtract line 2 from line 1
4. Real property and marketable securities at **fair market value**
5. Adjusted total assets (add lines 3 and 4)
6. Total liabilities *(see instructions)*
7. Total capital (column C, line 5 less column C, line 6)
8. Subsidiary capital (Schedule C, column E, line 1)
9. Business and investment capital (line 7 less line 8) *(see instructions)*
10. Investment capital (Schedule D, line 4) *(see instructions)*
11. Business capital (line 9 less line 10)
12. Allocated investment capital (Multiply line 10 by the investment allocation percentage on Schedule D, Line 2.)
13. Allocated business capital (Multiply line 11 by the business allocation percentage on Schedule H, Line 7.)
14. Total allocated business and investment capital (line 12 plus line 13) (enter at Schedule A, line 2a or 2b)
15. Issuer's allocation percentage (sum of Sch. E, line 14 and Sch. C, col. G, line 2 ÷ Sch. E, line 7
rounded to the nearest hundredth of a percent) (enter on page 2 - *line 22. See Instr.*)

COLUMN A Beginning of Year	COLUMN B End of Year	COLUMN C Average Value
		1.
		2.
		3.
		4.
		5.
		6.
		7.
		8.
		9.
		10.
		11.
		12.
		13.
		14.
		15. %

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")

1. 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 from Schedule H, line 7.

Receipts in the regular course of business from:		COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1. Sales of tangible personal property	1.		
2. Services performed	2.		
3. Rentals of property	3.		
4. Royalties	4.		
5. Other business receipts	5.		
6. Total	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 %	



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ATTACH ALL PAGES OF FEDERAL RETURN

SCHEDULE I Business Allocation for Aviation Corporations and Corporations Operating Vessels**Part 1 Business allocation for aviation corporations**

1. Aircraft arrivals and departures
2. New York City percentage (column A divided by column B)
3. Revenue tons handled
4. New York City percentage (column A divided by column B)
5. Originating revenue
6. New York City percentage (column A divided by column B)
7. Total of lines 2, 4 and 6
8. Allocation percentage (line 7 divided by three rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 7)

AVERAGE FOR THE YEAR		
COLUMN A - NEW YORK CITY		COLUMN B - EVERYWHERE
		%
2.		%
3.		
4.		%
5.		
6.		%
7.		%
8.		%

Part 2 Business allocation for corporations operating vessels in foreign commerce

1. Aggregate number of working days
2. Allocation percentage (column A divided by column B rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 7)

COLUMN A - NEW YORK CITY TERRITORIAL WATERS		COLUMN B - EVERYWHERE
1.		%
2.		%

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 JOBBER

1b. Other significant business activities (attach schedule, see instructions) _____

2. Trade name of reporting corporation, if different from name entered on page 1 _____

3. Is this corporation included in a consolidated federal return? _____ YES NO
If "YES", give parent's name _____EIN _____
enter here and on page 2, line 254. Is this corporation a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section? _____
If "YES", give common parent corporation's name, if any _____ YES NO5. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year, or are you currently under audit? _____
If "YES", by whom? Internal Revenue Service _____

State period(s): Beg.: _____ MMDDYY End.: _____ MMDDYY

 New York State Department of Taxation and Finance _____

State period(s): Beg.: _____ MMDDYY End.: _____ MMDDYY

6. If "YES" to question 5:
6a. For years prior to 1/1/15, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? _____
 YES NO6b. For years beginning on or after 1/1/15, has an amended return(s) been filed? _____
 YES NO7. Did this corporation make any payments treated as interest in the computation of entire net income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If "YES", complete the following (if more than one, attach separate sheet) _____
Shareholder's name: _____

SSN/EIN: _____

Interest paid to Shareholder: _____ Total Indebtedness to shareholder described above: _____ Total interest paid: _____

8. Was this corporation a member of a partnership or joint venture during the tax year? _____
If "YES", attach schedule listing name(s) and Employer Identification Number(s).9. At any time during the taxable year, did the corporation have an interest in real property (including a leasehold interest) located in NYC or a controlling interest in an entity owning such real property? _____ YES NO

10. a) If "YES" to 9, attach a schedule of such property, indicating the nature of the interest and including the street address, borough, block and lot number. _____

 YES NO

b) Was any NYC real property (including a leasehold interest) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? _____

 YES NO

c) Was there a partial or complete liquidation of the corporation? _____

 YES NO

d) Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan? _____

 YES NO

11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? _____

 YES NO

12. If "NO" to 11, explain: _____

 YES NO13. Does the corporation have one or more qualified subchapter S subsidiaries? _____
If "YES": Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return. (see instructions) YES NO14. Enter the number of Fed K1 returns attached: 1 YES NO

15. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? _____

 YES NO

16. If "YES", were all required Commercial Rent Tax Returns filed? _____

 YES NO

Please enter Employer Identification Number which was used on the Commercial Rent Tax Return: _____

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

1. Dividends
2. Interest income
3. Capital gain net income
4. Other income
5. Total income
6. Bad debts
7. Interest expense
8. Other deductions
9. Total deductions
10. Net operating loss deduction

▼ Federal Amount ▼

1.	
2.	
3.	
4.	
5.	-33,590.
6.	151,705.
7.	
8.	60.
9.	151,765.
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.

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

SIGN HERE:	Signature of officer	Title PRESIDENT	Date	Preparer's SSN or PTIN
PREPARER'S USE → ONLY	Preparer's signature	Preparer's printed name ARTHUR LANGER CPA	Check if self- employed <input checked="" type="checkbox"/>	Date 09-04-25
	ARTHUR LANGER CPA PC 52 CLUBHOUSE CIRCLE MELVILLE NY		11747	Firm's Employer ID Number 81-4277329
	▲ Firm's name (or yours, if self-employed)	▲ Address	▲ Zip Code	

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 2024 return is on or before **March 17, 2025**.

For fiscal years beginning in 2024, 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 2024 or FISCAL YEAR beginning _____ and ending _____

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

FAIRLANE VRTX, INC

EMPLOYER IDENTIFICATION NUMBER

46-1575705

PART I - ADDITIONS TO ORDINARY BUSINESS INCOME

	From Federal Form 1120S			
1. Ordinary business income (loss)	Schedule K, Line 1		1.	-185,355.
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. TOTAL ADDITIONS (Sum of lines 1 through 6 plus lines 11 through 13)			14.	-185,355.

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.	
16. Contributions	See Instructions		16.	
17. Interest expense	See Instructions		17.	
18. Section 59(e)(2) expenditures	Schedule K, Line 12d		18.	
19. Other deductions	See Instructions		19.	
20. Intentionally Omitted			20.	
21. TOTAL DEDUCTIONS (Sum of lines 15 through 20)			21.	

PART III - CALCULATION OF FEDERAL TAXABLE INCOME

22. Federal Taxable Income	See Instructions		22.	-185,355.
----------------------------------	------------------	--	-----	-----------

ATTACH TO FORM NYC-3A, NYC-3L, NYC-4S or NYC-4SEZ
For CALENDAR YEAR 2024 or FISCAL YEAR beginning _____ and ending _____

Print or Type ▼

Name as shown on NYC-3A, NYC-3L, NYC-4S or NYC-4SEZ:

FAIRLANE VRTX, INC

EMPLOYER IDENTIFICATION NUMBER

46-1575705

SCHEDULE A - NYC Net Operating Loss Deduction Schedule (NOLD)

APPLICABLE YEAR	COLUMN A - Tax Year	COLUMN B - Federal Taxable Income (Loss) before NOL and special deductions	COLUMN C - Amount from NYC-3A, NYC-3L, NYC-4S or NYC-4SEZ (See instructions)	COLUMN D - NYC Net Operating Loss Generated (attach rider for Separate Return Limitation Year (SRLY) Loss)	COLUMN E - NYC Net Operating Loss Utilized	COLUMN F - NYC Net Operating Loss Expired	COLUMN G - NYC Net Operating Loss Remaining
A. NOL Carryforward from prior years →							
1. 20th preceding yr	12-31-04						
2. 19th preceding yr	12-31-05						
3. 18th preceding yr	12-31-06						
4. 17th preceding yr	12-31-07						
5. 16th preceding yr	12-31-08						
6. 15th preceding yr	12-31-09						
7. 14th preceding yr	12-31-10						
8. 13th preceding yr	12-31-11						
9. 12th preceding yr	12-31-12						
10. 11th preceding yr	12-31-13	6,286.	6,286.				
11. 10th preceding yr	12-31-14	-10,317.	-10,317.	10,317.			10,317.
12. 9th preceding yr	12-31-15	5,307.	5,307.				10,317.
13. 8th preceding yr	12-31-16	9,004.	9,004.				10,317.
14. 7th preceding yr	12-31-17	4,422.	4,422.				10,317.
15. 6th preceding yr	12-31-18	1,457.	1,457.				10,317.
16. 5th preceding yr	12-31-19	4,446.	4,446.				10,317.
17. 4th preceding yr	12-31-20	3,119.	3,119.				10,317.
18. 3rd preceding yr	12-31-21	-19,284.	-19,284.	19,284.			29,601.
19. 2nd preceding yr	12-31-22	-2,119.	-2,119.	2,119.			31,720.
20. 1st preceding yr	12-31-23	-322.	-322.	322.			32,042.
21. Current year	12-31-24	-185,355.	-185,355.	185,355.			217,397.

Note: Current Year's Net Operating Loss Utilized should be carried forward to NYC-3A or NYC-3L, Sch. B, Line 11 or NYC-4S, Sch. B, Line 6a or NYC-4SEZ, Sch. B, line 4.

 Were there any special federal Net Operating Loss elections? YES NO

SCHEDULE B - Complete the Net Operating Loss Apportionment to Investment Income (if applicable)
NYC Net Operating Loss Apportionment To Investment Income
DESCRIPTION

1. Investment Income before Net Operating Loss from NYC-3A or NYC-3L, Sch. B line 20g
2. Entire Net Income before Net Operating Loss from NYC-3A or NYC-3L, Sch. B line 18 or 19 plus line 11
3. Ratio: (Divide line 1 by line 2)
4. Net Operating Loss (NYC-3A or NYC 3L, Sch. B line 11)
5. Net Operating Loss Apportionment to Investment Income (multiply line 3 by line 4 and enter on NYC-3A or NYC-3L, Sch. B line 21)

AMOUNT
1.
2.
3.
4.
5.

Federal Net Operating Loss Worksheet

NYC
2024

For calendar year 2024 or fiscal year beginning _____, ending _____

Name

FAIRLANE VRTX, INC

Employer Identification Number

46-1575705

Preceding Taxable Year	Income/(Loss)	Prior Year		Current Year		Next Year
		NOL Utilized (Income Offset)	Carryovers	(Income Offset By NOL Carryback)/Carryover NOL Utilized	Carryover	
20th 12/31/04						
19th 12/31/05						
18th 12/31/06						
17th 12/31/07						
16th 12-31-08						
15th 12-31-09						
14th 12-31-10						
13th 12-31-11						
12th 12-31-12						
11th 12-31-13	6,286					
10th 12-31-14	-10,317	10,317				
9th 12-31-15	5,307	-5,307				
8th 12-31-16	9,004	-5,010				
7th 12-31-17	4,422					
6th 12-31-18	1,457					
5th 12-31-19	4,446					
4th 12-31-20	3,119					
3rd 12-31-21	-19,284		19,284			19,284
2nd 12-31-22	-2,119		2,119			2,119
1st 12-31-23	-322		322			322
NOL Carryover Available To Current Year			21,725			
Current Year	-185,355					185,355
NOL Carryover Available To Next Year						207,080

Schedule B Other Information (see instructions)

1	Check accounting method:	a <input checked="" type="checkbox"/> Cash	b <input type="checkbox"/> Accrual	c <input type="checkbox"/> Other (specify)	Yes	No
2	See the instructions and enter the:					
	a Business activity	JOBBER			b Product or service	YARN
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 applicable) 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	Yes	No
	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.	Yes	No
	(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.	Yes	No
	(i) Total shares of stock outstanding at the end of the tax year		
	(ii) Total shares of stock outstanding if all instruments were exercised		
6	Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?	Yes	No
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.	<input type="checkbox"/>	
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	Yes	No
10	Does the corporation satisfy one or more of the following? See instructions	Yes	No
	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 \$30 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 , Limitation on Business Interest Expense Under Section 163(j).		
11	Does the corporation satisfy both of the following conditions?	Yes	No
	a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.		
	b The corporation's total assets at the end of the tax year were less than \$250,000.		
	If "Yes," the corporation is not required to complete Schedules L and M-1.		

Schedule B Other Information (see instructions) (continued)

		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction	\$	
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 that would require it to file Form(s) 1099?		X
	b If "Yes," did or will the corporation file required Form(s) 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 15	\$	
16	At any time during the tax year, did the corporation: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions		X

Schedule K Shareholders' Pro Rata Share Items

		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1 -185,355
	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 1120-S))	7
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a
	b Collectibles (28%) gain (loss)	8b
	c Unrecaptured section 1250 gain (attach statement)	8c
	9 Net section 1231 gain (loss) (attach Form 4797)	9
	10 Other income (loss) (see instructions)	Type: 10
Deductions	11 Section 179 deduction (attach Form 4562)	11
	12a Cash charitable contributions	12a
	b Noncash charitable contributions	12b
	c Investment interest expense	12c
	d Section 59(e)(2) expenditures	Type: 12d
	e Other deductions (see instructions)	Type: 12e
Credits	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
	d Other rental real estate credits (see instructions)	Type: 13d
	e Other rental credits (see instructions)	Type: 13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions)	Type: 13g
International	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance	<input type="checkbox"/>
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a
	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
	d Distributions (attach statement if required) (see instructions)	16d
	e Repayment of loans from shareholders	16e
	f Foreign taxes paid or accrued	16f

Schedule K Shareholders' Pro Rata Share Items (continued)

Other Information	17a Investment income b Investment expenses c Dividend distributions paid from accumulated earnings and profits d Other items and amounts (attach statement)	See Statement 2	Total amount	
			17a	17b
			17c	
			17d	

18 **Income (loss) reconciliation.** Combine the total amounts on lines 1 through 10. From the result,

subtract the sum of the amounts on lines 11 through 12d and 16f.

18

Schedule L Balance Sheets per Books		Beginning of tax year	End of tax year	
		(a)	(b)	(c)
1	Cash			
2a	Trade notes and accounts receivable	150,000		
b	Less allowance for bad debts	()	150,000	()
3	Inventories		33,590	
4	U.S. government obligations			
5	Tax-exempt securities (see instructions)			
6	Other current assets (attach statement)			
7	Loans to shareholders			
8	Mortgage and real estate loans			
9	Other investments (attach statement)			
10a	Buildings and other depreciable assets			
b	Less accumulated depreciation	()	()	
11a	Depletable assets			
b	Less accumulated depletion	()	()	
12	Land (net of any amortization)			
13a	Intangible assets (amortizable only)			
b	Less accumulated amortization	()	()	
14	Other assets (attach statement)			
15	Total assets	183,590		0
Liabilities and Shareholders' Equity				
16	Accounts payable			
17	Mortgages, notes, bonds payable in less than 1 year			
18	Other current liabilities (attach statement)			
19	Loans from shareholders		179,748	
20	Mortgages, notes, bonds payable in 1 year or more			
21	Other liabilities (attach statement)			
22	Capital stock		1,000	
23	Additional paid-in capital			
24	Retained earnings		2,842	
25	Adjustments to shareholders' equity (attach statement)			
26	Less cost of treasury stock	()	()	
27	Total liabilities and shareholders' equity	183,590		0

Form **1120-S** (2024)

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		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 12e, and 16f (itemize):		6 Deductions included on Schedule K, lines 1 through 12e, and 16f, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$		7 Add lines 5 and 6	
4 Add lines 1 through 3		8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	

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
1 Balance at beginning of tax year		2,842			
2 Ordinary income from page 1, line 22	Stmt 3	182,513			
3 Other additions		(185,355)			
4 Loss from page 1, line 22					
5 Other reductions					
6 Combine lines 1 through 5					
7 Distributions					
8 Balance at end of tax year. Subtract line 7 from line 6					

1125-A

Form
(Rev. November 2024)
Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

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

Name

FAIRLANE VRTX, INC

Employer identification number

46-1575705

1	Inventory at beginning of year		33,590
2	Purchases		
3	Cost of labor		
4	Additional section 263A costs (attach schedule)		
5	Other costs (attach schedule)	Stmt 4	
6	Total. Add lines 1 through 5		
7	Inventory at end of year		
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		

9a Check all methods used for valuing closing inventory. See instructions.

- (i) Cost
- (ii) Lower of cost or market
- (iii) Other (Specify method used and attach explanation.)

For certain small business taxpayers, alternative methods of accounting for inventories:

- (iv) Non-incidental materials and supplies method
- (v) AFS method
- (vi) Non-AFS method

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 (i) If the LIFO inventory method was used for this tax year, enter amount of closing inventory figured under LIFO
(ii) If the LIFO inventory method was used for this tax year, enter amount of the closing LIFO Reserve

9d(I)
9d(ii)

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? If "Yes," attach explanation

Yes No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 11-2024)

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

 Department of the Treasury
Internal Revenue Service
beginning ending **2024**

For calendar year 2024, or tax year

**Shareholder's Share of Income, Deductions,
Credits, etc.**

See separate instructions.

 Final K-1 Amended K-1
**Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss) -185,355	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked
6	Royalties	15	Alternative minimum tax (AMT) items
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)	16	Items affecting shareholder basis
10	Other income (loss)		
F1	Shareholder's name, address, city, state, and ZIP code CLAUDE SIMON 71 TONJES ROAD CALLICOON NY 12723		
F2	If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting: TIN _____ Name _____	17	Other information V* STMT
F3	What type of entity is this shareholder? _____	11	Section 179 deduction AC* STMT
G	Current year allocation percentage 100.000000 %	12	Other deductions
H	Shareholder's number of shares Beginning of tax year 100 End of tax year 100		
I	Loans from shareholder Beginning of tax year \$ 0 End of tax year \$ 0		
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		
* See attached statement for additional information.			

For IRS Use Only

Section 199A Information Worksheet

Form **1120-S****2024**

For calendar year 2024 or tax year beginning _____, ending _____

Name

FAIRLANE VRTX, INC

Employer Identification Number

46-1575705

Column A	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Column B	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Column C	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Column D	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Column E	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QBI or Qualified PTP items: Column A Column B Column C Column D Column EOrdinary business income (loss) **-185,355**

Net rental real estate income (loss)

Other net rental income (loss)

Royalty income (loss)

Section 1231 gain (loss)

Other income (loss)

Section 179 deduction

Other deductions

W-2 wages**Qualified property****Other Information:**

QBI allocable to cooperative pmts received

W-2 wages allocable to qualified payments

Section 199A(g) deduction

Section 199A REIT dividends

Federal Statements

Statement 1 - Form 1120-S, Page 1, Line 20 - Other Deductions

Description	Amount
BANK CHARGES	\$ 60
Total	\$ <u>60</u>

Statement 2 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
Section 199A Information - See Attached Wrk	\$

Statement 3 - Form 1120-S, Page 5, Schedule M-2, Line 3(a) - Other Additions

Description	Amount
Other Additions, AAA	\$ 182,513
Total	\$ <u>182,513</u>

Federal Statements**Statement 4 - Form 1125-A, Line 5 - Other Costs**

Description	Amount
STORAGE	\$
FREIGHT	
Total	\$ <u> </u> 0

Federal Statements**CLAUDE SIMON****106-50-1158****Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)**

Description	Shareholder Amount
8990 Gross Receipts for 2023	4,130
8990 Gross Receipts for 2022	1,461
8990 Gross Receipts for 2021	13,674

Form **1120-S**
Schedule K-1**Schedule K-1, Box 17, Code V**
Shareholder's Section 199A Information**2024**

For calendar year 2024 or tax year beginning _____, ending _____

Name

FAIRLANE VRTX, INC
CLAUDE SIMONTaxpayer Identification Number
46-1575705
106-50-1158

Column A	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
	<u>Page 1 Activity</u>				
Column B					
Column C					
Column D					
Column E					

QBI or Qualified PTP items:	Column A	Column B	Column C	Column D	Column E
Ordinary business income (loss)	-185,355				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

- QBI allocable to cooperative pmts received
- W-2 wages allocable to qualified payments
- Section 199A(g) deduction

Section 199A REIT dividends