

Holland & Knight

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Holland & Knight LLP | www.hklaw.com

RECEIVED-FPSC

11 JAN 25 PM 3:08

COMMISSION
CLERK

212-513-3268
eric.fishman@hklaw.com

January 24, 2011

110040-TX

FEDERAL EXPRESS DELIVERY

Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Re: Application of Telco Experts, LLC for Authority to Provide Competitive Local
Exchange Telecommunications Company Service Within the State of Florida

Dear Sir or Madam :

Enclosed herewith on behalf of Telco Experts, LLC, please find an original and copy of
the company's application for authority to provide competitive local exchange
telecommunications service within the State of Florida, with attachments, along with the required
filing fee of \$400.00.

Should any questions arise with respect to this filing, please contact the undersigned
counsel directly.

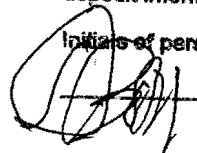
Sincerely yours,



Eric Fishman
Counsel to Telco Experts, LLC

Check received with filing and forwarded
to Fiscal for deposit. Fiscal to forward
deposit information to Records.

Initials of person who forwarded check



Enclosures

COM
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Atlanta | Bethesda | Boston | Chicago | Fort Lauderdale | Jacksonville | Lakeland | Los Angeles | Miami | New York
Northern Virginia | Orlando | Portland | San Francisco | Tallahassee | Tampa | Washington, D.C. | West Palm Beach
#10070791_v1

DOC PLAN NUMBER-DATE

0058 | JAN 25 =

FPSC-COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION

DIVISION OF REGULATORY ANALYSIS

APPLICATION FORM

for

**AUTHORITY TO PROVIDE COMPETITIVE LOCAL EXCHANGE
TELECOMMUNICATIONS COMPANY SERVICE
WITHIN THE STATE OF FLORIDA**

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 8).
- B. Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and one copy of this form along with a non-refundable application fee of **\$400.00** to:

**Florida Public Service Commission
Office of Commission Clerk
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

- E. A filing fee of **\$400.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.815, F.A.C.).
- F. If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Regulatory Analysis
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

FORM PSC/RAD 8 (5/08)
Commission Rule Nos. 25-24.810,
and 25-24.815

Note: To complete this interactive form Required
by using your computer, use the tab key to
navigate between data entry fields.

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority rather than apply for a new certificate.

Approval of assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

2. Name of company: Telco Experts, LLC

3. Name under which applicant will do business (fictitious name, etc.):

4. Official mailing address:

Street/Post Office Box: 38 Park Avenue 2nd. Floor.
City: Rutherford,
State: NJ
Zip: 07070

5. Florida address:

Street/Post Office Box:
City:
State:
Zip:

6. Structure of organization:

Individual
 Foreign Corporation
 General Partnership
 Other,

Corporation
 Foreign Partnership
 Limited Partnership

7. **If individual**, provide:

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: See Attached

10. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is:

11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:

12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is:

14. Provide **F.E.I. Number**(if applicable): 26-1287244

15. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: Eric Fishman,
Title: Partner
Street name & number: 31 West 52nd Street
Post office box:
City: New York
State: NY
Zip: 10019
Telephone No.: 212-513-3268
Fax No.: 212-385-9010
E-Mail Address: eric.fishman@hklaw.com
Website Address: www.hklaw.com

(b) Official point of contact for the ongoing operations of the company:

Name: Adam Goldberg
Title: COO
Street name & number: 38 Park Ave. 2nd Floor
Post office box:
City: Rutherford
State: NJ
Zip: 07070
Telephone No.: 212-452-6060
Fax No.: 212-452-6006
E-Mail Address: adam@telcoexperts.com
Website Address: www.telcoexperts.com

(c) Complaints/Inquiries from customers:

Name: Bari Montal
Title: CS Manager
Street/Post Office Box: 38 Park Ave
City: Rutherford
State: NJ
Zip: 07070
Telephone No.: 800-795-6200
Fax No.: 201-935-9170
E-Mail Address: bari@telcoexperts.com
Website Address: www.telcoexperts.com

16. List the states in which the applicant:

(a) has operated as a Competitive Local Exchange Telecommunications Company.

NY, NJ, CT, PA, DE, IL, MA,

(b) has applications pending to be certificated as a Competitive Local Exchange Telecommunications Company.

AZ, CA, NC, NH, VA

(c) is certificated to operate as a Competitive Local Exchange Telecommunications Company.

NY, NJ, CT, PA, DE, IL, MA, DC

(d) has been denied authority to operate as a Competitive Local Exchange Telecommunications Company and the circumstances involved.

not applicable

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

not applicable

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

not applicable

17. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

no

(b) granted or denied a competitive local exchange certificate in the State of Florida (this includes active and canceled competitive local exchange certificates). If yes, provide explanation and list the certificate holder and certificate number.

no

(c) an officer, director, partner or stockholder in any other Florida certificated or registered telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

no

18. Submit the following:

(a) Managerial capability: resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

(b) Technical capability: resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

(c) Financial Capability: applicant's audited financial statements for the most recent three (3) years. If the applicant does not have audited financial statements, it shall so be stated. Unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet,
2. income statement, and
3. statement of retained earnings.

Note: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.


RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of competitive local exchange telecommunications company (CLEC) service in Florida.

APPLICANT ACKNOWLEDGEMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide competitive local exchange telecommunications company service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

Company Owner or Officer

Print Name: *ADAM Goldberg*
Title: *Chief Operating Officer*
Telephone No.:
E-Mail Address:

Signature:  _____ Date: *4/12/11* _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2010

TROY TODD
CSC
TALLAHASSEE, FL

Qualification documents for TELCO EXPERTS, LLC were filed on November 18, 2010, and assigned document number M10000005083. Please refer to this number whenever corresponding with this office.

Your limited liability company is now qualified and authorized to transact business in Florida as of the file date.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. **It is your responsibility to remember to file your annual report in a timely manner.**

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to www.irs.gov.

Please be aware if the limited liability company address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Buck Kohr
Regulatory Specialist II
Registration/Qualification Section
Division of Corporations

Letter Number: 710A00027157

Account number: I20000000195

Amount charged: 125.00

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Delaware

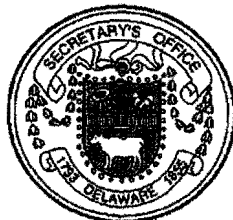
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "TELCO EXPERTS, LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF AUGUST, A.D. 2007, AT 10:55 O'CLOCK A.M.

4407302 8100

070905289



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5925979

DATE: 08-14-07

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:55 AM 08/09/2007
FILED 10:55 AM 08/09/2007
SRV 070905289 - 4407302 FILE


CERTIFICATE OF FORMATION**OF****TELCO EXPERTS, LLC**

The undersigned, an authorized natural person, for the purpose of forming a limited liability company (hereinafter called the "Company"), under the provisions and subject to the requirements of the Delaware Limited Liability Company Act, hereby certifies that:

1. The name of the limited liability company is TELCO EXPERTS, LLC.
2. The address of the registered office and the name and the address of the registered agent of the Company required to be maintained by Section 18-104 of the Delaware Limited Liability Company Act are Corporation Service Company, 2711 Centerville Road, Suite 400, Wilmington, DE 19808.
3. The purpose of the Company is to conduct any and all lawful activities which limited liability companies may conduct under Delaware law.
4. A statement of the limitations on the authority of the members to bind the Company is contained in the written operating agreement (the "Operating Agreement").
5. The business of the Company shall be managed by or under the authority of the managers of the Company. A statement setting forth the name and duties of the managers of the Company is contained in the Operating Agreement. The Company shall be managed by said managers to the extent provided in the Operating Agreement.
6. A statement regarding the restrictions on the authority of the managers is contained in the Operating Agreement.
7. A statement of the duties and operating procedures for the managers is included in the Operating Agreement. Any action or actions taken by any such manager which are contrary to said duties and/or operating procedures will be considered a breach of said manager's fiduciary duties to the Company and will result in the forfeiture of said manager's limited liability protection.
8. Each member shall have one vote which is proportionate to his/its ownership interest in the Company.
9. Profits and losses of the Company shall be distributed in proportion to each member's ownership interest in the Company.

10. This Company elects the tax treatment of a partnership.
11. Amendments and addenda to this Certificate of Formation shall be made by unanimous vote of the members of the Company.
12. Except as otherwise provided in this Certificate of Formation, the members of this Company claim the benefits of limitation of liability to the fullest extent allowed under applicable provisions of Delaware law as if such provisions were fully and completely recited herein in full.

Executed on August 9th, 2007.


Leon L. Nowalsky, Organizer

Eric Klein
38 Park Ave
Rutherford, NJ 07070
800-787-5050
Eric@Telcoexperts.com

CURRENTLY CHIEF EXECUTIVE OFFICER, TELCO EXPERTS, LLC

HISTORY

Telco Expert, LLC

2007-Present

CEO

- Eric is considered one of the top telecom sales professionals in the country. He is considered to be in the top one percent. He has the rare ability to be a star sale professional and have the follow up skills and the work ethic to support some of the best customers in New York City. Eric will be guiding Telco Experts with controlled growth and is tasked with assuring our back office systems are prepared for exponential growth.

ESK Consulting

2002-2007

- Sold Telecommunications services as an independent agent for 5 years

Stock Broker

5 Years

EDUCATION

Baruch College, City University of New York
4.0 GPA In Finance

2002

Peter J. Goldberg

38 Park Ave. Rutherford, NJ 07070
800-795-6200 – Peter@Telcoexperts.com

Professional Summary

Currently, member owner and Vice President of Telco Experts, LLC.

Experience

1996 - present

Gemini Communications

Principal
Responsibilities

In 1996 with my brother, Adam, we started up the Telecom consulting firm Gemini Communications. This company is still in existence and is one of the largest telecom agents in the country. As agents, I learned all aspects of how to service clients. This included, but was not limited to, selling, customer service, troubleshooting and provisioning. Over the years, I engaged with multiple carriers including Broadview Networks, Paetec, ACC Business, Covad, Verizon and others in order to negotiate agreements and ensure our clients were receiving the best possible level of service.

Responsibilities included selling, managing the provisioning process, as well as, servicing a client base that currently bills out over \$1,000,000 per month.

1995 - 1996

MFS Intelenet

Sr. Account Manager
Responsibilities

While at MFS, I actively pursued revenue objectives generated by selling MFS's services to their defined user base of small to medium size businesses. I was responsible for prospecting new business through cold and warm lead generation. Responsible for reactivating closed or inactive accounts in addition to securing new business. Was responsible for maximizing profits by accurately evaluating a customer's requirements and coordinating the matching products and services. Also responsible for reviewing and evaluating Sales Representative Accounts for accuracy and stability of the life of the account; while ensuring customer satisfaction.

1993 - 1995

Metro Media

Account Executive
Responsibilities

As an Account Manager (AM), I was responsible for the overall care, growth and retention of my commercial customer base or book of business ('BOB') in a specified geographically assigned territory. My primary responsibility was to grow Metro Media's revenues, increase product saturation in the market and improve overall profitability. This was achieved by increasing the penetration of Metro Media's products through our existing customer base and referrals.

Education

1993

- Graduated - University of Florida 1993 – Degree in Marketing
-

4:53 PM
 02/16/10
 Cash Basis

Telco Experts LLC
Balance Sheet
 As of December 31, 2009

	Dec 31, 09	Dec 31, 08
ASSETS		
Current Assets		
Checking/Savings		
1000 · Cash - Chase Checking	234,315.65	98,523.18
1010 · Cash - BOA - Sales Tax Account	6,346.50	3,783.46
Total Checking/Savings	240,662.15	102,306.64
Accounts Receivable		
1300 · Accounts Receivable	8,624.84	9,098.81
Total Accounts Receivable	8,624.84	9,098.81
Other Current Assets		
1250 · Undeposited Funds	10,447.02	0.00
Total Other Current Assets	10,447.02	0.00
Total Current Assets	259,734.01	111,405.45
Fixed Assets		
1400 · Equipment	34,081.89	32,520.77
1490 · Accumulated Depreciation	-25,771.12	-18,668.00
Total Fixed Assets	8,310.77	13,852.77
Other Assets		
1700 · Security Deposits	15,000.00	15,000.00
Total Other Assets	15,000.00	15,000.00
TOTAL ASSETS	283,044.78	140,258.22
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Credit Cards		
2100 · American Express Payable	75,814.18	41,972.31
Total Credit Cards	75,814.18	41,972.31
Other Current Liabilities		
2300 · Sales Tax Payable		
2301 · Federal Telecommunications Tax	67,629.20	14,505.52
2302 · Sales Tax Payable - New York	54,032.87	13,908.56
2303 · Sales Tax Payable - New Jersey	-511.20	1,027.98
2304 · Sales Tax Payable - Connecticut	374.04	63.47
2305 · Sales Tax Payable - California	94.43	42.44
2306 · Sales Tax Payable - Pennsylvania	1,558.00	475.25
2311 · Sales Tax Payable - Maryland	5.98	5.98
2312 · Sales Tax Payable - Tennessee	2,021.33	678.49
2313 · Sales Tax Payable - Texas	377.59	0.00
Total 2300 · Sales Tax Payable	125,582.24	30,707.69
Total Other Current Liabilities	125,582.24	30,707.69
Total Current Liabilities	201,396.42	72,680.00
Long Term Liabilities		
2500 · Customer Security Deposits	7,317.66	2,500.00
Total Long Term Liabilities	7,317.66	2,500.00
Total Liabilities	208,714.08	75,180.00

4:53 PM
02/16/10
Cash Basis

Telco Experts LLC
Profit & Loss
January through December 2009

	Jan - Dec 09	Jan - Dec 08
Ordinary Income/Expense		
Income		
3999 · Service Income		
4000 · Service Income - New York City	1,887,517.97	424,457.79
4010 · Service Income - New York State	46,639.31	13,510.59
4020 · Service Income - New Jersey	196,364.60	112,602.69
4030 · Service Income - California	10,683.28	6,472.38
4040 · Service Income - Illinois	8,778.24	3,042.91
4050 · Service Income - Florida	1,845.00	2,035.81
4060 · Service Income - Maryland	2,538.61	883.06
4070 · Service Income - Connecticut	69,504.94	4,827.25
4080 · Service Income - Pennsylvania	25,565.47	4,854.40
4090 · Service Income - Tennessee	132,141.43	0.00
4091 · Service Income - Missouri	4,558.40	0.00
4092 · Service Income - Texas	3,895.23	0.00
Total 3999 · Service Income	2,390,032.48	572,686.88
4100 · Installation Income		
4110 · Installation Income - NYC	0.00	39,673.92
4130 · Installation Income - NJ	0.00	3,545.47
Total 4100 · Installation Income	0.00	43,219.39
4200 · Consulting Income - NY	10,360.04	0.00
4201 · Consulting Income - CT	2,800.00	0.00
4300 · Finance Charges	2,859.80	1,999.51
4900 · Sales Tax Vendor Credits	838.23	503.42
Total Income	2,406,890.55	618,409.20
Cost of Goods Sold		
5000 · ISP Provider	953,433.37	337,096.15
5100 · Installation Costs	243,585.65	34,614.94
5200 · Host Monitoring	2,855.00	1,859.99
5300 · Number Inventory	26,208.02	3,640.85
Total COGS	1,226,082.04	377,211.93
Gross Profit	1,180,808.51	241,197.27
Expense		
5400 · Consulting	256,201.79	124,724.28
6000 · Commission Expense	111,704.36	13,874.50
7000 · Guaranteed Pymt - Adam Goldberg	155,000.00	0.00
7001 · Guaranteed Pymt - Peter Goldber	155,000.00	0.00
7002 · Guaranteed Pymt - Eric Klein	229,000.00	0.00
7010 · Gross Salaries	42,339.00	27,774.64
7020 · FICA Expense	3,238.93	2,124.76
7030 · NJ Unemployment Insurance	953.75	916.63
7040 · Federal Unemployment Insurance	56.01	106.77
7060 · Group Medical Insurance	5,365.60	1,775.20
7080 · Workers Compensation	295.76	93.10
7090 · Payroll Service	1,180.50	1,299.20
7100 · Billing Expense	50,329.12	19,725.47
7110 · Outside Services	2,750.00	0.00
7120 · Rent	21,050.00	4,650.00
7130 · Utilities	1,383.99	0.00
7150 · Telephone and Internet	5,753.38	6,398.71
7155 · Answering Service	1,572.70	1,333.27
7160 · Repairs and Maintenance	0.00	729.18
7180 · General Insurance	1,172.80	175.00
7200 · Office Supplies and Expense	5,989.98	2,635.47
7220 · Bank Charges	578.77	118.90
7230 · Postage	2,185.35	822.74
7250 · Website Design and Expense	0.00	1,518.97
7260 · Computer and Software Expense	1,317.56	2,083.03
7300 · Accounting	22,482.56	3,813.23
7310 · Legal	33,614.55	10,434.37
7330 · Dues and Subscriptions	1,495.37	60.00
7340 · Filing Fees	9,584.83	3,251.22

4:53 PM
02/16/10
Cash Basis

Telco Experts LLC
Profit & Loss
January through December 2009

	Jan - Dec 09	Jan - Dec 08
7350 · Licenses and Permits	804.00	60.00
7370 · Advertising and Marketing	14,543.12	600.00
7380 · Interest Expense	21.13	233.31
7381 · Penalties	360.35	0.00
7385 · Trade Show Expense	0.00	130.00
7390 · Credit Card Discounts	7,278.05	2,546.19
7410 · Travel	5,938.29	1,747.47
7420 · Meals and Entertainment	6,068.45	1,683.93
7430 · Employee Meals	0.00	382.12
7460 · Charitable Contributions	2,400.00	0.00
7470 · Holiday Expense	278.95	822.91
7900 · Depreciation Expense	7,103.12	18,668.00
9040 · NY TAF	1,063.91	0.00
Total Expense	1,167,456.03	257,312.57
Net Ordinary Income	13,352.48	-16,115.30
Other Income/Expense		
Other Expense		
9000 · NJ Tax	0.00	650.00
9010 · CA LLC Tax	4,100.00	0.00
9020 · CT Income Tax	0.00	0.00
9900 · Voided Checks	0.00	0.00
Total Other Expense	4,100.00	650.00
Net Other Income	-4,100.00	-650.00
Net Income	9,252.48	-16,765.30

4:53 PM
02/16/10
Cash Basis

Telco Experts LLC
Balance Sheet
As of December 31, 2009

	<u>Dec 31, 09</u>	<u>Dec 31, 08</u>
Equity		
3000 · Capital ESK Consultants LLC	21,692.74	12,281.18
3010 · Capital Contrib - ESK Consultin	0.00	15,000.00
3100 · Capital - Adam Goldberg	21,692.74	12,281.17
3110 · Capital Contrib - Adam Goldberg	0.00	15,000.00
3200 · Capital - Peter Goldberg	21,692.74	12,281.17
3210 · Capital Contrib - Peter Goldber	0.00	15,000.00
Net Income	9,252.48	-16,765.30
Total Equity	<u>74,330.70</u>	<u>65,078.22</u>
TOTAL LIABILITIES & EQUITY	<u>283,044.78</u>	<u>140,258.22</u>

1:26 PM
 10/15/10
 Accrual Basis

Telco Experts LLC
Balance Sheet
 As of September 30, 2010

	Sep 30, 10
ASSETS	
Current Assets	
Checking/Savings	
1000 · Cash - Chase Checking	288,855.09
1010 · Cash - BOA - Sales Tax Account	78,092.80
Total Checking/Savings	366,947.89
Accounts Receivable	
1300 · Accounts Receivable	323,810.46
Total Accounts Receivable	323,810.46
Total Current Assets	690,758.35
Fixed Assets	
1400 · Equipment	36,484.25
1490 · Accumulated Depreciation	-25,771.12
Total Fixed Assets	10,713.13
Other Assets	
1700 · Security Deposits	40,052.00
Total Other Assets	40,052.00
TOTAL ASSETS	741,523.48
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
2100 · American Express Payable	71,847.81
Total Credit Cards	71,847.81
Other Current Liabilities	
2300 · Sales Tax Payable	
2325 · Sales Tax Payable - New Hampshi	55.84
2301 · Federal Telecommunications Tax	106,871.82
2302 · Sales Tax Payable - New York	24,270.14
2303 · Sales Tax Payable - New Jersey	-343.17
2304 · Sales Tax Payable - Connecticut	-626.73
2305 · Sales Tax Payable - California	2,258.98
2306 · Sales Tax Payable - Pennsylvani	1,016.34
2311 · Sales Tax Payable - Maryland	6.00
2312 · Sales Tax Payable - Tennessee	1,356.91
2313 · Sales Tax Payable - Texas	424.13
2314 · Sales Tax Payable - Minnesota	124.32
2315 · Sales Tax Payable - Arizona	-91.08
2316 · Sales Tax Payable - Virginia	-114.61
2317 · Sales Tax Payable - Florida	37.08
2319 · Sales Tax Payable - Massachuset	40.85
2320 · Sales Tax Payable - Arkansas	50.78
2324 · Sales Tax Payable - Illinois	-113.33
2326 · Sales Tax Payable - Delaware	408.92
Total 2300 · Sales Tax Payable	135,633.19
Total Other Current Liabilities	135,633.19
Total Current Liabilities	207,481.00
Long Term Liabilities	
2500 · Customer Security Deposits	7,317.66
Total Long Term Liabilities	7,317.66
Total Liabilities	214,798.66

1:26 PM
10/15/10
Accrual Basis

Telco Experts LLC
Balance Sheet
As of September 30, 2010

	<u>Sep 30, 10</u>
Equity	
3000 · Capital ESK Consultants LLC	21,692.74
3100 · Capital - Adam Goldberg	21,692.74
3200 · Capital - Peter Goldberg -	21,692.74
3500 · Retained Earnings	157,939.63
Net Income	303,706.97
Total Equity	<u>526,724.82</u>
TOTAL LIABILITIES & EQUITY	<u><u>741,523.48</u></u>

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 10/15/10
 Accrual Basis

Telco Experts LLC
Profit & Loss
 January through September 2010

Jan - Sep 10

Ordinary Income/Expense	
Income	
3999 · Service Income	
4002 · Service Income - Ottawa, ON	2,840.96
4001 · Service Income - Montreal, QC	952.62
4000 · Service Income - New York City	2,511,743.88
4010 · Service Income - New York State	117,290.97
4016 · Service Income - Virginia	8,296.30
4019 · Service Income - Massachusetts	2,334.20
4020 · Service Income - New Jersey	182,609.48
4030 · Service Income - California	39,278.45
4040 · Service Income - Illinois	9,300.63
4050 · Service Income - Florida	2,710.13
4060 · Service Income - Maryland	1,752.40
4070 · Service Income - Connecticut	53,351.03
4080 · Service Income - Pennsylvania	29,781.02
4090 · Service Income - Tennessee	92,583.84
4091 · Service Income - Missouri	10,403.75
4092 · Service Income - Texas	14,980.81
4093 · Service Income - Minnesota	1,516.64
4094 · Service Income - Arkansas	499.59
4095 · Service Income - Arizona	9,983.36
4096 · Service Income - Delaware	7,059.76
3999 · Service Income - Other	7,850.05
Total 3999 · Service Income	3,107,119.87
4100 · Installation Income	
4110 · Installation Income - NYC	2,035.20
Total 4100 · Installation Income	2,035.20
4200 · Consulting Income - NY	1,535.00
4300 · Finance Charges	13,709.39
4900 · Sales Tax Vendor Credits	659.77
Total Income	3,125,059.23
Cost of Goods Sold	
5000 · ISP Provider	1,162,014.51
5100 · Installation Costs	23,168.57
5200 · Host Monitoring	247,549.79
5300 · Number Inventory	-19,904.76
Total COGS	1,412,828.11
Gross Profit	1,712,231.12
Expense	
5400 · Consulting	200,557.05
6000 · Commission Expense	179,407.10
7000 · Guaranteed Pymt - Adam Goldberg	
7001 · Payments - Adam	155,000.00
7002 · Taxes - Adam	10,229.00
Total 7000 · Guaranteed Pymt - Adam Goldberg	165,229.00
7003 · Guaranteed Pymt - Peter Goldber	
7004 · Payments - Peter	155,000.00
7005 · Taxes - Peter	12,213.00
Total 7003 · Guaranteed Pymt - Peter Goldber	167,213.00
7007 · Guaranteed Pymt - Eric Klein	
7008 · Payments - Eric	203,000.00
7006 · Medical Insurance - Eric	5,627.12
7009 · Taxes - Eric	12,263.00
Total 7007 · Guaranteed Pymt - Eric Klein	220,890.12

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10/15/10
Accrual Basis

Telco Experts LLC
Profit & Loss
January through September 2010

	<u>Jan - Sep 10</u>
7010 · Gross Salaries	114,800.94
7020 · FICA Expense	8,754.73
7030 · NJ Unemployment Insurance	2,767.31
7040 · Federal Unemployment Insurance	183.81
7060 · Group Medical Insurance	4,537.13
7080 · Workers Compensation	645.40
7090 · Payroll Service	1,122.71
7100 · Billing Expense	61,079.12
7120 · Rent	69,358.06
7130 · Utilities	3,129.15
7150 · Telephone and Internet	10,122.91
7155 · Answering Service	1,273.33
7180 · General Insurance	3,153.57
7200 · Office Supplies and Expense	6,531.79
7220 · Bank Charges	2,058.70
7230 · Postage	2,308.12
7260 · Computer and Software Expense	6,030.57
7300 · Accounting	42,364.37
7310 · Legal	37,433.51
7330 · Dues and Subscriptions	785.00
7340 · Filing Fees	4,086.08
7350 · Licenses and Permits	1,498.00
7370 · Advertising and Marketing	770.00
7381 · Penalties	716.85
7390 · Credit Card Discounts	10,091.56
7405 · Automobile Expense	3,045.79
7410 · Travel	14,254.69
7420 · Meals and Entertainment	7,962.94
7460 · Charitable Contributions	665.00
7470 · Holiday Expense	1,230.80
Total Expense	<u>1,356,058.21</u>
Net Ordinary Income	356,172.91
Other Income/Expense	
Other Income	
8000 · Interest Income	339.76
Total Other Income	<u>339.76</u>
Other Expense	
9000 · New Jersey LLC Tax	17,032.00
9010 · California LLC Tax	800.00
9020 · Connecticut LLC Tax	250.00
9040 · New York TAF	1,667.70
9050 · DC LLC Tax	625.00
9060 · Illinois LLC Tax	29.00
9070 · NYC UBT Tax	32,402.00
9900 · Voided Checks	0.00
Total Other Expense	<u>52,805.70</u>
Net Other Income	<u>-52,465.94</u>
Net Income	<u><u>303,706.97</u></u>

1065

U.S. Return of Partnership Income

OMB No. 1545-0099

Form Department of the Treasury Internal Revenue Service

For calendar year 2007, or tax year beginning _____, _____, and ending _____

2007

Header section containing: A Principal business activity (TELEPHONE SERVICES), B Principal product or service (TELEPHONE SERVICES), C Business code number (517000), Name of partnership (TELCO EXPERTS LLC), Address (38 PARK AVENUE, RUTHERFORD, NJ 07070), D Employer identification number (26-1287244), E Date business started (08/14/2007), F Total assets (\$ 36,861.), G Check applicable boxes, H Check accounting method, I Number of Schedules K-1 (3), J Check if Schedule M-3 attached.

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Main table with 22 rows. Columns include line numbers, descriptions of income and deductions, and numerical values. Line 22 shows Ordinary business income (loss) of <8,139.>

Sign Here section with signature line, date line, and a box for 'May the IRS discuss this return with the preparer shown below (see instr.?)' with Yes/No options.

Paid Preparer's Use Only section containing: Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN (P00598705), Firm's name (BELL & COMPANY LLP), Firm's address (350 FIFTH AVE STE 7412, NEW YORK, NY 10118-7412), EIN (13-3565602), and Phone no. (212-683-6111).

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

Form 1065 (2007)

Schedule A Cost of Goods Sold (see the instructions)

1	Inventory at beginning of year	1	
2	Purchases less cost of items withdrawn for personal use	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

- 9 a Check all methods used for valuing closing inventory:
- (i) Cost as described in Regulations section 1.471-3
 - (ii) Lower of cost or market as described in Regulations section 1.471-4
 - (iii) Other (specify method used and attach explanation) ▶ _____
- b Check this box if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c)
- c Check this box if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)
- d Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership? Yes No
- e Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes No
If "Yes," attach explanation.

Schedule B Other Information

	Yes	No
1 What type of entity is filing this return? Check the applicable box:		
a <input type="checkbox"/> Domestic general partnership		
b <input type="checkbox"/> Domestic limited partnership		
c <input checked="" type="checkbox"/> Domestic limited liability company		
d <input type="checkbox"/> Domestic limited liability partnership		
e <input type="checkbox"/> Foreign partnership		
f <input type="checkbox"/> Other ▶ _____		
2 Are any partners in this partnership also partnerships?	X	
3 During the partnership's tax year, did the partnership own any interest in another partnership or in any foreign entity that was disregarded as an entity separate from its owner under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," see instructions for required attachment		X
4 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details		X
5 Does this partnership meet all three of the following requirements?		
a The partnership's total receipts for the tax year were less than \$250,000;		
b The partnership's total assets at the end of the tax year were less than \$600,000; and		
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return	X	
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.		
6 Does this partnership have any foreign partners? If "Yes," the partnership may have to file Forms 8804, 8805 and 8813. See the instructions		X
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
8 Has this partnership filed, or is it required to file, a return under section 6111 to provide information on any reportable transaction?		X
9 At any time during calendar year 2007, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country. ▶ _____		X
10 During the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520. See the instructions		X
11 Was there a distribution of property or a transfer (for example, by sale or death) of a partnership interest during the tax year? If "Yes," you may elect to adjust the basis of the partnership's assets under section 754 by attaching the statement described under Elections Made By the Partnership in the instructions		X
12 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return ▶ _____		

Designation of Tax Matters Partner (see the instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ▶ _____ Identifying number of TMP ▶ _____

Address of designated TMP ▶ _____

Schedule K Partners' Distributive Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1 <8,139.>
	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 Guaranteed payments	4
	5 Interest income	5
	6 Dividends: a Ordinary dividends	6a
	b Qualified dividends	6b
	7 Royalties	7
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
b Collectibles (28%) gain (loss)	9b	
c Unrecaptured section 1250 gain (attach statement)	9c	
10 Net section 1231 gain (loss) (attach Form 4797)	10	
11 Other income (loss) (see instructions) Type ▶	11	
Deductions	12 Section 179 deduction (attach Form 4562)	12
	13a Contributions	13a
	b Investment interest expense	13b
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)
d Other deductions (see instructions) Type ▶	13d	
Self-Employment	14a Net earnings (loss) from self-employment	14a <8,139.>
	b Gross farming or fishing income	14b
	c Gross nonfarm income	14c
Credits	15a Low-income housing credit (section 42(j)(5))	15a
	b Low-income housing credit (other)	15b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c
	d Other rental real estate credits (see instructions) Type ▶	15d
	e Other rental credits (see instructions) Type ▶	15e
	f Other credits (see instructions) Type ▶	15f
Foreign Transactions	16a Name of country or U.S. possession ▶	
	b Gross income from all sources	16b
	c Gross income sourced at partner level	16c
	Foreign gross income sourced at partnership level	
	d Passive category ▶ e General category ▶ f Other ▶	16f
	Deductions allocated and apportioned at partner level	
	g Interest expense ▶ h Other ▶	16h
	Deductions allocated and apportioned at partnership level to foreign source income	
	i Passive category ▶ j General category ▶ k Other ▶	16k
l Total foreign taxes (check one): Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l	
m Reduction in taxes available for credit (attach statement)	16m	
n Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a
	b Adjusted gain or loss	17b
	c Depletion (other than oil and gas)	17c
	d Oil, gas, and geothermal properties - gross income	17d
	e Oil, gas, and geothermal properties - deductions	17e
	f Other AMT items (attach statement)	17f
Other Information	18a Tax-exempt interest income	18a
	b Other tax-exempt income	18b
	c Nondeductible expenses	18c
	19a Distributions of cash and marketable securities	19a
	b Distributions of other property	19b
	20a Investment income	20a
b Investment expenses	20b	
c Other items and amounts (attach statement)		

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16i						1	<8,139.>
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other	
a General partners							
b Limited partners			<5,426.>	<2,713.>			

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				17,861.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)	STATEMENT 2			4,000.
7 Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)	STATEMENT 3			15,000.
14 Total assets		0.		36,861.
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts				36,861.
22 Total liabilities and capital		0.		36,861.

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

Note: Schedule M-3 may be required instead of Schedule M-1 (see instructions).

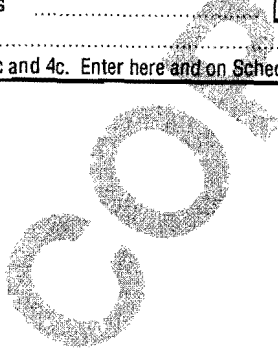
1 Net income (loss) per books	<8,139.>	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16i, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16i (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	<8,139.>
5 Add lines 1 through 4	<8,139.>		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed: a Cash	45,000.	b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	<8,139.>	8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	36,861.
5 Add lines 1 through 4	36,861.		

Worksheet for Figuring Net Earnings (Loss) From Self-Employment

Name of partnership TELCO EXPERTS LLC		Employer identification number 26-1287244
1 a Ordinary income (loss) (Schedule K, line 1)	1a	<8,139.>
b Net income (loss) from CERTAIN rental real estate activities	1b	
c Net income (loss) from other rental activities (Schedule K, line 3c)	1c	
d Net loss from Form 4797, Part II, line 17, included on line 1a above. Enter as a positive amount	1d	
e Other additions	1e	
f Combine lines 1a through 1e	1f	<8,139.>
2 a Net gain from Form 4797, Part II, line 17, included on line 1a above	2a	
b Other subtractions	2b	
c Add lines 2a and 2b	2c	
3 a Subtract line 2c from line 1f. If line 1f is a loss, increase the loss on line 1f by the amount on line 2c	3a	<8,139.>
b Part of line 3a allocated to limited partners, estates, trusts, corporations, exempt organizations, and IRAs	3b	
c Subtract line 3b from line 3a	3c	<8,139.>
4 a Guaranteed payments to partners (Schedule K, line 4) derived from a trade or business as defined in section 1402(c)	4a	
b Part of line 4a allocated to individual limited partners for other than services and to estates, trusts, corporations, exempt organizations, and IRAs	4b	
c Subtract line 4b from line 4a	4c	
5 Net earnings (loss) from self-employment. Combine lines 3c and 4c. Enter here and on Schedule K, line 14a	5	<8,139.>



FORM 1065	OTHER DEDUCTIONS	STATEMENT	1
DESCRIPTION			AMOUNT
WEBSITE DESIGN AND EXPENSE			1,000.
LEGAL			5,602.
FILING FEES			737.
BILLING EXPENSE			800.
TOTAL TO FORM 1065, LINE 20			8,139.

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT	2
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSE			4,000.
TOTAL TO SCHEDULE L, LINE 6			4,000.

SCHEDULE L	OTHER ASSETS	STATEMENT	3
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS			15,000.
TOTAL TO SCHEDULE L, LINE 13			15,000.

Schedule K-1 (Form 1065)

2007

Final K-1 Amended K-1 OMB No. 1545-0099

Department of the Treasury Internal Revenue Service

For calendar year 2007, or tax year beginning ending

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

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

Table with 2 columns: Income/Deduction items (1-14) and Credits/Other items (15-20). Includes rows for Ordinary business income, Net rental real estate income, Other net rental income, Guaranteed payments, Interest income, Dividends, Royalties, Capital gains, Collectibles gain, Unrecaptured sec 1250 gain, Net section 1231 gain, Other income, Section 179 deduction, Other deductions, Self-employment earnings (loss).

Part I Information About the Partnership

Part I fields: A Partnership's employer identification number (26-1287244), B Partnership's name, address, city, state, and ZIP code (TELCO EXPERTS LLC, 38 PARK AVENUE, RUTHERFORD, NJ 07070), C IRS Center where partnership filed return (CINCINNATI, OH), D Check if this is a publicly traded partnership (PTP).

Part II Information About the Partner

Part II fields: E Partner's identifying number (20-2113320), F Partner's name, address, city, state, and ZIP code (ESK CONSULTANTS LLC, 237 MAYFAIR DRIVE, BROOKLYN, NY 11234), G Partner type (General partner or LLC member-manager), H Domestic partner, I What type of entity is this partner? (DISREGARDED ENTITY), J Partner's share of profit, loss, and capital (table), K Partner's share of liabilities at year end.

Part II field L: Partner's capital account analysis table showing Beginning, Ending, and changes in capital account. Includes checkboxes for Tax basis, GAAP, Section 704(b) book, and Other (explain).

For IRS Use Only

*See attached statement for additional information.

SCHEDULE K-1

CURRENT YEAR INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	<2,713.>	
SCHEDULE K-1 INCOME SUBTOTAL		<2,713.>
TOTAL TO SCHEDULE K-1, ITEM L		<2,713.>

COPY

Schedule K-1 (Form 1065)

2007

Final K-1 Amended K-1 OMB No. 1545-0099

Department of the Treasury Internal Revenue Service

For calendar year 2007, or tax year beginning ending

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

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

Table with 2 columns: Item description and Amount. Rows include 1 Ordinary business income (loss) <2,713.>, 2 Net rental real estate income (loss), 3 Other net rental income (loss), 4 Guaranteed payments, 5 Interest income, 6a Ordinary dividends, 6b Qualified dividends, 7 Royalties, 8 Net short-term capital gain (loss), 9a Net long-term capital gain (loss), 9b Collectibles (28%) gain (loss), 9c Unrecaptured sec 1250 gain, 10 Net section 1231 gain (loss), 11 Other income (loss), 12 Section 179 deduction, 13 Other deductions, 14 Self-employment earnings (loss) A <2,713.>, 15 Credits, 16 Foreign transactions, 17 Alternative min tax (AMT) items, 18 Tax-exempt income and nondeductible expenses, 19 Distributions, 20 Other information.

Part I Information About the Partnership

A Partnership's employer identification number 26-1287244
B Partnership's name, address, city, state, and ZIP code TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
C IRS Center where partnership filed return CINCINNATI, OH
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number 082-50-3812
F Partner's name, address, city, state, and ZIP code ADAM GOLDBERG 33 WINDING WAY WAYNE, NJ 07470
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I What type of entity is this partner? INDIVIDUAL
J Partner's share of profit, loss, and capital: Beginning Ending Profit 33.3333333% 33.3333333% Loss 33.3333333% 33.3333333% Capital 33.3333333% 33.3333333%
K Partner's share of liabilities at year end: Nonrecourse \$ Qualified nonrecourse financing \$ Recourse \$ 0.

L Partner's capital account analysis: Beginning capital account \$ Capital contributed during the year \$ 15,000 Current year increase (decrease) \$ <2,713 Withdrawals & distributions \$(Ending capital account \$ 12,287

X Tax basis GAAP Section 704(b) book Other (explain)

For IRS Use Only

*See attached statement for additional information.

JWA For Paperwork Reduction Act Notice, see Instructions for Form 1065.

Schedule K-1 (Form 1065) 2007

SCHEDULE K-1

CURRENT YEAR INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	<2,713.>	
SCHEDULE K-1 INCOME SUBTOTAL		<2,713.>
TOTAL TO SCHEDULE K-1, ITEM L		<2,713.>

COPY

Schedule K-1 (Form 1065)

2007

Final K-1 Amended K-1 OMB No. 1545-0099

Department of the Treasury Internal Revenue Service

For calendar year 2007, or tax year beginning ending

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

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

Table with 15 columns for various income and deduction items (1-15) and 20 for other information. Includes a section for self-employment earnings (14) and a note to see attached statement for additional information.

Part I Information About the Partnership

Form fields for Partnership's employer identification number (26-1287244), name (TELCO EXPERTS LLC), address (38 PARK AVENUE, RUTHERFORD, NJ 07070), and IRS Center (CINCINNATI, OH).

Part II Information About the Partner

Form fields for Partner's identifying number (082-50-3829), name (PETER GOLDBERG), address (320 EAST 83RD STREET # 2E, NEW YORK, NY 10028), and share of profit/loss/capital.

For IRS Use Only

SCHEDULE K-1

CURRENT YEAR INCREASES (DECREASES)

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>TOTALS</u>
ORDINARY INCOME (LOSS)	<2,713.>	
SCHEDULE K-1 INCOME SUBTOTAL		<2,713.>
TOTAL TO SCHEDULE K-1, ITEM L		<2,713.>

COPY

1065

U.S. Return of Partnership Income

OMB No. 1545-0099

Form Department of the Treasury Internal Revenue Service

For calendar year 2008, or tax year beginning _____, ending _____

2008

Form header section containing: A Principal business activity (TELEPHONE SERVICES), B Principal product or service (TELEPHONE SERVICES), C Business code number (517000), D Employer identification number (26-1287244), E Date business started (08/14/2007), F Total assets (\$ 131,161.), G Check applicable boxes, H Check accounting method (Accrual), I Number of Schedules K-1 (3), J Check if Schedule M-3 attached.

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Table with 22 rows for Income and Deductions. Income section includes lines 1a (618,409), 1b, 1c (618,409), 2 (515,811), 3 (102,598), 4, 5, 6, 7, 8 (102,598). Deductions section includes lines 9 (27,775), 10, 11 (729), 12, 13 (4,650), 14 (3,798), 15 (233), 16a (18,668), 16b, 16c (18,668), 17, 18, 19 (1,775), 20 (60,891), 21 (118,519), 22 (-15,921).

Sign Here section with signature line, date line, and a checkbox for 'May the IRS discuss this return with the preparer shown below (see instr.?)' (checked Yes). Preparer's signature: BELL & COMPANY LLP, 350 FIFTH AVE STE 7412, NEW YORK, NY 10118-7412. Preparer's SSN or PTIN: P00598705, EIN: 13-3565602, Phone no.: 212-683-6111.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form 1065 (2008)

Schedule A Cost of Goods Sold (see the instructions)

1	Inventory at beginning of year	1	
2	Purchases less cost of items withdrawn for personal use	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement) SEE STATEMENT 3	5	515,811.
6	Total. Add lines 1 through 5	6	515,811.
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	515,811.

9 a Check all methods used for valuing closing inventory:

- (i) Cost as described in Regulations section 1.471-3
- (ii) Lower of cost or market as described in Regulations section 1.471-4
- (iii) Other (specify method used and attach explanation) ▶ _____

b Check this box if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c)

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

d Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership? Yes No

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

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:

a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership	Yes	No
c <input checked="" type="checkbox"/> Domestic limited liability company	d <input type="checkbox"/> Domestic limited liability partnership		
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> Other ▶ _____		

2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?

3 At the end of the tax year:

a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), or trust own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below

(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

b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below

(i) Name of Individual or Estate	(ii) Social Security Number or Employer Identification Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

4 At the end of the tax year, did the partnership:

a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

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

- | | | |
|---|---|---|
| <p>5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details</p> | | X |
| <p>6 Does the partnership satisfy all four of the following conditions?</p> <p>a The partnership's total receipts for the tax year were less than \$250,000.</p> <p>b The partnership's total assets at the end of the tax year were less than \$ 1 million.</p> <p>c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.</p> <p>d The partnership is not filing and is not required to file Schedule M-3
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.</p> | X | |
| <p>7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?</p> | | X |
| <p>8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?</p> | | X |
| <p>9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?</p> | | X |
| <p>10 At any time during calendar year 2008, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. ▶</p> | | X |
| <p>11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions</p> | | X |
| <p>12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.</p> | | X |
| <p>b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions</p> | | X |
| <p>c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions</p> | | X |
| <p>13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (including a disregarded entity) ▶ <input type="checkbox"/></p> | | |
| <p>14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?</p> | | X |
| <p>15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶</p> | | |
| <p>16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶</p> | | X |
| <p>17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶</p> | | |

Designation of Tax Matters Partner (see instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ▶	Identifying number of TMP ▶
Address of designated TMP ▶	

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	-15,921.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3 a 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 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ▶	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13 a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
d Other deductions (see instructions) Type ▶	13d		
Self-Employment	14 a Net earnings (loss) from self-employment	14a	-15,921.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	102,598.
Credits	15 a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16 a Name of country or U.S. possession ▶		
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Passive category ▶ e General category ▶ f Other ▶	16f	
	Deductions allocated and apportioned at partner level		
	g Interest expense ▶ h Other ▶	16h	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive category ▶ j General category ▶ k Other ▶	16k	
	l Total foreign taxes (check one): Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l	
m Reduction in taxes available for credit (attach statement)	16m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18 a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	842.
	19 a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20 a Investment income	20a	
b Investment expenses	20b		
c Other items and amounts (attach statement)			

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16i						1	-15,921.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other	
	a General partners						
	b Limited partners		-10,614.	-5,307.			

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		17,843.		102,308.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)	STATEMENT 5	4,000.		
7 Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets			32,521.	
b Less accumulated depreciation			18,668.	13,853.
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)	STATEMENT 6	15,000.		15,000.
14 Total assets		36,843.		131,161.
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)	STATEMENT 7			63,581.
18 All nonrecourse loans				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)	STATEMENT 8			2,500.
21 Partners' capital accounts		36,843.		65,080.
22 Total liabilities and capital		36,843.		131,161.

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

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

1 Net income (loss) per books	-16,763.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16i, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16i (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$ 842.	842.	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-15,921.
5 Add lines 1 through 4	-15,921.		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	36,843.	6 Distributions: a Cash	
2 Capital contributed: a Cash	45,000.	b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	-16,763.	8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	65,080.
5 Add lines 1 through 4	65,080.		

Depreciation and Amortization
 (Including Information on Listed Property) OTHER 1

OMB No. 1545-0172

2008

Attachment Sequence No. 67

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return TELCO EXPERTS LLC	Business or activity to which this form relates	Identifying number 26-1287244
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	800,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
9 Tentative deduction. Enter the smaller of line 5 or line 8		9
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5		11
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12		13

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	16,262.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		16,259.	5 YRS.	MQ	200DB	2,406.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	18,668.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

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

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year:					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

2008 DEPRECIATION AND AMORTIZATION REPORT

OTHER 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	EQUIPMENT	01/08/08	200DE	5.00	MC	19B	2,622.			1,311.	1,311.			1,770.	459.
2	EQUIPMENT	01/31/08	200DE	5.00	MC	19B	813.			407.	406.			549.	142.
3	EQUIPMENT	05/19/08	200DE	5.00	MC	19B	1,615.			808.	807.			1,010.	202.
4	EQUIPMENT	05/20/08	200DE	5.00	MC	19B	5,332.			2,666.	2,666.			3,333.	667.
5	EQUIPMENT	06/26/08	200DE	5.00	MC	19B	3,826.			1,913.	1,913.			2,391.	478.
6	EQUIPMENT	12/02/08	200DE	5.00	MC	19B	12,313.			6,157.	6,156.			6,465.	308.
7	EQUIPMENT	12/15/08	200DE	5.00	MC	19B	6,000.			3,000.	3,000.			3,150.	150.
	* TOTAL OTHER DEPRECIATION						32,521.			16,262.	16,259.	0.		18,668.	2,406.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						0.		0.	0.	0.	0.			0.
	ACQUISITIONS						32,521.		0.	16,262.	16,259.	0.			2,406.
	DISPOSITIONS						0.		0.	0.	0.	0.			0.
	ENDING BALANCE						32,521.		0.	16,262.	16,259.	0.			2,406.

Worksheet for Figuring Net Earnings (Loss) From Self-Employment

Name of partnership TELCO EXPERTS LLC		Employer identification number 26-1287244
1 a Ordinary income (loss) (Schedule K, line 1)	1a	-15,921.
b Net income (loss) from CERTAIN rental real estate activities	1b	
c Net income (loss) from other rental activities (Schedule K, line 3c)	1c	
d Net loss from Form 4797, Part II, line 17, included on line 1a above. Enter as a positive amount	1d	
e Other additions	1e	
f Combine lines 1a through 1e	1f	-15,921.
2 a Net gain from Form 4797, Part II, line 17, included on line 1a above	2a	
b Other subtractions	2b	
c Add lines 2a and 2b	2c	
3 a Subtract line 2c from line 1f. If line 1f is a loss, increase the loss on line 1f by the amount on line 2c	3a	-15,921.
b Part of line 3a allocated to limited partners, estates, trusts, corporations, exempt organizations, and IRAs	3b	
c Subtract line 3b from line 3a	3c	-15,921.
4 a Guaranteed payments to partners (Schedule K, line 4) derived from a trade or business as defined in section 1402(c)	4a	
b Part of line 4a allocated to individual limited partners for other than services and to estates, trusts, corporations, exempt organizations, and IRAs	4b	
c Subtract line 4b from line 4a	4c	
5 Net earnings (loss) from self-employment. Combine lines 3c and 4c. Enter here and on Schedule K, line 14a	5	-15,921.

**Worksheet for Adjusted Current Earnings Adjustments
for Corporate and Partnership Partners**

Name of partnership		Employer identification number
TELCO EXPERTS LLC		26-1287244
1. Additions to AMTI:		
a. Depreciation recomputed for AMT purposes	18,668.	
b. Tax-exempt interest income		
c. Amortization of organizational expenditures		
d. Depletion for post-1989 properties		
e. Intangible drilling costs deducted from AMTI		
f. Total additions to AMTI		18,668.
2. Deductions:		
a. Depreciation recomputed for ACE purposes	18,668.	
b. Depletion recomputed for ACE purposes		
c. ACE intangible drilling costs		
d. Total deductions		18,668.
3. Other adjustments:		
a. Basis adjustments from sales or exchanges		
b. Other adjustments		
c. Total other adjustments		
4. Total adjustments to AMTI for ACE calculation. Combine lines 1f, 2d and 3c		0.

COPY

FORM 1065	TAX EXPENSE	STATEMENT 1
DESCRIPTION		AMOUNT
NEW JERSEY TAXES - BASED ON INCOME		650.
PAYROLL TAX EXPENSE		3,148.
TOTAL TO FORM 1065, LINE 14		3,798.

FORM 1065	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
WORKERS' COMPENSATION		93.
PAYROLL SERVICE		1,299.
BILLING EXPENSE		19,725.
TELEPHONE AND INTERNET ACCESS		6,399.
ANSWERING SERVICE		1,333.
GENERAL INSURANCE		175.
POSTAGE		823.
WEBSITE DESIGN AND EXPENSE		1,519.
COMPUTER AND SOFTWARE EXPENSE		2,083.
ACCOUNTING		3,813.
LEGAL		10,434.
FILING FEES		3,251.
ADVERTISING AND MARKETING		600.
TRADE SHOW EXPENSE		130.
CREDIT CARD DISCOUNTS		2,546.
TRAVEL		1,747.
EMPLOYEE MEALS		382.
HOLIDAY EXPENSE		823.
OFFICE SUPPLIES AND EXPENSE		2,874.
MEALS AND ENTERTAINMENT		842.
TOTAL TO FORM 1065, LINE 20		60,891.

SCHEDULE A	OTHER COSTS	STATEMENT 3
DESCRIPTION		AMOUNT
ISP PROVIDER		337,096.
INSTALLATION COSTS		34,615.
HOST MONITORING		1,860.
NUMBER INVENTORY		3,641.
CONSULTING		124,724.
COMMISSION EXPENSE		13,875.
TOTAL TO FORM 1065, PAGE 2, LINE 5		515,811.

SCHEDULE K	NONDEDUCTIBLE EXPENSE	STATEMENT	4
DESCRIPTION		AMOUNT	
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES			842.
TOTAL TO SCHEDULE K, LINE 18C			842.

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT	5
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSE		4,000.	
TOTAL TO SCHEDULE L, LINE 6		4,000.	

SCHEDULE L	OTHER ASSETS	STATEMENT	6
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS		15,000.	15,000.
TOTAL TO SCHEDULE L, LINE 13		15,000.	15,000.

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	7
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
AMERICAN EXPRESS PAYABLE			41,972.
SALES TAX PAYABLE			21,609.
TOTAL TO SCHEDULE L, LINE 17			63,581.

SCHEDULE L	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
CUSTOMER SECURITY DEPOSITS		2,500.
TOTAL TO SCHEDULE L, LINE 20		2,500.

COPY

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	ACE Cost Or Basis	Regular Depreciation	AMT Depreciation	ACE Depreciation
1	EQUIPMENT	010808	200DB	5.00	2,622.	0.	2,622.	1,770.	1,770.	1,770.
2	EQUIPMENT	013108	200DB	5.00	813.	0.	813.	549.	549.	549.
3	EQUIPMENT	051908	200DB	5.00	1,615.	0.	1,615.	1,010.	1,010.	1,010.
4	EQUIPMENT	052008	200DB	5.00	5,332.	0.	5,332.	3,333.	3,333.	3,333.
5	EQUIPMENT	062608	200DB	5.00	3,826.	0.	3,826.	2,391.	2,391.	2,391.
6	EQUIPMENT	120208	200DB	5.00	12,313.	0.	12,313.	6,465.	6,465.	6,465.
7	EQUIPMENT	121508	200DB	5.00	6,000.	0.	6,000.	3,150.	3,150.	3,150.
TOTALS					32,521.	0.	32,521.	18,668.	18,668.	18,668.

Schedule K-1 (Form 1065)

2008

Final K-1 Amended K-1 OMB No. 1545-0099

Department of the Treasury Internal Revenue Service

For calendar year 2008, or tax year beginning ending

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Form 1065-K Schedule K-1 with sections: Part I Information About the Partnership, Part II Information About the Partner, Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items.

LHA For Paperwork Reduction Act Notice, see Instructions for Form 1065.

Schedule K-1 (Form 1065) 2008

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	NONDEDUCTIBLE PORTION	281.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		281.

SCHEDULE K-1 CURRENT YEAR INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-5,307.	
SCHEDULE K-1 INCOME SUBTOTAL		-5,307.
NONDEDUCTIBLE EXPENSES	-281.	
OTHER INCREASES OR DECREASES SUBTOTAL		-281.
TOTAL TO SCHEDULE K-1, ITEM L		-5,588.

COPY

Schedule K-1 (Form 1065)

2008

Final K-1 Amended K-1 OMB No. 1545-0099

Department of the Treasury Internal Revenue Service

For calendar year 2008, or tax year beginning ending

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership
Part II Information About the Partner
A Partnership's employer identification number 26-1287244
B Partnership's name, address, city, state, and ZIP code
C IRS Center where partnership filed return
D Check if this is a publicly traded partnership (PTP)
E Partner's identifying number 082-50-3812
F Partner's name, address, city, state, and ZIP code
G General partner or LLC member-manager
H Domestic partner
I What type of entity is this partner? INDIVIDUAL
J Partner's share of profit, loss, and capital:
K Partner's share of liabilities at year end:
L Partner's capital account analysis:

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items
1 Ordinary business income (loss) -5,307.
2 Net rental real estate income (loss)
3 Other net rental income (loss)
4 Guaranteed payments
5 Interest income
6a Ordinary dividends
6b Qualified dividends
7 Royalties
8 Net short-term capital gain (loss)
9a Net long-term capital gain (loss)
9b Collectibles (28%) gain (loss)
9c Unrecaptured sec 1250 gain
10 Net section 1231 gain (loss)
11 Other income (loss)
12 Section 179 deduction
13 Other deductions
14 Self-employment earnings (loss) A -5,307. C 34,200.
15 Credits
16 Foreign transactions
17 Alternative min tax (AMT) items
18 Tax-exempt income and nondeductible expenses C* 280.
19 Distributions
20 Other information
*See attached statement for additional information.

LHA For Paperwork Reduction Act Notice, see Instructions for Form 1065.

Schedule K-1 (Form 1065) 2008

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	NONDEDUCTIBLE PORTION	280.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		280.

SCHEDULE K-1 CURRENT YEAR INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-5,307.	
SCHEDULE K-1 INCOME SUBTOTAL		-5,307.
NONDEDUCTIBLE EXPENSES	-280.	
OTHER INCREASES OR DECREASES SUBTOTAL		-280.
TOTAL TO SCHEDULE K-1, ITEM L		-5,587.

COPY

Schedule K-1 (Form 1065)

2008

Final K-1 Amended K-1 OMB No. 1545-0099

Department of the Treasury Internal Revenue Service

For calendar year 2008, or tax year beginning ending

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership
Part II Information About the Partner
A Partnership's employer identification number 26-1287244
B Partnership's name, address, city, state, and ZIP code TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
C IRS Center where partnership filed return OGDEN, UT
D Check if this is a publicly traded partnership (PTP)
E Partner's identifying number 082-50-3829
F Partner's name, address, city, state, and ZIP code PETER GOLDBERG 320 EAST 83RD STREET # 2E NEW YORK, NY 10028
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I What type of entity is this partner? INDIVIDUAL
J Partner's share of profit, loss, and capital: Beginning Ending Profit 33.3333334% 33.3333334% Loss 33.3333334% 33.3333334% Capital 33.3333334% 33.3333334%
K Partner's share of liabilities at year end: Nonrecourse \$ Qualified nonrecourse financing \$ Recourse \$ 22,027.
L Partner's capital account analysis: Beginning capital account \$ 12,281. Capital contributed during the year \$ 15,000. Current year increase (decrease) \$ -5,588. Withdrawals & distributions \$ Ending capital account \$ 21,693.
Tax basis GAAP Section 704(b) book Other (explain)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items
1 Ordinary business income (loss) -5,307.
2 Net rental real estate income (loss)
3 Other net rental income (loss)
4 Guaranteed payments
5 Interest income
6a Ordinary dividends
6b Qualified dividends
7 Royalties
8 Net short-term capital gain (loss)
9a Net long-term capital gain (loss)
9b Collectibles (28%) gain (loss)
9c Unrecaptured sec 1250 gain
10 Net section 1231 gain (loss)
11 Other income (loss)
12 Section 179 deduction
13 Other deductions
14 Self-employment earnings (loss) A -5,307. C 34,199.
15 Credits
16 Foreign transactions
17 Alternative min tax (AMT) items
18 Tax-exempt income and nondeductible expenses C* 281.
19 Distributions
20 Other information
*See attached statement for additional information.

LHA For Paperwork Reduction Act Notice, see Instructions for Form 1065.

Schedule K-1 (Form 1065) 2008

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	NONDEDUCTIBLE PORTION	281.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		281.

SCHEDULE K-1 CURRENT YEAR INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-5,307.	
SCHEDULE K-1 INCOME SUBTOTAL		-5,307.
NONDEDUCTIBLE EXPENSES	-281.	
OTHER INCREASES OR DECREASES SUBTOTAL		-281.
TOTAL TO SCHEDULE K-1, ITEM L		-5,588.

COPY

BELL & COMPANY LLP
350 FIFTH AVE STE 7412
NEW YORK, NY 10118-7412

TELCO EXPERTS LLC
38 PARK AVENUE
RUTHERFORD, NJ 07070

|||||

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BELL & COMPANY LLP
350 FIFTH AVENUE STE 7412
NEW YORK, NY 10118-7412

FEBRUARY 16, 2010

TELCO EXPERTS LLC
38 PARK AVENUE
RUTHERFORD, NJ 07070

TELCO EXPERTS LLC:

ENCLOSED ARE 2009 PARTNERSHIP TAX RETURNS AND 2010 ESTIMATED
TAX VOUCHERS, AS FOLLOWS...

2009 U.S. RETURN OF PARTNERSHIP INCOME
2009 CALIFORNIA LIMITED LIABILITY COMPANY RETURN OF INCOME
2009 CONNECTICUT RETURN OF PARTNERSHIP INCOME
2009 BUSINESS ENTITY TAX RETURN
2009 DISTRICT OF COLUMBIA UNINCORPORATED BUSINESS FRANCHISE
TAX RETURN
2009 DISTRICT OF COLUMBIA ANNUAL REPORT
2009 ILLINOIS RETURN OF PARTNERSHIP INCOME
2009 MARYLAND RETURN OF PARTNERSHIP INCOME
2009 MISSOURI RETURN OF PARTNERSHIP INCOME
2009 NEW JERSEY RETURN OF PARTNERSHIP INCOME
2010 NEW JERSEY ESTIMATED TAX VOUCHERS
2009 NEW YORK RETURN OF PARTNERSHIP INCOME
2009 PENNSYLVANIA PARTNERSHIP INFORMATION RETURN
2010 TEXAS INITIAL FRANCHISE TAX REPORT
2009 PENNSYLVANIA CORPORATE RETURN OF PARTNERSHIP INCOME
2009 PENNSYLVANIA COMPOSITE TAX RETURN
2009 ILLINOIS COMPOSITE TAX RETURN

2010 ILLINOIS COMPOSITE ESTIMATED TAX VOUCHERS

2009 MISSOURI COMPOSITE RETURN OF PARTNERSHIP INCOME

2009 TENNESSEE FRANCHISE AND EXCISE RETURN OF PARTNERSHIP
INCOME

2009 NEW JERSEY COMPOSITE TAX RETURN

2010 NEW JERSEY COMPOSITE ESTIMATED TAX VOUCHERS

2009 NEW YORK CITY RETURN OF PARTNERSHIP INCOME

2010 NEW YORK CITY ESTIMATED TAX VOUCHERS

2009 FORM CT K-1T

SEPARATELY MAIL CALIFORNIA FORM 3522 TO THE ADDRESS INDICATED
ON THE FORM.

WE RECOMMEND THAT YOU SEND THE RETURNS TO THE TAXING
AUTHORITIES BY CERTIFIED MAIL WITH A REQUEST FOR A RETURN
RECEIPT. PLEASE RETAIN THE RECEIPT AS A PROOF OF TIMELY
FILING.

NEW YORK STATE FORM IT-2658-E MUST BE SIGNED BY ADAM GOLDBERG
AND RETAINED IN YOUR FILES.

YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

BELL & COMPANY LLP

2009 TAX RETURN FILING INSTRUCTIONS

U.S. PARTNERSHIP RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2009.

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412
To be signed and dated by	A MEMBER OF THE LLC
Amount of tax	NOT APPLICABLE
Mail tax return to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-PE TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN.
Forms to be distributed to partners	ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE MEMBERS.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS.

SUMMARY OF SCHEDULE K-1

Entity Name:	Number 1	Number 2	Number 3	Number	Number	Number	Number
TELCO EXPERTS LLC	Name:	Name:	Name:	Name:	Name:	Name:	Name:
Schedule K-1 Line/Item Description	ESK CONSULTANTS LLC	ADAM GOLDBERG	PETER GOLDBERG	K-1 TOTALS			
1 - ORDINARY BUSINESS INCOME (LOSS)	3,101.	3,102.	3,101.	9,304.			
4 - GUARANTEED PAYMENTS	229,000.	155,000.	155,000.	539,000.			
12 - SECTION 179 DEDUCTION	520.	521.	520.	1,561.			
13(A) - CASH CONTRIBUTIONS (50%)	800.	800.	800.	2,400.			
14(A) - NET EARNINGS (LOSS) FROM SELF-EMPLOYMENT	232,101.	158,102.	158,101.	548,304.			
14(C) - GROSS NONFARM INCOME	268,533.	268,534.	268,533.	805,600.			
18(C) - NONDEDUCTIBLE EXPENSES	1,131.	1,132.	1,131.	3,394.			
CAPITAL ACCOUNTS							
BEGINNING OF YEAR	21,693.	21,694.	21,693.	65,080.			
CONTRIBUTIONS				0.			
CURRENT YEAR INCREASES (DECREASES)	650.	649.	650.	1,949.			
WITHDRAWALS & DISTRIBUTIONS				0.			
END OF YEAR	22,343.	22,343.	22,343.	67,029.			
LIABILITIES - RECOURSE	66,238.	66,239.	66,238.	198,715.			

Two-Year Comparison - Partnership

2009

Name of partnership	Employer identification number
TELCO EXPERTS LLC	26-1287244

Description	Prior Year	Current Year	Increase (Decrease)
NUMBER OF PARTNERS	3.	3.	0.
TRADE OR BUSINESS INCOME OR LOSS:			
INCOME:			
GROSS RECEIPTS OR SALES	618,409.	2,399,588.	1,781,179.
COST OF GOODS SOLD:			
OTHER COSTS	515,811.	1,593,988.	1,078,177.
TOTAL	515,811.	1,593,988.	1,078,177.
COST OF GOODS SOLD	515,811.	1,593,988.	1,078,177.
GROSS PROFIT	102,598.	805,600.	703,002.
TOTAL INCOME (LOSS)	102,598.	805,600.	703,002.
DEDUCTIONS:			
SALARIES AND WAGES	27,775.	42,339.	14,564.
GUARANTEED PAYMENTS TO PARTNERS	0.	539,000.	539,000.
REPAIRS AND MAINTENANCE	729.	0.	-729.
RENT	4,650.	21,050.	16,400.
TAXES AND LICENSES	3,798.	9,782.	5,984.
INTEREST	233.	21.	-212.
DEPRECIATION	18,668.	5,542.	-13,126.
EMPLOYEE BENEFIT PROGRAMS	1,775.	5,366.	3,591.
OTHER DEDUCTIONS	60,891.	173,196.	112,305.
TOTAL DEDUCTIONS	118,519.	796,296.	677,777.
ORDINARY INCOME (LOSS)	-15,921.	9,304.	25,225.
SCHEDULE K:			
INCOME (LOSS):			
ORDINARY TRADE/BUSINESS INCOME/LOSS	-15,921.	9,304.	25,225.
GUARANTEED PAYMENTS TO PARTNERS	0.	539,000.	539,000.
CHARITABLE CONTRIBUTIONS	0.	2,400.	2,400.
SECTION 179 EXPENSE DEDUCTION	0.	1,561.	1,561.
SELF-EMPLOYMENT:			
EARNINGS/LOSS FROM SELF-EMPLOYMENT	-15,921.	548,304.	564,225.
GROSS NONFARM INCOME	102,598.	805,600.	703,002.

911811 / 04-24-09

Two-Year Comparison - Partnership

2009

Name of partnership	Employer identification number
TELCO EXPERTS LLC	26-1287244

Description	Prior Year	Current Year	Increase (Decrease)
OTHER :			
NONDEDUCTIBLE EXPENSES	842.	3,394.	2,552.
SCHEDULE M-1 :			
NET INCOME (LOSS) PER BOOKS	-16,763.	1,949.	18,712.
GUARANTEED PAYMENTS	0.	539,000.	539,000.
TRAVEL AND ENTERTAINMENT	842.	3,034.	2,192.
OTHER BOOK EXPENSES NOT ON SCH K	0.	360.	360.
TOTAL- NET BOOK INC THROUGH EXPENSE	-15,921.	544,343.	560,264.
INCOME (LOSS)	-15,921.	544,343.	560,264.
SCHEDULE M-2 :			
CAPITAL AT BEGINNING OF YEAR	36,843.	65,080.	28,237.
CAPITAL CONTRIBUTED DURING YEAR	45,000.	0.	-45,000.
NET INCOME (LOSS) PER BOOKS	-16,763.	1,949.	18,712.
TOTAL- BEGINNING CAP THROUGH INCR	65,080.	67,029.	1,949.
TOTAL- CASH CONT THROUGH OTHER DECR	0.	0.	
CAPITAL BALANCE AT END OF YEAR	65,080.	67,029.	1,949.

911811 / 04-24-09

Two-Year Comparison - Partnership

2009

Name of partnership TELCO EXPERTS LLC	Employer identification number 26-1287244
---	---

Description	Prior Year	Current Year	Increase (Decrease)
OTHER :			
NONDEDUCTIBLE EXPENSES	842.	3,394.	2,552.
SCHEDULE M-1:			
NET INCOME (LOSS) PER BOOKS	-16,763.	1,949.	18,712.
GUARANTEED PAYMENTS	0.	539,000.	539,000.
TRAVEL AND ENTERTAINMENT	842.	3,034.	2,192.
OTHER BOOK EXPENSES NOT ON SCH K	0.	360.	360.
TOTAL- NET BOOK INC THROUGH EXPENSE	-15,921.	544,343.	560,264.
INCOME (LOSS)	-15,921.	544,343.	560,264.
SCHEDULE M-2:			
CAPITAL AT BEGINNING OF YEAR	36,843.	65,080.	28,237.
CAPITAL CONTRIBUTED DURING YEAR	45,000.	0.	-45,000.
NET INCOME (LOSS) PER BOOKS	-16,763.	1,949.	18,712.
TOTAL- BEGINNING CAP THROUGH INCR	65,080.	67,029.	1,949.
TOTAL- CASH CONT THROUGH OTHER DECR	0.	0.	
CAPITAL BALANCE AT END OF YEAR	65,080.	67,029.	1,949.

911811 / 04-24-09

Expanded Capital Account Summary

Name **TELCO EXPERTS LLC** I.D. Number **26-1287244**

Partner Number	ESK CONSULTANTS LLC	Partner's Identification Number
<u>1</u>	237 MAYFAIR DRIVE	<u>20-2113320</u>
	BROOKLYN, NY 11234	

Beginning Capital	Capital Contributed	Schedule M-2, Lines 3, 4 & 7	Withdrawals	Ending Capital
<u>21,693.</u>		<u>650.</u>		<u>22,343.</u>

Partner Number	ADAM GOLDBERG	Partner's Identification Number
<u>2</u>	33 WINDING WAY	<u>082-50-3812</u>
	WAYNE, NJ 07470	

Beginning Capital	Capital Contributed	Schedule M-2, Lines 3, 4 & 7	Withdrawals	Ending Capital
<u>21,694.</u>		<u>649.</u>		<u>22,343.</u>

Partner Number	PETER GOLDBERG	Partner's Identification Number
<u>3</u>	1520 YORK AVENUE	<u>082-50-3829</u>
	NEW YORK, NY 10028	

Beginning Capital	Capital Contributed	Schedule M-2, Lines 3, 4 & 7	Withdrawals	Ending Capital
<u>21,693.</u>		<u>650.</u>		<u>22,343.</u>

Partner Number		Partner's Identification Number

Beginning Capital	Capital Contributed	Schedule M-2, Lines 3, 4 & 7	Withdrawals	Ending Capital

Total For All Partner's Capital Accounts

Beginning Capital	Capital Contributed	Schedule M-2, Lines 3, 4 & 7	Withdrawals	Ending Capital
<u>65,080.</u>	<u>0.</u>	<u>1,949.</u>	<u>0.</u>	<u>67,029.</u>

	Within		Everywhere	
	Beginning of Year	End of Year	Beginning of Year	End of Year
Inventories				
Land				
Buildings				
Buildings - accumulated depreciation				
Machinery				
Equipment	13,852.	34,082.	13,852.	34,082.
Machinery and equipment - accumulated depreciation				
Furniture and fixtures				
Furniture and fixtures - accumulated depreciation				
Transportation/delivery equipment				
Transportation/delivery equipment - accumulated depreciation				
Other depreciable assets				
Other depreciable assets - accumulated depreciation				
Depletable assets				
Depletable assets - accumulated depletion				
Leasehold improvements				
Leasehold improvements - accumulated amortization				
Supplies				
Other tangible property				
Buildings - construction in progress				
Machinery - construction in progress				
Equipment - construction in progress				
Transportation/delivery - construction in progress				
Other - construction in progress				
Less: Total construction in progress				
Miscellaneous other				
Subtotals	13,852.	34,082.	13,852.	34,082.
Average property		23,967.		23,967.
Real property rented - rental expense (multiplied by 8)		168,400.		168,400.
Tangible property rented - rental expense (multiplied by 8)				
Miscellaneous rental expense (multiplied by 8)				
Total property		192,367.		192,367.

Payroll Apportionment

	Within	Everywhere
Cost of goods sold		
Cost of operations		
Compensation of officers		
Salesmen's salaries		
Salesmen's commissions		
General and administrative wages and salaries	42,339.	42,339.
Repairs		
Others		
Miscellaneous other		
Total payroll	42,339.	42,339.

Sales Apportionment

	Within	Everywhere
Sales of tangible personal property		
- Returns and allowances		
Sales from outside the state to within the state		
Sales from within the state to within the state		
Sales from within the state to U.S. government		
Sales from within the state to nontaxable jurisdictions		
Interest		
Dividends		
Rents		
Royalties		
Gain from sales of real and tangible personal property		
Gain from sales of intangibles		
Service income	199,460.	2,399,588.
Other receipts		
Miscellaneous other		
Total sales	199,460.	2,399,588.

SALES FACTOR	Apportionment Summary Worksheet			2009
TELCO EXPERTS LLC				26-1287244
	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
Alabama				
Alaska				
Arizona				
Arkansas				
California	10,683.	2,399,588.	.004452	.008904
Colorado				
Connecticut	72,305.	2,399,588.	.030100	.030100
Delaware				
District of Columbia				
Florida	1,845.	2,399,588.	.000769	.000769
Georgia				
Hawaii				
Idaho				
Illinois	8,778.	2,399,588.	.003658	.003658
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland	2,539.	2,399,588.	.001058	.001058
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri		2,399,588.	.001899	.001899
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York	1,938,102.	2,399,588.	.807681	.807681
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania	25,566.	2,399,588.	.010654	.000000
Rhode Island				
South Carolina				
South Dakota				
Tennessee	132,142.	2,399,588.	.055069	.110138
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				
Foreign				
Other				
Total	N/A	N/A	N/A	.964207

Total
9/10/31
04-24-09

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
* Battle Creek				
* Detroit				
* Flint				
* Grand Rapids				
* Highland Park				
* Lansing				
* Pontiac				
* Port Huron				
* Saginaw				
* New York City	0.	2,399,588.	.788200	.000000
* New York - MCTD				
* Muskegon				
* Muskegon Heights				

* Not included in everywhere totals

COPY

SUMMARY

Apportionment Summary Worksheet

2009

**TELCO EXPERTS LLC
SUMMARY OF FACTORS**

26-1287244

	PROPERTY	PAYROLL	SALES	APPORTIONMENT
Alabama				
Alaska				
Arizona				
Arkansas				
California .....			.008904	.004452
Colorado				
Connecticut .....			.030100	.030100
Delaware				
District of Columbia				
Florida .....			.000769	.000769
Georgia				
Hawaii				
Idaho				
Illinois .....			.003658	.003658
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland .....			.001058	.000529
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri .....			.001899	.001899
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York .....			.807681	.807681
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania .....			.000000	.010654
Rhode Island				
South Carolina				
South Dakota				
Tennessee .....			.110138	.055069
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				
Foreign				
Other				
Total .....			.964207	.914811

910731
04-24-09

SUMMARY

Apportionment Summary Worksheet (Continued)

2009

TELCO EXPERTS LLC

26-1287244

SUMMARY OF FACTORS

	PROPERTY	PAYROLL	SALES	APPORTIONMENT
* Battle Creek				
* Detroit				
* Flint				
* Grand Rapids				
* Highland Park				
* Lansing				
* Pontiac				
* Port Huron				
* Saginaw				
* New York City .....			.000000	.788200
* New York - MCTD				
* Muskegon				
* Muskegon Heights				

* Not included in everywhere totals

COPY

Form **8879-PE**

**IRS e-file Signature Authorization
for Form 1065**

2009

Department of the Treasury
Internal Revenue Service

For calendar year 2009, or tax year beginning _____, 2009, ending _____, 20__

▶ See instructions. Do not send to the IRS. Keep for your records.

Name of partnership

TELCO EXPERTS LLC

Employer identification number

26-1287244

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	2,399,588.
2	Gross profit (Form 1065, line 3)	2	805,600.
3	Ordinary business income (loss) (Form 1065, line 22)	3	9,304.
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II Declaration and Signature Authorization of General Partner or Limited Liability Company Member Manager (Be sure to get a copy of the partnership's return)

Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that I have examined a copy of the partnership's 2009 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the partnership's electronic tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, and (b) the reason for any delay in processing the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic income tax return.

General Partner or Limited Liability Company Member Manager's PIN: check one box only

I authorize **BELL & COMPANY LLP** ERO firm name to enter my PIN **07070** do not enter all zeros as my signature on the partnership's 2009 electronically filed income tax return.

As a general partner or limited liability company member manager of the partnership, I will enter my PIN as my signature on the partnership's 2009 electronically filed income tax return.

General partner or limited liability company member manager's signature ▶ ******* THIS IS NOT A FILEABLE COPY *******
Title ▶ **MANAGING MEMBER** Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **13344788705**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed income tax return for the partnership indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

For Paperwork Reduction Act Notice, see instructions.

Form **8879-PE** (2009)

LHA

U.S. Return of Partnership Income

OMB No. 1545-0099

For calendar year 2009, or tax year beginning _____, ending _____

2009

A Principal business activity TELEPHONE SERVICES	Use the IRS label. Otherwise, print or type.	Name of partnership TELCO EXPERTS LLC	D Employer identification number 26-1287244
B Principal product or service TELEPHONE SERVICES		Number, street, and room or suite no. If a P.O. box, see the instructions. 38 PARK AVENUE	E Date business started 08/14/2007
C Business code number 517000		City or town, state, and ZIP code RUTHERFORD NJ 07070	F Total assets \$ 265,744.

G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return (6) Technical termination - also check (1) or (2)

H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) 3

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year 3

J Check if Schedules C and M-3 are attached

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a	Gross receipts or sales	1a	2,399,588.			
	b	Less returns and allowances	1b		1c	2,399,588.	
	2	Cost of goods sold (Schedule A, line 8)	2		1,593,988.		
	3	Gross profit. Subtract line 2 from line 1c	3		805,600.		
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4				
	5	Net farm profit (loss) (attach Schedule F (Form 1040))	5				
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6				
	7	Other income (loss) (attach statement)	7				
8	Total income (loss). Combine lines 3 through 7	8				805,600.	
Deductions (see the instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)	9		42,339.		
	10	Guaranteed payments to partners	10		539,000.		
	11	Repairs and maintenance	11				
	12	Bad debts	12				
	13	Rent	13		21,050.		
	14	Taxes and licenses	14		9,782.		
	15	Interest	15		21.		
	16 a	Depreciation (if required, attach Form 4562)	16a	5,542.			
	b	Less depreciation reported on Schedule A and elsewhere on return	16b		16c	5,542.	
	17	Depletion (Do not deduct oil and gas depletion.)	17				
	18	Retirement plans, etc.	18				
	19	Employee benefit programs	19		5,366.		
	20	Other deductions (attach statement)	20		173,196.		
	21	Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21			796,296.	
22	Ordinary business income (loss). Subtract line 21 from line 8	22			9,304.		

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 general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member manager Date

May the IRS discuss this return with the preparer shown below (see Instr.?) Yes No

Paid Preparer's signature Date Check if self-employed Preparer's SSN or PTIN **P00598705**

Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP code **BELL & COMPANY LLP** EIN **13-3565602**
350 FIFTH AVE STE 7412 Phone no. **212-683-6111**
NEW YORK, NY 10118-7412

	Yes	No
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details		X
6 Does the partnership satisfy all four of the following conditions? a The partnership's total receipts for the tax year were less than \$250,000. b The partnership's total assets at the end of the tax year were less than \$ 1 million. c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. d The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.	X	
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
10 At any time during calendar year 2009, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. ▶		X
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than entities wholly-owned by the partnership throughout the tax year) ▶ <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ▶	Identifying number of TMP ▶
If the TMP is an entity, name of TMP representative ▶	Phone number of TMP ▶
Address of designated TMP ▶	

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	9,304.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3 a 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 Guaranteed payments	4	539,000.
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ▶	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	1,561.
	13 a Contributions SEE STATEMENT 4	13a	2,400.
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
d Other deductions (see instructions) Type ▶	13d		
Self-Employment	14 a Net earnings (loss) from self-employment	14a	548,304.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	805,600.
Credits	15 a Low-income housing credit (section 42(i)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16 a Name of country or U.S. possession ▶		
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Passive category ▶ e General category ▶ f Other ▶	16f	
	Deductions allocated and apportioned at partner level		
	g Interest expense ▶ h Other ▶	16h	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive category ▶ j General category ▶ k Other ▶	16k	
	l Total foreign taxes (check one): Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l	
m Reduction in taxes available for credit (attach statement)	16m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18 a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses SEE STATEMENT 5	18c	3,394.
	19 a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20 a Investment income	20a	
b Investment expenses	20b		
c Other items and amounts (attach statement)			

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l						1	544,343.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other	
a General partners							
b Limited partners			544,343.				

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		102,308.		242,433.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7 Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets	32,521.		34,082.	
b Less accumulated depreciation	18,668.	13,853.	25,771.	8,311.
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)	STATEMENT 6	15,000.		15,000.
14 Total assets		131,161.		265,744.
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				75,814.
17 Other current liabilities (attach statement)	STATEMENT 7	63,581.		115,583.
18 All nonrecourse loans				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)	STATEMENT 8	2,500.		7,318.
21 Partners' capital accounts		65,080.		67,029.
22 Total liabilities and capital		131,161.		265,744.

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

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

1 Net income (loss) per books	1,949.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)	539,000.	7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$ 3,034.		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	544,343.
STMT 9 360.	3,394.		
5 Add lines 1 through 4	544,343.		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	65,080.	6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	1,949.	8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	67,029.
5 Add lines 1 through 4	67,029.		

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property) OTHER 1

▶ See separate instructions. ▶ Attach to your tax return.

Business or activity to which this form relates

Identifying number

TELCO EXPERTS LLC

26-1287244

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

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	1,561.
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000.

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	EQUIPMENT	1,561.	1,561.

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	1,561.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	1,561.
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	250,000.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	1,561.
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

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

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	5,542.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	5,542.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

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

26 Property used more than 50% in a qualified business use:

	(c) %	(d) Cost or other basis	(e) Basis for depreciation	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
	%						
	%						
	%						

27 Property used 50% or less in a qualified business use:

	(c) %	(d) Cost or other basis	(e) Basis for depreciation	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
	%				S/L -		
	%				S/L -		
	%				S/L -		

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

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

Section B - Information on Use of Vehicles

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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2009 tax year:

(a)	(b)	(c)	(d)	(e)	(f)

43 Amortization of costs that began before your 2009 tax year 43

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

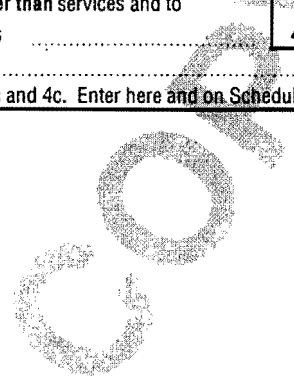
2009 DEPRECIATION AND AMORTIZATION REPORT

OTHER 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
1	EQUIPMENT	01/08/08	200DE	5.00	MC	17	2,622.			1,311.	1,311.	459.		341.	800.	
2	EQUIPMENT	01/31/08	200DE	5.00	MC	17	813.			407.	406.	142.		106.	248.	
3	EQUIPMENT	05/19/08	200DE	5.00	MC	17	1,615.			808.	807.	202.		242.	444.	
4	EQUIPMENT	05/20/08	200DE	5.00	MC	17	5,332.			2,666.	2,666.	667.		800.	1,467.	
5	EQUIPMENT	06/26/08	200DE	5.00	MC	17	3,826.			1,913.	1,913.	478.		574.	1,052.	
6	EQUIPMENT	12/02/08	200DE	5.00	MC	17	12,313.			6,157.	6,156.	308.		2,339.	2,647.	
7	EQUIPMENT	12/15/08	200DE	5.00	MC	17	6,000.			3,000.	3,000.	150.		1,140.	1,290.	
8	EQUIPMENT	06/24/09	200DE	5.00	HY	19B	1,561.		1,561.				1,561.	1,561.		
* TOTAL OTHER DEPRECIATION							34,082.		1,561.	16,262.	16,259.	2,406.	1,561.	7,103.	7,948.	
CURRENT YEAR ACTIVITY																
BEGINNING BALANCE							32,521.		0.	16,262.	16,259.	2,406.				7,948.
ACQUISITIONS							1,561.		1,561.	0.	0.	0.				0.
DISPOSITIONS							0.		0.	0.	0.	0.				0.
ENDING BALANCE							34,082.		1,561.	16,262.	16,259.	2,406.				7,948.

Worksheet for Figuring Net Earnings (Loss) From Self-Employment

Name of partnership		Employer identification number	
TELCO EXPERTS LLC		26-1287244	
1 a Ordinary income (loss) (Schedule K, line 1)	1a	9,304.	
b Net income (loss) from CERTAIN rental real estate activities	1b		
c Net income (loss) from other rental activities (Schedule K, line 3c)	1c		
d Net loss from Form 4797, Part II, line 17, included on line 1a above. Enter as a positive amount	1d		
e Other additions	1e		
f Combine lines 1a through 1e	1f	9,304.	
2 a Net gain from Form 4797, Part II, line 17, included on line 1a above	2a		
b Other subtractions	2b		
c Add lines 2a and 2b	2c		
3 a Subtract line 2c from line 1f. If line 1f is a loss, increase the loss on line 1f by the amount on line 2c	3a	9,304.	3c 9,304.
b Part of line 3a allocated to limited partners, estates, trusts, corporations, exempt organizations, and IRAs	3b		
c Subtract line 3b from line 3a			
4 a Guaranteed payments to partners (Schedule K, line 4) derived from a trade or business as defined in section 1402(c)	4a	539,000.	4c 539,000.
b Part of line 4a allocated to individual limited partners for other than services and to estates, trusts, corporations, exempt organizations, and IRAs	4b		
c Subtract line 4b from line 4a			
5 Net earnings (loss) from self-employment. Combine lines 3c and 4c. Enter here and on Schedule K, line 14a	5	548,304.	



FORM 1065	TAX EXPENSE	STATEMENT 1
DESCRIPTION		AMOUNT
CALIFORNIA TAXES - BASED ON INCOME		4,100.
NEW JERSEY TAXES - BASED ON INCOME		269.
NY TAF TAX		1,064.
PAYROLL TAX EXPENSE		4,249.
TENNESSEE TAXES - BASED ON INCOME		100.
TOTAL TO FORM 1065, LINE 14		9,782.

FORM 1065	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ACCOUNTING		22,483.
ADVERTISING AND MARKETING		14,543.
ANSWERING SERVICE		1,573.
BILLING EXPENSE		50,329.
COMPUTER AND SOFTWARE EXPENSE		1,318.
CREDIT CARD DISCOUNTS		7,278.
DUES AND SUBSCRIPTIONS		1,495.
FILING FEES		9,216.
GENERAL INSURANCE		1,173.
HOLIDAY EXPENSE		279.
LEGAL		33,615.
LICENSES AND PERMITS		804.
MEALS AND ENTERTAINMENT		3,034.
OFFICE SUPPLIES AND EXPENSE		6,569.
OUTSIDE SERVICES		2,750.
PAYROLL SERVICE		1,181.
POSTAGE		2,185.
TELEPHONE AND INTERNET ACCESS		5,753.
TRAVEL		5,938.
UTILITIES		1,384.
WORKERS' COMPENSATION		296.
TOTAL TO FORM 1065, LINE 20		173,196.

COPY

SCHEDULE A OTHER COSTS STATEMENT 3

DESCRIPTION	AMOUNT
COMMISSION EXPENSE	111,704.
CONSULTING	256,202.
HOST MONITORING	2,855.
INSTALLATION COSTS	243,586.
ISP PROVIDER	953,433.
NUMBER INVENTORY	26,208.
TOTAL TO FORM 1065, PAGE 2, LINE 5	1,593,988.

SCHEDULE K CHARITABLE CONTRIBUTIONS STATEMENT 4

DESCRIPTION	TYPE	AMOUNT
CHARITABLE CONTRIBUTIONS	CASH (50%)	2,400.
TOTALS TO SCHEDULE K, LINE 13A		2,400.

SCHEDULE K NONDEDUCTIBLE EXPENSE STATEMENT 5

DESCRIPTION	AMOUNT
PENALTIES	360.
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	3,034.
TOTAL TO SCHEDULE K, LINE 18C	3,394.

SCHEDULE L OTHER ASSETS STATEMENT 6

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS	15,000.	15,000.
TOTAL TO SCHEDULE L, LINE 13	15,000.	15,000.

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	7
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
AMERICAN EXPRESS PAYABLE	41,972.		
SALES TAX PAYABLE	21,609.	115,583.	
TOTAL TO SCHEDULE L, LINE 17	63,581.	115,583.	

SCHEDULE L	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
CUSTOMER SECURITY DEPOSITS	2,500.	7,318.	
TOTAL TO SCHEDULE L, LINE 20	2,500.	7,318.	

SCHEDULE M-1	EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN RETURN	STATEMENT	9
DESCRIPTION		AMOUNT	
PENALTIES		360.	
TOTAL TO SCHEDULE M-1, LINE 4		360.	

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
1	EQUIPMENT	010808	200DB	5.00	2,622.	459.	341.	341.	0.
2	EQUIPMENT	013108	200DB	5.00	813.	142.	106.	106.	0.
3	EQUIPMENT	051908	200DB	5.00	1,615.	202.	242.	242.	0.
4	EQUIPMENT	052008	200DB	5.00	5,332.	667.	800.	800.	0.
5	EQUIPMENT	062608	200DB	5.00	3,826.	478.	574.	574.	0.
6	EQUIPMENT	120208	200DB	5.00	12,313.	308.	2,339.	2,339.	0.
7	EQUIPMENT	121508	200DB	5.00	6,000.	150.	1,140.	1,140.	0.
8	EQUIPMENT	062409	200DB	5.00	1,561.	0.	1,561.	1,561.	0.
TOTALS					34,082.	2,406.	7,103.	7,103.	0.

Schedule K-1 (Form 1065)

2009

Final K-1 Amended K-1 OMB No. 1545-0099

Department of the Treasury Internal Revenue Service

For calendar year 2009, or tax year beginning ending

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

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

Part I Information About the Partnership

A Partnership's employer identification number 26-1287244
B Partnership's name, address, city, state, and ZIP code TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
C IRS Center where partnership filed return OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number 20-2113320
F Partner's name, address, city, state, and ZIP code ESK CONSULTANTS LLC 237 MAYFAIR DRIVE BROOKLYN, NY 11234
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I What type of entity is this partner? DISREGARDED ENTITY
J Partner's share of profit, loss, and capital: Beginning Ending Profit 33.3333333% 33.3333333% Loss 33.3333333% 33.3333333% Capital 33.3333333% 33.3333333%
K Partner's share of liabilities at year end: Nonrecourse \$ Qualified nonrecourse financing \$ Recourse \$ 66,238.
L Partner's capital account analysis: Beginning capital account \$ 21,693. Capital contributed during the year \$ Current year increase (decrease) \$ 650. Withdrawals & distributions \$(Ending capital account \$ 22,343.
M Did the partner contribute property with a built-in gain or loss? Yes No
If "Yes", attach statement (see instructions)

1 Ordinary business income (loss) 3,101.
2 Net rental real estate income (loss)
3 Other net rental income (loss)
4 Guaranteed payments 229,000.
5 Interest income
6a Ordinary dividends
6b Qualified dividends
7 Royalties
8 Net short-term capital gain (loss)
9a Net long-term capital gain (loss)
9b Collectibles (28%) gain (loss)
9c Unrecaptured sec 1250 gain
10 Net section 1231 gain (loss)
11 Other income (loss)
12 Section 179 deduction 520.
13 Other deductions A 800.
14 Self-employment earnings (loss) A 232,101. C 268,533.
15 Credits
16 Foreign transactions
17 Alternative min tax (AMT) items
18 Tax-exempt income and nondeductible expenses C* STMT
19 Distributions
20 Other information

*See attached statement for additional information. For IRS Use Only

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	NONDEDUCTIBLE PORTION	1,011.
PENALTIES		120.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		1,131.

SCHEDULE K-1 CURRENT YEAR INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	3,101.	
SCHEDULE K-1 INCOME SUBTOTAL		3,101.
SECTION 179 EXPENSE	-520.	
CHARITABLE CONTRIBUTIONS	-800.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-1,320.
NONDEDUCTIBLE EXPENSES	-1,131.	
OTHER INCREASES OR DECREASES SUBTOTAL		-1,131.
TOTAL TO SCHEDULE K-1, ITEM L		650.

COPY

Schedule K-1 (Form 1065)

2009

Final K-1 Amended K-1 OMB No. 1545-0099

Department of the Treasury Internal Revenue Service

For calendar year 2009, or tax year beginning ending

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

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

Part I Information About the Partnership

A Partnership's employer identification number 26-1287244
B Partnership's name, address, city, state, and ZIP code TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
C IRS Center where partnership filed return OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number 082-50-3812
F Partner's name, address, city, state, and ZIP code ADAM GOLDBERG 33 WINDING WAY WAYNE, NJ 07470
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I What type of entity is this partner? INDIVIDUAL
J Partner's share of profit, loss, and capital: Beginning Ending Profit 33.3333333% 33.3333333% Loss 33.3333333% 33.3333333% Capital 33.3333333% 33.3333333%
K Partner's share of liabilities at year end: Nonrecourse Qualified nonrecourse financing Recourse 66,239.

L Partner's capital account analysis: Beginning capital account 21,694. Capital contributed during the year Current year increase (decrease) 649. Withdrawals & distributions Ending capital account 22,343.

M Did the partner contribute property with a built-in gain or loss? Yes No
If "Yes", attach statement (see instructions)

1 Ordinary business income (loss) 3,102.
2 Net rental real estate income (loss)
3 Other net rental income (loss)
4 Guaranteed payments 155,000.
5 Interest income
6a Ordinary dividends
6b Qualified dividends
7 Royalties
8 Net short-term capital gain (loss)
9a Net long-term capital gain (loss)
9b Collectibles (28%) gain (loss)
9c Unrecaptured sec 1250 gain
10 Net section 1231 gain (loss)
11 Other income (loss)
12 Section 179 deduction 521.
13 Other deductions 800.
14 Self-employment earnings (loss) A 158,102. C 268,534.
15 Credits
16 Foreign transactions
17 Alternative min tax (AMT) items
18 Tax-exempt income and nondeductible expenses C* STMT
19 Distributions
20 Other information

*See attached statement for additional information. For IRS Use Only

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	NONDEDUCTIBLE PORTION	1,012.
PENALTIES		120.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		1,132.

SCHEDULE K-1 CURRENT YEAR INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	3,102.	
SCHEDULE K-1 INCOME SUBTOTAL		3,102.
SECTION 179 EXPENSE	-521.	
CHARITABLE CONTRIBUTIONS	-800.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-1,321.
NONDEDUCTIBLE EXPENSES	-1,132.	
OTHER INCREASES OR DECREASES SUBTOTAL		-1,132.
TOTAL TO SCHEDULE K-1, ITEM L		649.

Schedule K-1 (Form 1065)

2009

Final K-1 Amended K-1 OMB No. 1545-0099

Department of the Treasury Internal Revenue Service

For calendar year 2009, or tax year beginning ending

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part III: Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 3 columns: Item number, Description, and Amount. Includes items 1-14 and 15-20.

For IRS Use Only. *See attached statement for additional information.

Part I Information About the Partnership

Form for Part I: A Partnership's employer identification number, B Partnership's name, address, city, state, and ZIP code, C IRS Center where partnership filed return, D Check if this is a publicly traded partnership (PTP).

Part II Information About the Partner

Form for Part II: E Partner's identifying number, F Partner's name, address, city, state, and ZIP code, G General partner or LLC member-manager, H Domestic partner, I What type of entity is this partner?, J Partner's share of profit, loss, and capital, K Partner's share of liabilities at year end, L Partner's capital account analysis.

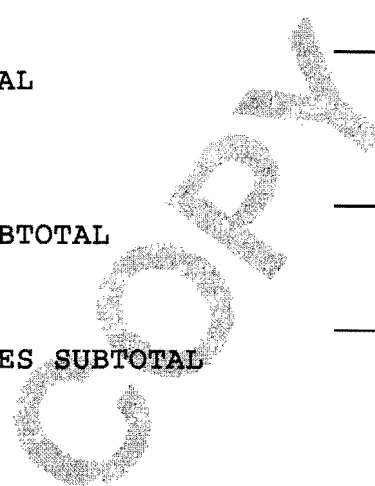
Form for Part III: M Did the partner contribute property with a built-in gain or loss? Tax basis, GAAP, Section 704(b) book, Other (explain).

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	NONDEDUCTIBLE PORTION	1,011.
PENALTIES		120.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		1,131.

SCHEDULE K-1 CURRENT YEAR INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	3,101.	
SCHEDULE K-1 INCOME SUBTOTAL		3,101.
SECTION 179 EXPENSE	-520.	
CHARITABLE CONTRIBUTIONS	-800.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-1,320.
NONDEDUCTIBLE EXPENSES	-1,131.	
OTHER INCREASES OR DECREASES SUBTOTAL		-1,131.
TOTAL TO SCHEDULE K-1, ITEM L		650.



2009 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 568

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412
To be signed and dated by	NOT APPLICABLE
Amount of tax	NOT APPLICABLE
Mail tax return to	THE CALIFORNIA RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-LLC TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB.
Forms to be distributed to partners	ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE MEMBERS.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

2010 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 3522

FOR THE YEAR ENDING
DECEMBER 31, 2010

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412
Amount due or refund	BALANCE DUE \$800
Make check payable to	FRANCHISE TAX BOARD
Mail tax return and check (if applicable) to	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0631
Return must be mailed on or before	APRIL 15, 2010
Special Instructions	

SUMMARY OF SCHEDULE K-1

Entity Name:	Number 1	Number 2	Number 3	Number	Number	Number	Number
TELCO EXPERTS LLC	Name:	Name:	Name:	Name:	Name:	Name:	Name:
Schedule K-1 Line/Item Description	ESK CONSULTANTS LLC	ADAM GOLDBERG	PETER GOLDBERG	K-1 TOTALS			
1 - ORDINARY INCOME (LOSS)	2,743.	2,744.	2,743.	8,230.			
4 - GUARANTEED PAYMENTS TO PARTNERS	229,000.	155,000.	155,000.	539,000.			
12 - EXPENSE DEDUCTION FOR RECOVERY PROPERTY	520.	521.	520.	1,561.			
13(A) - CHARITABLE CONTRIBUTIONS	800.	800.	800.	2,400.			
17(A) - AMT - POST-1986 DEPRECIATION ADJUSTMENT	804.	803.	804.	2,411.			
18(C) - NONDEDUCTIBLE EXPENSES	2,621.	2,621.	2,621.	7,863.			
CAPITAL ACCOUNTS							
BEGINNING OF YEAR	21,693.	21,694.	21,693.	65,080.			
CONTRIBUTIONS				0.			
CURRENT YEAR INCREASES (DECREASES)	650.	649.	650.	1,949.			
WITHDRAWALS & DISTRIBUTIONS				0.			
END OF YEAR	22,343.	22,343.	22,343.	67,029.			
LIABILITIES - OTHER	66,238.	66,239.	66,238.	198,715.			

TAXABLE YEAR
2009

California e-file Return Authorization for Limited Liability Companies

FORM
8453-LLC

Limited liability company name	Identifying number
TELCO EXPERTS LLC	26-1287244

Part I Tax Return Information (whole dollars only)

1 Total income (Form 568, Schedule B, line 12)	1	805,600.00
2 Ordinary income (Form 568, Schedule B, line 23)	2	8,230.00
3 Tax and fee due (Form 568, line 10)	3	00
4 Overpayment (Form 568, line 11)	4	00
5 Total amount due (Form 568, line 16)	5	00

Part II Settle Your Account Electronically for Taxable Year 2009. (Due 04/15/10)

6 Electronic funds withdrawal 6a Amount 6b Withdrawal date (MM/DD/YYYY)

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2010 This is NOT an installment payment for the current amount the LLC owes.

	Annual Tax Payment	Estimated Fee Payment
7 Amount	0.	0.
8 Withdrawal date		

Part IV Banking Information (Have you verified the LLC's banking information?)

9 Routing number _____

10 Account number _____

11 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the limited liability company account be settled as designated in Parts II, III, and IV. If I check Box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and for the 2010 annual tax or estimated fee payment amount listed on line 7 from the account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above limited liability company and that the information I provided to my Electronic return originator (ERO), Transmitter, or Intermediate Service Provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2009 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay or the date when the refund was sent.

Sign Here

Signature of Officer _____ Date _____ Title **MANAGING MEMBER**

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company officer on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345B, 2009 e-file Handbook for Authorized e-file Providers of California Business Returns, and in FTB Pub 1345, 2009 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for four years from the due date of the return or four years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature _____ Date _____ Check if also paid preparer Check if self-employed ERO's SSN/PTIN **P00598705**

Firm's name (or yours if self-employed) and address **BELL & COMPANY LLP** FEIN **13-3565602**

350 FIFTH AVE STE 7412 ZIP Code **10118-7412**

NEW YORK, NY

Under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature _____ Date _____ Check if self-employed Paid preparer's SSN/PTIN _____

Firm's name (or yours if self-employed) and address _____ FEIN _____

ZIP Code _____

Voucher at bottom of page.

IF AMOUNT OF PAYMENT IS ZERO, DO NOT MAIL THIS VOUCHER.

WHERE TO FILE: Make check or money order payable to the "Franchise Tax Board."
Write the SOS file number or FEIN and "2010 FTB 3522"
on the check or money order. Detach voucher below. Enclose,
but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0631**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Fiscal Year - File and Pay by the 15th day of the 4th month
after the beginning of the taxable year.
Calendar Year - File and Pay by April 15, 2010.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is
extended to the next business day.

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

TAXABLE YEAR

CALIFORNIA FORM

2010 LLC Tax Voucher

3522

200904510318 TELC 26-1287244
TYB 01-01-10 TYE 12-31-10
TELCO EXPERTS LLC

10 FORM 0

38 PARK AVENUE
RUTHERFORD NJ 07070

Total Payment Amt 800.

Limited Liability Company Return of Income

For calendar year 2009 or fiscal year beginning month		day	year 2009, and ending month	day	year
Limited liability company name (type or print) TELCO EXPERTS LLC					
DBA					
Address (suite, room, PO Box, and PMB no.) 38 PARK AVENUE					
City RUTHERFORD			State NJ	ZIP Code 07070	
E Check accounting method • (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other		F Date business started in CA • 03/01/2008		G Enter total assets at end of year. See instructions. • \$ 265,744.	
H Check the applicable box • (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Amended return (3) <input type="checkbox"/> Other		I Principal business activity code (same as federal) • 517000		J Principal business activity name (same as federal) TELEPHONE SERV	
K Principal product or service (same as federal) TELEPHONE SERVICES		L Principal business activity code (same as federal) • 517000			

		Whole dollars only	
Enclose, but do not staple, any payment.	1 Total income from Limited Liability Company Income Worksheet. See instructions	1	10,683.00
	2 Limited Liability Company fee. See instructions	2	0.00
	3 2009 annual Limited Liability Company tax. See instructions	3	800.00
	4 Nonconsenting nonresident members' tax liability from Schedule T (Side 3)	4	00
	5 Total tax and fee. Add line 2, line 3, and line 4	5	800.00
	6 Amount paid with form FTB 3537 and 2009 form FTB 3522 and form FTB 3536 SEE STATEMENT 1	6	800.00
	7 Overpayment from prior year allowed as a credit	7	00
	8 2009 Resident/nonresident or real estate withholding. See instructions	8	00
	9 Total payments. Add line 6, line 7, and line 8	9	800.00
	10 Tax and fee due. If line 5 is more than line 9, subtract line 9 from line 5	10	00
	11 Overpayment. If line 9 is more than line 5, subtract line 5 from line 9	11	00
	12 Amount of line 11 to be credited to 2010 tax or fee	12	00
	13 Use Tax. See instructions	13	00
	14 Refund. If the total of line 12 and line 13 is less than line 11; subtract the total from line 11	14	0.00
	15 Penalties and interest. See instructions	15	0.00
	16 Total amount due. Add line 10, line 12, line 13, and line 15, then subtract line 11 from the result	16	0.00

Single Member LLC Information and Consent - Complete only if the LLC is disregarded.		Federal TIN/SSN	
Sole Owner's name (as shown on owner's return)		FEIN/CA Corp no./SOS File no.	

Street Address, City, State, and ZIP Code		Return filed with the FTB by the Owner	
Member's Consent Statement: I consent to the jurisdiction of the State of California to tax my LLC income and agree to file returns and pay tax as may be required by the Franchise Tax Board.		<input type="checkbox"/> (1) Form 540 <input type="checkbox"/> (5) Form 541 <input type="checkbox"/> (2) Form 100 <input type="checkbox"/> (6) Form 100S <input type="checkbox"/> (3) Form 565 <input type="checkbox"/> (7) Form 568 <input type="checkbox"/> (4) Other	
Signature	Date	Title	

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.		Date	Telephone
	Signature of officer			
Paid Preparer's Use Only	Paid preparer's signature		Date	Paid preparer's SSN/PTIN • P00598705
	Firm's name (or yours, if self-employed) BELL & COMPANY LLP and address 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412		Check if self-employed <input type="checkbox"/>	FEIN • 13-3565602 Telephone • 212-683-6111
	May the FTB discuss this return with the preparer shown above (see instructions)?				• ☒ Yes ☐ No

J Enter the maximum number of members in the LLC at any time during the year. Attach a California Schedule K-1 (568) for each of these members

3

K Is this LLC an investment partnership? See General Information O

Yes	No
	X

L (1) Is this LLC apportioning income to California using Schedule R?

X	
---	--

(2) If "No," was this LLC registered in California without earning any income sourced in this state during the taxable year?

--	--

M Was there a distribution of property or a transfer (for example, by sale or death) of an LLC interest during the taxable year?

	X
--	---

O (1) For this taxable year, was there a change in control or majority ownership for this limited liability company (or any legal entity in which it holds a controlling or majority interest) that owned or (under certain circumstances) leased real property in California?

	X
--	---

(2) For this taxable year, did this LLC (or any legal entity in which it holds a controlling or majority interest) acquire control or majority ownership of any other legal entity that owned or (under certain circumstances) leased real property in California?

	X
--	---

(3) If this limited liability company (or any legal entity in which it holds a controlling or majority interest) owned or (under certain circumstances) leased real property in California, has more than 50% of the LLC ownership interest cumulatively transferred in one or more transactions since March 1, 1975, which was not reported on a previous year's tax return?

	X
--	---

(Penalties May Apply - See Instructions).

P (1) Does the LLC have any foreign (non-U.S.) nonresident members?

	X
--	---

(2) Does the LLC have any domestic (non-foreign) nonresident members?

X	
---	--

(3) Were Form 592, Form 592-A, Form 592-B, and Form 592-F filed for these members? N/A

--	--

Q Are any members in this LLC also LLCs or partnerships?

X	
---	--

R Is this LLC under audit by the IRS or has it been audited in a prior year?

	X
--	---

S Is this LLC a member or partner in another LLC or partnership? If "Yes," attach a statement with the name(s) and identification number of each entity.

	X
--	---

T Is this LLC a publicly traded partnership as defined in IRC Section 469(k)(2)?

	X
--	---

U (1) Is this LLC a business entity disregarded for tax purposes?

	X
--	---

(2) If "Yes," see instructions and complete Side 1, Side 2, Schedule B, and Side 4, if applicable. Are there credits or credit carryovers attributable to the disregarded entity?

--	--

V Has the LLC included a Reportable Transaction, or Listed Transaction within this return? (See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction

	X
--	---

W Did this LLC file the Federal Schedule M-3 (federal Form 1065)?

	X
--	---

X Is this LLC a direct owner of an entity that filed a federal Schedule M-3?

	X
--	---

Y Does the LLC have a beneficial interest in a trust or is it a grantor of a Trust? If "Yes," attach schedule of trusts and federal identification numbers.

	X
--	---

Z Does this LLC own an interest in a business entity disregarded for tax purposes? If "Yes," attach schedule of disregarded entity names and identification numbers.

	X
--	---

AA Is any member of the LLC related (as defined in IRC Section 267(c)(4)) to any other member of the LLC?

	X
--	---

BB Is any member of the LLC a trust for the benefit of any person related (as defined in IRC Section 267(c)(4)) to any other member?

	X
--	---

CC During the year did this LLC defer any income from the disposition of assets?

	X
--	---

DD (1) Did this LLC generate a New Jobs Credit?

(2) If "Yes," enter the generated amount

	00
--	----

EE (1) Did this LLC or an entity in which this LLC has an ownership interest elect to defer income from the discharge of indebtedness as described in IRC 108(i) for Federal purposes?

(2) If "Yes" enter the portion of the discharge of indebtedness attributable to the LLC

	X
--	---

Schedule A Cost of Goods Sold

929871 11-25-09

1	Inventory at beginning of year	1	00
2	Purchases less cost of items withdrawn for personal use	2	00
3	Cost of labor	3	00
4	Additional IRC Section 263A costs. Attach schedule	4	00
5	Other costs. Attach schedule SEE STATEMENT 2	5	1,593,988.00
6	Total. Add line 1 through line 5	6	1,593,988.00
7	Inventory at end of year	7	00
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Schedule B, line 2	8	1,593,988.00

9 a Check all methods used for valuing closing inventory:
 (1) Cost (2) Lower of cost or market as described in Treas. Reg. Section 1.471-4 (3) Write down of "subnormal" goods as described in Treas. Reg. Section 1.471-2(c) (4) Other. Specify method used and attach explanation _____
 b Check this box if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970
 c Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the LLC? Yes No
 d Was there any change (other than for IRC Section 263A purposes) in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

Schedule B Income and Deductions

Caution: Include only trade or business income and expenses on line 1a through line 22 below. See the instructions for more information.

Income	1	a Gross receipts or sales \$ <u>2,399,588.</u> b Less returns and allowances \$ _____ c Balance ●	1c	2,399,588.00
	2	Cost of goods sold (Schedule A, line 8)	2	1,593,988.00
	3	GROSS PROFIT. Subtract line 2 from line 1c	3	805,600.00
	4	Total ordinary income from other LLCs, partnerships, and fiduciaries. Attach schedule	4	00
	5	Total ordinary loss from other LLCs, partnerships, and fiduciaries. Attach schedule	5	00
	6	Total farm profit. Attach federal Schedule F (Form 1040)	6	00
	7	Total farm loss. Attach federal Schedule F (Form 1040)	7	00
	8	Total gains included on Schedule D-1, Part II, line 17 (gain only)	8	00
	9	Total losses included on Schedule D-1, Part II, line 17 (loss only)	9	00
	10	Other income. Attach schedule	10	00
	11	Other loss. Attach schedule	11	00
	12	Total income (loss). Combine line 3 through line 11	12	805,600.00
Deductions	13	Salaries and wages (other than to members)	13	42,339.00
	14	Guaranteed payments to members	14	539,000.00
	15	Bad debts	15	00
	16	Deductible interest expense not claimed elsewhere on return	16	21.00
	17	a Depreciation and amortization. Attach form FTB 3885L \$ <u>11,085.</u> b Less depreciation reported on Schedule A and elsewhere on return \$ _____ c Balance ●	17c	11,085.00
	18	Depletion. Do not deduct oil and gas depletion	18	00
	19	Retirement plans, etc.	19	00
	20	Employee benefit programs	20	5,366.00
	21	Other deductions. Attach schedule SEE STATEMENT 3	21	199,559.00
	22	Total deductions. Add line 13 through line 21	22	797,370.00
	23	Ordinary income (loss) from trade or business activities. Subtract line 22 from line 12	23	8,230.00

Schedule T Nonconsenting Nonresident Members' Tax Liability

(a) Member's name	(b) SSN, ITIN, or FEIN	(c) Distributive share of income	(d) Tax rate	(e) Member's total tax due (see instructions)	(f) Amount withheld by this LLC on this member - reported on Form 592-B	(g) Member's net tax due

Total the amount of tax due. Enter the total here and on Side 1, line 4 _____ 00
 Attach additional sheets if necessary.

Schedule K Members' Shares of Income, Deductions, Credits, etc.

929881 12-23-09

		(a) Distributive share items	(b) Amounts from federal K (1065)	(c) California adjustments	(d) Total amounts using California law			
Income (Loss)	1	Ordinary income (loss) from trade or business activities	9,304.	-1,074.	8,230.			
	2	Net income (loss) from rental real estate activities. Attach federal Form 8825						
	3a	Gross income (loss) from other rental activities						
	3b	Less expenses. Attach schedule						
	3c	Net income (loss) from other rental activities. Subtract line 3b from line 3a			•			
	4	Guaranteed payments to members	539,000.		539,000.			
	5	Interest income			•			
	6	Dividends			•			
	7	Royalties			•			
	8	Net short-term capital gain (loss). Attach Schedule D (568)			•			
	9	Net long-term capital gain (loss). Attach Schedule D (568)			•			
Deductions	10a	Total Gain under IRC Section 1231 (other than due to casualty or theft) ..			•			
	10b	Total Loss under IRC Section 1231 (other than due to casualty or theft) ..			•			
	11a	Other portfolio income (loss). Attach schedule						
	11b	Total other income. Attach schedule						
	11c	Total other loss. Attach schedule						
	12	Expense deduction for recovery property (IRC Section 179 and R&TC Sections 17267.2, 17267.6, and 17268). Attach schedule STMT 7	1,561.		1,561.			
	13a	Charitable contributions. Attach schedule STMT 4	2,400.		2,400.			
Credits	13b	Investment interest expense			•			
	13c1	1 Total expenditures to which IRC Section 59(e) election may apply. Attach schedule						
	13c2	2 Type of expenditures						
	13d	Deductions related to portfolio income						
	13e	Other deductions. Attach schedule						
	15a	Withholding on LLC allocated to all members						
	15b	Low-income housing credit						
Alternative Minimum Tax (AMT) Items	15c	Credits other than the credit shown on line 15b related to rental real estate activities. Attach schedule						
	15d	Credits related to other rental activities. Attach schedule						
	15e	Nonconsenting nonresident members' tax paid by LLC						
	15f	Other credits. Attach schedule			•			
	15g	New Jobs Credit						
	17a	Depreciation adjustment on property placed in service after 1986		2,411.	2,411.			
	17b	Adjusted gain or loss						
Other Information	17c	Depletion (other than oil and gas)						
	17d	Gross income from oil, gas, and geothermal properties						
	17e	Deductions allocable to oil, gas, and geothermal properties						
	17f	Other alternative minimum tax items						
	18a	Tax-exempt interest income						
	18b	Other tax-exempt income			•			
	18c	Nondeductible expenses STMT 5	3,394.	4,469.	7,863.			
Analysis	19a	Distributions of money (cash and marketable securities)						
	19b	Distribution of property other than money						
	20a	Investment income						
Analysis	20b	Investment expenses						
	20c	Other information. See instructions STMT 6						
	21a	Total distributive income/payment items. Combine lines 1, 2, and 3c through 11c. From the result, subtract the sum of lines 12 through 13e.	544,343.	-1,074.	543,269.			
Analysis	b Analysis of members:	(a) Corporate	(b) Individual		(c) Partnership	(d) Exempt Organization	(e) Nominee/Other	(f) LLC
			i. Active	ii. Passive				
	Members		543,269.					

Schedule L Balance Sheets. See the instructions for Schedule L, before completing Schedules L, M-1, and M-2.

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Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash		102,308.		242,433.
2 a Trade notes and accounts receivable				
b Less allowance for bad debts	()		()	
3 Inventories				•
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets. Attach schedule				•
7 Mortgage and real estate loans				
8 Other investments. Attach schedule				•
9 a Buildings and other depreciable assets	32,521.		34,082.	
b Less accumulated depreciation	(18,668.)	13,853.	(25,771.)	• 8,311.
10 a Depletable assets				
b Less accumulated depletion	()		()	
11 Land (net of any amortization)				•
12 a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
13 Other assets. Attach schedule	STATEMENT 9	15,000.		• 15,000.
14 Total assets		131,161.		265,744.
Liabilities and Capital				
15 Accounts payable				•
16 Mortgages, notes, bonds payable in less than 1 year				• 75,814.
17 Other current liabilities. Attach schedule	STATEMENT 10	63,581.		• 115,583.
18 All nonrecourse loans				•
19 Mortgages, notes, bonds payable in 1 year or more				•
20 Other liabilities. Attach schedule	STATEMENT 11	2,500.		• 7,318.
21 Members' capital accounts		65,080.		• 67,029.
22 Total liabilities and capital		131,161.		265,744.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. Use total amount under California law.

If the partnership completed federal Schedule M-3 (federal Form 1065), see instructions.

1 Net income (loss) per books	1,949.	6 Income recorded on books this year not included on Schedule K, line 1 through line 11c. Itemize:	
2 Income included on Schedule K, line 1 through line 11c, not recorded on books this year. Itemize •		a Tax-exempt interest ... \$	
3 Guaranteed payments (other than health insurance)	539,000.	b Other ... \$	
4 Expenses recorded on books this year not included on Schedule K, line 1 through line 13e. Itemize:		c Total. Add line 6a and line 6b	•
a Depreciation ... \$		7 Deductions included on Schedule K, line 1 through line 13e, not charged against book income this year. Itemize:	
b Travel and entertainment \$ 3,034.		a Depreciation ... \$	
c Annual LLC tax ... \$		b Other ... \$	
d Other STMT 8 \$ 360.		c Total. Add line 7a and line 7b	•
e Total. Add line 4a through 4d	3,394.	8 Total. Add line 6c and line 7c	
5 Total of line 1 through line 4e	544,343.	9 Income (loss) (Schedule K, line 21a).	
		Subtract line 8 from line 5	544,343.

Schedule M-2 Analysis of Members' Capital Accounts. Use California amounts.

1 Balance at beginning of year	65,080.	5 Total of line 1 through line 4	67,029.
2 Capital contributed during year		6 Distributions: a Cash	•
a Cash		b Property	•
b Property		7 Other decreases. Itemize	•
3 Net income (loss) per books	1,949.	8 Total of line 6 and line 7	
4 Other increases. Itemize		9 Balance at end of year. Subtract line 8 from line 5	67,029.

Schedule O Amounts from Liquidation used to Capitalize a Limited Liability Company. (Complete only if initial return box is checked on Side 1, Question H).

Name of entity liquidated (if more than one, attach a schedule)

Type of entity: (1) C Corporation (2) S Corporation (3) Partnership (4) Limited Partnership (5) Sole Proprietor (6) Farmer

Entity identification

numbers(s) FEIN SSN or ITIN Corporation SOS

Amount of liquidation gains recognized to capitalize the LLC

Limited Liability Company Income Worksheet - Attach to the LLC's return

Enter your California income amounts on the worksheet. All amounts entered must be assigned for California law differences. If your business is both within and outside of California, see the LLC Income Worksheet Instructions to assign the correct amounts to California. If the LLC is wholly within California, the total income amount is assigned to California and is entered beginning with line 1a. If the SMLLC does not meet the 3 million criteria for filing Schedule B (568) and Schedule K (568), the SMLLC is still required to complete the LLC Income Worksheet. Disregarded entities that do not meet the filing requirements to complete Schedule B or Schedule K should prepare the LLC Income Worksheet by entering the California amounts attributable to the disregarded entity from the Member's Federal Schedule B, C, E, F, or additional schedules associated with other activities.

See instructions for more information on how to complete the LLC Income Worksheet.

1	a	Total California income from Form 568, Schedule B, line 3. See instructions	1a	<u>3,243.00</u>
	b	Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal Schedule F (1040) (plus California adjustments) associated with the receipts assigned to California on line 1a	1b	<u>7,440.00</u>
2	a	Gross California income of disregarded entities not included in lines 1 and 8 through 16	2a	<u>00</u>
	b	Enter the cost of goods sold of disregarded entities associated with the receipts assigned to California on line 2a	2b	<u>00</u>
3	a	LLC's distributive share of ordinary income from pass-through entities	3a	<u>00</u>
	b	Enter the LLC's distributive share of cost of goods sold from other pass-through entities associated with the receipt assigned to California on line 3a	3b	<u>00</u>
	c	Enter the LLC's distributive share of deductions from other pass-through entities associated with the receipt assigned to California on line 3a	3c	<u>00</u>
	d	Enter as a negative number, any allocations, distributions, or gains from another LLC that was already subject to the LLC fee	3d	<u>00</u>
4		Add gross farm income from federal Schedule F (Form 1040). Use California amounts	4	<u>00</u>
5		Enter the total of other income (not loss) from Form 568, Schedule B, line 10	5	<u>00</u>
6		Enter the ordinary gains (not losses) and the recapture income from California Schedule D-1, Part II, line 17	6	<u>00</u>
7		Add line 1a through line 6	7	<u>10,683.00</u>
8		California rental real estate		
	a	Enter the total gross rents from federal Form 8825, line 17	8a	<u>00</u>
	b	Enter net income or loss from federal Form 8825, line 20a	8b	<u>00</u>
	c	Enter as a positive amount the total rental expenses deducted from the amount on federal Form 8825, line 20a	8c	<u>00</u>
	d	Add line 8a through line 8c	8d	<u>00</u>
9		Other California rentals. Enter the amount from Form 568, Schedule K, line 3a	9	<u>00</u>
10		California interest. Enter the amount from Form 568, Schedule K, line 5	10	<u>00</u>
11		California dividends. Enter the amount from Form 568, Schedule K, line 6	11	<u>00</u>
12		California royalties. Enter the amount from Form 568, Schedule K, line 7	12	<u>00</u>
13		California capital gains. Enter the capital gains (not losses) included in Schedule D (568)	13	<u>00</u>
14		California 1231 gains. Enter the amount of total gains (not losses) from Schedule K, line 10a	14	<u>00</u>
15		Other California portfolio income (not loss). Enter the amount from Form 568, Schedule K, line 11a	15	<u>00</u>
16		Other California income (not loss) not included in line 5. Enter the amount from Form 568, Schedule K, line 11b	16	<u>00</u>
17		Total California income. Add lines 7, 8d, 9, 10, 11, 12, 13, 14, 15, and 16. Line 17 may not be a negative number. Enter here and on Form 568, Side 1, Line 1. If less than zero enter zero	17	<u>10,683.00</u>

Apportionment and Allocation of Income

Attach this schedule behind your California tax return and prior to the supporting schedules.

For calendar year 2009 or fiscal year beginning month day year 2009, and ending month day year

Corporation name TELCO EXPERTS LLC California corporation number 26-1287244

Water's-Edge Filers Only: If controlled foreign corporations are included in the combined report, attach form FTB 2416.

Be sure to complete Side 1 and all applicable schedules. See General Information for Schedule R.

Table with 3 columns: Description, Amount, and Code. Rows include Net income (loss) after state adjustments (1a: 543,269.00), Water's-edge foreign investment interest offset (1b: 00), and Total (1c: 543,269.00).

Nonbusiness Income (Loss) from All Sources. See General Information A for definitions and examples.

Table with 3 columns: Description, Amount, and Code. Rows include Dividends (2: 00), Interest (3: 00), Rental income (4: 00), Royalties (5: 00), Gain from sale of assets (6: 00), Gain from sale of partnership/LLC (7: 00), Miscellaneous nonbusiness income (8: 00), and Total nonbusiness income (9: 00).

Business Income (Loss) before Apportionment (subject to a separate apportionment formula)

Table with 3 columns: Description, Amount, and Code. Rows include Nonunitary partnership or LLC business income (10: 00), Income from separate trade/business (11: 00), Income deferred from prior years (12: 00), Capital gain (13: 00), Total separately apportionable business income (14: 00), Total business income subject to apportionment (15: 543,269.00), Interest offset (16: 00), Business income for this trade/business (17: 543,269.00), Apportionment percentage (18a: .4452%), and Business income apportioned to California (18b: 2,419.00).

Nonbusiness Income (Loss) Allocable to California. If no income (loss) is allocable to California, do not complete line 19 through line 26. Enter -0- on line 27 and go to Side 2, line 28.

Table with 3 columns: Description, Amount, and Code. Rows include Dividends and interest income (19a: 00, 19b: 00), Net income from rental property within California (20: 00), Royalties (21: 00), Gain from sale of assets within California (22: 00), Gain from sale of nonbusiness interest (23: 00), Miscellaneous nonbusiness income (24: 00), Total nonbusiness income allocable to California (25: 00), Interest offset from line 16 (26: 00), and Net nonbusiness income allocable to California (27: 0.00).

California Business Income (Loss) subject to a separate apportionment formula.

28	California business income (loss) from a nonunitary partnership or LLC	•	28		00
29	California income (loss) from a separate trade or business. Attach supplemental schedule R.	•	29		00
30	California income (loss) deferred from prior years, see General Information L	•	30		00
31	Total business income (loss) separately apportioned to California. Combine line 28 through line 30	•	31		00
Net Income (Loss) for California Purpose					
32	Post-apportioned and allocated amounts from capital gain (loss) netting (combined reporting groups). See General Information M	•	32		00
33	Net income (loss) for California purposes before contributions adjustment. Combine line 18b, 27, 31 and 32	•	33	2,419.	00
34	Contributions adjustment from Schedule R-6, line 15	•	34		00
35	Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 1, line 19 or Form 100S, Side 1, line 16	•	35	2,419.	00

Schedule R-1 Apportionment Formula

The following information must be submitted by all corporations engaged in a trade or business activity conducted within and outside California, regardless of the apportionment method used.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a)
1 Property: Use the average yearly value of owned real and tangible personal property used in the business at original cost. See General Information E. Exclude property not connected with the business and the value of construction in progress.			
Inventory			
Buildings			
Machinery and equipment (including delivery equipment)			
Furniture and fixtures			
Land			
Other tangible assets. Attach schedule			
Rented property used in the business. See General Information E			
Total property	•	•	• %
2 Payroll: Use employee wages, salaries, commissions, and other compensation related to business income. See General Information F.			
Total payroll	•	•	• %
3 Sales: Use gross receipts, less returns, and allowances			
a Sales delivered or shipped to California purchasers. See Gen Info G			
(i) Shipped from outside California			
(ii) Shipped from within California			
b Sales shipped from California to:			
(i) The United States Government			
(ii) Purchasers in a state where the taxpayer is not taxable.			
See General Information G			
c Other gross receipts (rents, royalties, interest, etc.)	2,399,588.	10,683.	
Total sales	• 2,399,588. •	• 10,683. •	
Divide Total Sales column (b) by Total Sales column (a) and multiply by 2 (except for qualified business activities). See General Information G			• .8904%
4 Total percent. Add the percentages in col (c). See Gen Information H			• .8904
5 Apportionment percentage. Divide line 4 by 4 (qualified business activities divide by 3, see General Information G) and enter the result here and on Schedule R, Side 1, line 18a. See General Information H			• .4452%

Schedule R-2 Sales and General Questionnaire. Attach additional sheets if necessary.

- 1 Describe briefly the nature and location(s) of your California business activities; NO PHYSICAL LOCATION IN CALIFORNIA
- 2 State the exact title and principal business activity of all joint ventures, partnerships, or LLCs in which the corporation has an interest: _____
- 3 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California where the purchaser is the U.S. Government? Yes No If "No," explain. _____
- 4 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California to states in which the taxpayer is not subject to tax? See General Information G. Yes No If "No," explain. _____
- 5 Are the nonbusiness items reported on Schedule R, Side 1, line 2 through line 8, and the apportionment factor items reported on Schedule R-1 treated consistently on all state tax returns filed by the taxpayer? Yes No If "No," explain. _____
- 6 Has this corporation or any member of its combined unitary group changed the way income is apportioned or allocated to California from prior year tax returns? See General Information I. Yes No If "Yes," explain. _____
- 7 Does the California sales figure on Schedule R-1 (or comparable sch in a combined report) include all sales shipped to California destinations? Yes No If "No," indicate the name of the selling member and the nature of the sales activity believed to be immune. _____
- 8 Does the California sales figure on Schedule R-1 (or comparable schedule in a combined report) include all sales delivered to customers outside California which have an ultimate destination in California? Yes No If "No," explain. _____

Schedule R-3 Net Income (Loss) from the Rental of Nonbusiness Property

	(a) Total outside California	(b) Total within California	(c) Total outside and within California (a) + (b)
1 Income from rents			
2 Rental deductions			
3 Net income (loss) from rents. Subtract line 2 from line 1. Enter the result here and enter column (c) on Side 1, line 4; enter column (b) on Side 1, line 20			

Schedule R-4 Gain (Loss) from The Sale of Nonbusiness Assets

California sales of nonbusiness assets include transactions involving: (1) real property located in California; (2) tangible personal property, if it had a situs in California at the time of sale, or if the corporation is commercially domiciled in California and not taxable in the state where the property had a situs at the time of sale; and (3) intangible personal property if the corporation's commercial domicile is in California or the income is otherwise allocable to California.

1 Description of property sold	Real estate and other tangible assets		Intangible assets		Total
	(a) Gain (loss) from outside California	(b) Gain (loss) from within California	(c) Gain (loss) from outside California	(d) Gain (loss) from within California	(e) Gain (loss) (a) + (b) + (c) + (d)
2 Total gain (loss)					

Enter total gain (loss) line 2, column (e) on Side 1, line 6 and enter total of line 2, column (b) and (d) on Side 1, line 22

CA 565 REC	RECONCILIATION OF CALIFORNIA ORDINARY INCOME TO FEDERAL ORDINARY INCOME	2009
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NAME	EMPLOYER ID		
TELCO EXPERTS LLC	26-1287244		
DESCRIPTION	FEDERAL	CALIFORNIA	DIFFERENCE
1 A GROSS RECEIPT OR SALES	2,399,588.	2,399,588.	
1 B LESS RETURNS AND ALLOWANCES			
1 C BALANCE (LINE 1A - 1B)	2,399,588.	2,399,588.	
2 COST OF GOODS SOLD AND/OR OPERATIONS	1,593,988.	1,593,988.	
3 GROSS PROFIT (LINE 1C - 2)	805,600.	805,600.	
4 ORDINARY INCOME (LOSS) FROM OTHER PARTNERSHIPS AND FIDUCIARIES			
5 NET FARM PROFIT (LOSS)			
6 NET GAIN (LOSS) FROM FORM 4797 OR FORM D-1			
7 OTHER INCOME (LOSS)			
8 TOTAL INCOME (LOSS) (COMBINE LINES 3 THROUGH 7)	805,600.	805,600.	
9 SALARIES AND WAGES	42,339.	42,339.	
10 GUARANTEED PAYMENTS	539,000.	539,000.	
11 REPAIRS			
12 BAD DEBTS			
13 RENT	21,050.	21,050.	
14 TAXES	9,782.	5,313.	4,469.
15 DEDUCTIBLE INTEREST EXPENSE NOT CLAIMED ELSEWHERE	21.	21.	
16 DEPRECIATION	5,542.	11,085.	-5,543.
17 DEPLETION			
18 RETIREMENT PLANS, ETC			
19 EMPLOYEE BENEFIT PROGRAMS	5,366.	5,366.	
20 OTHER DEDUCTIONS	173,196.	173,196.	
21 TOTAL DEDUCTIONS (ADD LINE 9 THROUGH 20)	796,296.	797,370.	-1,074.
22 ORDINARY INCOME (LOSS) (SUBTRACT LINE 21 FROM 8)	9,304.	8,230.	1,074.

CA REC	RECONCILIATION OF CALIFORNIA SOURCE AMOUNT	2009
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NAME TELCO EXPERTS LLC	EMPLOYER ID 26-1287244
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DESCRIPTION	CALIFORNIA SCHEDULE K AMOUNT	NON-CALIFORNIA SOURCE AMOUNT	CALIFORNIA SOURCE AMOUNT
1 Ordinary Income (loss) from trade or business activities	8,230.	8,193.	37.
2 Net Income (loss) from rental real estate activities			
3 Net income (loss) from other rental activities			
4 Guaranteed payments to partners	539,000.	536,600.	2,400.
5 Interest Income			
6 Dividends			
7 Royalties			
8 Net short-term capital gain (loss)			
9 Net long-term capital gain (loss)			
10 a Total Gain under IRC Section 1231 (other than due to casualty or theft)			
b Total Loss under IRC Section 1231 (other then due to casualty or theft)			
11 a Other portfolio income (loss)			
b Total other income			
c Total other loss			
12 Expense deduction for recovery property (IRC Section 179)	1,561.	1,554.	7.
13 a Charitable contributions:			
i) 50% Limit	2,400.		2,400.
ii) 30% Limit			
iii) 20% Limit			
b Investment interest expense			
c Section 59(e) expenditures			
d Deductions related to portfolio income			
e Other deductions			
17 a Depreciation adjustment on property in service after 1986	2,411.	2,400.	11.
b Adjusted gain or (loss)			
c Depletion (other than oil and gas)			
d Gross income from oil, gas, and geothermal properties			
e Deductions allocable to oil, gas, and geothermal properties			
f Other alternative minimum tax items			
18 a Tax-exempt interest income			
b Other tax-exempt income			
c Nondeductible expenses	7,863.		7,863.
20 a Investment income			
b Investment expenses			

CA 568 AMOUNT PAID WITH FORMS 3537, 3522, 3536 STATEMENT 1

DESCRIPTION	AMOUNT
AMOUNT PAID WITH FORM 3537	0.
AMOUNT PAID WITH 2009 FORM 3522	800.
AMOUNT PAID WITH 2009 FORM 3536	
TOTAL TO CA 568 LINE 6	800.

CA SCHEDULE A COGS OTHER COSTS STATEMENT 2

DESCRIPTION	AMOUNT
ISP PROVIDER	953,433.
INSTALLATION COSTS	243,586.
HOST MONITORING	2,855.
NUMBER INVENTORY	26,208.
CONSULTING	256,202.
COMMISSION EXPENSE	111,704.
TOTAL TO SCHEDULE A, LINE 5	1,593,988.

CA OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
WORKERS' COMPENSATION	296.
PAYROLL SERVICE	1,181.
BILLING EXPENSE	50,329.
OUTSIDE SERVICES	2,750.
UTILITIES	1,384.
TELEPHONE AND INTERNET ACCESS	5,753.
ANSWERING SERVICE	1,573.
GENERAL INSURANCE	1,173.
POSTAGE	2,185.
COMPUTER AND SOFTWARE EXPENSE	1,318.
ACCOUNTING	22,483.
LEGAL	33,615.
DUES AND SUBSCRIPTIONS	1,495.
FILING FEES	9,216.
LICENSES AND PERMITS	804.
ADVERTISING AND MARKETING	14,543.
CREDIT CARD DISCOUNTS	7,278.
TRAVEL	5,938.
HOLIDAY EXPENSE	279.

TELCO EXPERTS LLC

26-1287244

OFFICE SUPPLIES AND EXPENSE	6,569.
MEALS AND ENTERTAINMENT	3,034.
RENT	21,050.
NY TAF TAX	1,064.
PAYROLL TAX EXPENSE	4,249.
TOTAL TRADE OR BUSINESS OTHER DEDUCTIONS, LINE 21	199,559.

CA SCHEDULE K CHARITABLE CONTRIBUTIONS STATEMENT 4

DESCRIPTION	TYPE	AMOUNT
CHARITABLE CONTRIBUTIONS	CASH (50%)	2,400.
TOTAL TO SCHEDULE K, LINE 13A		2,400.

CA SCHEDULE K NONDEDUCTIBLE EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
PENALTIES	360.
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	3,034.
STATE AND LOCAL INCOME/FRANCHISE TAXES - CALIFORNIA	4,100.
STATE AND LOCAL INCOME/FRANCHISE TAXES - NEW JERSEY	269.
STATE AND LOCAL INCOME/FRANCHISE TAXES - TENNESSEE	100.
TOTAL TO SCHEDULE K, LINE 18C	7,863.

CA SCHEDULE K AGGREGATE GROSS RECEIPTS FOR AMT EXCLUSION STATEMENT 6

DESCRIPTION	AMOUNT
GROSS SALES LESS RETURNS	2,399,588.
TOTAL	2,399,588.

CA SCHEDULE K EXPENSE DEDUCTION FOR RECOVERY PROPERTY STATEMENT 7

DESCRIPTION	AMOUNT
OTHER DEPRECIATION	1,561.
TOTAL TO SCHEDULE K, LINE 12	1,561.

SCHEDULE M-1 EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN RETURN STATEMENT 8

DESCRIPTION	AMOUNT
PENALTIES	360.
TOTAL TO SCHEDULE M-1, LINE 4	360.

CA SCHEDULE L OTHER ASSETS STATEMENT 9

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS	15,000.	15,000.
TOTAL TO SCHEDULE L, OTHER ASSETS	15,000.	15,000.

CA SCHEDULE L OTHER CURRENT LIABILITIES STATEMENT 10

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
AMERICAN EXPRESS PAYABLE	41,972.	
SALES TAX PAYABLE	21,609.	115,583.
TOTAL TO SCHEDULE L, OTHER CURRENT LIABILITIES	63,581.	115,583.

CA SCHEDULE L

OTHER LIABILITIES

STATEMENT 11

<u>DESCRIPTION</u>	<u>BEGINNING OF TAX YEAR</u>	<u>END OF TAX YEAR</u>
CUSTOMER SECURITY DEPOSITS	2,500.	7,318.
TOTAL TO SCHEDULE L, OTHER LIABILITIES	2,500.	7,318.

COPY

CA FORM 3885 IRC SECTION 179 WORKSHEET FOR LINES 7 AND 8 STATEMENT 12

1	MAXIMUM DOLLAR LIMITATION	25,000.
2	TOTAL COST OF IRC 179 PROPERTY PLACED IN SERVICE	1,561.
3	THRESHOLD COST OF IRC 179 PROPERTY PLACED IN SERVICE	200,000.
4	REDUCTION IN LIMITATION. LN 2 - LN 3.	0.
5	DOLLAR LIMITATION FOR TAXABLE YEAR. LN 1 - LN 4.	25,000.
6	ELECTED COST OF NONLISTED PROPERTY	1,561.
7	ELECTED COST OF LISTED PROPERTY	0.
8	TOTAL ELECTED COST OF IRC 179 PROPERTY. LN 6 + LN 7.	1,561.
9	TENTATIVE DEDUCTION. SMALLER OF LN 5 OR LN 8.	1,561.
10	CARRYOVER OF DISALLOWED DEDUCTION FROM PRIOR YEAR	0.
11	INCOME LIMITATION. SMALLER OF LN 5 OR TOB INCOME.	25,000.
12	IRC 179 EXPENSE. LN 9 + LN 10, NOT MORE THAN LN 11	1,561.
13	CARRYOVER OF DISALLOWED DEDUCTION. LN 9 + LN 10 - LN 12.	0.

ENTER LINE 12 ON FORM 3885P / 3885L LINE 7

ENTER LINE 13 ON FORM 3885P / 3885L LINE 8

COPY

TAXABLE YEAR
2009

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

929421 12-04-09
CALIFORNIA SCHEDULE
K-1 (568)

For calendar year 2009 or fiscal year beginning month _____ day _____ year 2009, and ending month _____ day _____ year 2009

Member's identifying number **20-2113320** LLC's FEIN **26-1287244**

Member's name, address, city, state, and ZIP Code Secretary of State file number **200904510318**

LLC's name, address, city, state, and ZIP Code

**ESK CONSULTANTS LLC
237 MAYFAIR DRIVE
BROOKLYN, NY 11234**

**TELCO EXPERTS LLC
38 PARK AVENUE
RUTHERFORD, NJ 07070**

- A** What type of entity is this member? •
- (1) Individual
 - (2) S Corporation
 - (3) Estate/Trust
 - (4) C Corporation
 - (5) General Partnership
 - (6) Limited Partnership
 - (7) LLP
 - (8) LLC
 - (9) IRA/Keogh/SEP
 - (10) Exempt Organization
 - (11) Disregarded Entity

B Is this member a foreign member? • Yes No

C Enter member's percentage (without regard to special allocations) of:

	(i) Before decrease or termination	(ii) End of year
Profit sharing	33.3333 %	33.3333 %
Loss sharing	33.3333 %	33.3333 %
Ownership of capital	33.3333 %	33.3333 %

D Member's share of liabilities:

- Nonrecourse \$ _____
- Qualified nonrecourse financing \$ _____
- Other \$ **66,238.**

E Reportable transaction or tax shelter registration number(s) _____

F (1) Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2)
 (2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1)

G Check here if this is: •
 (1) A final Schedule K-1 (568) (2) An amended Schedule K-1 (568)

H Is this member a nonresident of California? Yes • No

I Analysis of member's capital account: Check the box • (1) Tax Basis (2) GAAP (3) Section 704(b) Book (4) Other (explain)

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Member's share of line 3, line 4, and line 7 Form 568, Schedule M-2	(d) Withdrawals and distributions	(e) Capital account at end of year, combine column (a) through column (d)
• 21,693. •	•	• 650. •	• () •	• 22,343. •

Caution: Refer to Member's Instructions for Schedule K-1 (568) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (1065)	(c) California adjustments	(d) Total amounts using California law, Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
Income (Loss)	1 Ordinary income (loss) from trade or business activities	3,101.	-358.	2,743.	▶ 12.
	2 Net income (loss) from rental real estate activities			•	▶
	3 Net income (loss) from other rental activities				
	4 Guaranteed payments to members	229,000.		229,000.	▶ 1,020.
	5 Interest income			•	▶
	6 Dividends			•	▶
	7 Royalties			•	▶
	8 Net short-term capital gain (loss)			•	▶
	9 Net long-term capital gain (loss)			•	▶
	10 a Total Gain under IRC Section 1231 (other than due to casualty or theft)			•	▶
	b Total Loss under IRC Section 1231 (other than due to casualty or theft)			•	▶
11 a Other portfolio income (loss). Attach schedule			•	▶	
b Total other income			•	▶	
c Total other loss			•	▶	

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery property (IRC Section 179 and R&TC Sections 17267.2, 17267.6 and 17268)	520.		520.	2.
	13 a Charitable contributions STMT	800.		800.	
	b Investment interest expense				
	c 1 Total expenditures to which an IRC Section 59(e) election may apply				
	2 Type of expenditures				
	d Deductions related to portfolio income. Attach schedule				
	e Other deductions. Attach schedule				
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year LLC)				
	b Low-income housing credit				
	c Credits other than line 15b related to rental real estate activities. Attach schedule				
	d Credits related to other rental activities. Attach schedule				
	e Nonconsenting nonresident member's tax paid by LLC				
	f Other credits - Attach required schedules or statements				
	g New jobs credit				
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986		804.	804.	4.
	b Adjusted gain or loss				
	c Depletion (other than oil & gas)				
	d Gross income from oil, gas, and geothermal properties				
	e Deductions allocable to oil, gas, and geothermal properties				
	f Other alternative minimum tax items. Attach schedule				
Tax-exempt income and Non- deductible Expenses	18 a Tax-exempt interest income				
	b Other tax-exempt income				
	c Nondeductible expenses STMT	1,131.	1,490.	2,621.	2,621.
Distributions	19 a Distributions of money (cash and marketable securities)				
	b Distributions of property other than money				
Other Infor- mation	20 a Investment income				
	b Investment expenses STMT				
	c Other information				

Other Member Information

929423 12-04-09

Table 1 - Member's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the member):

Interest \$ _____ Sec. 1231 Gains/Losses \$ _____ Capital Gains/Losses \$ _____
 Dividends \$ _____ Royalties \$ _____ Other \$ _____

FOR USE BY APPORTIONING UNITARY MEMBERS ONLY - See instructions.

Table 2 - Member's share of distributive items.

- A. Member's share of the LLC's business income. See instructions. \$ _____
- B. Member's share of nonbusiness income from real and tangible personal property sourced or allocable to California.
 Capital Gains/Losses \$ _____ Rents/Royalties \$ _____
 Sec. 1231 Gains/Losses \$ _____ Other \$ _____
- C. Member's distributive share of the LLC's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning	\$ _____	\$ _____
Ending	\$ _____	\$ _____
Annual rent expense	\$ _____	\$ _____
Payroll	\$ _____	\$ _____
Sales	\$ _____	\$ _____

COPY

CA SCHEDULE K-1 EXPENSE DEDUCTION FOR RECOVERY PROPERTY

<u>DESCRIPTION</u>	<u>AMOUNT</u>
IRC SECTION 179 EXPENSE	520.
TOTAL TO SCHEDULE K-1, LINE 12	520.

CA SCHEDULE K-1 NONDEDUCTIBLE EXPENSES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
PENALTIES	120.
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	1,011.
STATE INCOME/FRANCHISE TAXES	1,490.
TOTAL TO SCHEDULE K-1, LINE 18C	2,621.

CA SCHEDULE K-1 CHARITABLE CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
CHARITABLE CONTRIBUTIONS - 50 PERCENT LIMIT	800.
TOTAL TO SCHEDULE K-1, LINE 13A	800.

CA SCHEDULE K-1 AGGREGATE GROSS RECEIPTS FOR AMT EXCLUSION

<u>DESCRIPTION</u>	<u>AMOUNT</u>
GROSS SALES LESS RETURNS	799,765.
TOTAL	799,765.

TAXABLE YEAR

2009

Member's Share of Income, Deductions, Credits, etc.

929421 12-04-09
CALIFORNIA SCHEDULE

K-1 (568)

For calendar year 2009 or fiscal year beginning month day year 2009, and ending month day year 2009

Member's identifying number **082-50-3812** LLC's FEIN **26-1287244**

Member's name, address, city, state, and ZIP Code Secretary of State file number **200904510318**

**ADAM GOLDBERG
33 WINDING WAY
WAYNE, NJ 07470**

**TELCO EXPERTS LLC
38 PARK AVENUE
RUTHERFORD, NJ 07070**

- A** What type of entity is this member? •
- (1) Individual
 - (2) S Corporation
 - (3) Estate/Trust
 - (4) C Corporation
 - (5) General Partnership
 - (6) Limited Partnership
 - (7) LLP
 - (8) LLC
 - (9) IRA/Keogh/SEP
 - (10) Exempt Organization
 - (11) Disregarded Entity

B Is this member a foreign member? • Yes No

C Enter member's percentage (without regard to special allocations) of:

	(i) Before decrease or termination	(ii) End of year
Profit sharing	33.3333 %	33.3333 %
Loss sharing	33.3333 %	33.3333 %
Ownership of capital	33.3333 %	33.3333 %

D Member's share of liabilities:

- Nonrecourse • \$ _____
- Qualified nonrecourse financing • \$ _____
- Other • \$ 66,239.

E Reportable transaction or tax shelter registration number(s) _____

F (1) Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2)
 (2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1)

G Check here if this is: •
 (1) A final Schedule K-1 (568) (2) An amended Schedule K-1 (568)

H Is this member a nonresident of California? Yes • No

I Analysis of member's capital account: Check the box • (1) Tax Basis (2) GAAP (3) Section 704(b) Book (4) Other (explain)

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Member's share of line 3, line 4, and line 7 Form 568, Schedule M-2	(d) Withdrawals and distributions	(e) Capital account at end of year, combine column (a) through column (d)
• 21,694. •		• 649. •		• 22,343. •

Caution: Refer to Member's Instructions for Schedule K-1 (568) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
Income (Loss)	1 Ordinary income (loss) from trade or business activities	3,102.	-358.	2,744.	▶ 12.
	2 Net income (loss) from rental real estate activities			•	▶
	3 Net income (loss) from other rental activities				
	4 Guaranteed payments to members	155,000.		155,000.	▶ 690.
	5 Interest income			•	▶
	6 Dividends			•	▶
	7 Royalties			•	▶
	8 Net short-term capital gain (loss)			•	▶
	9 Net long-term capital gain (loss)			•	▶
	10 a Total Gain under IRC Section 1231 (other than due to casualty or theft)			•	▶
	b Total Loss under IRC Section 1231 (other than due to casualty or theft)			•	▶
11 a Other portfolio income (loss). Attach schedule			•	▶	
b Total other income			•	▶	
c Total other loss			•	▶	

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery property (IRC Section 179 and R&TC Sections 17267.2, 17267.6 and 17268)	521.		521.	2.
	13 a Charitable contributions STMT	800.		800.	
	b Investment interest expense				
	c 1 Total expenditures to which an IRC Section 59(e) election may apply				
	2 Type of expenditures				
	d Deductions related to portfolio income. Attach schedule				
e Other deductions. Attach schedule					
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year LLC)				
	b Low-income housing credit				
	c Credits other than line 15b related to rental real estate activities. Attach schedule				
	d Credits related to other rental activities. Attach schedule				
	e Nonconsenting nonresident member's tax paid by LLC				
	f Other credits - Attach required schedules or statements				
	g New jobs credit				
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986		803.	803.	4.
	b Adjusted gain or loss				
	c Depletion (other than oil & gas)				
	d Gross income from oil, gas, and geothermal properties				
	e Deductions allocable to oil, gas, and geothermal properties				
	f Other alternative minimum tax items. Attach schedule				
Tax-exempt interest and non- deductible expenses	18 a Tax-exempt interest income				
	b Other tax-exempt income				
	c Nondeductible expenses STMT	1,132.	1,489.	2,621.	2,621.
Distributions	19 a Distributions of money (cash and marketable securities)				
	b Distributions of property other than money				
Other Infor- mation	20 a Investment income				
	b Investment expenses STMT				
	c Other information				

Other Member Information

929423 12-04-09

Table 1 - Member's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the member):

Interest \$ _____ Sec. 1231 Gains/Losses \$ _____ Capital Gains/Losses \$ _____
 Dividends \$ _____ Royalties \$ _____ Other \$ _____

FOR USE BY APPORTIONING UNITARY MEMBERS ONLY - See instructions.

Table 2 - Member's share of distributive items.

- A. Member's share of the LLC's business income. See instructions. \$ _____
- B. Member's share of nonbusiness income from real and tangible personal property sourced or allocable to California.
 Capital Gains/Losses \$ _____ Rents/Royalties \$ _____
 Sec. 1231 Gains/Losses \$ _____ Other \$ _____
- C. Member's distributive share of the LLC's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning	\$ _____	\$ _____
Ending	\$ _____	\$ _____
Annual rent expense	\$ _____	\$ _____
Payroll	\$ _____	\$ _____
Sales	\$ _____	\$ _____

COPY

CA SCHEDULE K-1 EXPENSE DEDUCTION FOR RECOVERY PROPERTY

DESCRIPTION	AMOUNT
IRC SECTION 179 EXPENSE	521.
TOTAL TO SCHEDULE K-1, LINE 12	521.

CA SCHEDULE K-1 NONDEDUCTIBLE EXPENSES

DESCRIPTION	AMOUNT
PENALTIES	120.
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	1,012.
STATE INCOME/FRANCHISE TAXES	1,489.
TOTAL TO SCHEDULE K-1, LINE 18C	2,621.

CA SCHEDULE K-1 CHARITABLE CONTRIBUTIONS

DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS - 50 PERCENT LIMIT	800.
TOTAL TO SCHEDULE K-1, LINE 13A	800.

CA SCHEDULE K-1 AGGREGATE GROSS RECEIPTS FOR AMT EXCLUSION

DESCRIPTION	AMOUNT
GROSS SALES LESS RETURNS	800,057.
TOTAL	800,057.

TAXABLE YEAR

2009

Member's Share of Income, Deductions, Credits, etc.

929421 12-04-09

CALIFORNIA SCHEDULE

K-1 (568)

For calendar year 2009 or fiscal year beginning month day year 2009, and ending month day year 2009

Member's identifying number **082-50-3829** LLC's FEIN **26-1287244**

Member's name, address, city, state, and ZIP Code Secretary of State file number **200904510318**

LLC's name, address, city, state, and ZIP Code

**PETER GOLDBERG
1520 YORK AVENUE
NEW YORK, NY 10028**

**TELCO EXPERTS LLC
38 PARK AVENUE
RUTHERFORD, NJ 07070**

- A** What type of entity is this member? •
- (1) Individual
 - (2) S Corporation
 - (3) Estate/Trust
 - (4) C Corporation
 - (5) General Partnership
 - (6) Limited Partnership
 - (7) LLP
 - (8) LLC
 - (9) IRA/Keogh/SEP
 - (10) Exempt Organization
 - (11) Disregarded Entity

D Member's share of liabilities:

- Nonrecourse • \$ _____
- Qualified nonrecourse financing • \$ _____
- Other • \$ **66,238.**

B Is this member a foreign member? • Yes No

E Reportable transaction or tax shelter registration number(s) _____

C Enter member's percentage (without regard to special allocations) of:

	(i) Before decrease or termination	(ii) End of year
Profit sharing	33.3333 %	33.3333 %
Loss sharing	33.3333 %	33.3333 %
Ownership of capital	33.3333 %	33.3333 %

F (1) Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2)

(2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1)

G Check here if this is: •

(1) A final Schedule K-1 (568) (2) An amended Schedule K-1 (568)

H Is this member a nonresident of California? Yes • No

I Analysis of member's capital account: Check the box • (1) Tax Basis (2) GAAP (3) Section 704(b) Book (4) Other (explain)

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Member's share of line 3, line 4, and line 7 Form 568, Schedule M-2	(d) Withdrawals and distributions	(e) Capital account at end of year, combine column (a) through column (d)
• 21,693.	•	• 650.	• ()	• 22,343.

Caution: Refer to Member's Instructions for Schedule K-1 (568) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (1065)	(c) California adjustments	(d) Total amounts using California law, Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
Income (Loss)	1 Ordinary income (loss) from trade or business activities	3,101.	-358.	2,743.	12.
	2 Net income (loss) from rental real estate activities				
	3 Net income (loss) from other rental activities				
	4 Guaranteed payments to members	155,000.		155,000.	690.
	5 Interest income				
	6 Dividends				
	7 Royalties				
	8 Net short-term capital gain (loss)				
	9 Net long-term capital gain (loss)				
	10 a Total Gain under IRC Section 1231 (other than due to casualty or theft)				
	b Total Loss under IRC Section 1231 (other than due to casualty or theft)				
11 a Other portfolio income (loss). Attach schedule					
b Total other income					
c Total other loss					

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery property (IRC Section 179 and R&TC Sections 17267.2, 17267.6 and 17268)	520.		520.	2.
	13 a Charitable contributions STMT	800.		800.	
	b Investment interest expense				
	c 1 Total expenditures to which an IRC Section 59(e) election may apply				
	2 Type of expenditures				
	d Deductions related to portfolio income. Attach schedule				
	e Other deductions. Attach schedule				
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year LLC)				
	b Low-income housing credit				
	c Credits other than line 15b related to rental real estate activities. Attach schedule				
	d Credits related to other rental activities. Attach schedule				
	e Nonconsenting nonresident member's tax paid by LLC				
	f Other credits - Attach required schedules or statements				
	g New jobs credit				
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986		804.	804.	4.
	b Adjusted gain or loss				
	c Depletion (other than oil & gas)				
	d Gross income from oil, gas, and geothermal properties				
	e Deductions allocable to oil, gas, and geothermal properties				
	f Other alternative minimum tax items. Attach schedule				
Tax-exempt Income and Non- deductible Expenses	18 a Tax-exempt interest income				
	b Other tax-exempt income				
	c Nondeductible expenses STMT	1,131.	1,490.	2,621.	2,621.
Distributions	19 a Distributions of money (cash and marketable securities)				
	b Distributions of property other than money				
Other Infor- mation	20 a Investment income				
	b Investment expenses STMT				
	c Other information				

Other Member Information

929423 12-04-09

Table 1 - Member's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the member);

Interest \$ _____ Sec. 1231 Gains/Losses \$ _____ Capital Gains/Losses \$ _____
 Dividends \$ _____ Royalties \$ _____ Other \$ _____

FOR USE BY APPORTIONING UNITARY MEMBERS ONLY - See instructions.

Table 2 - Member's share of distributive items.

- A. Member's share of the LLC's business income. See instructions. \$ _____
- B. Member's share of nonbusiness income from real and tangible personal property sourced or allocable to California.
 Capital Gains/Losses \$ _____ Rents/Royalties \$ _____
 Sec. 1231 Gains/Losses \$ _____ Other \$ _____
- C. Member's distributive share of the LLC's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning	\$ _____	\$ _____
Ending	\$ _____	\$ _____
Annual rent expense	\$ _____	\$ _____
Payroll	\$ _____	\$ _____
Sales	\$ _____	\$ _____

COPY

CA SCHEDULE K-1 EXPENSE DEDUCTION FOR RECOVERY PROPERTY

DESCRIPTION	AMOUNT
IRC SECTION 179 EXPENSE	520.
TOTAL TO SCHEDULE K-1, LINE 12	520.

CA SCHEDULE K-1 NONDEDUCTIBLE EXPENSES

DESCRIPTION	AMOUNT
PENALTIES	120.
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	1,011.
STATE INCOME/FRANCHISE TAXES	1,490.
TOTAL TO SCHEDULE K-1, LINE 18C	2,621.

CA SCHEDULE K-1 CHARITABLE CONTRIBUTIONS

DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS - 50 PERCENT LIMIT	800.
TOTAL TO SCHEDULE K-1, LINE 13A	800.

CA SCHEDULE K-1 AGGREGATE GROSS RECEIPTS FOR AMT EXCLUSION

DESCRIPTION	AMOUNT
GROSS SALES LESS RETURNS	799,765.
TOTAL	799,765.

2009 TAX RETURN FILING INSTRUCTIONS

CONNECTICUT FORM CT-1065/CT-1120SI

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412
To be signed and dated by	A MEMBER OF THE LLC
Amount of tax	BALANCE DUE \$1,070.00
Mail tax return to	DEPARTMENT OF REVENUE SERVICES STATE OF CONNECTICUT P.O. BOX 5019 HARTFORD, CT 06102-5019
Forms to be distributed to partners	ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE MEMBERS.
Return must be mailed on or before	APRIL 15, 2010
Special Instructions	MAKE CHECK PAYABLE TO COMMISSIONER OF REVENUE SERVICES.

TAX RETURN FILING INSTRUCTIONS

CONNECTICUT FORM OP-424

FOR THE YEAR ENDING
DECEMBER 31, 2009

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412
Amount due or refund	BALANCE DUE \$250
Make check payable to	COMMISSIONER OF REVENUE SERVICES
Mail tax return and check (if applicable) to	DEPARTMENT OF REVENUE SERVICES STATE OF CONNECTICUT P.O. BOX 2936 HARTFORD CT 06104-2936
Return must be mailed on or before	APRIL 15, 2010
Special Instructions	

Form OP-424
Business Entity Tax Return

2009

Entities are liable for the BET until their official dissolution with the Connecticut Secretary of the State.

Business Entity Tax

The business entity tax (BET) is an annual tax of \$250 imposed on:

- S corporations (Qualified subchapter S subsidiaries (QSSS) are not liable for the BET.);
- Limited liability companies (LLCs) or single member limited liability companies (SMLLCs) that are, for federal income tax purposes, either:
 - Treated as a partnership if there is more than one member; or
 - Disregarded as an entity separate from its owner if there is only one member;
- Limited liability partnerships (LLPs); and
- Limited partnerships (LPs).

The BET is imposed on the business entities listed above if either: 1) the entity was formed under Connecticut law; or 2) the entity was not formed under Connecticut law but is required to register with or obtain a certificate of authority from the Connecticut Secretary of the State before transacting business in the state, whether the entity obtained the certificate or is registered. Visit the Department of Revenue Services (DRS) website at www.ct.gov/BET for additional information regarding the BET.

Required Information: Enter the entity's taxable year, Connecticut Tax Registration Number, Federal Employer Identification Number (FEIN) and Connecticut Secretary of the State Business Identification Number in the spaces provided at the top of Form OP-424.

Due Date: The business entity tax must be paid to DRS on or before the fifteenth day of the fourth month (April 15 for calendar year filers) following the close of each taxable year of the entity. An entity's taxable year is its taxable year for federal income tax purposes. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Interest: If the tax is not paid by the due date, interest is computed on any unpaid tax at the rate of 1% per month or fraction of a month until the tax is paid in full.

Penalty: The penalty for late payment of the tax due is \$50.

Signature: This return must be signed by a general partner if the entity is a partnership, or, if the entity is a limited liability company, by anyone with authority to sign the return. If the entity is an S corporation, an officer must sign the return.

Waiver of Penalty: You may request a waiver of penalty after you have filed a return and paid the tax and interest due. Your penalty may be waived if the failure to file or pay tax on time was due to a reasonable cause and was not intentional or due to neglect. Interest **cannot** be waived. Visit the DRS website at www.ct.gov/TSC, log into your account, and select *Account Detail*.

If you submit your request in writing, you must include:

- A clear and complete written explanation;
- Your name and Social Security Number;
- The taxable filing period;
- The name of the original form filed or billing notice received; and
- Documentation supporting your explanation.

Attach your request to the front of your tax return or mail separately with a copy of your tax return to Department of Revenue Services, Penalty Waiver Unit, PO Box 5089, Hartford CT 06102-5089.

Where to File:

File Electronically: This return can be filed electronically through the **Taxpayer Service Center (TSC)**. The TSC allows taxpayers to electronically file, pay, and manage state tax responsibilities. Visit www.ct.gov/TSC to make electronic transactions or administer your tax account online. If you file electronically, you are expected to pay electronically at the time of filing.

File a Paper Return: Mail this return to Department of Revenue Services, State of Connecticut, PO Box 2936, Hartford CT 06104-2936.

Payment Options

Pay Electronically: Visit www.ct.gov/TSC to make a direct tax payment. Using this option authorizes DRS to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. If you pay electronically, you must still file your return on or before the due date.

Pay by Mail: Make check payable payable to **Commissioner of Revenue Services**. To ensure payment is applied to your account, write "2009 Form OP-424" and the entity's Connecticut Tax Registration Number on the front of your check. Do not send cash. DRS may submit your check to your bank electronically.

For More Information: Call DRS during business hours, Monday through Friday: **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only), or **860-297-5962** (from anywhere). **TTY, TDD, and Text Telephone users only** may transmit inquiries anytime by calling 860-297-4911.

941571
12-01-09

Detach and return bottom portion.

State of Connecticut (Rev. 12/09)		Form OP-424 - Business Entity Tax Return		2009
For taxable year ending	Connecticut Tax Registration Number	Federal Employer ID Number	Secretary of State Business ID	DRS use only
▶ 12/31/09	▶ 45770914-000	▶ 26-1287244		▶ - -20

1. Business entity tax	1.	\$250	00
2. If late: Enter penalty. See <i>Penalty</i> above.	▶ 2.		00
3. If late: Enter interest. See <i>Interest</i> above.	▶ 3.		00
4. Total amount due: Add Lines 1, 2, and 3.	▶ 4.	250	00

Please correct the business name and address if shown incorrectly.

TELCO EXPERTS LLC
 38 PARK AVENUE
 RUTHERFORD, NJ 07070

Visit www.ct.gov/TSC to file and pay OP-424 using the TSC.
 Mail to: Department of Revenue Services, State of Connecticut, PO Box 2936, Hartford CT 06104-2936.

Declaration: I declare under penalty of law that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Sign Here _____ Date _____

Form CT-1065/CT-1120SI
Connecticut Composite Income Tax Return

CT-1065/CT-1120SI
2009

See instructions before completing this return.

Visit www.ct.gov/TSC to file and pay this return electronically.

For calendar year 2009, or other taxable year beginning _____, 2009, and ending _____

Name of pass-through entity (PE) TELCO EXPERTS LLC		Federal Employer ID Number (FEIN) 26-1287244
Number and street 38 PARK AVENUE	PO Box	DRS use only - 20
City or town RUTHERFORD, NJ	State 07070	ZIP code
		Connecticut Tax Registration Number 45770914-000

Type of PE:
 Electing large partnership (ELP) General partnership (GP) S Corporation
 Limited liability partnership (LLP) Limited partnership (LP) Partnership (LLC treated as a partnership)

Pass-Through Entity Information

Complete this section first and then complete Part I, *Schedule C*.

A. Check here if Final return (out of business in Connecticut) Date of dissolution: _____
 Amended return Short period return Explanation: _____

B. Change of address. See instructions, Page 15.

C. Total number of noncorporate members as of the close of the PE's taxable year:
Resident (RI, RE, RT) _____ Nonresident (NI, NE, NT, PE) **3**

D. Enter the six-digit Business Code Number from federal Form 1065 or federal Form 1120S.
Business Code Number **517000**

E. Date business began: **08/14/2007** Date business began in Connecticut: **10/01/2008**

F. Does this PE own, directly or indirectly, an interest in Connecticut real property? Yes No

G. Was a controlling interest in this PE transferred? If Yes, enter transferor name and Social Security Number (SSN) or FEIN below. Yes No
Transferor name: _____ SSN or FEIN: _____

H. Did this PE transfer a controlling interest in an entity that owns, directly or indirectly, an interest in Connecticut real property? If Yes, enter name and FEIN below. Yes No
Name: _____ FEIN: _____

Part I Schedule A - PE Computation of Composite Tax Due

1. Total Connecticut-sourced income included in composite return from Part I, <i>Schedule B</i> , Line 10, Column C	1.	16,456.	00
2. Tax liability: Multiply Line 1 by 6.5% (.065).	2.	1,070.	00
3. Reserved for future use.	3.		
4. Payment made with Form CT-1065/CT-1120SI EXT	4.		00
5. Parent PE only: Enter amount from Part I, <i>Schedule D</i> , Line 10, Column C.	5.		00
6. Add Line 4 and Line 5.	6.		00
7. Amount to be refunded to PE: If Line 6 is more than Line 2, subtract Line 2 from Line 6.	7.		00
8. Amount of tax owed: If Line 2 is more than Line 6, subtract Line 6 from Line 2.	8.	1,070.	00
9. If late, enter penalty. See instructions.	9.		00
10. If late, enter interest. Multiply the amount on Line 8 by 1% (.01). Multiply the result by the number of months or fraction of a month late.	10.		00
11. Balance due with this return: Add Lines 8 through 10.	11.	1,070.	00

Partnership: Attach a complete copy of federal Form 1065 (excluding federal K-1s).

S corporation: Attach a complete copy of federal Form 1120S (excluding federal K-1s).

PART I Schedule B - PE Member Composite Return Attach supplemental attachment(s), if needed.

Column A		Column B	Column C	Column D
Member # From Part IV	Member Type Code	Identification No. See instructions.	Connecticut-Sourced Income See instructions.	Connecticut Income Tax Liability Column C x .065
1.				00
2.				00
3.			SEE SUPPLEMENTAL	00 ATTACHMENT
4.			PART I -SCHEDULE	00 B
5.				00
6.				00
7.				00
8.				00
9.	Subtotal(s) from supplemental attachment(s)		16,456.	00 1,070.
10.	Add Lines 1 through 9, Column C. Enter amount here and on Part I, Schedule A, Line 1.		16,456.	00
11.	Total composite return tax liability: Add Lines 1 through 9, Column D.			1,070.

PART I Schedule C - Federal Schedule K Information (Form 1065 or Form 1120S)

All PEs must complete this schedule.	Column A Amounts Reported by This PE on Federal Schedule K	Column B Amounts From Subsidiary PE(s)	Column C Column A minus Column B
1. Ordinary business income (loss)	1. 9,304.00	0.00	9,304.00
2. Net rental real estate income (loss)	2.	00	00
3. Other net rental income (loss)	3.	00	00
4. Guaranteed payments	4. 539,000.	0.00	539,000.
5. Interest income	5.	00	00
6a. Ordinary dividends	6a.	00	00
6b. Qualified dividends	6b.	00	00
7. Royalties	7.	00	00
8. Net short-term capital gain (loss)	8.	00	00
9a. Net long-term capital gain (loss)	9a.	00	00
9b. Collectibles (28%) gain (loss)	9b.	00	00
9c. Unrecaptured section 1250 gain	9c.	00	00
10. Net section 1231 gain (loss)	10.	00	00
11. Other income (loss): Attach statement.	11.	00	00
12. Section 179 deduction	12. 1,561.	0.00	1,561.
13. Other deductions: Attach statement.	13. 2,400.	0.00	2,400.

PART I Schedule D - Connecticut-Sourced Income From Subsidiary PE(s) Attach supplemental attachment(s), if needed.

Only a parent PE must complete this schedule.

- Refer to federal Schedule K-1 and Schedule CT K-1 for amounts to enter in Columns A, B, and C.
- Amounts reported in Column B are subject to the passive activity limitations, at-risk limitations, and capital loss limitations.

Name of Subsidiary PE	FEIN	Column A Amount Reported on Federal K-1	Column B Amount From Connecticut Sources	Column C CT Income Tax Liability Schedule CT K-1, Part III, Line 1
1.			00	00
2.			00	00
3.			00	00
4.			00	00
5.			00	00
6.			00	00
7.			00	00
8.			00	00
9.	Subtotal(s) from supplemental attachment(s)		00	00
10.	Add Lines 1 through 9, Column C. Enter amount here and on Part I, Schedule A, Line 5.			00

PART II Allocation and Apportionment of Income

Complete only if all of the following apply:

- There are one or more nonresident noncorporate members or one or more members that are PEs;
- The PE carries on business both within and outside Connecticut; and
- The PE does not maintain books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources.

	Column A Totals Everywhere		Column B Connecticut Only		Column C Fraction Enter as a decimal.
1. Real property owned	1.	00	00		Divide Column B by Column A
2. Real property rented from others	2.	00	00		
3. Tangible personal property owned or rented	3.	00	00		
4. Property owned or rented: Add Lines 1, 2, and 3.	4. ▶	00 ▶	00 ▶		
5. Employee wages and salaries	5. ▶	00 ▶	00 ▶		
6. Gross income from sales and services	6. ▶	2,399,588.00 ▶	72,305.00 ▶		.0301
7. Total: Add Lines 4, 5, and 6, Column C.	7. ▶				.0301
8. Apportionment fraction: Divide Line 7 by three or actual number of fractions.	8. ▶				.0301

PART III Place(s) of Business

Complete only if the PE carries on business both within and outside Connecticut.

Location	Description	Owned or Rented to PE	Activity
SEE STATEMENT 1			

PART IV Member Information Attach supplemental attachment(s), if needed.

Member #	Member Name and Address See instructions for order in which to list and for member type codes.	Member Type Code	FEIN or SSN	% Ownership Enter as a decimal.
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶ SEE SUPPLEMENTAL ATTACHMENT PART IV	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶

CT 1065/1120SI	PART III - PLACES OF BUSINESS	STATEMENT	1
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STREET ADDRESS CITY AND STATE	DESCRIPTION OF PLACE ACTIVITY AT THIS LOCATION	OWN/ RENT
38 PARK AVENUE RUTHERFORD, NJ	MAIN OFFICE MAIN OFFICE	RENT

COPY

Part V Member's Share of Connecticut Modifications Attach supplemental attachment(s), if needed.

	Member ▶ #	Member ▶ #	Member ▶ #	Totals for All Members
1. Interest on state and local government obligations other than Connecticut	1. ▶	00 ▶	00 ▶	00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2. ▶	00 ▶	00 ▶	00
3. Certain deductions relating to income exempt from Connecticut income tax	3. ▶	SEE SUPPLEMENTAL ATTACHMENT PART V		00
4. Cancellation of debt income	4. ▶	▶	▶	
5. Other - specify:	5. ▶	00 ▶	00 ▶	00

Subtractions: Enter all amounts as positive numbers.

6. Interest on U.S. government obligations	6. ▶	00 ▶	00 ▶	00
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	7. ▶	00 ▶	00 ▶	00
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	8. ▶	00 ▶	00 ▶	00
9. Reserved for future use	9. ▶			
10. Other - specify:	10. ▶	00 ▶	00 ▶	00

Part VI Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or Form 1120S.

Include member's share of Connecticut modifications from Part V. Attach supplemental attachment(s), if needed.

	Member ▶ #	Member ▶ #	Member ▶ #	Totals for All Members
1. Ordinary business income (loss)	1. ▶	00 ▶	00 ▶	00
2. Net rental real estate income (loss)	2. ▶	00 ▶	00 ▶	00
3. Other net rental income (loss)	3. ▶	00 ▶	00 ▶	00
4. Guaranteed payments	4. ▶	00 ▶	00 ▶	00
5. Interest income	5. ▶	SEE SUPPLEMENTAL ATTACHMENT PART VI		00
6a. Ordinary dividends	6a. ▶	00 ▶	00 ▶	00
6b. Qualified dividends	6b. ▶	00 ▶	00 ▶	00
7. Royalties	7. ▶	00 ▶	00 ▶	00
8. Net short-term capital gain (loss)	8. ▶	00 ▶	00 ▶	00
9a. Net long-term capital gain (loss)	9a. ▶	00 ▶	00 ▶	00
9b. Collectibles (28%) gain (loss)	9b. ▶	00 ▶	00 ▶	00
9c. Unrecaptured section 1250 gain	9c. ▶	00 ▶	00 ▶	00
10. Net section 1231 gain (loss)	10. ▶	00 ▶	00 ▶	00
11. Other income (loss): Attach statement	11. ▶	00 ▶	00 ▶	00
12. Section 179 deduction	12. ▶	00 ▶	00 ▶	00
13. Other deductions: Attach statement	13. ▶	00 ▶	00 ▶	00

The PE must furnish Schedule CT K-1 to each corporate member, noncorporate member, and each member that is a PE.

Visit the Department of Revenue Services (DRS) website at www.ct.gov/TSC to use the Taxpayer Service Center (TSC) to file and pay this return electronically. To pay by mail, make check payable to Commissioner of Revenue Services. Mail return with payment to: Department of Revenue Services, State of Connecticut, PO Box 5019, Hartford CT 06102-5019. Mail return without payment to: Department of Revenue Services, State of Connecticut, PO Box 2967, Hartford CT 06104-2967.

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here	Signature of general partner or corporate officer	Date	May DRS contact the preparer shown below about this return? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See instructions, Page 27.)
	Title	Telephone number	
Keep a copy of this return for your records.	Paid preparer's signature	Date	Preparer's SSN or PTIN ▶ P00598705 <input type="checkbox"/> SSN <input checked="" type="checkbox"/> PTIN
	Firm's name and address	FEIN	Telephone number
	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412	▶ 13-3565602	212-683-6111

Department of Revenue Services
State of Connecticut

**Form CT-1065/CT-1120SI
Supplemental Attachment**

(Rev. 12/09)

Part I Schedule B - PE Member Composite Return

Column A		Column B	Column C		Column D	
Member # From Part IV	Member Type Code	Identification Number See instructions.	Connecticut-Sourced Income See instructions.		Connecticut Income Tax Liability Column C x .065	
1	NI	▶ 20-2113320	▶ 6,970.	00	453.	00
2	NI	▶ 082-50-3812	▶ 4,743.	00	308.	00
3	NI	▶ 082-50-3829	▶ 4,743.	00	308.	00
		▶		00		00
		▶		00		00
		▶		00		00
		▶		00		00
		▶		00		00
		▶		00		00
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		▶		00		00
		▶		00		00
		▶		00		00
		▶		00		00
		▶		00		00
		▶		00		00
		▶		00		00
Subtotal for Supplemental Attachment						
Total Column C and Column D and enter here. Enter the total of all supplemental attachments on Form CT-1065/CT-1120SI, Part I, Schedule B, Line 9.			16,456.	00	1,070.	00

Part IV - Member Information

Member #	Member Name and Address See instructions for order in which to list and for member type codes.	Member Type Code	FEIN or SSN	% Ownership Enter as a decimal
1	ESK CONSULTANTS LLC 237 MAYFAIR DRIVE BROOKLYN, NY 11234	NI	20-2113320	33.3333
2	ADAM GOLDBERG 33 WINDING WAY WAYNE, NJ 07470	NI	082-50-3812	33.3333
3	PETER GOLDBERG 1520 YORK AVENUE NEW YORK, NY 10028	NI	082-50-3829	33.3333
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶

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Part V - Member's Share of Connecticut Modifications

		Member # <u>1</u>	Member # <u>2</u>	Member # <u>3</u>	Member # _____
Additions: Enter all amounts as positive numbers.					
1. Interest on state and local government obligations other than Connecticut ...	1.	00	00	00	00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations ...	2.	00	00	00	00
3. Certain deductions relating to income exempt from Connecticut income tax ...	3.	00	00	00	00
4. Cancellation of debt income	4.	00	00	00	00
5. Other - specify:	5.	00	00	00	00
Subtractions: Enter all amounts as positive numbers.					
6. Interest on U.S. government obligations	6.	00	00	00	00
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	7.	00	00	00	00
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	8.	00	00	00	00
9. Reserved for future use	9.				
10. Other - specify:	10.	00	00	00	00

Part VI - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or Form 1120S
 Include member's share of Connecticut modifications from Part V

		Member # <u>1</u>	Member # <u>2</u>	Member # <u>3</u>	Member # _____
1. Ordinary business income (loss)	1.	93.00	93.00	93.00	00
2. Net rental real estate income (loss)	2.	00	00	00	00
3. Other net rental income (loss)	3.	00	00	00	00
4. Guaranteed payments	4.	6,893.00	4,666.00	4,666.00	00
5. Interest income	5.	00	00	00	00
6a. Ordinary dividends	6a.	00	00	00	00
6b. Qualified dividends	6b.	00	00	00	00
7. Royalties	7.	00	00	00	00
8. Net short-term capital gain (loss)	8.	00	00	00	00
9a. Net long-term capital gain (loss)	9a.	00	00	00	00
9b. Collectibles (28%) gain (loss)	9b.	00	00	00	00
9c. Unrecaptured section 1250 gain	9c.	00	00	00	00
10. Net section 1231 gain (loss)	10.	00	00	00	00
11. Other income (loss): Att stmnt	11.	00	00	00	00
12. Section 179 deduction	12.	16.00	16.00	16.00	00
13. Other deductions: Attach statement	13.	24.00	24.00	24.00	00

Form CT K-1T
Transmittal of Schedule CT K-1,
Member's Share of Certain Connecticut Items

2009

For DRS use only - - 20

Complete this form in blue or black ink only.

Pass-Through Entity Information

▶ Federal Employer ID Number (FEIN) 26-1287244	CT Tax Registration Number 45770914-000
▶ Pass-through entity name TELCO EXPERTS LLC	
▶ Number and street address 38 PARK AVENUE	PO Box
▶ City or town RUTHERFORD, NJ 07070	State ZIP code

Schedule CT K-1s Submitted

Total number of Schedule CT K-1s submitted with this Form CT K-1T	3
---	---

Number of Members

Resident (RI, RT, RE)	0
Nonresident (NI, NT, NE, PE)	3
Corporate (CM)	0

Summary of Schedule CT K-1 Information

Total Connecticut-sourced income (NI, NT, NE)	16,456.00
Total Connecticut-sourced income (PE)	0.00
Total Connecticut-sourced income (CM)	0.00
Connecticut-sourced income: Enter amount from Form CT-1065/1120SI, Part 1, Schedule A, Line 1.	16,456.00
Connecticut tax liability: Enter amount from Form CT-1065/1120SI, Part 1, Schedule A, Line 2.	1,070.00

Declaration: I declare under the penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here Keep a copy of this return for your records	Signature	Date
	Title	Telephone number

Schedule CT K-1 Member's Share of Certain Connecticut Items

For calendar year 2009 or other taxable year beginning _____, 2009, and ending _____.

Pass-through entity (PE) information		Member information	
Federal Employer ID Number (FEIN) ▶ 26-1287244	CT Tax Registration Number ▶ 45770914-000	Member's Social Security Number (SSN) or FEIN ▶ 20-2113320	<input checked="" type="checkbox"/> SSN <input type="checkbox"/> FEIN
Name ▶ TELCO EXPERTS LLC		Name ▶ ESK CONSULTANTS LLC	
Number and street address PO Box ▶ 38 PARK AVENUE		Number and street address PO Box ▶ 237 MAYFAIR DRIVE	
City or town State ZIP code ▶ RUTHERFORD, NJ 07070		City or town State ZIP code ▶ BROOKLYN, NY 11234	
Check the box if this is an amended or a final Schedule CT K-1. <input type="checkbox"/> Amended Schedule CT-K1 <input type="checkbox"/> Final Schedule CT-K1		Type of member (check one): <input type="checkbox"/> RI <input type="checkbox"/> RE <input type="checkbox"/> RT <input type="checkbox"/> PE <input checked="" type="checkbox"/> NI <input type="checkbox"/> NE <input type="checkbox"/> NT <input type="checkbox"/> CM	

Part I - Connecticut Modifications From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.	1.	2.
1. Interest on state and local obligations other than Connecticut	1.	
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2.	
3. Certain deductions relating to income exempt from Connecticut income tax	3.	
4. Cancellation of debt income	4.	
5. Other - specify	5.	
Subtractions Enter all amounts as positive numbers.		
6. Interest on U.S. government obligations	6.	
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	7.	
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	8.	
9. Reserved for future use	9.	
10. Other - specify	10.	

Part II - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss)	▶	1.	93.00
2. Net rental real estate income (loss)	▶	2.	00
3. Other net rental income (loss)	▶	3.	00
4. Guaranteed payments	▶	4.	6,893.00
5. Interest income	▶	5.	00
6a. Ordinary dividends	▶	6a.	00
6b. Qualified dividends	▶	6b.	00
7. Royalties	▶	7.	00
8. Net short-term capital gain (loss)	▶	8.	00
9a. Net long-term capital gain (loss)	▶	9a.	00
9b. Collectibles 28% gain (loss)	▶	9b.	00
9c. Unrecaptured section 1250 gain	▶	9c.	00
10. Net section 1231 gain (loss)	▶	10.	00
11. Other income (loss): Attach statement	▶	11.	00
12. Section 179 deduction	▶	12.	16.00
13. Other deductions: Attach statement STMT	▶	13.	24.00

Part III - Connecticut Income Tax Information

1. Member's Connecticut income tax liability as reported by the PE for the member on Form CT-1065/CT-1120SI, Part I, Schedule B, Column D	▶	1.	453.00
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CT SCH K-1

PART II OTHER DEDUCTIONS

DESCRIPTION	AMOUNT
CASH CONTRIBUTIONS (50%)	24.
TOTAL TO SCHEDULE CT K-1, PART II, LINE 13	24.

COPY

Schedule CT K-1 Member's Share of Certain Connecticut Items

For calendar year 2009 or other taxable year beginning _____, 2009, and ending _____.

Pass-through entity (PE) information		Member information	
Federal Employer ID Number (FEIN) ▶ 26-1287244	CT Tax Registration Number ▶ 45770914-000	Member's Social Security Number (SSN) or FEIN ▶ 082-50-3812	<input checked="" type="checkbox"/> SSN <input type="checkbox"/> FEIN
Name ▶ TELCO EXPERTS LLC		Name ▶ ADAM GOLDBERG	
Number and street address PO Box ▶ 38 PARK AVENUE		Number and street address PO Box ▶ 33 WINDING WAY	
City or town State ZIP code ▶ RUTHERFORD, NJ 07070		City or town State ZIP code ▶ WAYNE, NJ 07470	
Check the box if this is an amended or a final Schedule CT K-1. <input type="checkbox"/> Amended Schedule CT-K1 <input type="checkbox"/> Final Schedule CT-K1		Type of member (check one): <input type="checkbox"/> RI <input type="checkbox"/> RE <input type="checkbox"/> RT <input type="checkbox"/> PE <input checked="" type="checkbox"/> NI <input type="checkbox"/> NE <input type="checkbox"/> NT <input type="checkbox"/> CM	

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut	▶	1.	
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	▶	2.	
3. Certain deductions relating to income exempt from Connecticut income tax	▶	3.	
4. Cancellation of debt income	▶	4.	
5. Other - specify	▶	5.	

Subtractions Enter all amounts as positive numbers.

6. Interest on U.S. government obligations	▶	6.	
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	▶	7.	
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	▶	8.	
9. Reserved for future use	▶	9.	
10. Other - specify	▶	10.	

Part II - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S

From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss)	▶	1.	93.00
2. Net rental real estate income (loss)	▶	2.	00
3. Other net rental income (loss)	▶	3.	00
4. Guaranteed payments	▶	4.	4,666.00
5. Interest income	▶	5.	00
6a. Ordinary dividends	▶	6a.	00
6b. Qualified dividends	▶	6b.	00
7. Royalties	▶	7.	00
8. Net short-term capital gain (loss)	▶	8.	00
9a. Net long-term capital gain (loss)	▶	9a.	00
9b. Collectibles 28% gain (loss)	▶	9b.	00
9c. Unrecaptured section 1250 gain	▶	9c.	00
10. Net section 1231 gain (loss)	▶	10.	00
11. Other income (loss): Attach statement	▶	11.	00
12. Section 179 deduction	▶	12.	16.00
13. Other deductions: Attach statement STMT	▶	13.	24.00

Part III - Connecticut Income Tax Information

1. Member's Connecticut income tax liability as reported by the PE for the member on Form CT-1065/CT-1120SI, Part I, Schedule B, Column D	▶	1.	308.00
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CT SCH K-1

PART II OTHER DEDUCTIONS

DESCRIPTION

AMOUNT

CASH CONTRIBUTIONS (50%)

24.

TOTAL TO SCHEDULE CT K-1, PART II, LINE 13

24.

COPY

Schedule CT K-1
Member's Share of Certain Connecticut Items

For calendar year 2009 or other taxable year beginning _____, 2009, and ending _____.

Pass-through entity (PE) information		Member information	
Federal Employer ID Number (FEIN) ▶ 26-1287244	CT Tax Registration Number ▶ 45770914-000	Member's Social Security Number (SSN) or FEIN ▶ 082-50-3829	<input checked="" type="checkbox"/> SSN <input type="checkbox"/> FEIN
Name ▶ TELCO EXPERTS LLC		Name ▶ PETER GOLDBERG	
Number and street address PO Box ▶ 38 PARK AVENUE		Number and street address PO Box ▶ 1520 YORK AVENUE	
City or town State ZIP code ▶ RUTHERFORD, NJ 07070		City or town State ZIP code ▶ NEW YORK, NY 10028	
Check the box if this is an amended or a final Schedule CT K-1. <input type="checkbox"/> Amended Schedule CT-K1 <input type="checkbox"/> Final Schedule CT-K1		Type of member (check one): <input type="checkbox"/> RI <input type="checkbox"/> RE <input type="checkbox"/> RT <input type="checkbox"/> PE <input checked="" type="checkbox"/> NI <input type="checkbox"/> NE <input type="checkbox"/> NT <input type="checkbox"/> CM	

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.	1.	2.
1. Interest on state and local obligations other than Connecticut		
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations		
3. Certain deductions relating to income exempt from Connecticut income tax		
4. Cancellation of debt income		
5. Other - specify		
Subtractions Enter all amounts as positive numbers.		
6. Interest on U.S. government obligations		
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations		
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax		
9. Reserved for future use		
10. Other - specify		

Part II - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S

From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss)	1.	93.	00
2. Net rental real estate income (loss)	2.		00
3. Other net rental income (loss)	3.		00
4. Guaranteed payments	4.	4,666.	00
5. Interest income	5.		00
6a. Ordinary dividends	6a.		00
6b. Qualified dividends	6b.		00
7. Royalties	7.		00
8. Net short-term capital gain (loss)	8.		00
9a. Net long-term capital gain (loss)	9a.		00
9b. Collectibles 28% gain (loss)	9b.		00
9c. Unrecaptured section 1250 gain	9c.		00
10. Net section 1231 gain (loss)	10.		00
11. Other income (loss): Attach statement	11.		00
12. Section 179 deduction	12.	16.	00
13. Other deductions: Attach statement STMT	13.	24.	00

Part III - Connecticut Income Tax Information

1. Member's Connecticut income tax liability as reported by the PE for the member on Form CT-1065/CT-1120SI, Part I, Schedule B, Column D	1.	308.	00
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CT SCH K-1

PART II OTHER DEDUCTIONS

DESCRIPTION

AMOUNT

CASH CONTRIBUTIONS (50%)

24.

TOTAL TO SCHEDULE CT K-1, PART II, LINE 13

24.

COPY

2009 TAX RETURN FILING INSTRUCTIONS

DISTRICT OF COLUMBIA FORM D-30

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412
To be signed and dated by	A MEMBER OF THE LLC
Amount of tax	BALANCE DUE \$100.00
Mail tax return to	DC OFFICE OF TAX AND REVENUE PO BOX 7572 WASHINGTON, DC 20044-7572
Forms to be distributed to partners	A COPY OF D.C. SCHEDULE K-1 EQUIVALENT SHOULD BE FURNISHED TO EACH PARTNER.
Return must be mailed on or before	APRIL 15, 2010
Special Instructions	MAKE CHECK PAYABLE TO DC TREASURER. INCLUDE DISTRICT OF COLUMBIA FORM D-2030P WITH THE CHECK OR MONEY ORDER. ATTACHED IS YOUR 2010 DISTRICT OF COLUMBIA TWO-YEAR REPORT FOR LLC MAIL ON OR BEFORE JUNE 16, 2010. MAIL TO - DEPT. OF CON. AND REG. AFFAIRS BUSINESS REG. ADMIN., CORP. DIV PO BOX 92300 WASHINGTON, DC 20090 ENCLOSE CHECK FOR \$150

Special
Instructions

PAYABLE TO - DC TREASURER

COPY

2009 D-2030P SUB Payment Voucher

Instructions

Use the D-2030P Payment Voucher to make any payment due on your D-20 or D-30 return.

- Do not use this voucher to make estimated tax payments.
- Enter your Taxpayer Identification Number.
- Mark space based on the return type you file, D-20 or D-30 and whether you have a FEIN or SSN.
- Enter your business name and address exactly as shown on your return.
- Enter the taxable year ending for the return you are filing (month and year only).
- Enter the amount of your payment.
- Make your check or money order payable to DC Treasurer (do not send cash).
- Make sure your name and address appear on your payment (check or money order).
- Write your FEIN/SSN, tax period and either D-20 or D-30 on your payment.
- Staple your payment to the D-2030P Payment Voucher and mail with, but not attached to your tax return to the following:

Mail the D-2030P form with payment attached and your D-20 tax return to:

Office of Tax and Revenue
PO Box 679
Washington, DC 20044-0679

or

Mail the D-2030P form with payment attached and your D-30 tax return to:

Office of Tax and Revenue
PO Box 7572
Washington, DC 20044-7572

(Do not attach this voucher to your D-20 or D-30 return)

Notes:

- If you are filing a refund or no payment due return, do not use this D-2030P voucher. See www.taxpayerservicecenter.com
- If your liability is \$10,000 or more, you must file or pay electronically.
- For electronic filers, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by check or credit card. Please notify this agency if your response changes in the future. If your payment is rejected, you may be subject to the District's dishonored check fee and additional penalties and interest.

943181
11-05-09

Detach at perforation before mailing

Government of the
District of Columbia

2009 D-2030P SUB Payment Voucher



OFFICIAL USE ONLY

Taxpayer Identification Number Mark if FEIN Mark if for a D-20 Return
261287244 Mark if SSN Mark if for a D-30 Return

Business Name
TELCO EXPERTS LLC

Mailing Address Line #1
38 PARK AVENUE

Mailing Address Line #2

Tax period ending (MMYY)
1209

City
RUTHERFORD

State
NJ

ZIP code + 4
07070

Amount submitted with this form \$ 100 .00

**2009 D-30 SUB Unincorporated
Business Franchise Tax Return**



090300311019

OFFICIAL USE ONLY

Taxpayer Identification Number
261287244

Mark if: FEIN **X**
SSN

Number of business locations
In the District: **0**
Outside the District: **1**

Tax period ending (MMYY)
1209

Business name
TELCO EXPERTS LLC

Business Mailing address line #1
38 PARK AVENUE

Business Mailing address line #2

Mark if: AMENDED RETURN
CERTIFIED QHTC
FINAL RETURN

City
RUTHERFORD

State: **NJ** ZIP code: **07070**

	1	Gross receipts, minus returns and allowances	1	\$	2399588.00
	2	Cost of goods sold (from D-30, Schedule A) and/or operations	2	\$	1593988.00
	3	Gross profit <i>Line 1 minus Line 2</i>	3	\$	805600.00
GROSS INCOME	4	Dividends <i>Minus Subpart F income (Attach Statement)</i>	4	\$	.00
	5	Interest <i>Attach statement showing calculations</i>	5	\$	.00
	6	Gross rental income <i>Attach statement</i>	6	\$	.00
	7	Gross royalties <i>Attach statement</i>	7	\$	.00
	8 (a)	Net capital gain <i>Attach copy of Federal Schedule D</i>	8a	\$	.00
	8 (b)	Ordinary gain (loss) from Part II, federal Form 4797 <i>attach copy</i>	8b	\$	.00
	9	Other income <i>Attach detailed statement</i>	9	\$	.00
	10	Total gross income <i>Add Lines 3 - 9</i>	10	\$	805600.00
IF LINE 10 IS \$12,000 OR LESS, DO NOT FILE A RETURN					
	11	Salaries and wages <i>(Do not include owner(s)/members(s))</i>	11	\$	42339.00
	12	Repairs	12	\$	.00
	13	Bad debts <i>Attach a copy of any statement filed with your federal return</i>	13	\$	.00
	14 (a)	Royalty payments made			.00
	14 (b)	Minus nondeductible payments to related entities	14c	\$	.00
DEDUCTIONS	15	Rent	15	\$	21050.00
	16	Taxes <i>From Form D-30, Schedule C</i>	16	\$	5313.00
	17 (a)	Interest payments			21.00
	17 (b)	Minus nondeductible payments to related entities	17c	\$	21.00
	18	Contributions and/or gifts <i>From Form D-30, Schedule B</i>	18	\$	2400.00
19	Amortization <i>Attach copy of your Federal Form 4562, Part VI</i>	19	\$	.00	
943101 01-18-10	20	Depreciation <i>Attach copy of your Federal Form 4562</i> <i>Do not include the additional federal bonus depreciation.</i>	20	\$	5542.00
21	Other allowable deductions <i>From Form D-30, Schedule G</i>	21	\$	180123.00	
22	Total deductions <i>Add Lines 11 - 21</i>	22	\$	256788.00	

Line 25 minus

Taxpayer Name: TELCO EXPERTS LLC



090300321019

FEIN or SSN: 261287244

ENTER DOLLAR AMOUNTS ONLY

TAXABLE INCOME	23	Net income <i>Line 10 minus Line 22</i>	Mark if minus	23	\$	548812.00
	24	Net operating loss deduction (<i>for years before 2000</i>)		24	\$	.00
	25	Net income after NOL (net operating loss) deduction <i>Line 23 minus Line 24</i>	Mark if minus	25	\$	548812.00
	26	(a) Non-business income <i>Attach an allocation statement</i>	Mark if minus	26a	\$	.00
		(b) Minus: Related expenses <i>Attach an allocation statement</i>		26b	\$	.00
		(c) Subtract Line 26(b) from Line 26(a)	Mark if minus	26c	\$	.00
	27	Net income from trade or business subject to apportionment	Mark if minus	27	\$	548812.00
		<i>Line 25 minus Line 26c.</i>				
	28	DC apportionment factor <i>From Form D-30 Schedule F, Col 3, Line 5</i>		28		
	29	Net income from trade or business apportioned to DC	Mark if minus	29	\$	.00
	<i>Multiply Line 27 by the factor on Line 28</i>					
30	Portion of line 26(c) attributable to DC <i>Attach statement</i>	Mark if minus	30	\$	.00	
31	Total District net income (loss)	Mark if minus	31	\$	.00	
	<i>Combine Lines 29 and 30</i>					
32	Salary for owner(s) or member(s) services <i>From Form D-30 Schedule J, Column 4</i>		32	\$	.00	
33	Exemption: Maximum amount \$5000 (<i>Enter days in DC in 33a</i>)	33a 364	33	\$	4986.00	
	<i>(If less than 365 days in DC, see instructions for amount to claim.)</i>					
34	Total taxable income before apportioned NOL deduction	Mark if minus X	34	\$	4986.00	
	<i>Line 31 minus total of Lines 32 and 33</i>					
35	Apportioned NOL deduction <i>Losses occurring in year 2000 and later</i>		35	\$	.00	
36	Total taxable income <i>Line 34 minus Line 35</i>	Mark if minus X	36	\$	4986.00	
TAX, PAYMENTS AND CREDITS	37	TAX 9.975% of Line 36. <i>If less than \$100, enter \$100</i>		37	\$	100.00
	38	Minus Nonrefundable Credits from Schedule UB, Line 14		38	\$	.00
	39	Net Tax (may not be less than \$100)		39	\$	100.00
	40	Payments and Refundable Credits				
		(a) Tax paid, if any, with request for extension of time to file or		40a	\$	.00
		paid with original return if this is an amended return				
		(b) 2009 estimated franchise tax payments		40b	\$	.00
		(c) Refundable credits from Schedule UB, Line 17		40c	\$	.00
	41	Add lines 40(a), (b) and (c). Enter total		41	\$	.00
	42	Tax due <i>If Line 39 is larger, subtract Line 41 from Line 39</i>		42	\$	100.00
43	Overpayment <i>If Line 41 is larger, subtract Line 39 from Line 41</i>		43	\$	.00	
44	Amount you want to apply to your 2009 estimated franchise tax		44	\$	.00	
45	Amount to be refunded <i>Line 43 minus Line 44</i>		45	\$	.00	
	<i>Will this refund go to an account outside of the U.S.? See instructions</i>					

Payment due return - make payment payable to the D.C. Treasurer. Include your FEIN/SSN, "D-30" and tax year on your payment and attach it to the D-2030P voucher.
 Main return and payment to: Office of Tax and Revenue, PO Box 7572, Washington, DC 20044-7572.
 Refund or no payment due return - mail return to: Office of Tax and Revenue, PO Box 234, Washington, DC 20044-0234.
 Your return is due by the 15th day of the fourth month following the close of the tax year.

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

940103 01-18-10

PLEASE SIGN HERE

PAID PREPARER ONLY

Officer's signature _____ Title _____ Date _____

Telephone number of person to contact

**BELL & COMPANY LLP, 350 FIFTH AV
(STE 7412), NY, NY 10118**

Preparer's signature (if other than taxpayer) _____ Date _____ Firm name _____

Firm address

Preparer's FEIN, SSN or PTIN **133565602**

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue, mark here **X**



090300141019

Schedule F - DC apportionment factor (See page 10 of the instructions.)

Carry all factors to six decimal places

	Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
Round cents to the nearest dollar. If an amount is zero, leave the line blank.			
1. PROPERTY FACTOR: Average value of real estate and tangible personal property owned or rented to and used by the unincorporated business.	\$.00	\$.00	
2. PAYROLL FACTOR: Total compensation paid or accrued by the unincorporated business.	\$.00	\$.00	
3. SALES FACTOR: All gross receipts of the unincorporated business other than gross receipts from items of non-business income.	\$ 2,399,588.00	\$.00	
4. SUM OF FACTORS: (Add Column 3.)			
5. DC APPORTIONMENT FACTOR: Line 4 divided by 3 if there are 3 denominators. If fewer than 3, divide Line 4 by that number. Enter on D-30, line 28.			

Schedule G - Other allowable deductions		Schedule H - Income not reported (claimed as nontaxable) (See page 11 of instructions.)	
Nature of Deduction	Amount	Nature of Income	Amount
SEE STATEMENT 2	\$		\$
TOTAL (Also enter on D-30, Line 21.)	\$ 180,123.	TOTAL	\$

Schedule I - BALANCE SHEETS (See page 11 of instructions.)

	BEGINNING OF TAX YEAR		END OF TAX YEAR	
	AMOUNT	TOTAL	AMOUNT	TOTAL
Assets				
1. Cash.		102,308.		242,433.
2. Trade notes and accounts receivable. (a) MINUS: Allowance for bad debts.				
3. Inventories.				
4. Gov't obligations: (a) U.S. and its instrumentalities. (b) States, subdivisions thereof, etc.				
5. Other current assets (attach statement).				
6. Mortgage and real estate loans.				
7. Other investments.				
8. Buildings and other fixed depreciable assets. (a) MINUS: Accumulated depreciation.	32,521. 18,668.	13,853.	34,082. 25,771.	8,311.
9. Depletable assets (a) MINUS: Accumulated depletion.				
10. Land (net of any amortization).				
11. Intangible assets (amortizable only). (a) MINUS: Accumulated amortization.				
12. Other assets (attach statement).	STATEMENT 3	15,000.		15,000.
13. TOTAL ASSETS.		131,161.		265,744.
Liabilities - Capital				
14. Accounts payable.				75,814.
15. Mortgages, notes, bonds payable in less than 1 year.				115,583.
16. Other current liabilities (attach statement).	STATEMENT 4	63,581.		
17. Mortgages, notes, bonds payable in 1 year or more.				
18. Other liabilities (attach statement).	STATEMENT 5	2,500.		7,318.
19. Capital.		65,080.		67,029.
20. TOTAL LIABILITIES AND CAPITAL.		131,161.		265,744.

Schedule J - DISTRIBUTION AND RECONCILIATION OF NET INCOME (OR LOSS)

Round cents to the nearest dollar.

Col. 1		Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Name and Address of Owner(s)/Mem	Social Security Number	Percentage of Time Devoted to this Business	Percentage of Ownership	Salary Claimed	Exemption Claimed	Net Loss DC Sources	Net Income (or Loss) from Outside DC	Total Income (or Loss) Not Taxable to the Unincorporated Business (Add Cols. 4 thru 7)
		%	%	\$	\$	\$	\$	\$
SEE FORM D-30, SCHEDULE K-1S ATTACHED								
TOTAL				\$	\$ 4,986.	\$	\$ 548,812.	\$ 553,798.
Col. 4 - See page 9 of Instructions.				Enter total taxable income as shown on Line 34 of D-30				\$ -4,986.
Col. 5 - See page 10 of Instructions.				Net income of Unincorporated Business from both within and outside DC (from Line 25 of D-30)				\$ 548,812.
Col. 6 - Any loss amount from Line 31 of D-30.								
Col. 7 - Enter the difference between Line 25 and Line 31 of D-30.								

SUPPLEMENTAL INFORMATION

1. During 2009, has the Internal Revenue Service made or proposed any adjustments to your federal income tax returns, or did you file any amended returns with the Internal Revenue Service?
 Yes No
 If "Yes", submit separately an amended Form D-30 and a detailed statement, concerning adjustments, to the Office of Tax and Revenue, PO Box 7572, Washington, DC 20044-7572.

2. PRINCIPAL BUSINESS ACTIVITY: **TELEPHONE SERVICES**

3. DATE BUSINESS BEGAN: **01022009**

4. IF BUSINESS HAS TERMINATED, STATE REASON

5. TERMINATION DATE

6. TYPE OF OWNERSHIP (sole proprietor, partnership, etc.): **LIMITED LIABILITY COMPANY**

7. Place where federal income tax return for period covered by this return was filed: **CINCINNATI, OH**

8. Name(s) under which federal return for period covered by this return was filed: **TELCO EXPERTS LLC**

9. Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2009?
 Yes No If no, please state reason:

10. Is this return reported on the accrual basis?
 Yes No If no, check method used: Cash basis Other (specify)

11. Did you withhold DC income tax from the wages of your DC employees during 2009?
 Yes No If no, state reason: **NO EMPLOYEES IN DC DURING 2009**

12. Did you file a franchise tax return for the business with the District of Columbia for the year 2008?
 Yes No If no, state reason: **2009 IS INITIAL YEAR**
 If yes, enter name under which return was filed:

13. Does this return include income from more than one business conducted by the taxpayer? (If yes, list businesses and net income (loss) of each.)
 Yes No

14. Is income from any other business or business interest owned by the proprietors of this business being reported in a separate return? (If yes, list names and addresses of the other businesses.)
 Yes No

15. Is this business an adjunct of a corporation, or affiliated with any corporation? (If yes, explain affiliation to stockholders and proprietors.)
 Yes No

INITIAL RETURN

DC D-30	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 1
DESCRIPTION		AMOUNT
ISP PROVIDER		953,433.
INSTALLATION COSTS		243,586.
HOST MONITORING		2,855.
NUMBER INVENTORY		26,208.
CONSULTING		256,202.
COMMISSION EXPENSE		111,704.
TOTAL TO FORM D-30, SCH A, LINE 5		1,593,988.

DC D-30	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
EMPLOYEE BENEFIT PROGRAMS		5,366.
ACCOUNTING		22,483.
ADVERTISING AND MARKETING		14,543.
ANSWERING SERVICE		1,573.
BILLING EXPENSE		50,329.
COMPUTER AND SOFTWARE EXPENSE		1,318.
CREDIT CARD DISCOUNTS		7,278.
DUES AND SUBSCRIPTIONS		1,495.
FILING FEES		9,216.
GENERAL INSURANCE		1,173.
HOLIDAY EXPENSE		279.
LEGAL		33,615.
LICENSES AND PERMITS		804.
MEALS AND ENTERTAINMENT		3,034.
OFFICE SUPPLIES AND EXPENSE		6,569.
OUTSIDE SERVICES		2,750.
PAYROLL SERVICE		1,181.
POSTAGE		2,185.
TELEPHONE AND INTERNET ACCESS		5,753.
TRAVEL		5,938.
UTILITIES		1,384.
WORKERS' COMPENSATION		296.
SEC 179 DEPRECIATION		1,561.
TOTAL TO FORM D-30, SCH G		180,123.

DC D-30		OTHER ASSETS		STATEMENT	3
DESCRIPTION		BEGINNING OF TAXABLE YEAR	END OF TAXABLE YEAR		
SECURITY DEPOSITS		15,000.	15,000.		
TOTAL TO FORM D-30, SCH I, LINE 12		15,000.	15,000.		

DC D-30		OTHER CURRENT LIABILITIES		STATEMENT	4
DESCRIPTION		BEGINNING OF TAXABLE YEAR	END OF TAXABLE YEAR		
AMERICAN EXPRESS PAYABLE		41,972.			
SALES TAX PAYABLE		21,609.	115,583.		
TOTAL TO FORM D-30, SCH I, LINE 16		63,581.	115,583.		

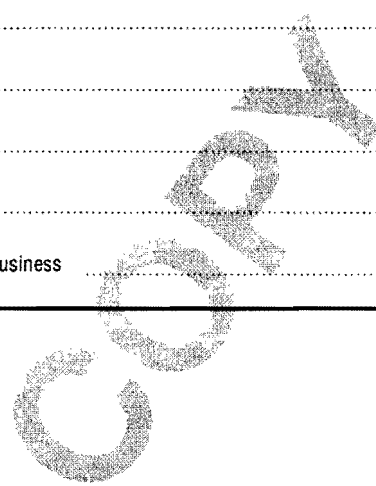
DC D-30		OTHER LIABILITIES		STATEMENT	5
DESCRIPTION		BEGINNING OF TAXABLE YEAR	END OF TAXABLE YEAR		
CUSTOMER SECURITY DEPOSITS		2,500.	7,318.		
TOTAL TO FORM D-30, SCH I, LINE 18		2,500.	7,318.		

DISTRICT OF COLUMBIA UBT SCHEDULE K-1 EQUIVALENT	Partner's District of Columbia Distribution and Reconciliation of Net Income or Loss For Calendar Year 2009 or Fiscal Year Beginning _____, 2009; and Ending _____, _____.	2009
---	--	-------------

Partner's Name, Address and ZIP Code ESK CONSULTANTS LLC 237 MAYFAIR DRIVE BROOKLYN, NY 11234	Partner Number <u>1</u> Partner's Identifying Number <u>202113320</u> <hr/> Resident <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Amended Schedule K-1 <input type="checkbox"/> Final Schedule K-1 <input type="checkbox"/>
---	---

Partnership's Name, Address and ZIP Code TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD NJ 07070	Partnership's Identifying Number <u>261287244</u> Partner's Percentage <u>33.3333333</u> Percent of Time Devoted to Business
---	---

1 Salary Claimed	1.	
2 Exemption Claimed	2.	1,662.
3 Net Loss, if Any, D.C. Sources	3.	
4 Net Income (or Loss) from Sources Outside of D.C.	4.	182,937.
5 Total Income (or Loss) Not Taxable to The Unincorporated Business	5.	184,599.

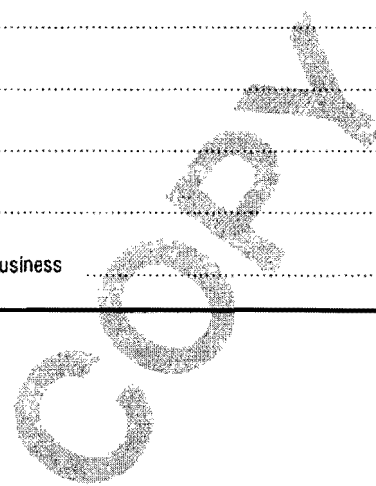


DISTRICT OF COLUMBIA UBT SCHEDULE K-1 EQUIVALENT	Partner's District of Columbia Distribution and Reconciliation of Net Income or Loss For Calendar Year 2009 or Fiscal Year Beginning _____, 2009; and Ending _____, _____.	2009
---	---	-------------

Partner's Name, Address and ZIP Code ADAM GOLDBERG 33 WINDING WAY WAYNE, NJ 07470	Partner Number <u>2</u> Partner's Identifying Number <u>082503812</u> Resident <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Amended Schedule K-1 <input type="checkbox"/> Final Schedule K-1 <input type="checkbox"/>
---	---

Partnership's Name, Address and ZIP Code TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD NJ 07070	Partnership's Identifying Number <u>261287244</u> Partner's Percentage <u>33.3333333</u> Percent of Time Devoted to Business
---	--

1 Salary Claimed	1.	
2 Exemption Claimed	2.	1,662.
3 Net Loss, if Any, D.C. Sources	3.	
4 Net Income (or Loss) from Sources Outside of D.C.	4.	182,938.
5 Total Income (or Loss) Not Taxable to The Unincorporated Business	5.	184,600.



BRA-25 LLC Form Version 3, 12-31-09.

Two-Year Report for Foreign & Domestic Limited Liability Company.

Use this form to file a two-year report for a domestic or foreign LLC.

Year of Filing: 2,009.

File Number:

Date of Filing: 06/16/2010

Filing Fee: 150

1. Entity Name.

TELCO EXPERTS LLC

2. Organized under the laws of which state or country.

NEW JERSEY

3. Name of Registered Agent and address of registered office in DC.

CORPORATION SERVICE COMPANY 1090 VERMONT AVENUE N.W. WASHINGTON, D

4. Address of principal office in the state of formation.

38 PARK AVENUE RUTHERFORD, NJ 07070

5. List all company's managers and members (attach list if needed).

TITLE	NAME	ADDRESS
MEMBER	ADAM GOLDBERG	33 WINDING WAY WAYNE, NJ 07470
MEMBER	ESK CONSULTANTS LLC	237 MAYFAIR DRIVE BROOKLYN, NY 11234
MEMBER	PETER GOLDBERG	1520 YORK AVENUE NEW YORK, NY 10028

FOREIGN LLCs: ANSWER 6-86. Date Organized
08/14/20077. Term of existence authorized
PERPETUAL8. Is company in good standing in state / country where it is organized?
 Yes No

9. Select company representative executing this form.

 Manager Member Authorized Person

10. Signature

If you sign anywhere on this Form, you agree that you understand that anyone who makes a false statement anywhere on it can be punished by criminal penalties of a fine up to \$1000, imprisonment up to 180 days, or both, under DCOC § 22-2405.

Mail all forms and required payment to:Department of Consumer and Regulatory Affairs
Corporations Division
PO Box 92300
Washington, DC 20090
Phone: (202) 442-4400943491
01-20-10

2009 TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-1065

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412
To be signed and dated by	A MEMBER OF THE LLC
Amount of tax	BALANCE DUE \$29.00
Mail tax return to	ILLINOIS DEPARTMENT OF REVENUE P.O. BOX 19031 SPRINGFIELD, IL 62794-9031
Forms to be distributed to partners	ENCLOSED ARE COPIES OF SCHEDULE K-1-P TO BE DISTRIBUTED TO EACH PARTNER.
Return must be mailed on or before	APRIL 15, 2010
Special Instructions	MAKE CHECK PAYABLE TO ILLINOIS DEPARTMENT OF REVENUE. INCLUDE ILLINOIS FORM IL-1065-V WITH THE CHECK OR MONEY ORDER.

2010 ESTIMATED TAX FILING INSTRUCTIONS

ILLINOIS COMPOSITE FORM IL-1023-CES

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070																											
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412																											
Amount of tax	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>60</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>0</td></tr><tr><td>Less amount already paid on 2010 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>60</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ 60</td><td>APRIL 15, 2010</td></tr><tr><td>No. 2</td><td>\$ NOT APPLICABLE</td><td></td></tr><tr><td>No. 3</td><td>\$ NOT APPLICABLE</td><td></td></tr><tr><td>No. 4</td><td>\$ NOT APPLICABLE</td><td></td></tr></tbody></table>	Total Estimated Tax	\$	60	Less credit from prior year	\$	0	Less amount already paid on 2010 estimate	\$	0	Balance due	\$	60	Installment	Amount	Due Date	No. 1	\$ 60	APRIL 15, 2010	No. 2	\$ NOT APPLICABLE		No. 3	\$ NOT APPLICABLE		No. 4	\$ NOT APPLICABLE	
Total Estimated Tax	\$	60																										
Less credit from prior year	\$	0																										
Less amount already paid on 2010 estimate	\$	0																										
Balance due	\$	60																										
Installment	Amount	Due Date																										
No. 1	\$ 60	APRIL 15, 2010																										
No. 2	\$ NOT APPLICABLE																											
No. 3	\$ NOT APPLICABLE																											
No. 4	\$ NOT APPLICABLE																											
Make check payable to	ILLINOIS DEPARTMENT OF REVENUE																											
Mail voucher and check (if applicable) to	ILLINOIS DEPARTMENT OF REVENUE P.O. BOX 19009 SPRINGFIELD, IL 62794-9009																											
Special Instructions																												

COPY

949241
08-19-09

Illinois Department of Revenue

IL-1065-V

IL-1065-V (R-10/09) ID: 2BX

Payment Voucher for Partnership
Replacement Tax

2009

FEIN 26-1287244 000 6

Mail to: Illinois Department of Revenue, P.O. Box 19031, Springfield, IL 62794-9031

IBT

Tax year ending

TELCO EXPERTS LLC
38 PARK AVENUE
RUTHERFORD, NJ 07070

Make sure the Business Name, FEIN,
and Payment amount are correct.

12 09
Month Year

\$ 29.00

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

Preparer's Phone Number 212-683-6111

106581209 4 261287244 000 6 00000002900

Illinois Department of Revenue
2009 Form IL-1065
Partnership Replacement Tax Return



Due on or before the 15th day of the 4th month following the close of the tax year.

If this return is not for calendar year 2009, write your fiscal tax year here.
 Tax year beginning _____, 2009, ending _____, _____

Write the amount you are paying.
 \$ 29.

Step 1: Identify your partnership

A Write your business name and mailing address.
 If you have an address change, or this is a first return, check this box.

TELCO EXPERTS LLC
 Name

38 PARK AVENUE
 C/O
 Mailing address

RUTHERFORD NJ 07070
 City State ZIP

F Write your federal employer identification no. (FEIN).
26-1287244

G Check the box if you are a member of a unitary business group, and write the FEIN of the member filing the Schedule UB, Combined Apportionment for Unitary Business Groups.

B Check the box if one of the following apply.
 first return final return (If final, write the date. _____)

H Write the state and ZIP code where your accounting records are kept. (Use the two-letter postal abbreviation. e.g., IL, GA, etc.)
NJ 07070
 State ZIP

C If this is a final return because you sold this business, write the date sold _____, and the new owner's FEIN. _____

I If you are making the business income election to treat all nonbusiness income as business income, check here and write "0" on Lines 37 and 45.

D Special Apportionment Formulas. If you use a special apportionment formula, check the appropriate box and see Special Apportionment Formula instructions.
 Financial organizations Transportation companies

J Check if you are making an IRC § 761 election.

E Check if you are classified as an investment partnership.

K If you have completed the following federal forms, check the box and **attach** them to this return.
 Federal Form 8886 Federal Sch. M-3

Step 2: Figure your ordinary income or loss

<p>1 Ordinary income or loss, or equivalent from federal Schedule K.</p> <p>2 Net income or loss from all rental real estate activities.</p> <p>▼ 3 Net income or loss from other rental activities.</p> <p>4 Portfolio income or loss.</p> <p>5 Net IRC Section 1231 gain or loss from involuntary conversions due to casualty and theft.</p> <p>6 All other items of income or loss that were not included in the computation of income or loss on Page 1 of U.S. Form 1065 or 1065-B. See instructions. Identify: _____</p> <p>▲ 7 Add Lines 1 through 6. This is your ordinary income or loss.</p>	<p>1 <u>9,304.00</u></p> <p>2 <u>.00</u></p> <p>3 <u>.00</u></p> <p>4 <u>.00</u></p> <p>5 <u>.00</u></p> <p>6 <u>.00</u></p> <p>7 <u>9,304.00</u></p>
---	---

Step 3: Figure your unmodified base income or loss

<p>8 Charitable contributions.</p> <p>9 Expense deduction under IRC Section 179.</p> <p>10 Interest on investment indebtedness.</p> <p>11 All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1065 or 1065-B. See instructions. Identify: _____</p> <p>12 Add Lines 8 through 11.</p> <p>13 Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.</p>	<p>8 <u>2,400.00</u></p> <p>9 <u>1,561.00</u></p> <p>10 <u>.00</u></p> <p>11 <u>.00</u></p> <p>12 <u>3,961.00</u></p> <p>13 <u>5,343.00</u></p>
---	---

NS DR _____

IL-1065 (R-12/09)

949151 12-12-09 ID: 2BX

14 Write your unmodified base income from Line 13.

14 5,343.00

Step 4: Figure your income or loss

- 15 State, municipal, and other interest income excluded from Line 14.
- 16 Illinois replacement tax deducted in arriving at Line 14.
- 17 Illinois Special Depreciation addition. **Attach** Form IL-4562.
- 18 Related-party expenses addition. **Attach** Schedule 80/20.
- 19 Distributive share of additions. **Attach** Schedule K-1-P or K-1-T.
- 20 Guaranteed payments to partners from U.S. Form 1065.
- 21 The amount of loss distributable to a partner subject to replacement tax. **Attach** Schedule B.
- 22 Other additions. **Attach** Illinois Schedule M (for businesses).
- 23 Add Lines 14 through 22. This amount is your income or loss.

15 _____ .00
 16 _____ .00
 17 _____ .00
 18 _____ .00
 19 _____ .00
 20 539,000.00
 21 _____ .00
 22 _____ .00
 23 544,343.00

Step 5: Figure your Illinois base income or net loss

- 24 Interest income from U.S. Treasury obligations or other exempt federal obligations.
- 25 August 1, 1969, valuation limitation amount. **Attach** Schedule F.
- 26 Personal service income or reasonable allowance for compensation of partners.
- 27 Share of income distributable to a partner subject to replacement tax. **Attach** Schedule B.
- 28 Expenses incurred in producing certain federally tax-exempt income or federal credits.
- 29 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction. **Attach** Schedule 1299-A.
- 30 High Impact Business Dividend subtraction. **Attach** Schedule 1299-A.
- 31 Illinois Special Depreciation subtraction. **Attach** Form IL-4562.
- 32 Related-party expenses subtraction. **Attach** Schedule 80/20.
- 33 Distributive share of subtractions. **Attach** Schedule K-1-P or K-1-T.
- 34 Other subtractions. **Attach** Schedule M (for businesses).
- 35 Total subtractions. Add Lines 24 through 34.
- 36 **Base income or net loss.** Subtract Line 35 from Line 23.

24 _____ .00
 25 _____ .00
 26 _____ .00
 27 _____ .00
 28 _____ .00
 29 _____ .00
 30 _____ .00
 31 5,542.00
 32 _____ .00
 33 _____ .00
 34 _____ .00
 35 5,542.00
 36 538,801.00

STOP If the amount on Line 36 is derived inside and outside Illinois, complete Step 6; otherwise go to Step 7.

Step 6: Figure your income allocable to Illinois

- 37 Nonbusiness income or loss. **Attach** Schedule NB.
- 38 Non-unitary partnership business income or loss included in Line 36.
- 39 Add Lines 37 and 38.
- 40 Business income or loss. Subtract Line 39 from Line 36.
- 41 Total sales everywhere. This amount cannot be negative.
- 42 Total sales inside Illinois. This amount cannot be negative.
- 43 Apportionment factor. Divide Line 42 by Line 41 (carry to six decimal places).
- 44 Business income or loss apportionable to Illinois. Multiply Line 40 by Line 43.
- 45 Nonbusiness income or loss allocable to Illinois. **Attach** Schedule NB.
- 46 Non-unitary partnership business income or loss apportionable to Illinois.
- 47 **Base income or net loss allocable to Illinois.** Add Lines 44 through 46.

37 _____ .00
 38 _____ .00
 39 _____ .00
 40 538,801.00
 41 2,399,588.00
 42 8,778.00
 43 .003658
 44 1,971.00
 45 _____ .00
 46 _____ .00
 47 1,971.00





Step 7: Figure your net income

48	Base income or net loss from Step 5, Line 36, or Step 6, Line 47.	48	<u>1,971.00</u>
49	Illinois net loss deduction. Attach Schedule NLD. If Line 48 is zero or a negative amount, write "0".	49	<u>7.00</u>
50	Income after NLD. Subtract Line 49 from Line 48.	50	<u>1,964.00</u>
51	Write the amount from Step 5, Line 36.	51	<u>538,801.00</u>
52	Divide Line 48 by Line 51. (This figure cannot be greater than "1".)	52	<u>.004</u>
53	Exemption allowance. Multiply Line 52 by \$1,000. (Short-year filers, see instructions.)	53	<u>4.00</u>
54	Net income. Subtract Line 53 from Line 50.	54	<u>1,960.00</u>

Step 8: Figure your net replacement tax

55	Write the amount from Line 54.	55	<u>1,960.00</u>
56	Replacement tax. Multiply Line 55 by 1.5% (.015).	56	<u>29.00</u>
57	Recapture of investment credits. Attach Schedule 4255.	57	<u>.00</u>
58	Replacement tax before investment credits. Add Lines 56 and 57.	58	<u>29.00</u>
59	Investment credits. Attach Form IL-477.	59	<u>.00</u>
60	Net replacement tax. Subtract Line 59 from Line 58. Write "0" if this is a negative amount.	60	<u>29.00</u>

Step 9: Figure your refund or balance due

61	Payments		
	a Credit from 2008 overpayment.	a	<u>.00</u>
	b Form IL-505-B (extension) payment.	b	<u>.00</u>
	c Pass-through entity payments. Attach Schedule K-1-P or K-1-T.	c	<u>.00</u>
62	Total payments. Add Lines 61a through 61c.	62	<u>.00</u>
63	Overpayment. If Line 62 is greater than Line 60, subtract Line 60 from Line 62.	63	<u>.00</u>
64	Amount to be credited to 2010.	64	<u>.00</u>
65	Refund. Subtract Line 64 from Line 63. This is the amount to be refunded.	65	<u>.00</u>
66	Tax Due. If Line 60 is greater than Line 62, subtract Line 62 from Line 60. This is the amount you owe.	66	<u>29.00</u>

► Make your check payable to "Illinois Department of Revenue" and attach to the first page of this form. ◀
Special Note ► Write the amount of your payment on the top of Page 1 in the space provided.

Step 10: Sign here

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

_____ Signature of partner	_____ Date	MEMBER _____ Title	_____ Phone
-------------------------------	---------------	---------------------------------	----------------

_____ Signature of preparer	_____ Date	13-3565602 _____ Preparer's Social Security number or firm's FEIN
--------------------------------	---------------	--

BELL & COMPANY LLP Preparer firm's name (or yours, if self-employed)	350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412 Address	212-683-6111 Phone
--	--	------------------------------

► Mail this return to: Illinois Department of Revenue, P.O. Box 19031, Springfield, IL 62794-9031 ◀

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0073

Schedule NLD

For Illinois net losses arising in tax years ending on or after December 31, 1986.

Attach to your Form IL-1120, IL-1120-ST, IL-1041, IL-1065, or any amended return.

12

09

Month

Year

IL Attachment No. 6

Write your name as shown on your return.

Write your federal employer identification number (FEIN).

TELCO EXPERTS LLC

26-1287244

Step 1: Figure your Illinois net loss deduction (NLD)

Read the instructions before completing this schedule.

"Carry year" is the year to which the loss is being carried.

Write all amounts as positive figures.

	A	B	C
	Earliest loss year ending <u>12/08</u> Month Year	Loss year ending _____ Month Year	Loss year ending _____ Month Year
1 Write your reported Illinois net loss. See instructions.	<u>7.</u>	_____	_____
2a Write the carry year and the amount of Illinois net loss previously carried back or forward. See instructions.	Month Year Loss carried _____	Month Year Loss carried _____	Month Year Loss carried _____
b _____	Month Year Loss carried _____	Month Year Loss carried _____	Month Year Loss carried _____
c _____	Month Year Loss carried _____	Month Year Loss carried _____	Month Year Loss carried _____
2d Add Lines 2a through 2c. This is your total amount of loss previously carried.	<u>0.</u>	_____	_____
3 Subtract Line 2d from Line 1. This is your remaining Illinois net loss.	<u>7.</u>	_____	_____
4 Write the Illinois base income for this carry year. See instructions.	<u>1,971.</u>	_____	_____
5 Write the lesser of Line 3 or Line 4. This is your Illinois net loss deduction (NLD).	<u>7.</u>	Write Line 6 from previous column	Write Line 6 from previous column
6 Subtract Line 5 from Line 4. This is your remaining income after NLD.	<u>1,964.</u>	_____	_____
7 Subtract Line 5 from Line 3. This is your remaining NLD for subsequent years.	<u>0.</u>	_____	_____
Total of Columns A, B, and C, Line 5. See instructions. <u>7.</u>			

Remember: You must attach supporting documentation to this schedule.

Step 2: Identify the loss year company

Complete this part only if the loss shown on Step 1, Line 1, originated from a company other than the one filing this return.

Write the FEIN of the company and the reason (e.g., merger) you are allowed to use that company's losses.

A	B	C
8 FEIN: _____ Reason: _____	9 FEIN: _____ Reason: _____	10 FEIN: _____ Reason: _____
_____	_____	_____
_____	_____	_____





IL-4562

Special Depreciation

12 2009

For tax years ending on or after September 11, 2001.
Attach to your Illinois tax return.

Month Year

IL Attachment No. 11

Step 1: Provide the following information

TELCO EXPERTS LLC

26-1287244

Write your name as shown on your return.

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

Special Note → You must read the instructions before completing Form IL-4562

Step 2: Figure your Illinois special depreciation addition

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

Step 3: Figure your Illinois depreciation subtraction

- 5a Write the portion of depreciation allowance claimed on federal Form 4562, Line 17, plus Line 19, Column g, plus Line 26, Column h, **only** for property for which you reported an addition modification for this tax year or any prior tax year on Form IL-4562, Step 2, Line 1, for bonus depreciation **equal to 30 percent** of your basis in the property. 5a _____
- b **Individuals only:** If you completed a federal Form 2106 for this tax year, write the portion of any depreciation deductions included in Lines 4 and 38 for which you reported an addition modification for this tax year or any prior tax year on Form IL-4562, Step 2, Line 2, for bonus depreciation **equal to 30 percent** of your basis in the property. 5b _____
- c Add Lines 5a and 5b. 5c _____
- 6 Multiply Line 5c by 42.9% (0.429). 6 _____
- 7a Write the portion of depreciation allowance claimed on federal Form 4562, Line 17, plus Line 19, Column g, plus Line 26, Column h, **only** for property for which you reported an addition modification for this tax year or any prior tax year on Form IL-4562, Step 2, Line 1, for bonus depreciation **equal to 50 percent** of your basis in the property. 7a 5,542.
- b **Individuals only:** If you completed a federal Form 2106 for this tax year, write the portion of any depreciation deductions included in Lines 4 and 38 **only** for property for which you reported an addition modification for this tax year or any prior tax year on Form IL-4562, Step 2, Line 2, for bonus depreciation **equal to 50 percent** of your basis in the property. 7b _____
- c Add Lines 7a and 7b. 7c 5,542.
- d For tax years ending on or before December 31, 2005, multiply Line 7c by 42.9% (0.429). For tax years ending after December 31, 2005, write the amount from Line 7c. 7d 5,542.
- 8 Add Lines 6 and 7d. 8 5,542.
- 9 **Last year of regular depreciation:** Write the Illinois special depreciation addition reported on any prior year Form IL-4562, Step 2, Line 1 plus Line 2, for that asset. 9 _____
- 10 Add Lines 8 and 9. This is your Illinois depreciation subtraction for this year. Write the total here and see instructions for the list of Illinois form and line references to report this subtraction. 10 5,542.

→ Attach this form to your Illinois return. ←

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

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

Year ending
12 09

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

Month Year

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

IL Attachment No. 10

Step 1: Identify your partnership or S corporation

1 Check your business type partnership S corporation

3 26-1287244

Write your federal employer identification number (FEIN).

2 TELCO EXPERTS LLC

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

4 Write the apportionment factor from Form IL-1065, Line 42 or Form IL-1120-ST, Line 43. Otherwise, write "1." .003658

Step 2: Identify your partner or shareholder

5 ESK CONSULTANTS LLC

Name

7 20-2113320

Social Security number or FEIN

6 237 MAYFAIR DRIVE

Mailing address

8 33.3333333

Share (%)

BROOKLYN, NY 11234

City

State

ZIP

9 Check the appropriate box

individual

corporation

trust

partnership

S corporation

estate

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

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

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

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Nonresident member's share apportioned to Illinois
20 Ordinary income (loss) from trade or business activity	20 <u>3,101.</u>	<u>11.</u>
21 Net income (loss) from rental real estate activities	21 _____	_____
22 Net income (loss) from other rental activities	22 _____	_____
23 Interest	23 _____	_____
24 Dividends	24 _____	_____
25 Royalties	25 _____	_____
26 Net short-term capital gain (loss)	26 _____	_____
27 Net long-term capital gain (loss). (Total for year)	27 _____	_____
28 Unrecaptured Section 1250 gain	28 _____	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 <u>229,000.</u>	<u>838.</u>
30 Net Section 1231 gain (loss) (other than casualty or theft)	30 _____	_____
31 Other income and expense <u>SEE STATEMENT</u>	31 <u>-1,320.</u>	<u>-5.</u>
	Specify	



This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. This form has been approved by the Forms Management Center. IL-492-3873

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

	A Member's share from Form IL-1065 or IL-1120-ST	B Nonresident member's share apportioned or allocated to Illinois
Additions		
32 Federally tax-exempt interest income	32	
33 Illinois replacement tax deducted	33	
34 Illinois Special Depreciation addition	34	
35 Related-Party Expenses addition	35	
36 Distributive share of additions	36	
37 Other additions (from Illinois Schedule M for businesses)	37	
Subtractions		
38 a Interest from U.S. Treasury obligations (business income)	38a	
b Interest from U.S. Treasury obligations (nonbusiness income)	38b	
39 Certain federally-disallowed deductions	39	
40 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction	40	
41 High Impact Business Dividend subtraction	41	
42 Contribution subtraction (Form IL-1120-ST filers only)	42	
43 Interest subtraction - Enterprise Zones or River Edge Redevelopment Zone (Form IL-1120-ST financial organizations only)	43	
44 Interest subtraction - High Impact Business within a Foreign Trade Zone (Form IL-1120-ST financial organizations only)	44	
45 Illinois Special Depreciation subtraction	45	7.
46 Related-Party Expenses subtraction	46	
47 Distributive share of subtractions	47	
48 Other subtractions (from Illinois Schedule M for businesses)	48	
	1,847.	

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

	A Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	B Nonresident member's share apportioned or allocated to Illinois
49 Section 1245 and 1250 gain	49	
50 Section 1231 gain	50	
51 Section 1231 gain less casualty and theft gain (See instructions.)	51	
52 Capital gain	52	

Step 7: Figure your partner's or shareholder's share of your Illinois credits and recapture and pass-through entity payments

	A Member's or nonresident member's share from Illinois tax return
53 Illinois credits	
a Film Production Services Tax Credit	53a
b Enterprise Zone or River Edge Redevelopment Zone Investment Credit	53b
c Tax Credit for Affordable Housing Donations	53c
d Economic Development for a Growing Economy (EDGE) Tax Credit	53d
e Research & Development Tax Credit	53e
f Ex-felons Jobs Credit	53f
g Veterans Jobs Credit	53g
h Student-Assistance Contribution Credit	53h
i Replacement Tax Investment Credits (See instructions.)	53i
54 Recapture	
a Enterprise Zone or River Edge Redevelopment Zone Investment Credit recapture	54a
b Replacement Tax Investment Credit recapture	54b
55 a Pass-through entity payment (See instructions.)	55a
b Composite return payment (See instructions.)	55b
	25.



IL SCH K-1-P OTHER BUSINESS INCOME AND EXPENSE

DESCRIPTION	TOTAL	NONRESIDENT
CHARITABLE CONTRIBUTIONS	-800.	-3.
SECTION 179 EXPENSE	-520.	-2.
TOTALS TO SCHEDULE K-1-P, LINE 31	-1,320.	-5.

IL SCH K-1-P PARTNER SHARE OF INCOME AND TAX PAID

PARTNER SHARE OF INCOME INCLUDED ON FORM IL-1023-C 837.

COPY

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

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

Year ending

12 / 09
Month / Year

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

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

IL Attachment No. 10

Step 1: Identify your partnership or S corporation

1 Check your business type partnership S corporation

2 **TELCO EXPERTS LLC**

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

3 **26-1287244**

Write your federal employer identification number (FEIN).

4 Write the apportionment factor from Form IL-1065, Line 42 or Form IL-1120-ST, Line 43. Otherwise, write "1." **.003658**

Step 2: Identify your partner or shareholder

5 **ADAM GOLDBERG**

Name

7 **082-50-3812**

Social Security number or FEIN

6 **33 WINDING WAY**

Mailing address

8 **33.3333333**

Share (%)

WAYNE, NJ 07470

City

State

ZIP

9 Check the appropriate box

individual corporation trust
 partnership S corporation estate

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

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

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

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Nonresident member's share apportioned to Illinois
20 Ordinary income (loss) from trade or business activity	20 3,102.	11.
21 Net income (loss) from rental real estate activities	21 _____	_____
22 Net income (loss) from other rental activities	22 _____	_____
23 Interest	23 _____	_____
24 Dividends	24 _____	_____
25 Royalties	25 _____	_____
26 Net short-term capital gain (loss)	26 _____	_____
27 Net long-term capital gain (loss). (Total for year)	27 _____	_____
28 Unrecaptured Section 1250 gain	28 _____	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 155,000.	567.
30 Net Section 1231 gain (loss) (other than casualty or theft)	30 _____	_____
31 Other income and expense SEE STATEMENT	31 -1,321.	-5.
Specify _____		



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

	A Member's share from Form IL-1065 or IL-1120-ST	B Nonresident member's share apportioned or allocated to Illinois
Additions		
32 Federally tax-exempt interest income	32	
33 Illinois replacement tax deducted	33	
34 Illinois Special Depreciation addition	34	
35 Related-Party Expenses addition	35	
36 Distributive share of additions	36	
37 Other additions (from Illinois Schedule M for businesses)	37	
Subtractions		
38 a Interest from U.S. Treasury obligations (business income)	38a	
b Interest from U.S. Treasury obligations (nonbusiness income)	38b	
39 Certain federally-disallowed deductions	39	
40 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction	40	
41 High Impact Business Dividend subtraction	41	
42 Contribution subtraction (Form IL-1120-ST filers only)	42	
43 Interest subtraction - Enterprise Zones or River Edge Redevelopment Zone (Form IL-1120-ST financial organizations only)	43	
44 Interest subtraction - High Impact Business within a Foreign Trade Zone (Form IL-1120-ST financial organizations only)	44	
45 Illinois Special Depreciation subtraction	45	7.
46 Related-Party Expenses subtraction	46	
47 Distributive share of subtractions	47	
48 Other subtractions (from Illinois Schedule M for businesses)	48	
	1,848.	

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

	A Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	B Nonresident member's share apportioned or allocated to Illinois
49 Section 1245 and 1250 gain	49	
50 Section 1231 gain	50	
51 Section 1231 gain less casualty and theft gain (See instructions.)	51	
52 Capital gain	52	

Step 7: Figure your partner's or shareholder's share of your Illinois credits and recapture and pass-through entity payments

	A Member's or nonresident member's share from Illinois tax return	
53 Illinois credits		
a Film Production Services Tax Credit	53a	
b Enterprise Zone or River Edge Redevelopment Zone Investment Credit	53b	
c Tax Credit for Affordable Housing Donations	53c	
d Economic Development for a Growing Economy (EDGE) Tax Credit	53d	
e Research & Development Tax Credit	53e	
f Ex-felons Jobs Credit	53f	
g Veterans Jobs Credit	53g	
h Student-Assistance Contribution Credit	53h	
i Replacement Tax Investment Credits (See instructions.)	53i	
54 Recapture		
a Enterprise Zone or River Edge Redevelopment Zone Investment Credit recapture	54a	
b Replacement Tax Investment Credit recapture	54b	
55 a Pass-through entity payment (See instructions.)	55a	
b Composite return payment (See instructions.)	55b	17.



IL SCH K-1-P

OTHER BUSINESS INCOME AND EXPENSE

DESCRIPTION	TOTAL	NONRESIDENT
CHARITABLE CONTRIBUTIONS	-800.	-3.
SECTION 179 EXPENSE	-521.	-2.
TOTALS TO SCHEDULE K-1-P, LINE 31	-1,321.	-5.

IL SCH K-1-P

PARTNER SHARE OF INCOME AND TAX PAID

PARTNER SHARE OF INCOME INCLUDED ON FORM IL-1023-C

566.

COPY

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

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

Year ending

12 09

Month Year

IL Attachment No. 10

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST
Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Step 1: Identify your partnership or S corporation

1 Check your business type partnership S corporation

3 **26-1287244**

Write your federal employer identification number (FEIN).

2 **TELCO EXPERTS LLC**

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

4 Write the apportionment factor from Form IL-1065, Line 42 or Form IL-1120-ST, Line 43. Otherwise, write "1." **.003658**

Step 2: Identify your partner or shareholder

5 **PETER GOLDBERG**

Name

7 **082-50-3829**

Social Security number or FEIN

6 **1520 YORK AVENUE**

Mailing address

8 **33.3333334**

Share (%)

NEW YORK, NY 10028

City

State

ZIP

9 Check the appropriate box

individual

corporation

trust

partnership

S corporation

estate

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

- 10 Interest
- 11 Dividends
- 12 Rental income
- 13 Patent royalties
- 14 Copyright royalties
- 15 Other royalty income
- 16 Capital gain or loss from real property
- 17 Capital gain or loss from tangible personal property
- 18 Capital gain or loss from intangible personal property
- 19 Other income and expense

Specify

A
Member's share
(see instructions)

B
Nonresident member's
share allocable to Illinois

	A	B
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

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

- 20 Ordinary income (loss) from trade or business activity
- 21 Net income (loss) from rental real estate activities
- 22 Net income (loss) from other rental activities
- 23 Interest
- 24 Dividends
- 25 Royalties
- 26 Net short-term capital gain (loss)
- 27 Net long-term capital gain (loss). (Total for year)
- 28 Unrecaptured Section 1250 gain
- 29 Guaranteed payments to partner (U.S. Form 1065 only)
- 30 Net Section 1231 gain (loss) (other than casualty or theft)
- 31 Other income and expense **SEE STATEMENT**

Specify

A
Member's share
from U.S. Schedule K-1,
less nonbusiness income

B
Nonresident member's
share apportioned to Illinois

	A	B
20	3,101.	
21		
22		
23		
24		
25		
26		
27		
28		
29	155,000.	567.
30		
31	-1,320.	-5.



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

	A Member's share from Form IL-1065 or IL-1120-ST	B Nonresident member's share apportioned or allocated to Illinois
Additions		
32 Federally tax-exempt interest income	32	
33 Illinois replacement tax deducted	33	
34 Illinois Special Depreciation addition	34	
35 Related-Party Expenses addition	35	
36 Distributive share of additions	36	
37 Other additions (from Illinois Schedule M for businesses)	37	
Subtractions		
38 a Interest from U.S. Treasury obligations (business income)	38a	
b Interest from U.S. Treasury obligations (nonbusiness income)	38b	
39 Certain federally-disallowed deductions	39	
40 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction	40	
41 High Impact Business Dividend subtraction	41	
42 Contribution subtraction (Form IL-1120-ST filers only)	42	
43 Interest subtraction - Enterprise Zones or River Edge Redevelopment Zone (Form IL-1120-ST financial organizations only)	43	
44 Interest subtraction - High Impact Business within a Foreign Trade Zone (Form IL-1120-ST financial organizations only)	44	
45 Illinois Special Depreciation subtraction	45	7.
46 Related-Party Expenses subtraction	46	
47 Distributive share of subtractions	47	
48 Other subtractions (from Illinois Schedule M for businesses)	48	
	1,847.	

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

	A Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	B Nonresident member's share apportioned or allocated to Illinois
49 Section 1245 and 1250 gain	49	
50 Section 1231 gain	50	
51 Section 1231 gain less casualty and theft gain (See instructions.)	51	
52 Capital gain	52	

Step 7: Figure your partner's or shareholder's share of your Illinois credits and recapture and pass-through entity payments

	A Member's or nonresident member's share from Illinois tax return	
53 Illinois credits		
a Film Production Services Tax Credit	53a	
b Enterprise Zone or River Edge Redevelopment Zone Investment Credit	53b	
c Tax Credit for Affordable Housing Donations	53c	
d Economic Development for a Growing Economy (EDGE) Tax Credit	53d	
e Research & Development Tax Credit	53e	
f Ex-felons Jobs Credit	53f	
g Veterans Jobs Credit	53g	
h Student-Assistance Contribution Credit	53h	
i Replacement Tax Investment Credits (See instructions.)	53i	
54 Recapture		
a Enterprise Zone or River Edge Redevelopment Zone Investment Credit recapture	54a	
b Replacement Tax Investment Credit recapture	54b	
55 a Pass-through entity payment (See instructions.)	55a	
b Composite return payment (See instructions.)	55b	17.



IL SCH K-1-P OTHER BUSINESS INCOME AND EXPENSE

DESCRIPTION	TOTAL	NONRESIDENT
CHARITABLE CONTRIBUTIONS	-800.	-3.
SECTION 179 EXPENSE	-520.	-2.
TOTALS TO SCHEDULE K-1-P, LINE 31	-1,320.	-5.

IL SCH K-1-P PARTNER SHARE OF INCOME AND TAX PAID

PARTNER SHARE OF INCOME INCLUDED ON FORM IL-1023-C 566.

COPY

Step 1: Complete the composite estimated tax worksheet

1 Write the amount of composite income expected in 2010. (See Form IL-1023-C instructions.)	1	1,969.
2 Total estimated income tax. Multiply Line 1 by 3% (.03).	2	<u>59.</u>
Complete Lines 3 and 4 only if you wish to estimate replacement tax due for any trust members.		
Otherwise, go to Line 5.		
3 Write the amount of estimated composite income included in Line 1 that is subject to replacement tax.	3	_____
4 Total estimated replacement tax. Multiply Line 3 by 1.5% (.015).	4	_____
5 Add Lines 2 and 4.	5	<u>59.</u>
ROUNDED TO		
6 Write the amount of Illinois tax credits and pass-through entity payments expected in 2010.	6	_____
7 Write the amount of any 2009 overpayment credited to 2010.	7	_____
8 Add Lines 6 and 7.	8	_____
9 Subtract Line 8 from Line 5.	9	<u>59.</u>
10 Divide the amount on Line 9 by 4. This is the amount of each of your estimated payments.	* 10	<u>15.</u>

Step 2: Complete the estimated tax voucher

* VOUCHER 1 60.

- 1 Complete the voucher. Fiscal year filers see "When should I file and pay?"
- 2 Write the federal employer identification number (FEIN) of the partnership or S corporation and the tax year ending.
- 3 Write the name and address of the partnership or S corporation.
- 4 Write the amount you are paying from Step 1, Line 10.
- 5 Detach the voucher and enclose a check or money order for the amount you are paying. Mail your completed voucher and payment to the address shown on the voucher. Write your FEIN and "IL-1023-CES" on your payment. Complete Step 3 below.

Step 3: Record your estimated tax payments.

Voucher amount	Voucher date	Check or money order number
Total		

IL-1023-CES (R-12/09)

949571
12-12-09

Cut Here ----- Cut Here

Illinois Department of Revenue
IL-1023-CES

Composite Estimated Tax Payment
for Partners and Shareholders

(R-12/09) ID: 2BX

Mail to Illinois Department of Revenue,
P.O. Box 19009, Springfield, IL 62794-9009.

Official use only

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 1st month of subsequent yr.

26-1287244
Federal employer identification number

666
Seq. code

Tax year ending 12 2010
Month Year

TELCO EXPERTS LLC
Name of partnership or S corporation

\$ _____
Amount of payment

In care of _____
38 PARK AVENUE
Mailing address

Official use only

RUTHERFORD, NJ 07070
City, state, ZIP

Return this voucher with check or money order payable to "Illinois Department of Revenue."

Illinois Department of Revenue
IL-1023-CES

(R-12/09)

**Composite Estimated Tax Payment
for Partners and Shareholders**

Mail to Illinois Department of Revenue,
P.O. Box 19009, Springfield, IL 62794-9009.

Official use only

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 1st month of subsequent yr.

26-1287244
Federal employer identification number

6 6 6
Seq. code

Tax year ending 12 2010
Month Year

TELCO EXPERTS LLC
Name of partnership or S corporation

\$ _____
Amount of payment

In care of _____
38 PARK AVENUE
Mailing address

RUTHERFORD, NJ 07070
City, state, ZIP

Official use only

Return this voucher with check or money order payable to "Illinois Department of Revenue."

ID: 2BX
----- Cut Here -----

----- Cut Here -----

Illinois Department of Revenue
IL-1023-CES

(R-12/09)

**Composite Estimated Tax Payment
for Partners and Shareholders**

Mail to Illinois Department of Revenue,
P.O. Box 19009, Springfield, IL 62794-9009.

Official use only

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 1st month of subsequent yr.

26-1287244
Federal employer identification number

6 6 6
Seq. code

Tax year ending 12 2010
Month Year

TELCO EXPERTS LLC
Name of partnership or S corporation

\$ _____
Amount of payment

In care of _____
38 PARK AVENUE
Mailing address

RUTHERFORD, NJ 07070
City, state, ZIP

Official use only

Return this voucher with check or money order payable to "Illinois Department of Revenue."

ID: 2BX
----- Cut Here -----

----- Cut Here -----

Illinois Department of Revenue
IL-1023-CES

(R-12/09)

**Composite Estimated Tax Payment
for Partners and Shareholders**

Mail to Illinois Department of Revenue,
P.O. Box 19009, Springfield, IL 62794-9009.

Official use only

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 1st month of subsequent yr.

26-1287244
Federal employer identification number

6 6 6
Seq. code

Tax year ending 12 2010
Month Year

TELCO EXPERTS LLC
Name of partnership or S corporation

\$ 60.
Amount of payment

In care of _____
38 PARK AVENUE
Mailing address

RUTHERFORD, NJ 07070
City, state, ZIP

Official use only

Return this voucher with check or money order payable to "Illinois Department of Revenue."

**Illinois Department of Revenue
2009 Form IL-1023-C**

Composite Income and Replacement Tax Return

Due on or before the 15th day of the 4th month following the close of the tax year.

If this return is not for calendar year 2009, write your fiscal tax year here.
Tax year beginning _____, 2009, ending _____

Write the amount you are paying.
\$ 59.

Step 1: Provide the following information

If you have an address change, or this is your first return, check this box. **A**

TELCO EXPERTS LLC
Name of partnership or subchapter S corporation

In care of
38 PARK AVENUE

Mailing address
RUTHERFORD NJ 07070

City State ZIP

B Check the box if one of the following apply.
 first return If final, write the date. _____

C Write your federal employer identification no. (FEIN).
26-1287244 **666**
Seq. code

D Check the box that identifies the return you filed.
Form IL-1065
Form IL-1120-ST

E Check if the partners or shareholders included are trust members.

F Check if the partners or shareholders included are individuals and/or estate members only.

Step 2: Figure your income and net income tax

1 a Modified base income of the partnership or subchapter S corporation.	1a	<u>538,801.00</u>	
b Total percentage of ownership for resident members. (Carry to six decimal places)	1b		
c Multiply Line 1a by Line 1b.			1c _____ .00
2 a Modified base income allocable to Illinois.	2a	<u>1,971.00</u>	
b Total percentage of ownership for nonresident members. (Carry to six decimal places)	2b	<u>100.000000</u>	
c Multiply Line 2a by Line 2b.			2c <u>1,969.00</u>
3 Add Lines 1c and 2c. This amount is your income.		STATEMENT 7	3 <u>1,969.00</u>
4 Income tax before credits. Multiply Line 3 by 3% (.03).			4 <u>59.00</u>
5 Income tax credits. Attach Schedule 1299-A. (See instructions.)			5 <u>0.00</u>
6 Net income tax. Subtract Line 5 from Line 4.			6 <u>59.00</u>

Step 3: Figure your net replacement tax (Complete only if this return includes any trust members.)

7 Income included in Line 3 that is subject to replacement tax.	7	<u>0.00</u>
8 Replacement tax before credits. Multiply Line 7 by 1.5% (.015).	8	<u>0.00</u>
9 Investment credits. Attach Form IL-477.	9	<u>.00</u>
10 Net replacement tax. Subtract Line 9 from Line 8.	10	<u>.00</u>





Step 4: Figure your refund or balance due

11 Total net income and replacement taxes. Add Lines 6 and 10.	11	<u>59</u>	.00
12 Payments.			
a Credit from 2008 overpayment.	12a	<u> </u>	.00
b Form IL-1023-CES payments.	12b	<u> </u>	.00
c Form IL-505-B (extension) payment.	12c	<u> </u>	.00
d Pass-through entity payments. Attach Schedules K-1-P and K-1-T.	12d	<u> </u>	.00
13 Total payments. Add Lines 12a through 12d.	13	<u> </u>	.00
14 Overpayment. If Line 13 is greater than Line 11, subtract Line 11 from Line 13.	14	<u>0</u>	.00
15 Amount to be credited to 2010.	15	<u> </u>	.00
16 Refund. Subtract Line 15 from Line 14. This is the amount to be refunded.	16	<u> </u>	.00
17 Tax due. If Line 11 is greater than Line 13, subtract Line 13 from Line 11. This is the amount you owe.	17	<u>59</u>	.00

► **Make your check payable to "Illinois Department of Revenue."** ◀

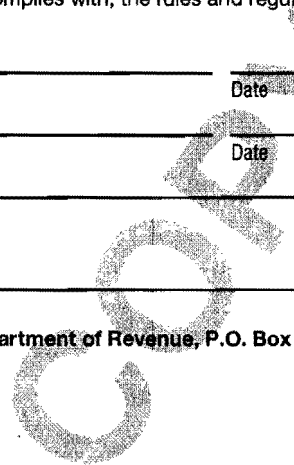
Note → Write the amount of your payment on the top of Page 1 in the space provided.

Step 5: Sign here

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete and that each of the qualifying partners or shareholders is aware of, and complies with, the rules and regulations set forth and made binding by this composite return.

Signature of authorized agent	Date	Title	Phone
Signature of preparer	Date	Preparer's Social Security number or firm's FEIN	
BELL & COMPANY LLP		13-3565602	
Preparer firm's name (or yours, if self-employed)			
350 FIFTH AVE STE 7412			
NEW YORK, NY		10118-7412	212-683-6111
Address		Phone	

► **Mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009** ◀



NS DR _____

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-2056

SCHEDULE BC Composite Return Membership

Attach to your Form IL-1023-C

Year ending
12 09
Month Year

IL Attachment no. 1

Write your name as shown on your Form IL-1023-C.

Write your federal employer identification number (FEIN).

TELCO EXPERTS LLC

26-1287244

Identify the members included in your composite return.

A	B	C	D	E
Name and Address	Social Security number or FEIN	Partner or Shareholder type (See instructions.)	Share of income or loss (%)	Check the box if the member is an Illinois resident and is included based on department-approved petition.
1 _____ ESK CONSULTANTS LLC _____ 237 MAYFAIR DRIVE _____ BROOKLYN, NY 11234 _____	<u>20-2113320</u>	<u>I</u>	<u>33.3333333</u>	<input type="checkbox"/>
2 _____ ADAM GOLDBERG _____ 33 WINDING WAY _____ WAYNE, NJ 07470 _____	<u>082-50-3812</u>	<u>I</u>	<u>33.3333333</u>	<input type="checkbox"/>
3 _____ PETER GOLDBERG _____ 1520 YORK AVENUE _____ NEW YORK, NY 10028 _____	<u>082-50-3829</u>	<u>I</u>	<u>33.3333334</u>	<input type="checkbox"/>
4 _____ _____ _____ _____	_____	_____	_____	<input type="checkbox"/>
5 _____ _____ _____ _____	_____	_____	_____	<input type="checkbox"/>
6 _____ _____ _____ _____	_____	_____	_____	<input type="checkbox"/>
7 _____ _____ _____ _____	_____	_____	_____	<input type="checkbox"/>
8 _____ _____ _____ _____	_____	_____	_____	<input type="checkbox"/>



or fiscal year beginning _____, 2009, ending _____, _____.

Name of partnership

Federal employer identification number (FEIN)

TELCO EXPERTS LLC

26-1287244

14 Write your unmodified base income from Form IL-1065, Line 14. 14 5,343.

Step 4: Figure your income or loss

15 State, municipal, and other interest income excluded from Line 14. 15 _____
 16 Illinois replacement tax deducted in arriving at Line 14. 16 _____
 17 Illinois Bonus Depreciation addition. 17 _____
 18 Related-Party Expenses addition. 18 _____
 19 Distributive share of additions. 19 _____
 20 Guaranteed payments to partners from U.S. Form 1065. 20 539,000.
 21 Not applicable to composite return. 21 _____
 22 Other additions. 22 _____
 23 Add Lines 14 through 22. This amount is your income or loss. 23 544,343.

Step 5: Figure your Illinois base income or net loss

24 Interest income from U.S. Treasury obligations or other exempt federal obligations. 24 _____
 25 August 1, 1969 valuation limitation amount. 25 _____
 26 Not applicable to composite return. 26 _____
 27 Not applicable to composite return. 27 _____
 28 Expenses incurred in producing certain federally tax-exempt income or federal credits. 28 _____
 29 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction. 29 _____
 30 High Impact Business Dividend subtraction. 30 _____
 31 Illinois Bonus Depreciation subtraction. 31 5,542.
 32 Related-Party Expenses subtraction. 32 _____
 33 Distributive share of subtractions. 33 _____
 34 Other subtractions. 34 _____
 35 Total subtractions. Add Lines 24 through 34. 35 5,542.
 36 Base income or net loss. Subtract Line 35 from Line 23. 36 538,801.

This is your modified base income. Write this amount on Form IL-1023-C, Step 1, Line 1a. If the amount on Line 36 is derived inside and outside Illinois, complete Step 6 below, otherwise write the amount also on Form IL-1023-C, Step 1, Line 2a.

Step 6: Figure your income allocable to Illinois

37 Nonbusiness income or loss. (Nonbusiness Income Worksheet, Column A) 37 _____
 38 Non-unitary partnership business income or loss included in Line 36. 38 _____
 39 Add Lines 37 and 38. 39 _____
 40 Business income or loss. Subtract Line 39 from Line 36. 40 538,801.
 41 Total sales everywhere. This amount cannot be negative. 41 2,399,588.
 42 Total sales inside Illinois. This amount cannot be negative. 42 8,778.
 43 Apportionment factor. Divide Line 42 by Line 41 (carry to six decimal places). 43 .003658
 44 Business income or loss apportionable to Illinois. Multiply Line 40 by Line 43. 44 1,971.
 45 Nonbusiness income or loss allocable to Illinois. (Nonbusiness Income Worksheet, Column B) 45 _____
 46 Non-unitary partnership business income or loss apportionable to Illinois. 46 _____
 47 Base income or net loss allocable to Illinois. Add Lines 44 through 46. 47 1,971.

If Step 6 was completed, write the Line 47 amount on Form IL-1023-C, Step 1, Line 2a.

IL-1023-C **PARTNERS INCLUDED IN COMPOSITE RETURN** **STATEMENT 7**

<u>NAME AND ADDRESS</u>	<u>SSN OR FEIN</u>	<u>PERCENTAGE OF OWNERSHIP</u>	<u>SHARE OF COMPOSITE INCOME</u>
ESK CONSULTANTS LLC 237 MAYFAIR DRIVE BROOKLYN, NY 11234	20-2113320	33.3333333	837.
ADAM GOLDBERG 33 WINDING WAY WAYNE, NJ 07470	082-50-3812	33.3333333	566.
PETER GOLDBERG 1520 YORK AVENUE NEW YORK, NY 10028	082-50-3829	33.3333334	566.
TOTAL TO FORM IL-1023-C, LINE 3			<hr/> <hr/> 1,969.

COPY

2009 TAX RETURN FILING INSTRUCTIONS

MARYLAND FORM 510

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412
To be signed and dated by	NOT APPLICABLE
Amount of tax	BALANCE DUE \$22.00
Mail tax return to	THE MARYLAND RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE MDDOR, PLEASE SIGN, DATE AND RETURN FORM EL101B TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE MDDOR.
Forms to be distributed to partners	ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE MEMBERS.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE MDDOR. YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW BY APRIL 15, 2010. ENCLOSE A CHECK OR MONEY ORDER FOR \$22.00, PAYABLE TO COMPTROLLER OF MARYLAND. WRITE YOUR FEIN AND THE TAX TYPE ON THE CHECK. MAIL THE PAYMENT ALONG WITH FORM EL102B TO: COMPTROLLER OF MARYLAND REVENUE ADMINISTRATION DIVISION ANNAPOLIS, MD 21411-0001



OR FISCAL YEAR BEGINNING _____, 2009, ENDING _____

\$

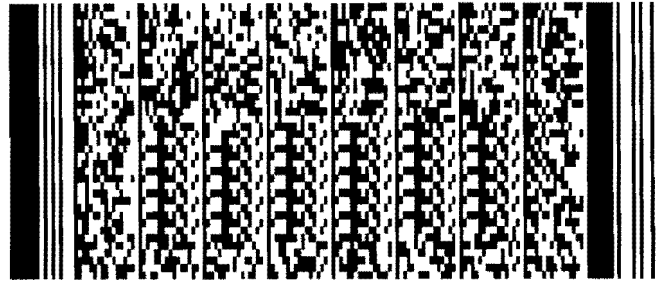
Name
TELCO EXPERTS LLC

Number and street
38 PARK AVENUE

City or town
RUTHERFORD State **NJ** ZIP Code **07070**

Federal Employer Identification No. (9 digits)
261287244 Do not write in this space
ME YE

FEIN Applied for date
Date of Organization or Incorporation (MMDDYY)
081407 Business Activity Code No. (6 digits)
517000



TYPE OF ENTITY: S Corporation Partnership Limited Liability Company Business Trust

CHECK HERE IF: Name or address has changed First filing of the entity Inactive entity Final return

This tax year's beginning and ending dates are different from last year's because of an acquisition or consolidation

AMENDED RETURN

1. Number of members: a) Individual (including fiduciary) residents of Maryland **3** c) Nonresident entities **3**
b) Individual (including fiduciary) nonresidents **3** d) Others **3** e) Total **3**

2. Total distributive or pro rata share of income per federal return (Form 1065 or 1120S) - Unistate entities or multistate entities with no nonresident members also enter this amount on line 4 **2** **548304**

ALLOCATION OF INCOME
(To be completed by multistate pass-through entities with nonresident members - unistate entities, and multistate entities with no nonresidents, go to line 4)

3a. Non-Maryland income (for entities using separate accounting). Subtract this amount from line 2 and enter the difference on line 4 **3a**

3b. Maryland apportionment factor from computation worksheet on Page 2 (for entities using the apportionment method). Multiply line 2 by this factor and enter the result on line 4 (If factor is zero, enter 000001) **3b** • **000529**

4. Distributive or pro rata share of income allocable to Maryland **4** **290**

NOTE: Complete lines 5 through 19 only if there is an entry on line 1b or line 1c. Tax is calculated only for nonresident individual or nonresident entity members. (Investment partnerships see Specific Instructions.)

5. Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss percentage, if applicable) If 100% leave blank and enter the amount from line 4 on line 6. **5**

6. Distributive or pro rata share of income for nonresident individual members (Multiply line 4 by the percentage on line 5) **6** **291**

7. Nonresident individual tax (Multiply line 6 by 6.25%) **7** **18**

8. Special nonresident tax (Multiply line 6 by 1.25%) **8** **4**

9. Total Maryland tax on individual members (Add lines 7 and 8) **9** **22**

10. Percentage of ownership by nonresident entities shown on line 1c (or profit/loss percentage, if applicable) If 100% leave blank and enter the amount from line 4 on line 11 **10**

11. Distributive or pro rata share of income for nonresident entity members (Multiply line 4 by percentage on line 10) **11**

12. Nonresident entity tax (Multiply line 11 by 8.25%) **12**

13. Total nonresident tax (Add lines 9 and 12) **13** **22**

14. Distributable cash flow limitation from worksheet. See instructions. If worksheet used check here **14**

15. Nonresident tax due (Enter the lesser of line 13 or line 14) **SEE STMT** **15** **22**

16a. Estimated pass-through entity nonresident tax paid with Form 510D, 510DP and MW506NRS **16a**

b. Pass-through entity nonresident tax paid with an extension request (Form 510E) **16b**

c. Credit for nonresident tax paid on behalf of pass-through entity by another pass-through entity (Att Sch K-1 or statement) **16c**

d. Total payments and credits (Add lines 16a through 16c) **16d**

17. Balance of tax due (If line 15 exceeds line 16d enter the difference) **17** **22**

18. Interest and/or penalty from Form 500LUP _____ or late payment interest _____ Total **18**

19. Total balance due (Add lines 17 and 18.) Pay in full with this return **19** **22**

NOTE: The total tax paid from lines 16d and 17 is to be reported either on the composite return or on the returns of the nonresident members. Nonresident entity and fiduciary members cannot file a composite return nor be included in the composite return filed by nonresident individual members. (See instructions.)

Complete line 20 only if there are no nonresident members. (Lines 1b and 1c are both zero)

20. Amount TO BE REFUNDED (Enter the amount from line 16d if the amount on line 13 is zero) **20**



NAME **TELCO EXPERTS LLC**

FEIN **26-1287244**

SCHEDULE A - COMPUTATION OF APPORTIONMENT FACTOR

(Applies only to multistate pass-through entities - see instructions)
 NOTE: Special apportionment formulas are required for rental/leasing, transportation, financial institutions and manufacturing companies. See Instructions.

Column 1
TOTALS WITHIN MARYLAND

Column 2
TOTALS WITHIN AND WITHOUT MARYLAND

Column 3
DECIMAL FACTOR
 (Column 1 ÷ Column 2 rounded to six places)

1A. Receipts	a. Gross receipts or sales less returns and allowances			
	b. Dividends			
	c. Interest			
	d. Gross rents			
	e. Gross royalties			
	f. Capital gain net income			
	g. Other income (Attach schedule)	2539	2399588	
	h. Total receipts (Add lines 1A(a) through 1A(g), for Columns 1 and 2)	2539	2399588	.001058
1B. Receipts	Enter the same factor shown on line 1A, Column 3. Disregard this line if special apportionment formula used.			.001058
2. Property	a. Inventory			
	b. Machinery and equipment			
	c. Buildings			
	d. Land			
	e. Other tangible assets (Attach schedule)			
	f. Rent expense capitalized (Multiplied by eight)			
	g. Total property (Add lines 2a through 2f, for Columns 1 and 2)			
3. Payroll	a. Compensation of officers			
	b. Other salaries and wages			
	c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2)			
4. Total of factors	(Add entries in Column 3)			.002116
5. Maryland apportionment factor	Divide line 4 by four for three-factor formula, or by the number of factors used if special apportionment formula required			.000529

(If factor is zero, enter 000001 on line 3b, Page 1.)

ADDITIONAL INFORMATION REQUIRED

- Address of principal place of business (if other than indicated on page 1): _____
- Address at which tax records are located (if other than indicated on page 1): _____
- Telephone number of pass-through entity tax department: **2124526060**
- State of organization or incorporation: **NEW JERSEY**
- Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? Yes No
 If "yes," indicate tax year(s) here: _____ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
- Did the pass-through entity file withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? Yes No
- Is this entity a multistate corporation that is a member of a unitary group? Yes No
- Is this entity a multistate manufacturing corporation with more than 25 employees? If so, complete and attach Form 500MC to your Form 510 Yes No

SIGNATURE AND VERIFICATION: Under penalties of perjury, I declare that I have examined this return (including attachments) and, to the best of my knowledge and belief, it is true, correct and complete. (Declaration of preparer other than the taxpayer is based on all information of which preparer has any knowledge.)
 Check here if you authorize your preparer to discuss this return with us.

Signature of general partner, officer or member _____ Date _____ Preparer's SSN or PTIN (required by law) **P00598705** Preparer's signature _____

MEMBER

Title _____
 Make checks payable and mail to: Comptroller of Maryland, Revenue Administration Division,
 Annapolis, Maryland 21411-0001
 (Write federal employer identification number on check)

BELL & COMPANY LLP
350 FIFTH AVE STE 7412
NEW YORK, NY 10118-7412
 Preparer's name, address and telephone number **212-683-6111**

MARYLAND INCOME TAX DECLARATION FOR BUSINESS ELECTRONIC FILING

or fiscal year beginning 2009, ending

See instructions

Name of corporation or pass-through entity: TELCO EXPERTS LLC. Federal employer identification number: 26-1287244. Present address: 38 PARK AVENUE, RUTHERFORD, NJ 07070.

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2010 estimated tax (Corporations only)
2. Amount of overpayment to be refunded (Corporations only) REFUND
3. Total amount due 22.

Part II Declaration

Check appropriate box to consent to: Direct Deposit of refund or Electronic Funds Withdrawal (direct debit)

4a. Type of account: Checking Savings

4b. Routing number

4c. Account number

4d. Direct debit settlement date (Enter the date you want the payment withdrawn from the account.)

4e. Direct debit amount

I consent that the corporation's refund be directly deposited as designated above, and declare that the information shown is correct.

I authorize the State of Maryland and its designated financial agent to initiate an electronic funds withdrawal payment entry to the financial institution account indicated for payment of the Maryland taxes owed by the corporation or pass-through entity.

X I do not want direct deposit of the refund or an electronic funds withdrawal (direct debit) of the balance due.

Under penalties of perjury, I declare that I am an officer, general partner or managing member of the above corporation or of the pass-through entity. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2009 Maryland electronic Income tax return.

Please Sign Here

Corporate officer, general partner or managing member's signature

MEMBER Title Date

Please wait ten (10) days after the receipt of a valid acknowledgment before calling 410-260-7701 from Central Maryland, or 1-800-218-8160 from elsewhere, about the refund.

Part III Declaration of Electronic Return Originator (paid preparer)

I declare that I have reviewed the return of the corporation or pass-through entity and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the signature of the corporate officer, general partner or managing member, before submitting the return to the Maryland Revenue Administration Division, have provided that official with a copy of all forms and information to be filed with the Maryland Revenue Administration Division, and have followed all other requirements described in the Maryland Business E-File Handbook.

Electronic Return Originator Use Only: Originator's signature, Date, EFIN 133447, Firm's name BELL & COMPANY LLP, 350 FIFTH AVE STE 7412, NEW YORK, NY, ZIP code 10118-741, Phone 212-683-6111.

COPY

956111
11-07-09 **Cut Here**

Cut along this line and file with your payment

FORM
EL 102B

Comptroller of Maryland
Revenue Administration Division
Annapolis, MD 21411-0001

**MARYLAND INCOME TAX PAYMENT
VOUCHER FOR BUSINESS
ELECTRONIC FILERS**

2009

ENTITY: C Corp S Corp other entity

Name of corporation or pass-through entity		Federal employer identification number
TELCO EXPERTS LLC		26-1287244
Present address (number and street)	City or town	State ZIP code
38 PARK AVENUE	RUTHERFORD	NJ 07070
Amount paid with this voucher		
STOP If payment is made by electronic funds withdrawal (direct debit) do not submit this form.		\$ 22.

COM/RAD-096a
09-05

Name shown on Form 510

TELCO EXPERTS LLC

Federal employer identification number (9 digits)

261287244

PART I - INDIVIDUAL MEMBERS' INFORMATION

Enter the information in Social Security Number Order

	Social Security number and name of member	Address	Check Here if Maryland:		Distributive or pro rata share of income (See Instructions)	Distributive or pro rata share of tax paid (See Instructions)
			Resident	Non-Resident		
1	ESK CONSULTANTS LLC 20-2113320	237 MAYFAIR DRIVE BROOKLYN, NY 11234		X	232,101.	9.
2	ADAM GOLDBERG 082-50-3812	33 WINDING WAY WAYNE, NJ 07470		X	158,102.	7.
3	PETER GOLDBERG 082-50-3829	1520 YORK AVENUE NEW YORK, NY 10028		X	158,101.	6.
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

COM/RAD 069
956411
11-06-09 09-05

**MARYLAND
DECOUPLING
MODIFICATION**



FOR FISCAL YEAR BEGINNING _____, ENDING _____

Name of taxpayer(s) TELCO EXPERTS LLC	Taxpayer identification number 26-1287244
---	---

Use this form only if the Maryland return is affected by the use (for any tax year) of any of the following federal provisions from which Maryland has decoupled (Decoupled Provisions):

- Special Depreciation Allowance under the federal Job Creation and Worker Assistance Act of 2002 (JCWAA) as increased and extended under the federal Jobs and Growth Tax Relief Reconciliation Act of 2003 (JGTRRA); and subsequent federal legislation, including the American Recovery and Reinvestment Act of 2009 (ARRA).
- Carryover of a net operating loss (NOL) based on the special 5-year carryback provision under the JCWAA;
- Federal Section 179 depreciation deductions, taken for a tax year beginning on or after January 1, 2003. For Maryland tax purposes, a taxpayer is only allowed to expense up to \$25,000, reduced dollar-for-dollar by the amount over \$200,000, of the cost of Section 179 property that is purchased and put in service for a trade or business for the tax year. For vehicles placed in service after May 31, 2004, Maryland has also decoupled from the higher depreciation deduction for certain heavy duty SUV's allowed under IRC Section 280F.
- Deferral of recognition of income from discharge of indebtedness under the ARRA;
- Deferral of deduction for original issue discount in debt for debt exchanges under the ARRA.

Read instructions on page 2 and complete the worksheet below.

	Column 1 Federal Return as Filed	Column 2 Federal Return without Decoupled Provisions	Column 3 Difference Increase/ Decrease (-)
1. Depreciation Deductions Subtract the amount in Column 2 from the amount in Column 1 and enter in Column 3. If less than 0, enter as a negative amount (-)	7103	12646	-5543
2. NOL Deductions Subtract the amount in Column 2 from the amount in Column 1 and enter in Column 3. If less than 0, enter as a negative amount (-)			
3. Original Issue Discounts Subtract the amount in Column 1 from the amount in Column 2 and enter in Column 3. If less than 0, enter as a negative amount (-)			
4. Discharge of Business Indebtedness Subtract the amount in Column 1 from the amount in Column 2 and enter in Column 3. If less than 0, enter as a negative amount (-)			
5. Other Changes (See instructions on Page 2)			
6. Net Decoupling Modification Net the amounts on line 1 through 5 of Column 3. This is the Decoupling Modification. Enter here and include as a positive number in the appropriate line of the Maryland return being filed. Also enter the applicable letter code(s) in the boxes provided on the return. See table below.			-5543
7. Decoupling from PTE. Enter code letter dp. (See instructions on Page 2.)			

Return Filed	If line 6 is positive enter on the line for:	Use the following code if there is an amount above on:				If line 6 is negative enter on the line for:	Use the following code if there is an amount above on:			
		Line 1 only	Line 2 only	Line 4 only	Multiple Lines		Line 1 only	Line 2 only	Line 4 only	Multiple Lines
500	Other Additions	e	f	cd	dm	Other Subtractions	j	k	cd	dm
502	Other Additions	l	m	cd	dm	Other Subtractions	bb	cc	cd	dm
504	Other Additions	No code required				Other Subtractions	No code required			
505	Other Additions	j	k	cd	dm	Other Subtractions	bb	cc	cd	dm
500X	Total Addition Modifications	No code required				Total Subtraction Modifications	No code required			
502X	Additions To Income	No code required				Subtractions from Income	No code required			
505X	Additions To Income	No code required				Subtractions from Income	No code required			

MD 510 DISTRIBUTIVE SHARE OF INCOME ATTRIBUTABLE TO MARYLAND STATEMENT 1
 SOURCES AND AMOUNT OF TAX PAID FOR NONRESIDENT PARTNERS

<u>NAME OF PARTNER</u>	<u>SHARE OF INCOME</u>	<u>TAX PAID</u>
ESK CONSULTANTS LLC	123	9
ADAM GOLDBERG	84	7
PETER GOLDBERG	84	6
TOTALS TO FORM 510, PAGE 1	291	22

COPY

MARYLAND SCHEDULE K-1 EQUIVALENT	Partner's Maryland Information For Calendar Year 2009 or Fiscal Year Beginning _____, 2009; and Ending _____, _____.	2009
---	---	-------------

Partner's Name, Address and ZIP Code ESK CONSULTANTS LLC 237 MAYFAIR DRIVE BROOKLYN, NY 11234	Partner Number <u>1</u> Partner's Social Security Number <u>20-2113320</u> <hr/> Resident <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Amended Schedule K-1 <input type="checkbox"/> Final Schedule K-1 <input type="checkbox"/>
---	--

Partnership's Name, Address and ZIP Code TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070	Partnership's Identifying Number <u>26-1287244</u> Partner's Percentage of Profit and Loss <u>33.3333333%</u> <hr/> Type of Entity DISREGARDED ENTITY
--	--

Partner's Income	
Distributable income from Federal Schedule K-1, lines 1 through 11	232101
Less dividends and interest from U.S. obligations	_____
Distributable income less U.S. interest	232101
Non-Maryland income	_____
Apportionment Factor .....	.0529
 Distributable income, allocated to Maryland	 123

Nonresident Tax Payments	
Estimated pass-through entity NR tax paid with Form 510D	0
Tentative pass-through entity NR tax paid with Form 510E	0
Nonresident tax paid on behalf of the partnership by pass-through entities	0
Tax paid with Form 510 (Less penalty and interest)	9

	Total Everywhere	Total Allocable to Maryland
Additions		
Non-Maryland municipal interest and dividends	_____	_____
Tax preference	_____	_____
Oil percentage depletion allowance	_____	_____
Other additions	_____	_____
Total additions	_____	_____

Subtractions	
Wage deduction adjustment for employment credit	_____
Conservation tillage equipment expenses	_____
Other subtractions	_____
Total subtractions	_____

Credits	
Total 500CR credits	_____
Other credits	_____

APPORTIONED NET DECOUPLING MODIFICATION -1

956491
10-28-09

MARYLAND SCHEDULE K-1 EQUIVALENT	Partner's Maryland Information For Calendar Year 2009 or Fiscal Year Beginning _____, 2009; and Ending _____, _____.	2009
---	---	-------------

Partner's Name, Address and ZIP Code ADAM GOLDBERG 33 WINDING WAY WAYNE, NJ 07470	Partner Number <u>2</u> Partner's Social Security Number <u>082-50-3812</u> <hr/> Resident <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Amended Schedule K-1 <input type="checkbox"/> Final Schedule K-1 <input type="checkbox"/>
---	---

Partnership's Name, Address and ZIP Code TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070	Partnership's Identifying Number <u>26-1287244</u> Partner's Percentage of Profit and Loss <u>33.33333333%</u> <hr/> Type of Entity INDIVIDUAL
--	---

Partner's Income	
Distributable income from Federal Schedule K-1, lines 1 through 11	<u>158102</u>
Less dividends and interest from U.S. obligations	<u>158102</u>
Distributable income less U.S. interest	<u>158102</u>
Non-Maryland income	<u>.0529</u>
Apportionment Factor	<u>84</u>
Distributable income, allocated to Maryland	<u>84</u>

Nonresident Tax Payments	
Estimated pass-through entity NR tax paid with Form 510D	<u>0</u>
Tentative pass-through entity NR tax paid with Form 510E	<u>0</u>
Nonresident tax paid on behalf of the partnership by pass-through entities	<u>0</u>
Tax paid with Form 510 (Less penalty and interest)	<u>7</u>

	Total Everywhere	Total Allocable to Maryland
Additions		
Non-Maryland municipal interest and dividends		
Tax preference		
Oil percentage depletion allowance		
Other additions		
Total additions		

Subtractions	
Wage deduction adjustment for employment credit	
Conservation tillage equipment expenses	
Other subtractions	
Total subtractions	

Credits	
Total 500CR credits	
Other credits	

APPORTIONED NET DECOUPLING MODIFICATION -1

956491
10-28-09

MARYLAND SCHEDULE K-1 EQUIVALENT	Partner's Maryland Information For Calendar Year 2009 or Fiscal Year Beginning _____, 2009; and Ending _____, _____.	2009
---	---	-------------

Partner's Name, Address and ZIP Code PETER GOLDBERG 1520 YORK AVENUE NEW YORK, NY 10028	Partner Number <u>3</u> Partner's Social Security Number <u>082-50-3829</u> Resident <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Amended Schedule K-1 <input type="checkbox"/> Final Schedule K-1 <input type="checkbox"/>
---	---

Partnership's Name, Address and ZIP Code TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070	Partnership's Identifying Number <u>26-1287244</u> Partner's Percentage of Profit and Loss <u>33.3333334%</u> Type of Entity INDIVIDUAL
--	--

Partner's Income

Distributable income from Federal Schedule K-1, lines 1 through 11	158101
Less dividends and interest from U.S. obligations	
Distributable income less U.S. interest	158101
Non-Maryland income	
Apportionment Factor .....	.0529
Distributable income, allocated to Maryland	84

Nonresident Tax Payments

Estimated pass-through entity NR tax paid with Form 510D	0
Tentative pass-through entity NR tax paid with Form 510E	0
Nonresident tax paid on behalf of the partnership by pass-through entities	0
Tax paid with Form 510 (Less penalty and interest)	6

Additions	Total Everywhere	Total Allocable to Maryland
Non-Maryland municipal interest and dividends	_____	_____
Tax preference	_____	_____
Oil percentage depletion allowance	_____	_____
Other additions	_____	_____
Total additions	_____	_____

Subtractions

Wage deduction adjustment for employment credit	_____	_____
Conservation tillage equipment expenses	_____	_____
Other subtractions	_____	_____
Total subtractions	_____	_____

Credits

Total 500CR credits	_____	_____
Other credits	_____	_____

APPORTIONED NET DECOUPLING MODIFICATION - 1

2009 TAX RETURN FILING INSTRUCTIONS

MISSOURI FORM MO-1065

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412
To be signed and dated by	A MEMBER OF THE LLC
Amount of tax	NOT APPLICABLE
Mail tax return to	MISSOURI DEPARTMENT OF REVENUE P.O. BOX 3000 JEFFERSON CITY, MO 65105-3000
Forms to be distributed to partners	ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE MEMBERS.
Return must be mailed on or before	APRIL 15, 2010
Special Instructions	

*** INITIAL RETURN ***

MISSOURI DEPARTMENT OF REVENUE
PARTNERSHIP RETURN OF INCOME

2009
FORM
MO-1065

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2009, OR FISCAL YEAR BEGINNING 2009, AND ENDING

AMENDED RETURN FINAL RETURN NAME, ADDRESS, FEIN CHANGE COMPOSITE

BUSINESS NAME
TELCO EXPERTS LLC

NUMBER AND STREET
38 PARK AVENUE

CITY OR TOWN, STATE, ZIP CODE
RUTHERFORD, NJ 07070

DOR USE ONLY

MISSOURI I.D. NUMBER

FEDERAL I.D. NUMBER
26-1287244

INFORMATION FOR FILING

If you are a Limited Liability Company, being taxed as a partnership, please check here. **X**

1. Does the partnership have ANY Missouri modifications? YES NO If YES, complete Parts 1 and 2 below.

2. Does the partnership have ANY nonresident partners? YES NO If YES, complete Form MO-NRP. NOTE: If NO to both questions, do not complete remainder of return. Attach a copy of Federal Form 1065 and all its schedules, including Schedule K-1, sign below, and mail.

PART 1 - MISSOURI PARTNERSHIP ADJUSTMENT

Additions (attach detailed explanation of each item)

1. State and local income taxes deducted on Federal Form 1065	1	4,469	00		
2. Less: Kansas City and St. Louis earnings taxes	2		00		
3. Net (subtract Line 2 from Line 1)	3			4,469	00
4. State and local bond interest (except Missouri)	4		00		
5. Less: related expenses (omit if less than \$500)	5		00		
6. Net (subtract Line 5 from Line 4)	6				00
7. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list _____)	7				00
8. Food Pantry Contributions	8				00
9. Total of Lines 3, 6, 7 and 8	9			4,469	00

Subtractions (attach explanation of each item)

10. Interest from exempt federal obligations	10		00		
11. Less: related expenses (omit if less than \$500)	11		00		
12. Net (subtract Line 11 from Line 10)	12				00
13. Amount of any state income tax refund included in federal ordinary income	13				00
14. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list _____)	14				00
15. Missouri depreciation adjustment (See Section 143.121, RSMo.)	15				00
16. Total of Lines 12, 13, 14 and 15	16				00
17. Missouri partnership adjustment - NET ADDITION - excess Line 9 over Line 16	17			4,469	00
18. Missouri partnership adjustment - NET SUBTRACTION - excess Line 16 over Line 9	18				00

PART 2 - ALLOCATION OF MISSOURI PARTNERSHIP ADJUSTMENT TO PARTNERS

COMPLETE IF PART 1 INDICATES A PARTNERSHIP ADJUSTMENT

1. NAME OF EACH PARTNER. ALL PARTNERS MUST BE LISTED USE ATTACHMENT IF MORE THAN FOUR.	2. CHECK BOX IF PARTNER IS NONRESIDENT	3. SOCIAL SECURITY NUMBER	4. PARTNER'S SHARE %	5. PARTNER'S PARTNERSHIP ADJUSTMENT <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/> SUBTRACTION
a)	<input type="checkbox"/>		%	00
b) SEE STATEMENT 1	<input type="checkbox"/>		%	00
c)	<input type="checkbox"/>		%	00
d)	<input type="checkbox"/>		%	00
TOTAL			100%	4,469 00

COL 4 - Enter percentages from Federal Form 1065, Schedule K-1. Round percentages to whole numbers.
COL 5 - Enter Missouri ptrnshp adjustment from Part 1, Ln 17 or 18. Multiply each percentage in Col 4 times the tot in Col 5. Indicate at the top of Col 5, whether the adjustments are additions or subtractions. A copy of this part (or its information) must be provided to each partner. The amt after each partner's name in Col 5 must be reported as a modification on his/her Form MO-1040, Individual Income Tax Return, Part 1 of the Form MO-A, as an addition to, or subtraction from, the federal adjusted gross income. Each partner must attach an explanation for the adjustment to his/her return.

AUTHORIZATION

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm. YES NO PREPARER'S TELEPHONE NUMBER **212-683-6111**

SIGNATURE - PLEASE SIGN BELOW

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 partner or member) is based on all information of which he/she has any knowledge. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.

SIGNATURE OF GENERAL PARTNER	PREPARER'S SIGNATURE (OTHER THAN TAXPAYER)	FEIN, SSN, OR PTIN 13-3565602
DATE	TELEPHONE NO.	PREPARER'S ADDRESS AND ZIP CODE BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412

ATTACH COPY OF FEDERAL FORM 1065 AND ALL ITS SCHEDULES, INCLUDING K-1 AND SEND WITH COMPLETED RETURN TO: Missouri Department of Revenue P.O. Box 3000, Jefferson City, MO 65105-3000.

MO 1065

ALLOCATION OF ADJUSTMENT TO PARTNERS

STATEMENT 1

<u>PARTNERS</u>	<u>X IF NONRES</u>	<u>ID NUMBER</u>	<u>PERCENTAGE</u>	<u>MODIFICATION</u>
ESK CONSULTANTS LLC	X	20-2113320	33.3333333	1,490
ADAM GOLDBERG	X	082-50-3812	33.3333333	1,489
PETER GOLDBERG	X	082-50-3829	33.3333334	1,490
TOTAL TO FORM MO-1065, PART 2, COLUMN 5				4,469

COPY

2009
FORM
MO-NRP

MISSOURI DEPARTMENT OF REVENUE
NONRESIDENT PARTNERSHIP FORM

COMPLETE THIS FORM ONLY IF THE PARTNERSHIP HAS ONE OR MORE NONRESIDENT PARTNERS AND MISSOURI SOURCE INCOME.

BUSINESS NAME <p style="text-align: center;">TELCO EXPERTS LLC</p>	MISSOURI I.D. NUMBER	FEDERAL I.D. NUMBER <p style="text-align: center;">26-1287244</p>
NONRESIDENT PARTNER'S NAME <p style="text-align: center;">ESK CONSULTANTS LLC</p>	SOCIAL SECURITY NUMBER <p style="text-align: center;">20-2113320</p>	

PART 1 - PARTNERSHIP'S DISTRIBUTIVE SHARE ITEMS	MISSOURI SOURCE				
	(a)	(b)	(c)	(d)	(e)
	<small>FEDERAL SCHEDULE K</small>	<small>AMOUNT</small>	<small>MO %</small>	<small>FEDERAL SCHEDULE K-1</small>	<small>MISSOURI SOURCE</small>
1. Ordinary income (loss) from trade or business activities	9,304 | 00	18 | 00	.19	3,101 | 00	6 | 00
2. Net income (loss) from rental real estate activities	| 00	| 00		| 00	| 00
3c. Net income (loss) from other rental activities	| 00	| 00		| 00	| 00
4. Guaranteed payments to partners	539,000 | 00	1,024 | 00	.19	229,000 | 00	435 | 00
5. Total portfolio income (loss) total of Federal Form 1065, Schedules K & K-1, Lines 5-9a	| 00	| 00		| 00	| 00
10. Net gain (loss) under section 1231 (other than due to casualty or theft)	| 00	| 00		| 00	| 00
11. Other income (loss) (attach schedule)	| 00	| 00		| 00	| 00
12. Section 179 expense deduction (attach schedule)	1,561 | 00	3 | 00	.19	520 | 00	1 | 00
13a. Charitable contributions (attach schedule)	2,400 | 00	5 | 00	.19	800 | 00	2 | 00
13d. Other deductions (attach schedule)	| 00	| 00		| 00	| 00

PART 2 - SHARE OF MISSOURI PARTNERSHIP ADJUSTMENT - NONRESIDENT PARTNERS					
	(a)	(b)	(c)	(d)	(e)
<small>MISSOURI PARTNERSHIP ADJUSTMENT</small>	<small>MISSOURI SOURCE</small>	<small>MO %</small>	<small>PARTNER'S PARTNERSHIP ADJUSTMENT</small>	<small>MISSOURI SOURCE</small>	
The Lines below and Column (a) are the same as Form MO-1065, Part 1.					
ADDITIONS					
3. Net state and local income taxes deducted on Federal Form 1065	4,469 | 00	8 | 00	.19		
6. Net state and local bond interest (except Missouri)	| 00	| 00			
7. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments	| 00	| 00			
8. Food Pantry Contributions	| 00	| 00			
9. Total of Lines 3, 6, 7, and 8	4,469 | 00	8 | 00			
SUBTRACTIONS					
12. Net interest from exempt federal obligations	| 00	| 00			
13. Amount of any state income tax refund included in federal ordinary income	| 00	| 00			
14. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments	| 00	| 00			
15. Missouri depreciation adjustment (See Sec 143.121, RSMo.)	| 00	| 00			
16. Total of Lines 12, 13, 14, and 15	| 00	| 00			
17. Missouri partnership adjustment - NET ADDITION	4,469 | 00	8 | 00	.18	1,490 | 00	3 | 00
18. MO partnership adjustment - NET SUBTRACTION	| 00	| 00		| 00	| 00

PART 3 - ALLOCATION OF INCOME AND DEDUCTIONS - FEDERAL FORM						
<small>Lines 1 to 8 [Column (a)] correspond to Federal Form 1065, Lines 1 to 8.</small>					<small>(a) TOTAL FEDERAL RETURN</small>	<small>(b) AMOUNT IN COLUMN (a) FROM MISSOURI SOURCES</small>
1a. Gross receipts or sales	\$	1b. Less returns and allowances	\$	Balance	1c	| 00
2. Cost of goods sold (Federal Form 1065, Schedule A, Line 8)					2	| 00
3. Gross profit (subtract Line 2 from Line 1c)					3	| 00
4. Ordinary income (loss) from other partnerships and fiduciaries (attach schedule)					4	| 00
5. Net farm profit (loss) (attach Federal Form 1040, Schedule F)					5	| 00
6. Net gain (loss) (Federal Form 4797, Part II, Line 17)					6	| 00
7. Other income (loss) (attach schedule)					7	| 00
8. Total income (loss) (combine Lines 3 through 7)					8	| 00
9. Enter amount from Federal Form 1065, Page 1, Line 21	9			| 00		| 00
10. Enter amount from Federal Form 1065, Page 1, Line 10	10			| 00		| 00
11. Total expenses - subtract Line 10 from Line 9					11	| 00
12. Guaranteed payments and ordinary income (loss) - subtract Line 11 from Line 8 [Line 12 equals total of Federal Form 1065, Schedule K, Lines 1 and 4 and Form MO-NRP, Part 1, Column (a)]*					12	| 00
13. Missouri sources - subtract Line 11 from Line 8					13	| 00

*Line 12 may not equal to other lines in initial years of partnership due to organizational costs.

SEE FORM MO-MSS

2009
FORM
MO-NRP

MISSOURI DEPARTMENT OF REVENUE
NONRESIDENT PARTNERSHIP FORM

COMPLETE THIS FORM ONLY IF THE PARTNERSHIP HAS ONE OR MORE NONRESIDENT PARTNERS AND MISSOURI SOURCE INCOME.

BUSINESS NAME <p style="text-align: center;">TELCO EXPERTS LLC</p>	MISSOURI I.D. NUMBER	FEDERAL I.D. NUMBER <p style="text-align: center;">26-1287244</p>
NONRESIDENT PARTNER'S NAME <p style="text-align: center;">ADAM GOLDBERG</p>		SOCIAL SECURITY NUMBER <p style="text-align: center;">082-50-3812</p>

PART 1 - PARTNERSHIP'S DISTRIBUTIVE SHARE ITEMS	MISSOURI SOURCE				
	(a)	(b)	(c)	(d)	(e)
	FEDERAL SCHEDULE K	AMOUNT	MO %	FEDERAL SCHEDULE K-1	MISSOURI SOURCE
1. Ordinary income (loss) from trade or business activities	9,304 | 00	18 | 00	.19	3,102 | 00	6 | 00
2. Net income (loss) from rental real estate activities	| 00	| 00		| 00	| 00
3c. Net income (loss) from other rental activities	| 00	| 00		| 00	| 00
4. Guaranteed payments to partners	539,000 | 00	1,024 | 00	.19	155,000 | 00	294 | 00
5. Total portfolio income (loss) total of Federal Form 1065, Schedules K & K-1, Lines 5-9a	| 00	| 00		| 00	| 00
10. Net gain (loss) under section 1231 (other than due to casualty or theft)	| 00	| 00		| 00	| 00
11. Other income (loss) (attach schedule)	| 00	| 00		| 00	| 00
12. Section 179 expense deduction (attach schedule)	1,561 | 00	3 | 00	.19	521 | 00	1 | 00
13a. Charitable contributions (attach schedule)	2,400 | 00	5 | 00	.19	800 | 00	2 | 00
13d. Other deductions (attach schedule)	| 00	| 00		| 00	| 00

PART 2 - SHARE OF MISSOURI PARTNERSHIP ADJUSTMENT - NONRESIDENT PARTNERS					
The Lines below and Column (a) are the same as Form MO-1065, Part 1.	(a)	(b)	(c)	(d)	(e)
	MISSOURI PARTNERSHIP ADJUSTMENT	MISSOURI SOURCE	MO %	PARTNER'S PARTNERSHIP ADJUSTMENT	MISSOURI SOURCE
ADDITIONS					
3. Net state and local income taxes deducted on Federal Form 1065	4,469 | 00	8 | 00	.19		
6. Net state and local bond interest (except Missouri)	| 00	| 00			
7. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments	| 00	| 00			
8. Food Pantry Contributions	| 00	| 00			
9. Total of Lines 3, 6, 7, and 8	4,469 | 00	8 | 00			
SUBTRACTIONS					
12. Net interest from exempt federal obligations	| 00	| 00			
13. Amount of any state income tax refund included in federal ordinary income	| 00	| 00			
14. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments	| 00	| 00			
15. Missouri depreciation adjustment (See Sec 143.121, RSMo.)	| 00	| 00			
16. Total of Lines 12, 13, 14, and 15	| 00	| 00			
17. Missouri partnership adjustment - NET ADDITION	4,469 | 00	8 | 00	.18	1,489 | 00	2 | 00
18. MO partnership adjustment - NET SUBTRACTION	| 00	| 00		| 00	| 00

PART 3 - ALLOCATION OF INCOME AND DEDUCTIONS - FEDERAL FORM					
Lines 1 to 8 [Column (a)] correspond to Federal Form 1065, Lines 1 to 8.					
1a. Gross receipts or sales \$	1b. Less returns and allowances \$	Balance	1c	(a) TOTAL FEDERAL RETURN	(b) AMOUNT IN COLUMN (a) FROM MISSOURI SOURCES
			| 00		| 00
2. Cost of goods sold (Federal Form 1065, Schedule A, Line 8)			| 00		| 00
3. Gross profit (subtract Line 2 from Line 1c)			| 00		| 00
4. Ordinary income (loss) from other partnerships and fiduciaries (attach schedule)			| 00		| 00
5. Net farm profit (loss) (attach Federal Form 1040, Schedule F)			| 00		| 00
6. Net gain (loss) (Federal Form 4797, Part II, Line 17)			| 00		| 00
7. Other income (loss) (attach schedule)			| 00		| 00
8. Total income (loss) (combine Lines 3 through 7)			| 00		| 00
9. Enter amount from Federal Form 1065, Page 1, Line 21	9	| 00			| 00
10. Enter amount from Federal Form 1065, Page 1, Line 10	10	| 00			| 00
11. Total expenses - subtract Line 10 from Line 9			| 00		| 00
12. Guaranteed payments and ordinary income (loss) - subtract Line 11 from Line 8 [Line 12 equals total of Federal Form 1065, Schedule K, Lines 1 and 4 and Form MO-NRP, Part 1, Column (a)]*			| 00		| 00
13. Missouri sources - subtract Line 11 from Line 8			| 00		| 00

*Line 12 may not equal to other lines in initial years of partnership due to organizational costs.

SEE FORM MO-MSS

2009
FORM
MO-NRP

MISSOURI DEPARTMENT OF REVENUE
NONRESIDENT PARTNERSHIP FORM

COMPLETE THIS FORM ONLY IF THE PARTNERSHIP HAS ONE OR MORE NONRESIDENT PARTNERS AND MISSOURI SOURCE INCOME.

BUSINESS NAME TELCO EXPERTS LLC		MISSOURI I.D. NUMBER	FEDERAL I.D. NUMBER 26-1287244
NONRESIDENT PARTNER'S NAME PETER GOLDBERG			SOCIAL SECURITY NUMBER 082-50-3829

PART 1 - PARTNERSHIP'S DISTRIBUTIVE SHARE ITEMS	MISSOURI SOURCE				
	(a)	(b)	(c)	(d)	(e)
	FEDERAL SCHEDULE K	AMOUNT	MO %	FEDERAL SCHEDULE K-1	MISSOURI SOURCE
1. Ordinary income (loss) from trade or business activities	9,304 | 00	18 | 00	.19	3,101 | 00	6 | 00
2. Net income (loss) from rental real estate activities	| 00	| 00		| 00	| 00
3c. Net income (loss) from other rental activities	| 00	| 00		| 00	| 00
4. Guaranteed payments to partners	539,000 | 00	1,024 | 00	.19	155,000 | 00	294 | 00
5. Total portfolio income (loss) total of Federal Form 1065, Schedules K & K-1, Lines 5-9a	| 00	| 00		| 00	| 00
10. Net gain (loss) under section 1231 (other than due to casualty or theft)	| 00	| 00		| 00	| 00
11. Other income (loss) (attach schedule)	| 00	| 00		| 00	| 00
12. Section 179 expense deduction (attach schedule)	1,561 | 00	3 | 00	.19	520 | 00	1 | 00
13a. Charitable contributions (attach schedule)	2,400 | 00	5 | 00	.19	800 | 00	2 | 00
13d. Other deductions (attach schedule)	| 00	| 00		| 00	| 00

PART 2 - SHARE OF MISSOURI PARTNERSHIP ADJUSTMENT - NONRESIDENT PARTNERS					
The Lines below and Column (a) are the same as Form MO-1065, Part 1.	(a)	(b)	(c)	(d)	(e)
	MISSOURI PARTNERSHIP ADJUSTMENT	MISSOURI SOURCE	MO %	PARTNER'S PARTNERSHIP ADJUSTMENT	MISSOURI SOURCE
ADDITIONS					
3. Net state and local income taxes deducted on Federal Form 1065	4,469 | 00	8 | 00	.19		
6. Net state and local bond interest (except Missouri)	| 00	| 00			
7. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments	| 00	| 00			
8. Food Pantry Contributions	| 00	| 00			
9. Total of Lines 3, 6, 7, and 8	4,469 | 00	8 | 00			
SUBTRACTIONS					
12. Net interest from exempt federal obligations	| 00	| 00			
13. Amount of any state income tax refund included in federal ordinary income	| 00	| 00			
14. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments	| 00	| 00			
15. Missouri depreciation adjustment (See Sec 143.121, RSMo.)	| 00	| 00			
16. Total of Lines 12, 13, 14, and 15	| 00	| 00			
17. Missouri partnership adjustment - NET ADDITION	4,469 | 00	8 | 00	.18	1,490 | 00	3 | 00
18. MO partnership adjustment - NET SUBTRACTION	| 00	| 00		| 00	| 00

PART 3 - ALLOCATION OF INCOME AND DEDUCTIONS - FEDERAL FORM					(a) TOTAL FEDERAL RETURN	(b) AMOUNT IN COLUMN (a) FROM MISSOURI SOURCES
Lines 1 to 8 [Column (a)] correspond to Federal Form 1065, Lines 1 to 8.						
1a. Gross receipts or sales	\$	1b. Less returns and allowances	\$	Balance	1c	| 00
2. Cost of goods sold (Federal Form 1065, Schedule A, Line 8)					2	| 00
3. Gross profit (subtract Line 2 from Line 1c)					3	| 00
4. Ordinary income (loss) from other partnerships and fiduciaries (attach schedule)					4	| 00
5. Net farm profit (loss) (attach Federal Form 1040, Schedule F)					5	| 00
6. Net gain (loss) (Federal Form 4797, Part II, Line 17)					6	| 00
7. Other income (loss) (attach schedule)					7	| 00
8. Total income (loss) (combine Lines 3 through 7)					8	| 00
9. Enter amount from Federal Form 1065, Page 1, Line 21	9			| 00		| 00
10. Enter amount from Federal Form 1065, Page 1, Line 10	10			| 00		| 00
11. Total expenses - subtract Line 10 from Line 9					11	| 00
12. Guaranteed payments and ordinary income (loss) - subtract Line 11 from Line 8 [Line 12 equals total of Federal Form 1065, Schedule K, Lines 1 and 4 and Form MO-NRP, Part 1, Column (a)]*					12	| 00
13. Missouri sources - subtract Line 11 from Line 8					13	| 00

*Line 12 may not equal to other lines in initial years of partnership due to organizational costs.

SEE FORM MO-MSS

MISSOURI DEPARTMENT OF REVENUE
**S CORPORATION ALLOCATION
 AND APPORTIONMENT SCHEDULE**

SCHEDULE MO-MSS	Attachment Sequence No. 1120S-04

DO NOT USE THIS SCHEDULE IF ALL INCOME IS FROM MISSOURI SOURCES.

CORPORATION NAME TELCO EXPERTS LLC	MO TAX I.D. NUMBER	CHARTER NUMBER	FEDERAL I.D. NUMBER 26-1287244
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APPORTIONMENT ELECTION

• Missouri Statutes provide seven methods of determining income from Missouri sources. Check only ONE of the seven boxes.

Method One - MULTISTATE ALLOCATION AND THREE FACTOR APPORTIONMENT - Multistate Tax Compact - Section 32.200, RSMo - Complete Parts 3 and 2.

Method Two - BUSINESS TRANSACTION SINGLE FACTOR APPORTIONMENT - Section 143.451.2(2), RSMo - Complete Parts 3 and 1.

Special Methods Number 3 to 7 - Attach Detailed Explanation

Three - Transportation - Section 143.451.3, RSMo

Four - Railroad - Section 143.451.4, RSMo

Five - Interstate Bridge - Section 143.451.5, RSMo

Six - Telephone and Telegraph - Section 143.451.6, RSMo

Seven - Other Approved Method - Section 143.461.2, RSMo

Letter of Approval from the Director of Revenue must be attached.

PART 1 - METHOD TWO - SINGLE FACTOR APPORTIONMENT

• Enter on Line 1 the amount of sales which are transacted wholly in Missouri.
 • Enter on Line 2 the amount of sales which are transacted partly within Missouri and partly without Missouri.
 • Enter on Line 3 the amount of sales which are transacted wholly without Missouri.
 • In determining income from Missouri sources in cases where sales do not express the volume of business, enter on Line 1 the amount of business transacted wholly in Missouri and enter on Line 2 the amount of business transacted partly in Missouri and partly outside Missouri.
 Attach an explanation reconciling Line 4 with specific data on Federal Form 1120S.

	TOTAL		MISSOURI
1. Amount wholly in Missouri		1	00
2. Amount partly within and partly without Missouri	00		
3. Amount wholly without Missouri	00		
4. Total amount (all sources) add Lines 1, 2, and 3			
5. One-half of Line 2		5	00
6. Total amount (Missouri) - add Lines 1 and 5		6	00
7. Missouri single factor apportionment fraction (Divide Line 6 by Line 4). Enter on Schedule MO-NRS, Parts 1 and 2, Column (c)		7	%

PART 2 - METHOD ONE - THREE FACTOR APPORTIONMENT

	TOTAL MISSOURI (a)	TOTAL EVERYWHERE (b)	PERCENT WITHIN MISSOURI (a) ÷ (b)
1. Average yearly value of real and tangible personal property used in the business, whether owned or rented. <i>Owned property: (at original cost, see instructions) (Exclude property not connected with the business and value of construction in progress.)</i>			
Land	00	00	
Depreciable assets	00	00	
Inventory and supplies	00	00	
Other (attach schedule)	00	00	
Net annual rental of property, times eight	00	00	
TOTAL PROPERTY VALUES	1a 00	1b 0	1 %
2. Wages, salaries, commissions, and other compensation of employees related to business income			
TOTAL WAGES AND SALARIES	2a 00	2b 00	2 %
3. Sales (gross receipts, less returns and allowances):			
(a) Sales delivered or shipped to Missouri purchasers:			
(1) Shipped from outside Missouri	0 00		
(2) Shipped from within Missouri	0 00		
(b) Sales shipped from Missouri to:			
(1) The United States Government	0 00		
(2) Purchasers in a state where the taxpayer would not be taxable (e.g., under Public Law 86-272)	0 00		
(c) Other gross receipts (rents, royalties, interest, etc.)	4,558 00		
TOTAL SALES	3a 4,558 00	3b 2,399,588 00	3 .1899 %
4. APPORTIONMENT FACTOR - add percentages on Lines 1, 2, and 3, and divide by factors present (see instructions) Enter on Schedule MO-NRS, Parts 1 and 2, Column (c).			4 .1899 %

MO 860-1811 (11-2009) PFX This form is available upon request in alternative accessible format(s).

961351
10-21-09

CORPORATION NAME TELCO EXPERTS LLC	MO TAX I.D. NUMBER	CHARTER NUMBER	FEDERAL I.D. NUMBER 26-1287244
--	--------------------	----------------	--

PART 3 - MULTISTATE OR SINGLE FACTOR ALLOCATION

• Directly allocable nonbusiness income or MO source income. Do not allocate expenses that have been excluded from federal taxable income.

	DIRECT ALLOCATION OF NONBUSINESS INCOME OR MISSOURI SOURCE INCOME					
	GROSS INCOME		DIRECTLY RELATED EXPENSES		INDIRECTLY RELATED EXPENSES	
	(1) EVERYWHERE	(2) MISSOURI	(3) EVERYWHERE	(4) MISSOURI	(5) EVERYWHERE	(6) MISSOURI
1. Interest income	00	00	00	00	00	00
2. Royalties	00	00	00	00	00	00
3. Rents	00	00	00	00	00	00
4. Net capital gains	00	00	00	00	00	00
5. Dividends	00	00	00	00	00	00
6. Total each column	00	00	00	00	00	00

All income is presumed to be business income unless you can clearly show the income to be nonbusiness income.

ALLOCATION/APPORTIONMENT OF DISTRIBUTIVE SHARE ITEMS

The following steps must be followed for each distributive share item that is being allocated as nonbusiness or Missouri source income. Attach an explanation and computations detailing the nature of the nonbusiness or Missouri source income.

EXAMPLE: Assume \$10,000 in total rents of which \$9,000 is business income and \$1,000 is nonbusiness or Missouri source income.

Assume an apportionment factor of 33.333% (from Part 1, Line 7 or Part 2, Line 4):

Step 1	\$10,000	Total rents	
Step 2	-1,000	Allocated to Missouri as nonbusiness or Missouri source income	
	\$ 9,000	Business income	
Step 3	\$ 9,000	X 33.333% = 3,000	
Step 4	\$ 1,000	Missouri source income	
Step 5	+ 3,000	From Step 3	
	\$ 4,000	Missouri source income is entered on Schedule MO-NRS, Part 1, Line 3, Column (b).	
Step 6	\$ 4,000/10,000 = 40%	This percentage is entered on Schedule MO-NRS, Part 1, Line 3, Column (c).	

APPORTIONMENT OF PARTNERSHIP INTEREST

EXAMPLE: Assume S corporation's only activity is a 10 percent ownership in partnership. Partnership's Schedule MO-MSS reflects single factor with \$1,000,000 as wholly within and \$275,000 as partly within. S corporation method 2 Single Method Apportionment is calculated as follows:

1. Amount wholly in Missouri (\$1,000,000 x .10)	=	\$100,000
2. Amount wholly within and without Missouri (\$275,000 x .10)	=	\$27,500
3. Amount wholly without Missouri (0 x .10)	=	0
4. Total amount (all source)		127,500
5. One half of Line 2		13,750
6. Total Amount (Missouri) add Line 1 and Line 5		113,750
7. Missouri Single Factor Apportionment (Divide Line 6 by Line 4) Enter on Schedule MO-NRS, Parts 1 and 2, Column (e).		89.216%

MISSOURI SCHEDULE K-1 EQUIVALENT	Partner's Missouri Information For Calendar Year 2009 or Fiscal Year Beginning _____, 2009; and Ending _____, _____.	2009
---	--	-------------

Partner's Name, Address and ZIP Code ESK CONSULTANTS LLC 237 MAYFAIR DRIVE BROOKLYN, NY 11234	Partner Number <u>1</u> Partner's Identifying Number <u>20-2113320</u> Type of Partner DISREGARDED ENT <hr/> Resident <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Amended Schedule K-1 <input type="checkbox"/> Final Schedule K-1 <input type="checkbox"/>
---	--

Partnership's Name, Address and ZIP Code TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070	Partnership's Identifying Number <u>26-1287244</u> Partner's Percentage of: Ownership <u>33.3333333%</u> Profit and Loss <u>33.3333333%</u>
--	--

DISTRIBUTIVE SHARE OF PARTNERSHIP ADJUSTMENTS

1 Net addition	1,490
2 Net subtraction	

SEE FORM MO-NRP FOR ADDITIONAL DISTRIBUTIVE SHARE ITEMS.

YOUR SHARE OF THE MISSOURI SOURCE INCOME HAS BEEN INCLUDED IN THE MISSOURI FORM 1040, COMPOSITE TAX RETURN, AND THE RESPECTIVE INCOME TAX HAS BEEN PAID ON YOUR BEHALF.

COMPOSITE SOURCE INCOME	441.
MISSOURI NONRESIDENT TAX	26.

MISSOURI SCHEDULE K-1 EQUIVALENT	Partner's Missouri Information For Calendar Year 2009 or Fiscal Year		2009
	Beginning _____, 2009; and Ending _____, _____.		

Partner's Name, Address and ZIP Code ADAM GOLDBERG 33 WINDING WAY WAYNE, NJ 07470	Partner Number <u>2</u>
	Partner's Identifying Number <u>082-50-3812</u> Type of Partner INDIVIDUAL
	Resident <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/>
	Amended Schedule K-1 <input type="checkbox"/> Final Schedule K-1 <input type="checkbox"/>

Partnership's Name, Address and ZIP Code TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070	Partnership's Identifying Number 26-1287244
	Partner's Percentage of: Ownership <u>33.3333333%</u>
	Profit and Loss <u>33.3333333%</u>

DISTRIBUTIVE SHARE OF PARTNERSHIP ADJUSTMENTS

1 Net addition	<u>1,489</u>
2 Net subtraction	

SEE FORM MO-NRP FOR ADDITIONAL DISTRIBUTIVE SHARE ITEMS.

YOUR SHARE OF THE MISSOURI SOURCE INCOME HAS BEEN INCLUDED IN THE MISSOURI FORM 1040, COMPOSITE TAX RETURN, AND THE RESPECTIVE INCOME TAX HAS BEEN PAID ON YOUR BEHALF.

COMPOSITE SOURCE INCOME	300.
MISSOURI NONRESIDENT TAX	18.

MISSOURI SCHEDULE K-1 EQUIVALENT	Partner's Missouri Information For Calendar Year 2009 or Fiscal Year Beginning _____, 2009; and Ending _____, _____.	2009
---	--	-------------

Partner's Name, Address and ZIP Code PETER GOLDBERG 1520 YORK AVENUE NEW YORK, NY 10028	Partner Number <u>3</u> Partner's Identifying Number <u>082-50-3829</u> Type of Partner INDIVIDUAL Resident <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Amended Schedule K-1 <input type="checkbox"/> Final Schedule K-1 <input type="checkbox"/>
---	--

Partnership's Name, Address and ZIP Code TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070	Partnership's Identifying Number <u>26-1287244</u> Partner's Percentage of: Ownership <u>33.3333334%</u> Profit and Loss <u>33.3333334%</u>
--	--

DISTRIBUTIVE SHARE OF PARTNERSHIP ADJUSTMENTS

1 Net addition	1,490
2 Net subtraction	

SEE FORM MO-NRP FOR ADDITIONAL DISTRIBUTIVE SHARE ITEMS.

YOUR SHARE OF THE MISSOURI SOURCE INCOME HAS BEEN INCLUDED IN THE MISSOURI FORM 1040, COMPOSITE TAX RETURN, AND THE RESPECTIVE INCOME TAX HAS BEEN PAID ON YOUR BEHALF.

COMPOSITE SOURCE INCOME	300.
MISSOURI NONRESIDENT TAX	18.

MISSOURI DEPARTMENT OF REVENUE **2009 FORM MO-1040**
INDIVIDUAL INCOME TAX RETURN - LONG FORM

FOR CALENDAR YEAR JAN. 1-DEC. 31, 2009, OR FISCAL YEAR BEGINNING 2009, ENDING 20

AMENDED RETURN - CHECK HERE SOFTWARE VENDOR CODE **019**

NAME AND ADDRESS
 SOCIAL SECURITY NUMBER 261287244 SPOUSE'S SOCIAL SECURITY NUMBER

NAME (LAST) (FIRST) M.I. JR, SR
TELCO EXPERTS LLC
 SPOUSE'S (LAST) (FIRST) M.I. JR, SR

COMPOSITE RETURN

IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) COUNTY OF RESIDENCE SCHOOL DISTRICT NO.

PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE) CITY, TOWN, OR POST OFFICE, STATE, ZIP CODE
38 PARK AVENUE RUTHERFORD, NJ 07070

You may contribute to any one or all of the trust funds on Line 45. See instructions for a description of each trust fund, as well as trust fund codes to enter on Line 45.

PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2009.

AGE 62 THROUGH 64: YOURSELF, SPOUSE
 AGE 65 OR OLDER: YOURSELF, SPOUSE
 BLIND: YOURSELF, SPOUSE
 100% DISABLED: YOURSELF, SPOUSE
 NON-OBIGATED SPOUSE: YOURSELF, SPOUSE

INCOME	Yourself		Spouse		
	Y	S	Y	S	
1. Federal adjusted gross income from your 2009 federal return (See worksheet.)	1Y	1,040	00	1S	00
2. Total additions (from Form MO-A, Part 1, Line 6)	2Y		00	2S	00
3. Total income -- Add Lines 1 and 2	3Y		00	3S	00
4. Total subtractions (from Form MO-A, Part 1, Line 14)	4Y		00	4S	00
5. Missouri adjusted gross income -- Subtract Line 4 from Line 3	5Y		00	5S	00
6. Total Missouri adjusted gross income -- Add columns 5Y and 5S	6		00		00
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y		%	7S	%

EXEMPTIONS AND DEDUCTIONS	8. Pension and Social Security/Social Security disability exemption (from Form MO-A, Part 3)	8		00
	9. Mark your filing status box below and enter the appropriate exemption amount on Line 9.	9		00
	<input type="checkbox"/> A. Single - \$2,100 (See Box B before checking.)			
	<input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return - \$0.00			
	<input type="checkbox"/> C. Married filing joint federal & combined Missouri - \$4,200			
	<input type="checkbox"/> D. Married filing separate - \$2,100			
	<input type="checkbox"/> E. Married filing separate (spouse NOT filing) - \$4,200			
	<input type="checkbox"/> F. Head of household - \$3,500			
	<input type="checkbox"/> G. Qualifying widow(er) with dependent child - \$3,500			
	10. Tax from federal return (Do not enter federal income tax withheld.)	10		00
	• Federal Form 1040, Line 55 minus Lines 45, 63, 64a, 66, 67, and amounts from Forms 8801 and 8885 on Line 70			
	• Federal Form 1040A, Line 35 minus Line 40, 41a, 43, and any alternative minimum tax included on Line 28			
	• Federal Form 1040EZ, Line 11 minus Line 8 and 9a			
11. Other tax from federal return -- Attach copy of your federal return (pgs 1 and 2).	11		00	
12. Total tax from federal return -- Add Lines 10 and 11.	12		00	
13. Federal tax deduction -- Enter amount from Line 12 not to exceed \$5,000 for individual filer; \$10,000 for combined filers.	13		00	
14. Missouri standard deduction OR itemized deductions. Single or Married Filing Separate- \$5,700; Head of Household - \$8,350; Married Filing a Combined Return or Qualifying Widow(er) - \$11,400; If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you claimed an additional standard deduction or you are itemizing, see Form MO-A, Part 2, or Form MO-L	14		00	
15. Number of dependents from Federal Form 1040 OR 1040A, Line 6c (DO NOT INCLUDE YOURSELF OR SPOUSE.)	15		00	
16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE.)	16		00	
17. Long-term care insurance deduction	17		00	
18. Health care sharing ministry deduction	18		00	
19. Total deductions -- Add Lines 8, 9, 13, 14, 15, 16, 17, and 18	19		00	
20. Subtotal -- Subtract Line 19 from Line 6.	20		00	
21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S.	21Y		00	
22. Enterprise zone or rural empowerment zone income modification	22Y		00	
23. Subtract Line 22 from Line 21. Enter here and on Line 24.	23Y		00	

	Yourself		Spouse	
	Y	S	Y	S
24. Taxable income amount from Lines 23Y and 23S.	24Y	1 00	24S	1 00
25. Tax. (See tax table in the instructions.)	25Y	1 00	25S	1 00
26. Resident credit -- Attach Form MO-CR and other states' income tax return(s). OR	26Y	1 00	26S	1 00
27. Missouri income percentage--Enter 100% unless you are completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100%. Check the box if you or your spouse is a professional entertainer or a member of a professional athletic team. <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	27Y	%	27S	%
28. Balance - Subtract Line 26 from Line 25; OR Multiply Line 25 by percentage on Line 27.	28Y	1 00	28S	1 00
29. Other taxes (Check box and attach federal form indicated.) <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611)	29Y	1 00	29S	1 00
30. Subtotal -- Add Lines 28 and 29.	30Y	6 2 1 00	30S	1 00
31. Total Tax -- Add Lines 30Y and 30S.	31			1 00

32. MISSOURI tax withheld -- Attach Form W-2(s) and/or Form 1099(s).	32	1 00
33. 2009 Missouri estimated tax payments (include overpayment from 2008 applied to 2009).	33	1 00
34. Missouri tax payments for nonresident partners or S corporation shareholders -- Attach Form MO-2NR.	34	1 00
35. Missouri tax payments for nonresident entertainers -- Attach Form MO-2ENT.	35	1 00
36. Amount paid with Missouri extension of time to file (Form MO-60).	36	1 00
37. Miscellaneous tax credits (from Form MO-TC, Line 13) -- Attach Form MO-TC.	37	1 00
38. Property tax credit -- Attach Form MO-PTS.	38	1 00
39. Total payments and credits -- Add Lines 32 through 38.	39	1 00

Skip Lines 40-42 if you are not filing an amended return.

40. Amount paid on original return.	40	1 00
41. Overpayment as shown (or adjusted) on original return.	41	1 00
INDICATE REASON(S) FOR AMENDING.		
<input type="checkbox"/> A. Federal audit	Enter date of IRS report.	M | M | D | D | Y | Y
<input type="checkbox"/> B. Net operating loss carryback	Enter year of loss.	| | | | |
<input type="checkbox"/> C. Investment tax credit carryback	Enter year of credit.	| | | | |
<input type="checkbox"/> D. Correction other than A, B, or C	Enter date of federal amended return, if filed.	| | | | |
42. Amended Return - total payments and credits. Add Line 40 to Line 39 or subtract Line 41 from Line 39.	42	1 00

43. If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference (amount of OVERPAYMENT) here.	43	1 00									
44. Amount of Line 43 to be applied to your 2010 estimated tax.	44	1 00									
45. Enter the amt of your donation in the trust fund boxes to the right. See inst. for trust fund codes.	45										
	Children's	Veterans	Elderly Home Delivered Meals	Missouri National Guard	Workers' Memorial	Childhood Lead Testing	Missouri Military Family Relief	General Revenue	After School Retreat	Addl. Trust Fund Code (See Instr.)	Addl. Trust Fund Code (See Instr.)
46. Overpayment to be refunded to you. Subtract Lines 44 and 45 from Line 43 and enter here. Sign below and mail return to: Department of Revenue, PO BOX 500, JEFFERSON CITY, MO 65106-0500. (2D BARCODE ONLY-DOR, PO BOX 3222, JEFFERSON CITY, MO 65105-3222). REFUND	46	1 00									
47. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of UNDERPAYMENT) here.	47	6 2 1 00									
48. Underpayment of estimated tax penalty -- Attach Form MO-2210. Enter penalty amount here.	48	1 00									
49. Total amount due -- Add Lines 47 and 48 and enter here. Sign below and mail return and payment to: Department of Revenue, PO BOX 329, JEFFERSON CITY, MO 65107-0329. (2D BARCODE ONLY-DOR, PO BOX 3370, JEFFERSON CITY, MO 65105-3370). Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only). Make payable to Missouri Department of Revenue. AMOUNT YOU OWE	49	6 2 1 00									

If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.

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 he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. YES NO

E-MAIL ADDRESS: _____ PREPARER'S TELEPHONE: **212-683-6111**

SIGNATURE: _____ DATE: _____ PREPARER'S SIGNATURE: _____ FEIN, SSN, OR PTIN: _____

SPOUSE'S SIGNATURE (if filing combined, BOTH must sign): _____ DAYTIME TELEPHONE: _____ PREPARER'S ADDRESS AND ZIP CODE: **350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412** DATE: _____

MO 860-1094 (09-2009) PFX
961002 12-21-09

This form is available upon request in alternative accessible format(s).

COPY

961251 10-08-09

MISSOURI DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX
PAYMENT VOUCHER

2009
FORM
MO-1040V

PLEASE PRINT. MAKE CHECK PAYABLE TO MISSOURI DEPARTMENT OF
REVENUE. MAIL FORM MO-1040V AND PAYMENT TO THE MISSOURI
DEPARTMENT OF REVENUE, P.O. BOX 371, JEFFERSON CITY, MO 65105-0371.

NAME

SPOUSE'S NAME

TELCO EXPERTS LLC

STREET ADDRESS

38 PARK AVENUE

CITY

RUTHERFORD, NJ 07070

STATE ZIP CODE

FULL PAYMENT OF TAXES MUST BE SUBMITTED BY APRIL 15, 2010 TO AVOID INTEREST AND ADDITIONS TO TAX FOR
FAILURE TO PAY. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any
returned check may be presented again electronically.

● PLEASE SEND CHECK OR MONEY ORDER (U.S. FUNDS ONLY)

MO 860-27 15 (11-2009) PFX

1. Social security number ... * 2 6 1 2 8 7 2 4 4

2. Name control * T E L C

3. Spouse's social security number ... *

4. Spouse's name control *

5. Amount of payment (U.S. funds only) ... \$ 6 2 . 0 0

*

DOR USE ONLY

*

055 019 000000 2612872445 200512037 0000000000 09 000006200 6

13

16480216 752659 TELCOEXPERTS 2009.02050 TELCO EXPERTS LLC

TELCOEX1

**MISSOURI
COMPOSITE INCOME TAX SCHEDULE**

2009

(Year)

For the taxable year beginning JAN 1, 2009 ending DEC 31, 2009

Name of S Corporation or Partnership TELCO EXPERTS LLC						Employer Identification Number 26-1287244		
Tax Preparer's Name MARTIN M. BELL						Tax Preparer's Telephone Number 212-683-6111		
(1) Nonresident Owner Name	(2) Nonresident Owner Address	(3) Social Security/ID Number	(4) State of Residence	(5) Missouri Taxable Income	(6) Missouri Nonresident Tax	(7) Missouri Estimate Tax Paid	(8) MO-2NR Payments	(9) Balance Due or (Refund)
ESK CONSULTANTS LLC	237 MAYFAIR DRIVE BROOKLYN, NY 11234	20-2113320	NY	441.	26.	0.	0.	26.
ADAM GOLDBERG	33 WINDING WAY WAYNE, NJ 07470	082-50-3812	NJ	300.	18.	0.	0.	18.
PETER GOLDBERG	1520 YORK AVENUE NEW YORK, NY 10028	082-50-3829	NY	300.	18.	0.	0.	18.
TOTALS					62.	0.	0.	62.

2009 TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM NJ-1065

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412
To be signed and dated by	A MEMBER OF THE LLC
Amount of tax	BALANCE DUE \$13,893.00
Mail tax return to	NJ DIVISION OF TAXATION REVENUE PROCESSING CENTER P.O. BOX 194 TRENTON NJ 08646-0194
Forms to be distributed to partners	ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE MEMBERS.
Return must be mailed on or before	APRIL 15, 2010
Special Instructions	DEPOSIT YOUR FUNDS USING THE NEW JERSEY ELECTRONIC FUND TRANSFER SYSTEM, EFT. PAYMENTS NEED TO BE INITIATED PRIOR TO THE DUE DATE. PLEASE CHECK WITH THE APPROPRIATE FINANCIAL INSTITUTION FOR THE EXACT DATE. SEPARATELY MAIL FORM PART-100 TO: STATE OF NEW JERSEY FILING FEE AND TAX ON PARTNERS P.O. BOX 642 TRENTON, NJ 08646-0642

2010 ESTIMATED TAX FILING INSTRUCTIONS

NEW JERSEY FORM 1065 NONRESIDENT PARTNER ESTIMATE

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070																											
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412																											
Amount of tax	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>13,600</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>0</td></tr><tr><td>Less amount already paid on 2010 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>13,600</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ 3,400</td><td>APRIL 15, 2010</td></tr><tr><td>No. 2</td><td>\$ 3,400</td><td>JUNE 15, 2010</td></tr><tr><td>No. 3</td><td>\$ 3,400</td><td>SEPTEMBER 15, 2010</td></tr><tr><td>No. 4</td><td>\$ 3,400</td><td>JANUARY 18, 2011</td></tr></tbody></table>	Total Estimated Tax	\$	13,600	Less credit from prior year	\$	0	Less amount already paid on 2010 estimate	\$	0	Balance due	\$	13,600	Installment	Amount	Due Date	No. 1	\$ 3,400	APRIL 15, 2010	No. 2	\$ 3,400	JUNE 15, 2010	No. 3	\$ 3,400	SEPTEMBER 15, 2010	No. 4	\$ 3,400	JANUARY 18, 2011
Total Estimated Tax	\$	13,600																										
Less credit from prior year	\$	0																										
Less amount already paid on 2010 estimate	\$	0																										
Balance due	\$	13,600																										
Installment	Amount	Due Date																										
No. 1	\$ 3,400	APRIL 15, 2010																										
No. 2	\$ 3,400	JUNE 15, 2010																										
No. 3	\$ 3,400	SEPTEMBER 15, 2010																										
No. 4	\$ 3,400	JANUARY 18, 2011																										
Make check payable to	NOT APPLICABLE																											
Mail voucher and check (if applicable) to	PAYMENTS MUST BE FILED AND PAID ELECTRONICALLY. TO FILE AND PAY ELECTRONICALLY, VISIT THE DIVISION OF TAXATION WEBSITE AT WWW.STATE.NJ.US/TREASURY/TAXATION/																											
Special Instructions																												

**PART-100
2009**

**STATE OF NEW JERSEY
PARTNERSHIP RETURN VOUCHER**

For Calendar Year 2009, or Tax Year Beginning **01/01/09** and Ending **12/31/09**

Federal EIN 26-1287244/000	Legal Name of Taxpayer TELCO EXPERTS LLC		
	Trade Name of Business if different from legal name above		
<input type="checkbox"/> Amended <input type="checkbox"/> Final	Address (number and street or rural route) 38 PARK AVENUE		
	City or Post Office RUTHERFORD, NJ	State	ZIP Code 07070

1. Filing Fee (Line 4 of Filing Fee Schedule)	312 00
2. Installment Payment (Multiply Line 1 by .50)	156 00
3. Nonresident Noncorporate Partner Tax	13461 00
4. Nonresident Corporate Partner Tax	00
5. Total Fee and Tax (Add Lines 1 - 4)	13929 00
6. Penalty for Underpayment of Estimated Tax. Check box if PART-160 is attached <input checked="" type="checkbox"/>	129 00
7. Total Due (Add Lines 5 and 6)	14058 00
8. Less: Line 1 of Tiered Partnership Payment Schedule	00
9. Less: Installment Payment from 2008	165 00
10. Less: Estimated Payments/Credit from 2008	00
11. Less: Payment from PART-200-T	00
12. Total Balance Due	13893 00
13. Overpayment	00
14. Credit to 2010	00
15. Refund	\$ 00

Return this voucher with your payment in the envelope marked PART-100
 Make checks payable to: State of New Jersey - PART
 Write the Federal ID number and tax year on the check.

Mail To: **Filing Fee and Tax on Partnerships**
Form PART-100
PO Box 642
Trenton, NJ 08646-0642

FILING FEE SCHEDULE

1	Number of Resident Partners	<u>1</u>	x	\$150.00	=	<u>150</u>	00		
2	Number of Nonresident Partners with Physical Nexus to New Jersey	_____	x	\$150.00	=	_____	00		
3	Number of Nonresident Partners without Physical Nexus to New Jersey	<u>2</u>	x	\$150.00	X	.541562	=	<u>162</u>	00
						<small>Corporation Allocation Factor</small>			
4	Total Filing Fee (Add Lines 1 - 3)					<u>312</u>	00		

Carry the total from Line 4 to Line 1 on page 1 of Form PART-100. If the amount on Line 4 is greater than \$250,000, enter \$250,000 on Line 1 of Form PART-100.

TIERED PARTNERSHIP PAYMENT SCHEDULE

List the Partnership's Name(s), Federal Identification Number(s) and share of New Jersey Tax reported on Line 1 of Part III of each Schedule NJK-1 received.

	Name	FEIN	Amount
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____

1. Total Tax Paid on Behalf of Partnership:
Carry the total from Line 1 to Line 8 on page 1 of Form PART-100.

NEW JERSEY TAX WORKSHEET FOR NONRESIDENT PARTNERS (Keep for your records) - DO NOT FILE

1. Total Nonresident Noncorporate Partners Share of Income	<u>211,318.</u>
2. Nonresident Noncorporate Partners Share of Tax (6.37%)	<u>13,461.</u>
3. Total Nonresident Corporate Partnership Share of Income	
4. Nonresident Corporate Partners Share of Tax (9.00%)	
5. Total Nonresident Share of Tax (Add Line 2 to Line 4)	<u>13,461.</u>

Record of Estimated Tax Payments

Voucher Number	(a) Date	(b) Amount	(c) Amount Paid Toward Estimate	(d) Overpayment Credit From Last Year's Return	(e) Total Amount Due and For This Installment (b - c - d)
1	04/15/10	3,366.			3,400.
2	06/15/10	3,366.			3,400.
3	09/15/10	3,366.			3,400.
4	01/18/11	3,366.			3,400.
	Total ➡	13,464.			13,600.

COPY

PART-160

NJ Division of Taxation
(10-09)

Underpayment of Estimated N.J. Partnership Tax

Attach to your tax return (Form PART-100)

PARTNERSHIP NAME TELCO EXPERTS LLC	FEDERAL EMPLOYER I.D. NUMBER 26-1287244/000
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PART I How to Compute Your Underpayment

Note: If you meet any of the exceptions that avoid the underpayment charge for ANY quarter, complete PART II

	(a)			
1. Amount of 2009 Tax - Refer to line 1 instructions	13,461.			
2. 90% of Line 1	12,115.			
3. Prior year's tax - Enter the total of lines 3 and 4 from the 2008 PART-100				
4. Enter the lesser of Lines 2 or 3				
	(a)	(b)	(c)	(d)
5. Enter in columns (a) through (d) the installment dates that correspond to the 15th day of the 4th, 6th, 9th, months of your tax period and the 1st month succeeding the close of your tax period	04/15/09	06/15/09	09/15/09	01/15/10
6. Enter 25% of Line 4 in columns (a) through (d)				
7. (a) Amount paid or credited for each period				
(b) Overpayment of previous installment (enter any overpayment shown on line 9 that is more than the total of all prior underpayments as a credit against the next installment)				
8. Add lines 7(a) and 7(b)				
9. Underpayment (subtract line 8 from line 6) or overpayment (subtract line 6 from line 8)				

PART II Exceptions (See Instructions)

10. Total amount paid or credited from the beginning of the tax year through the installment dates that correspond to the 15th day of the 4th, 6th, 9th month of your tax period and the 1st month succeeding the close of your tax period				
11. Exception 1, tax based on the facts shown on the prior year's return but using current year's rates. Refer to instructions regarding the taxable periods of less than one year	25% of tax	50% of tax	75% of tax	100% of tax
	22.5% of tax	45% of tax	67.5% of tax	90% of tax
12. Exception 2, tax based on annualized tax				

PART III Installment Interest Due (See Instructions)

13. Amount of underpayment from line 9				
14. Enter same installment dates used above at line 5				
15. Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier	SEE STATEMENT			
16. Number of months from the date on line 14 to the date on line 15. (A part of a month is deemed to be a full month.)				
17. Interest				
18. Installment interest due - Add columns (a), (b), (c), and (d) of line 17. Enter the total here and include in Line 6 of Form PART-100				129.

For Calendar Year 2009, or Tax Year Beginning _____, 2009 and Ending _____, _____

You Must Enter Your Federal EIN	Federal EIN 26-1287244/000	Legal Name of Taxpayer TELCO EXPERTS LLC	
	Principal Business Activity TELEPHONE SERVICES	Trade Name of Business if different from legal name above	
	Date Business Started 08/14/2007	Address (number and street or rural route) 38 PARK AVENUE	
	1 # of Resident Partners 0 # of Nonresident Partners with Physical Nexus to NJ 2 # of Nonresident Partners without Physical Nexus to NJ	City or Post Office RUTHERFORD, NJ	State	ZIP Code 07070

Check applicable boxes:

<input type="checkbox"/> Initial Return	<input type="checkbox"/> Qualified Investment Partnership	<input type="checkbox"/> Tiered Partnership
<input type="checkbox"/> Final Return	<input type="checkbox"/> Listed on U.S. National Stock Exchange	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Amended Return	<input type="checkbox"/> Hedge Fund	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Application for Federal Extension is attached	<input type="checkbox"/> Investment Club	<input checked="" type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Substitute Method of Allocation Granted	<input checked="" type="checkbox"/> Composite Return is filed for Nonresident Partners	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Complete Liquidation	<input type="checkbox"/> Controlling Interest Transfer Tax	

Partnership Income		Column A Amount From All Sources	Column B Amount From NJ Sources
1. Ordinary income (loss) from trade or business activities (see instruction page 6)		9,304	
2. Net income (loss) from rental real estate activities			
3. Net income (loss) from other rental activities			
4. Guaranteed payments to partners		539,000	
5. Interest income			
6. Dividend income			
7. Royalty income			
8. Net gain (loss) from disposition of property			
9. Net IRC section 1231 gain (loss)			
10. Other income (loss)			
11. Tax-exempt interest income			
12. Subtotal (add lines 1 through 11)		548,304	
13a. Taxes based on income (see instruction page 6)	13a	4,469	
13b. Other additions - specify:	13b		
13c. Total additions (add lines 13a and 13b)	13c	4,469	
14. Subtotal (add lines 12 and 13c)	14	552,773	
15a. Net income (loss) from rental real estate activities	15a		
15b. Net gain (loss) from disposition of real property	15b		
15c. Guaranteed payments to partners	15c	539,000	
15d. Interest income from federal obligations	15d		
15e. Interest income from NJ obligations	15e		
15f. IRC Section 179 expense	15f	1,561	
15g. Other subtractions - specify: STATEMENT 2	15g	8,577	
15h. Total subtractions (add lines 15a through 15g)	15h	549,138	
16a. Subtotal (subtract line 15h from line 14)	16a	3,635	
16b. NJ Allocation (line 16a times business allocation % of 69.4374%)	16b		2,524
17. Net income (loss) from rental real estate activities (see instruction page 8)	17		
18. Net gain (loss) from disposition of real property	18		
19. Net partnership income (loss) (total lines 16a, 17 and 18 of column A) (total lines 16b, 17 and 18 of column B)	19	3,635	2,524
20. Income (loss) from tiered partnership	20		
21. Partnership income (loss) (total lines 19 and 20)	21	3,635	2,524
22a. Guaranteed payments to partners	22a	539,000	
22b. Guaranteed payments to partners--pension	22b		
22c. Net guaranteed payment to partners (subtract line 22b from line 22a)	22c	539,000	374,268
23. Net gain (loss) from disposition of assets as a result of a complete liquidation	23		
24. Total Nonresident Noncorporate Partners Share of Tax (Line 2c, Column J of Partners Directory)	24		13,461
25. Total Nonresident Corporate Partners Share of Tax (Line 2c, Column K of Partners Directory)	25		

966971 Use the amounts reported in Column A to complete Schedule NJK-1, Column A.
11-2-09 Use the amounts reported in Column B to complete Schedule NJK-1, Column B.

Partnership name as shown on Form NJ-1065 TELCO EXPERTS LLC	Federal EIN 26-1287244/000
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PARTNERS DIRECTORY List all partners, including principal address. Add additional sheets as necessary. 1. Corporation Allocation Factor **.541562**

A	B	C	D	E	F	G	H	I	J	K
Code	SS Number or FEIN Name and Principal Address	Distributive Share of Partnership Income (Loss)		Net Gain (Loss) From Disposition of Assets as a result of a Complete Liquidation		Pension	Nonresident Partner's		Nonresident	
		Total Distribution	NJ Source	Total Gain (Loss)	NJ Source		Share of Total Income	Share of NJ Income	Noncorporate Partner's Share of Tax	Corporate Partner's Share of Tax
NR	% owned by Partner 33.33333 Final <input type="checkbox"/> 082-50-3829 PETER GOLDBERG 1520 YORK AVENUE NEW YORK, NY 10028	156,212.	108,470.				158,101.	85,621.	5,454.	
NR	% owned by Partner 33.33333 Final <input type="checkbox"/> 20-2113320 ESK CONSULTANTS LLC 237 MAYFAIR DRIVE BROOKLYN, NY 11234	230,212.	159,854.				232,101.	125,697.	8,007.	
RI	% owned by Partner 33.33333 Final <input type="checkbox"/> 082-50-3812 ADAM GOLDBERG 33 WINDING WAY WAYNE, NJ 07470	156,211.	108,469.							
	% owned by Partner Final <input type="checkbox"/>									

2a. Total This Page. Enter zero, if no tax is reported in Column(s) J and/or K.	13,461.
2b. Total From Additional Pages Attached. Enter zero, if no tax is reported in Column(s) J and/or K.	
2c. Total Tax (add Lines 2a and 2b). Enter the totals here and carry the total in Column J to Line 24, Column B, and the total in Column K to Line 25, Column B on front of Form NJ-1065.	13,461.

Signature of General Partner or Limited Liability Company Member.	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 general partner) is based on all information of which preparer has any knowledge.	
Date	Paid Preparer's Signature	Date <input type="checkbox"/> Check if Self-Employed
Firm's Name (or yours if self-employed)	Preparer's SS # or PTIN	Preparer's Federal EIN #
Preparer's Address	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412	P00598705 13-3565602

CORPORATION ALLOCATION SCHEDULE

1019

SCHEDULE J

A PARTNERSHIP THAT IS NOT A QUALIFIED INVESTMENT PARTNERSHIP, INVESTMENT CLUB, AND THAT IS NOT LISTED ON A UNITED STATES NATIONAL STOCK EXCHANGE BUT HAS A NONRESIDENT NONCORPORATE OR NONRESIDENT CORPORATE PARTNER AND WHO MAINTAINS A REGULAR PLACE OF BUSINESS OUTSIDE OF NEW JERSEY SHOULD COMPLETE SCHEDULE J. THIS SCHEDULE SHOULD BE OMITTED IF THE TAXPAYER DOES NOT MAINTAIN A REGULAR PLACE OF BUSINESS OUTSIDE THIS STATE OTHER THAN A STATUTORY OFFICE, IN WHICH CASE THE TAX LAW REQUIRES THE ALLOCATION FACTOR TO BE 100% (1.000000). SCHEDULE J IS NOT REQUIRED FOR A PARTNERSHIP THAT MEETS HEDGE FUND STATUS, IF ITS ONLY NONRESIDENT PARTNERS ARE INDIVIDUALS, ESTATES, OR TRUSTS. SCHEDULE J IS REQUIRED IF THE PARTNERSHIP INCLUDES NONRESIDENT PARTNERS WHO DO NOT HAVE PHYSICAL NEXUS TO NEW JERSEY AND THE PARTNERSHIP WISHES TO ALLOCATE THE FILING FEE.

PART I ALL ALLOCATING COMPANIES MUST ANSWER THE FOLLOWING QUESTIONS

- (a) State the number of regular places of business maintained outside this State 0
- (b) List the address of at least one such regular place of business NONE
- (c) List the States in which the taxpayer maintained a permanent and continuous place of business, indicating type of establishment, such as warehouse, factory, store, office, etc. NEW JERSEY
- (d) Give the address of every factory, warehouse, store, or other place of business in New Jersey, indicating type of establishment
38 PARK AVENUE
RUTHERFORD, NJ 07070
- (e) Number of people employed (average) in New Jersey _____ outside New Jersey _____
- (f) Explain in detail internal controls used in distribution of receipts in and out of New Jersey, as shown in Part III, line 2
ACTUAL BOOKS AND RECORDS
- (g) State the location of the actual seat of management or control of the partnership
SEE STATEMENT 3

PART II AVERAGE VALUES

- (a) This schedule showing average values of real and tangible personal property must be completed by every taxpayer entitled to and electing to allocate.
- (b) The average values of real and tangible personal property *owned* are to be computed on the basis of the average book values thereof and not on original cost. Rented or leased property is valued at 8 times the annual rent, including any amounts paid or accrued in addition to or in lieu of rent during the period covered by the return. All other property which is used by the taxpayer but is neither owned, rented or leased, should be valued at book value, however, if no such book value exists, the market value of the property should be used.
- (c) The frequency upon which the amounts in Columns A and B below have been averaged is _____

ASSETS	AVERAGE VALUES (Omit Cents)		DIVISION USE ONLY
	Column A - New Jersey	Column B - Everywhere	
1. Land	0	0	
2. Buildings and other Improvements	0	0	
3. Machinery and Equipment	23,967	23,967	
4. Inventories	0	0	
5. All other Tangible Personalty Owned (Itemize on Rider)	0	0	
6. Property rented or leased (8 x Annual Rent)	168,400	168,400	
7. All other Property Used	0	0	
8. Total Real and Tangible Personal Property	192,367	192,367	

PART III COMPUTATION OF ALLOCATION FACTOR

		COLUMN A (omit cents)	COLUMN B
1. Average value of the taxpayer's real and tangible personal property:			
(a) In New Jersey (Part II, Column A, line 8)	1(a)	192,367	
(b) Everywhere (Part II, Column B, line 8)	1(b)	192,367	
(c) Percentage in New Jersey (line 1(a) divided by line 1(b)). Enter in Column B.			1(c) 1 . 0 0 0 0 0 0
2. Receipts:			
(a) From sales of tangible personal property shipped to points within New Jersey.	2(a)	0	Complete by carrying the fraction to six (6) decimal places. Do not express as a percent. Example: $\frac{123,456}{1,000,000} = .123456$
(b) From services performed in New Jersey	2(b)	199,460	
(c) From rentals of property situated in New Jersey	2(c)	0	
(d) From royalties for the use in New Jersey of patents and copyrights	2(d)	0	
(e) All other business receipts earned in New Jersey.	2(e)	0	
(f) Total New Jersey receipts (Total of lines 2(a) to 2(e), inclusive, in Column A)	2(f)	199,460	
(g) Total receipts from all sales, services, rentals, royalties and other business transactions everywhere.	2(g)	2,399,588	
(h) Less nonsourced receipts. From Schedule J Part IV.	2(h)	0	
(i) Total everywhere receipts allowable-line 2(g) minus line 2(h)	2(i)	2,399,588	
(j) Percentage in New Jersey (line 2(f) divided by line 2(i)). Enter in Column B.				2(j) . 0 8 3 1 2 3
(k) Double Weighted receipts factor Enter 2(j)			2(k) . 0 8 3 1 2 3
3. Wages, salaries and other personal service compensation			
(a) In New Jersey	3(a)	42,339	
(b) Everywhere	3(b)	42,339	
(c) Percentage of New Jersey (line 3(a) divided by line 3(b)). Enter in Column B.			3(c) 1 . 0 0 0 0 0 0
4. Sum of New Jersey percentages shown at lines 1(c), 2(j), 2(k), and 3(c). Enter in Column B.			
			4 2 . 1 6 6 2 4 6
5. Allocation Factor (line 4 divided by four, or by the number of percentages included on line 4). Enter in Column B and carry to Line 1 of the Partners Directory on Page 2 of Form NJ-1065.			
			5 . 5 4 1 5 6 2

PART IV COMPUTATION OF THROWOUT RECEIPTS

Name of the Jurisdiction in which Receipts are Sourced	Total Receipts from all Sales, Services, Rental, Royalties, and Other Business Transactions
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL carry to Schedule J line 2(h)	

Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP

1019

Name TELCO EXPERTS LLC	Social Security Number/FEIN 26-1287244/000
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For tax years beginning on or after January 1, 2004, use this worksheet to calculate the New Jersey depreciation adjustment required for assets placed in service on or after January 1, 2004 and for which any of the following criteria apply:

- Federal Section 179 expense was deducted
- Federal 50% Special Depreciation Allowance was deducted
- Federal income includes Section 179 recapture income
- Federal income includes a gain or loss from disposition of an asset for which a NJ depreciation adjustment was previously required.

PART I Complete Parts II, III and IV as required and enter results on this worksheet

1	Total federal depreciation from Part II, Column C	1.	7,103
2	Total NJ Section 179 deduction allowable from Part II, Column E; total can not exceed \$25,000 unless Liberty Zone Property is included	2.	1,561
3	Total NJ depreciation allowable from Part II, Column K	3.	11,085
4	Subtotal (Subtract Lines 2 and 3 from Line 1)	4.	-5,543
5	Total NJ adjustment to federal 179 recapture income from Part III, Column E	5.	
6	Total NJ adjustment to federal gain (loss) on disposition of asset(s) from Part IV, Column F	6.	
7	New Jersey Depreciation Adjustment (total of Lines 4, 5, and 6)	7.	-5,543

Enter the New Jersey Depreciation Adjustment, as a positive or negative amount, on the applicable form, schedule or worksheet.

For adjustment to S corporation income enter on:

- CBT 100S Schedule K or Schedule K, Liquidated, Part II, Line 7
- Bulletin GIT-9S, Worksheet B or Worksheet B, Liquidated, Part I, Line 7

For adjustment to partnership income on:

- NJ-1065 - If a net addition include on Line 13b; if a net subtraction include on Line 15g.
- Bulletin GIT-9P, Worksheet A, - If a net addition include on Line 14b; if a net subtraction include on Line 16e.

For adjustment to net profits from business enter on:

- A schedule detailing the calculation of NJ net profits from business and attach to forms 1040, 1040NR, 1041

For adjustment to income from rents, royalties, patents and copyrights

Enter the total adjustments to income from lines 4 and 5 on:

- NJ 1040, Schedule C
- NJ 1040NR, Part II
- NJ 1041, Schedule C

Enter the adjustment to federal gain or loss on disposition from line 6 on:

- NJ 1040, Schedule B
- NJ 1040NR, Part I
- NJ 1041, Schedule B

Name TELCO EXPERTS LLC							Social Security Number/FEIN 26-1287244/000			
Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP										
PART II Calculation of New Jersey Depreciation										
For tax years beginning on or after January 1, 2004, use this section to calculate the NJ basis for depreciation and the NJ depreciation allowable for assets placed in service on or after January 1, 2004 and for which Section 179 expense or federal 50% special depreciation allowance were deducted.										
A	B	C	D	E	F	G	H	I	J	K
Description of Property	Date placed in Service	Current Year Federal Depreciation/179 Deducted	Federal Basis For Depreciation	NJ Section 179 Deduction	NJ Basis	Prior Year New Jersey Depreciation	NJ Current Year Basis	Federal Method of Depreciation	Life or Rate	New Jersey Depreciation Allowable
EQUIPMENT	01/08/08	341	2,622	0	2,622	918	1,704	200DB	5.0	682
EQUIPMENT	01/31/08	106	813	0	813	285	528	200DB	5.0	211
EQUIPMENT	05/19/08	242	1,615	0	1,615	404	1,211	200DB	5.0	485
EQUIPMENT	05/20/08	800	5,332	0	5,332	1,333	3,999	200DB	5.0	1,600
EQUIPMENT	06/26/08	574	3,826	0	3,826	957	2,869	200DB	5.0	1,148
TOTALS		7,103	34,082	1,561	32,521		27,708			11,085

Instructions: For Liberty Zone Property Refer to General Instructions

Column A Classify consistent with Internal Revenue Code

Column B Clearly segregate property placed in service during each year

Column C Enter the total special depreciation allowance, 179 expense and depreciation deducted for federal purposes for this year.

Column D Enter federal basis for depreciation prior to special depreciation allowance, 179 expense or depreciation deduction.

Column E For the year placed in service enter the NJ allowable section 179 deduction, limited to a maximum of \$25,000 for all assets unless Liberty Zone Property is included.

Column F Column D less Column E

Column G Enter amounts from prior years' worksheets

Column H For the year placed in service, enter the amount from Column F. For subsequent years, subtract Column G from Column D.

Column I Use the same method that was used for federal purposes.

Column J Use the same life that was used for federal purposes.

Column K Calculate the NJ depreciation. The 30% special depreciation allowance is allowed only if it was taken for federal tax purposes. The 50% special depreciation allowance is not permitted.

Enter the total of Column C on Part I, Line 1

Enter the total of Column E on Part I, Line 2; total cannot exceed \$25,000 unless Liberty Zone Property is included.

Enter the total of Column K on Part I, Line 3

Name **TELCO EXPERTS LLC** Social Security Number/FEIN **26-1287244/000**

Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP

PART II Calculation of New Jersey Depreciation

For tax years beginning on or after January 1, 2004, use this section to calculate the NJ basis for depreciation and the NJ depreciation allowable for assets placed in service on or after January 1, 2004 and for which Section 179 expense or federal 50% special depreciation allowance were deducted.

A	B	C	D	E	F	G	H	I	J	K
Description of Property	Date placed in Service	Current Year Federal Depreciation/179 Deducted	Federal Basis For Depreciation	NJ Section 179 Deduction	NJ Basis	Prior Year New Jersey Depreciation	NJ Current Year Basis	Federal Method of Depreciation	Life or Rate	New Jersey Depreciation Allowable
EQUIPMENT	12 02 08	2,339	12,313	0	12,313	616	11,697	200DB	5.0	4,679
EQUIPMENT	12 15 08	1,140	6,000	0	6,000	300	5,700	200DB	5.0	2,280
EQUIPMENT	06 24 09	1,561	1,561	1,561	0	0	0	200DB	5.0	0.
TOTALS										

- Instructions: For Liberty Zone Property Refer to General Instructions
- Column A Classify consistent with Internal Revenue Code
 - Column B Clearly segregate property placed in service during each year
 - Column C Enter the total special depreciation allowance, 179 expense and depreciation deducted for federal purposes for this year.
 - Column D Enter federal basis for depreciation prior to special depreciation allowance, 179 expense or depreciation deduction.
 - Column E For the year placed in service enter the NJ allowable section 179 deduction, limited to a maximum of \$25,000 for all assets unless Liberty Zone Property is included.
 - Column F Column D less Column E
 - Column G Enter amounts from prior years' worksheets
 - Column H For the year placed in service, enter the amount from Column F. For subsequent years, subtract Column G from Column D.
 - Column I Use the same method that was used for federal purposes.
 - Column J Use the same life that was used for federal purposes.
 - Column K Calculate the NJ depreciation. The 30% special depreciation allowance is allowed only if it was taken for federal tax purposes. The 50% special depreciation allowance is not permitted.
Enter the total of Column C on Part I, Line 1
Enter the total of Column E on Part I, Line 2; total cannot exceed \$25,000 unless Liberty Zone Property is included.
Enter the total of Column K on Part I, Line 3

Revised 09/08

**NEW JERSEY GROSS INCOME TAX
BUSINESS ALLOCATION SCHEDULE**

Use this schedule if business activities are carried on both inside and outside New Jersey or if business activities are carried on 100% outside New Jersey.
This form must be enclosed and filed with your New Jersey Income Tax return.

Enter name, address and Social Security/Federal Employer Identification Number as shown on the Form NJ-1040NR, Form NJ-1041 or Form NJ-1065.

Legal name of taxpayer TELCO EXPERTS LLC		Social Security Number/Federal EIN 26-1287244/000
Trade name of business if different from legal name above		For the Taxable Year Ending (Month, Day, Year) 12/31/09
Address (number and street or rural route) 38 PARK AVENUE		
City or Post Office RUTHERFORD, NJ	State 07070	ZIP Code

Section 1 - Business Locations

List all places BOTH INSIDE AND OUTSIDE New Jersey where business is carried on.

	(a) Street Address	(b) City and State	(c) Description of Business Location	(d) Check One	
				RENT	OWN
1.					
2.					
3.					
4.					

Section 2 - Average Values

ASSETS	Average Values			
	Column A Everywhere	Column B New Jersey	Column A Everywhere	Column B New Jersey
1. Real Property Owned	1.	1.		
2. Real and Tangible Property Rented	2.	2.	168,400.	168,400.
3. Tangible Personal Property Owned	3.	3.	23,967.	23,967.
4. TOTALS (Add Lines 1-3 in each column)	4.	4.	192,367.	192,367.

Section 3 - Business Allocation Percentage

966271 04-24-09

1.	Average Values of Property:				
	a. In New Jersey (from Section 2, Column B, Line 4)	1a	192,367.		
	b. Everywhere (from Section 2, Column A, Line 4)	1b	192,367.		
	c. Percentage in New Jersey. (Divide Line 1a by Line 1b)			1c	100.0000 %
2.	Total Receipts from All Sales, Services and Other Business Transactions:				
	a. In New Jersey	2a	199,460.		
	b. Everywhere	2b	2,399,588.		
	c. Percentage in New Jersey (Divide Line 2a by Line 2b)			2c	8.3123 %
3.	Wages, Salaries and Other Personal Compensation Paid During the Year:				
	a. In New Jersey	3a	42,339.		
	b. Everywhere	3b	42,339.		
	c. Percentage in New Jersey. (Divide Line 3a by Line 3b)			3c	100.0000 %
4.	Sum of New Jersey Percentages. (Add Lines 1c, 2c and 3c)			4	208.3123 %
5.	Business Allocation Percentage. (Divide the total on Line 4 by 3; if less than 3 fractions, see instructions)			5	69.4374 %

FORM PART-160 COMPUTATION OF UNDERPAYMENT PENALTY STATEMENT 1

Q T R	EVENT AMOUNT	REMAINING TYPE UNDERPAYMENT	PERIOD OF UNDERPAYMENT	MONS	INTEREST RATE	AMOUNT OF PENALTY
-------------	-----------------	--------------------------------	---------------------------	------	------------------	----------------------

TOTAL TO FORM PART-160, LINE 18

EVENT TYPE: Q = AMOUNT UNDERPAID AT START OF QUARTER
 P = PAYMENT OR WITHHOLDING
 R = INTEREST RATE CHANGE
 L = SWITCH TO OR FROM A LEAP YEAR

NJ-1065 OTHER SUBTRACTIONS STATEMENT 2

DESCRIPTION	AMOUNT
NEW JERSEY DEPRECIATION ADJUSTMENT	5,543.
50% OF MEALS AND ENTERTAINMENT	3,034.
AMOUNT TO FORM NJ-1065, LINE 15G	8,577.

SCHEDULE J ACTUAL SEAT OF MANAGEMENT OR CONTROL STATEMENT 3

38 PARK AVENUE
 RUTHERFORD, NJ 07070

PARTNER'S SHARE OF INCOME

For Calendar Year 2009, or Fiscal Year Beginning _____, 2009 and ending _____.

PART I General Information				
Partner's SS # or Federal EIN 20-2113320		Partnership's Federal EIN 26-1287244/000		
Partner's Name ESK CONSULTANTS LLC		Partnership's Name TELCO EXPERTS LLC		
Street Address 237 MAYFAIR DRIVE		Partnership's Street Address 38 PARK AVENUE		
City State ZIP Code BROOKLYN, NY 11234		City State ZIP Code RUTHERFORD, NJ 07070		
What type of entity is partner? (see instructions) <u>NR</u> Code		Enter Partner's percentage of:		
Date Partner's Interest in Partnership began: <u>08/14/2007</u> Month Day Year		(i) Before Decrease or Termination		
<input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Hedge Fund		(ii) End of Year		
<input type="checkbox"/> Amended NJK-1 <input checked="" type="checkbox"/> Member of Composite Return		Profit Sharing <u>33.3333333</u> % <u>33.3333333</u> %		
		Loss Sharing <u>33.3333333</u> % <u>33.3333333</u> %		
		Capital Ownership <u>33.3333333</u> % <u>33.3333333</u> %		
PART II Income Information				
Income Classifications	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (loss)	1,212.		842.	
2. Net Guaranteed Payments	229,000.		159,012.	
3. Partner's 401(k) Contribution				
4. Distributive Share of Partnership Income (loss) (Line 1 plus Line 2 minus Line 3)	230,212.	Line 20, Page 2	159,854.	Line 22, Page 1
5. Pension		Line 19, Page 2		
6. Net Gain (loss) from Disposition of Assets as a Result of a Complete Liquidation		Line 18, Page 2		Line 18, Page 1
** COMPOSITE RETURN HAS CALCULATED A DIFFERENCE IN TAX. THE TOTAL TAX PAID IS 10,183.				
PART III Partner's Information				
1. Nonresident Partner's Share of NJ Tax	1.	8,007.	Line 23a, Page 1 CBT-100 Line 15a, Page 1 CBT-100S Line 8, PART-100 Line 46, NJ-1040NR Line 22, NJ-1080C Line 31a, NJ-1041	
2. Partner's HEZ Deduction	2.			
3. Partner's Sheltered Workshop Tax Credit	3.			
PART IV Supplemental Information (Attach Schedule) **				

THIS FORM MAY BE REPRODUCED

NJ NJK-1

GIT-DEP PRO-RATA SHARE

DESCRIPTION	AMOUNT	TOTAL
FEDERAL DEPRECIATION	2,368.	
NJ SECTION 179 DEDUCTION ALLOWABLE	520.	
NJ DEPRECIATION ALLOWABLE	3,695.	
SUBTOTAL		-1,847.
NJ ADJUSTMENT TO FEDERAL 179 RECAPTURE INCOME	0.	
NJ ADJUSTMENT TO FEDERAL GAIN (LOSS) ON DISPOSITION OF ASSET(S)	0.	
SUBTOTAL		0.
NEW JERSEY DEPRECIATION ADJUSTMENT		-1,848.

COPY

PART 1 ENTITY INFORMATION	EIN 26-1287244/000	Name of Filing Entity TELCO EXPERTS LLC	
	Mailing Address 38 PARK AVENUE		
	City RUTHERFORD, NJ	State	Zip 07070
	Person to Contact		Telephone Number
	Type of Entity: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Athletic Team <input type="checkbox"/> Estate or Trust <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> NJ Electing S Corp.		

PART 2 INDIVIDUAL INFORMATION	Social Security Number 20-2113320	Name ESK CONSULTANTS LLC	
	Principal Address 237 MAYFAIR DRIVE		
	City BROOKLYN, NY	State	Zip 11234

INDIVIDUAL CONSENT STATEMENT

By signing this election to participate, I hereby consent to have my income from the above named entity which is derived from or connected with sources within New Jersey included on the New Jersey Nonresident Composite Return (Form NJ-1080-C). I further consent to all provisions and requirements for such returns as contained in N.J.A.C. 18:35-5.2, including, but not limited to, the responsibilities and liabilities of an electing participant.

I further declare that I satisfy all of the following conditions:

1. I was a nonresident of New Jersey for the entire year;
2. I did not maintain a permanent place of abode in New Jersey at any time during the taxable year;
3. I do not file a fiscal year tax return for federal income tax purposes;
4. I did not have income derived from or connected with New Jersey sources other than the income to be reported on the composite return being filed by this or any other entity;
5. I waive the right to claim New Jersey personal exemptions, credits or deductions and I agree that the tax due on my share of the composite income will be calculated at the highest tax rate in effect this year for single taxpayers; and

I further understand that this election to participate:

1. Must be made annually;
2. Shall be binding on my heirs, representatives, assigns, successors, executors, and administrators;
3. May not be made after April 15, 2010; and
4. May not be revoked after April 15, 2010.

Under penalties of perjury, I declare that I have examined this election, including all statements above, and to the best of my knowledge and belief, it is true and correct.

Signature

Date

2
SCHEDULE
NJK-1
 (Form NJ-1065)
2009

STATE OF NEW JERSEY

1019

PARTNER'S SHARE OF INCOME

For Calendar Year 2009, or Fiscal Year Beginning _____, 2009 and ending _____.

PART I General Information				
Partner's SS # or Federal EIN 082-50-3812		Partnership's Federal EIN 26-1287244/000		
Partner's Name ADAM GOLDBERG		Partnership's Name TELCO EXPERTS LLC		
Street Address 33 WINDING WAY		Partnership's Street Address 38 PARK AVENUE		
City State ZIP Code WAYNE, NJ 07470		City State ZIP Code RUTHERFORD, NJ 07070		
What type of entity is partner? (see instructions) <u>RI</u> Code		Enter Partner's percentage of:		
Date Partner's Interest in Partnership began: <u>08/14/2007</u> Month Day Year		(i) Before Decrease or Termination		
<input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Hedge Fund		(ii) End of Year		
<input type="checkbox"/> Amended NJK-1 <input type="checkbox"/> Member of Composite Return		Profit Sharing <u>33.3333333</u> % <u>33.3333333</u> %		
		Loss Sharing <u>33.3333333</u> % <u>33.3333333</u> %		
		Capital Ownership <u>33.3333333</u> % <u>33.3333333</u> %		
PART II Income Information				
Income Classifications	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (loss)	1,211.		841.	
2. Net Guaranteed Payments	155,000.		107,628.	
3. Partner's 401(k) Contribution				
4. Distributive Share of Partnership Income (loss) (Line 1 plus Line 2 minus Line 3)	156,211.	Line 20, Page 2	108,469.	Line 22, Page 1
5. Pension		Line 19, Page 2		
6. Net Gain (loss) from Disposition of Assets as a Result of a Complete Liquidation		Line 18, Page 2		Line 18, Page 1
PART III Partner's Information				
1. Nonresident Partner's Share of NJ Tax	1.			Line 23a, Page 1 CBT-100 Line 15a, Page 1 CBT-100S Line 8, PART-100 Line 46, NJ-1040NR Line 22, NJ-1080C Line 31a, NJ-1041
2. Partner's HEZ Deduction	2.			
3. Partner's Sheltered Workshop Tax Credit	3.			
PART IV Supplemental Information (Attach Schedule)				

THIS FORM MAY BE REPRODUCED

966981
11-2-09

NJ NJK-1

GIT-DEP PRO-RATA SHARE

DESCRIPTION	AMOUNT	TOTAL
FEDERAL DEPRECIATION	2,368.	
NJ SECTION 179 DEDUCTION ALLOWABLE	520.	
NJ DEPRECIATION ALLOWABLE	3,695.	
SUBTOTAL		-1,847.
NJ ADJUSTMENT TO FEDERAL 179 RECAPTURE INCOME	0.	
NJ ADJUSTMENT TO FEDERAL GAIN (LOSS) ON DISPOSITION OF ASSET(S)	0.	
SUBTOTAL		0.
NEW JERSEY DEPRECIATION ADJUSTMENT		-1,848.

COPY

PARTNER'S SHARE OF INCOME

For Calendar Year 2009, or Fiscal Year Beginning _____, 2009 and ending _____

PART I General Information	
Partner's SS # or Federal EIN 082-50-3829	Partnership's Federal EIN 26-1287244/000
Partner's Name PETER GOLDBERG	Partnership's Name TELCO EXPERTS LLC
Street Address 1520 YORK AVENUE	Partnership's Street Address 38 PARK AVENUE
City State ZIP Code NEW YORK, NY 10028	City State ZIP Code RUTHERFORD, NJ 07070
What type of entity is partner? (see instructions) <u>NR</u> Code	Enter Partner's percentage of: (i) Before Decrease or Termination (ii) End of Year
Date Partner's Interest in Partnership began: <u>08/14/2007</u> Month Day Year	Profit Sharing <u>33.3333334</u> % <u>33.3333334</u> % Loss Sharing <u>33.3333334</u> % <u>33.3333334</u> % Capital Ownership <u>33.3333334</u> % <u>33.3333334</u> %
<input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Amended NJK-1	<input type="checkbox"/> Hedge Fund <input checked="" type="checkbox"/> Member of Composite Return

PART II Income Information				
Income Classifications	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (loss)	1,212.		842.	
2. Net Guaranteed Payments	155,000.		107,628.	
3. Partner's 401(k) Contribution				
4. Distributive Share of Partnership Income (loss) (Line 1 plus Line 2 minus Line 3)	156,212.	Line 20, Page 2	108,470.	Line 22, Page 1
5. Pension		Line 19, Page 2		
6. Net Gain (loss) from Disposition of Assets as a Result of a Complete Liquidation		Line 18, Page 2		Line 18, Page 1

PART III Partner's Information ** COMPOSITE RETURN HAS CALCULATED A DIFFERENCE IN TAX. THE TOTAL TAX PAID IS 6,910.				
1. Nonresident Partner's Share of NJ Tax	1.		5,454.	Line 23a, Page 1 CBT-100 Line 15a, Page 1 CBT-100S Line 8, PART-100 Line 46, NJ-1040NR Line 22, NJ-1080C Line 31a, NJ-1041
2. Partner's HEZ Deduction	2.			
3. Partner's Sheltered Workshop Tax Credit	3.			

PART IV Supplemental Information (Attach Schedule) **

THIS FORM MAY BE REPRODUCED

NJ NJK-1

GIT-DEP PRO-RATA SHARE

DESCRIPTION	AMOUNT	TOTAL
FEDERAL DEPRECIATION	2,368.	
NJ SECTION 179 DEDUCTION ALLOWABLE	520.	
NJ DEPRECIATION ALLOWABLE	3,695.	
SUBTOTAL		-1,847.
NJ ADJUSTMENT TO FEDERAL 179 RECAPTURE INCOME	0.	
NJ ADJUSTMENT TO FEDERAL GAIN (LOSS) ON DISPOSITION OF ASSET(S)	0.	
SUBTOTAL		0.
NEW JERSEY DEPRECIATION ADJUSTMENT		-1,848.

COPY

PART 1 ENTITY INFORMATION	EIN	Name of Filing Entity		
	26-1287244/000	TELCO EXPERTS LLC		
	Mailing Address			
	38 PARK AVENUE			
	City	State	Zip	
RUTHERFORD, NJ		07070		
Person to Contact		Telephone Number		
Type of Entity: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Athletic Team <input type="checkbox"/> Estate or Trust				
<input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> NJ Electing S Corp.				

PART 2 INDIVIDUAL INFORMATION	Social Security Number	Name
	082-50-3829	PETER GOLDBERG
	Principal Address	
1520 YORK AVENUE		
City	State	Zip
NEW YORK, NY		10028

INDIVIDUAL CONSENT STATEMENT

By signing this election to participate, I hereby consent to have my income from the above named entity which is derived from or connected with sources within New Jersey included on the New Jersey Nonresident Composite Return (Form NJ-1080-C). I further consent to all provisions and requirements for such returns as contained in N.J.A.C. 18:35-5.2, including, but not limited to, the responsibilities and liabilities of an electing participant.

I further declare that I satisfy all of the following conditions:

1. I was a nonresident of New Jersey for the entire year;
2. I did not maintain a permanent place of abode in New Jersey at any time during the taxable year;
3. I do not file a fiscal year tax return for federal income tax purposes;
4. I did not have income derived from or connected with New Jersey sources other than the income to be reported on the composite return being filed by this or any other entity;
5. I waive the right to claim New Jersey personal exemptions, credits or deductions and I agree that the tax due on my share of the composite income will be calculated at the highest tax rate in effect this year for single taxpayers; and

I further understand that this election to participate:

1. Must be made annually;
2. Shall be binding on my heirs, representatives, assigns, successors, executors, and administrators;
3. May not be made after April 15, 2010; and
4. May not be revoked after April 15, 2010.

Under penalties of perjury, I declare that I have examined this election, including all statements above, and to the best of my knowledge and belief, it is true and correct.

Signature

Date

2010 NJ-1040-ES

2010 ESTIMATED TAX WORKSHEET FOR INDIVIDUALS (Keep for your records) - DO NOT FILE

(Estates and trusts should use a 2009 Fiduciary Return, Form NJ-1041, to calculate estimated tax for 2010)

1. TOTAL INCOME EXPECTED IN TAXABLE YEAR (before exclusions)	1.	268,324.
2. TOTAL PENSION AND OTHER RETIREMENT INCOME EXCLUSION	2.	
3. NEW JERSEY GROSS INCOME (Subtract Line 2 from Line 1)	3.	268,324.
4. a. Number of Exemptions _____ x \$1,000	4a.	
b. Number of Exemptions _____ x \$1,500	4b.	
To determine number of exemptions on Lines 4a and 4b see instructions.		
5. Medical Expenses in excess of 2% (.02) of gross income (Line 3), qualified Archer MSA contributions, and health insurance costs of the self-employed	5.	
6. Alimony and separate maintenance payments	6.	
7. Qualified Conservation Contribution	7.	
8. Health Enterprise Zone Deduction	8.	
9. Total exemptions and deductions (Add Lines 4a through 8)	9.	
10. Taxable Income (Subtract Line 9 from Line 3)	10.	268,324.
11. Property Tax Deduction (See instructions NJ-1040)	11.	
12. NEW JERSEY TAXABLE INCOME (Subtract Line 11 from Line 10)	12.	268,324.
13. TAX - See Tax Rate Tables below	13.	3,631.
14. Credit for income taxes paid to other jurisdictions	14.	
15. BALANCE OF TAX (Subtract Line 14 from Line 13)	15.	3,631.
16. New Jersey income tax withheld or to be withheld	16.	
17. Other Credits (See instructions)	17.	
18. Total Payments/Credits (Add Lines 16 and 17)	18.	
19. ESTIMATED TAX (Subtract Line 18 from Line 15)	19.	3,631.
If the amount on Line 19 is more than \$400, estimated tax payments are required.		
20. Computation of installments:		
If first declaration is due to be filed on:		
April 15, 2010	enter 1/4 of Line 19 here	
June 15, 2010	enter 1/3 of Line 19 here	
September 15, 2010	enter 1/2 of Line 19 here; or	
January 15, 2011	enter full amount of Line 19 here	
	and in the space provided on your voucher	20. _____

If you are applying an overpayment from 2009 to your 2010 estimated tax, see instructions.

Table A				
Filing Status: Single Married/Civil Union Partner, Filing Separate Return Estates and Trusts				
If Line 12 is:				
Over	But Not Over	Multiply Line 12 by:	Subtract	Your Tax
\$ 0	\$ 20,000	X .014	\$ 0	
20,000	35,000	X .0175	70.00	
35,000	40,000	X .035	682.50	
40,000	75,000	X .05525	1,492.50	
75,000	500,000	X .0637	2,126.25	
500,000	and over	X .0897	15,126.25	

Table B				
Filing Status: Married/Civil Union Couple, Filing Joint Return Head of Household Qualifying Widow(er)/Surviving Civil Union Partner				
If Line 12 is:				
Over	But Not Over	Multiply Line 12 by:	Subtract	Your Tax
\$ 0	\$ 20,000	X .014	\$ 0	
20,000	50,000	X .0175	70.00	
50,000	70,000	X .0245	420.00	
70,000	80,000	X .035	1,154.50	
80,000	150,000	X .05525	2,775.00	
150,000	500,000	X .0637	4,042.50	
500,000	and over	X .0897	17,042.50	

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to enter on your declaration/voucher.

Amended Computation (Use if your estimated tax changes substantially after you file your first declaration voucher.)		
1. Amended estimated tax		
2. Less (a) Amount of last year's overpayment elected for credit to 2010		
(b) Payment made with 2010 declaration(s)		
(c) Total of Lines 2(a) and 2(b)		
3. Unpaid balance (Subtract Line 2(c) from Line 1)		
4. Amount to be paid (Line 3 divided by the number of remaining installments)		

2010 DECLARATION OF ESTIMATED TAX

PAYMENT BY CREDIT CARD

You may pay your 2009 New Jersey income taxes or make payment of estimated tax for 2010 by credit card. Pay by phone (1-800-2PAYTAX, toll free) or over the Internet (www.state.nj.us/treasury/taxation) and use a Visa, American Express, MasterCard or Discover/Novus credit card. **Do not use the payment voucher if you pay your taxes by credit card. There is a convenience fee of 2.49% paid directly to Official Payments Corp. based on the amount of your tax payment.**

PAYMENT BY E-CHECK

You may pay your 2009 New Jersey income taxes or make payment of estimated tax for 2010 by e-check. This option is available on the Division's website at:

www.state.nj.us/treasury/taxation/

Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

PAYMENT BY CHECK

If you are paying your 2010 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

966022
11-17-09

Cut along dotted line.

NJ 1040-ES 2010	New Jersey Gross Income Tax Declaration of Estimated Tax Voucher 2010	
<small>Calendar Year - Due</small> April 15, 2010	<small>Voucher</small> 1	<small>Your Social Security Number Spouse's/Civil Union Partner's Social Security Number</small> 26-1287244/000
<p>TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070</p> <p>Make Checks Payable To: NJ Division of Taxation Be sure return address is displayed through window. Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222</p>		<p>Be sure to include your social security number on your check or money order to ensure proper credit for this purpose.</p> <p>If you are married/civil union couple, filing jointly, be sure that the social security number which is first on this payment voucher is the social security number on your check and is listed first when filing your income tax return.</p> <p>Indicate the return for which payment is being made by checking the appropriate box:</p> <p style="text-align: center;"> <input type="checkbox"/> R <input type="checkbox"/> NJ-1040 <input type="checkbox"/> N <input checked="" type="checkbox"/> X <input type="checkbox"/> NJ-1040NR <input type="checkbox"/> F <input type="checkbox"/> NJ-1080C <input type="checkbox"/> NJ-1041 </p> <p style="text-align: right;">Amount of this payment: \$ 1000.00</p>

1019

012012612872440004TELCO912160000100000

2010 DECLARATION OF ESTIMATED TAX

PAYMENT BY CREDIT CARD

You may pay your 2009 New Jersey income taxes or make payment of estimated tax for 2010 by credit card. Pay by phone (1-800-2PAYTAX, toll free) or over the Internet (www.state.nj.us/treasury/taxation) and use a Visa, American Express, MasterCard or Discover/Novus credit card. **Do not use the payment voucher if you pay your taxes by credit card. There is a convenience fee of 2.49% paid directly to Official Payments Corp. based on the amount of your tax payment.**

PAYMENT BY E-CHECK

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PAYMENT BY CHECK

If you are paying your 2010 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

966023
11-17-09

Cut along dotted line.

**NJ
1040-ES
2010**

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher 2010

Calendar Year - Due June 15, 2010	Voucher 2	Your Social Security Number 26-1287244/000	Spouse's/Civil Union Partner's Social Security Number
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**TELCO EXPERTS LLC
38 PARK AVENUE
RUTHERFORD, NJ 07070**

Be sure to include your social security number on your check or money order to ensure proper credit for this purpose.

If you are married/civil union couple, filing jointly, be sure that the social security number which is first on this payment voucher is the social security number on your check and is listed first when filing your income tax return.

Make Checks Payable To: **NJ Division of Taxation**
Be sure return address is **Revenue Processing Center**
displayed through window. **PO Box 222**
Trenton, NJ 08646-0222

Indicate the return for which payment is being made by checking the appropriate box:

<input type="checkbox"/> R	<input type="checkbox"/> NJ-1040	<input type="checkbox"/> N	<input checked="" type="checkbox"/> X	<input type="checkbox"/> NJ-1040NR	<input type="checkbox"/> F	NJ-1041
				<input type="checkbox"/> NJ-1080C		

Amount of
this payment: **\$ 1000.00**

1019

012012612872440004TEL0912160000100000

2010 DECLARATION OF ESTIMATED TAX

PAYMENT BY CREDIT CARD

You may pay your 2009 New Jersey income taxes or make payment of estimated tax for 2010 by credit card. Pay by phone (1-800-2PAYTAX, toll free) or over the Internet (www.state.nj.us/treasury/taxation) and use a Visa, American Express, MasterCard or Discover/Novus credit card. **Do not use the payment voucher if you pay your taxes by credit card. There is a convenience fee of 2.49% paid directly to Official Payments Corp. based on the amount of your tax payment.**

PAYMENT BY E-CHECK

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PAYMENT BY CHECK

If you are paying your 2010 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

966024
11-17-09

Cut along dotted line.

NJ 1040-ES 2010	New Jersey Gross Income Tax Declaration of Estimated Tax Voucher 2010									
Calendar Year - Due	Voucher	Your Social Security Number Spouse's/Civil Union Partner's Social Security Number								
September 15, 2010	3	26-1287244/000								
<p>TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070</p> <p>Make Checks Payable To: NJ Division of Taxation Be sure return address is displayed through window. Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222</p>		<p>Be sure to include your social security number on your check or money order to ensure proper credit for this purpose.</p> <p>If you are married/civil union couple, filing jointly, be sure that the social security number which is first on this payment voucher is the social security number on your check and is listed first when filing your income tax return.</p> <p>Indicate the return for which payment is being made by checking the appropriate box:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">R</td> <td style="text-align: center;">NJ-1040</td> <td style="text-align: center;">N</td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: center;">NJ-1040NR</td> <td style="text-align: center;">F</td> <td style="text-align: center;">NJ-1080C</td> <td style="text-align: center;">NJ-1041</td> </tr> </table>	R	NJ-1040	N	<input checked="" type="checkbox"/> X	NJ-1040NR	F	NJ-1080C	NJ-1041
R	NJ-1040	N	<input checked="" type="checkbox"/> X	NJ-1040NR	F	NJ-1080C	NJ-1041			
		<p>Amount of this payment: \$ 1000.00</p>								

1019

012012612872440004TELC0912160000100000

2010 DECLARATION OF ESTIMATED TAX

PAYMENT BY CREDIT CARD

You may pay your 2009 New Jersey income taxes or make payment of estimated tax for 2010 by credit card. Pay by phone (1-800-2PAYTAX, toll free) or over the Internet (www.state.nj.us/treasury/taxation) and use a Visa, American Express, MasterCard or Discover/Novus credit card. **Do not use the payment voucher if you pay your taxes by credit card. There is a convenience fee of 2.49% paid directly to Official Payments Corp. based on the amount of your tax payment.**

PAYMENT BY E-CHECK

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PAYMENT BY CHECK

If you are paying your 2010 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

966025
11-17-09

Cut along dotted line.

**NJ
1040-ES
2010**

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher 2010

Calendar Year - Due January 15, 2011	Voucher 4	Your Social Security Number 26-1287244/000	Spouse's/Civil Union Partner's Social Security Number
--	---------------------	--	---

**TELCO EXPERTS LLC
38 PARK AVENUE
RUTHERFORD, NJ 07070**

Be sure to include your social security number on your check or money order to ensure proper credit for this purpose.

If you are married/civil union couple, filing jointly, be sure that the social security number which is first on this payment voucher is the social security number on your check and is listed first when filing your income tax return.

Indicate the return for which payment is being made by checking the appropriate box:

Make Checks Payable To: **NJ Division of Taxation**
Be sure return address is **Revenue Processing Center**
displayed through window. **PO Box 222**
Trenton, NJ 08646-0222

R NJ-1040
 N X NJ-1080C
 F NJ-1041

Amount of
this payment: **\$ 1000.00**

1019

012012612872440004TELCO912160000100000

For Tax Year Jan. 1 - Dec. 31, 2009

ID Number 26-1287244/000	Legal Name TELCO EXPERTS LLC
2 Number of individuals participating in this return	Trade Name (if different from legal name)
	Address (number and street) 38 PARK AVENUE
	City State Zip Code RUTHERFORD, NJ 07070

Check if: 1. Professional Athletic Team 2. Partnership 3. New Jersey Electing S Corporation
 4. Limited Liability Company 5. Limited Liability Partnership 6. Estate or Trust

7. **GUBERNATORIAL ELECTIONS FUND** → Do you wish to designate \$1 of your taxes for this fund? YES NO
 Note: If you check the "YES" box it will not increase the tax or reduce the refund.

INCOME INFORMATION	Column A	Column B
8. Wages, salaries, tips, and other employee compensation	0.	0.
9. Taxable interest	0.	0.
10. Dividends	0.	0.
11. Net gain or income from disposition of property	0.	0.
12. Distributive share of Partnership income	268,324.	
13. Net Pro Rata Share of S Corporation	0.	0.
14. Net gains or income from rents, royalties, patents & copyrights	0.	0.
15. Net gains or income derived through Estates or trusts	0.	0.
16. Other - state nature and source	0.	0.
17. Total New Jersey Taxable Income (Add Lines 8 through 16)	268,324.	
18. Tax (Multiply Line 17, Col. A by 6.37%, Line 17, Col. B by 10.75%)	17,092.	
19. Total Tax (Add Line 18, Col. A and Line 18, Col. B)		17,092.
20. Total New Jersey Tax Withheld	0.	Check <input checked="" type="checkbox"/> if Form NJ-2210 is attached
21. Estimated Payments / Credit from 2008 Composite return		
22. Tax Paid on Partners Behalf by Partnership	13,461.	
23. Total Payments / Credits (Add Line 20 through 22)		13,461.
24. If payments are LESS THAN tax - enter Amount Due	SEE STATEMENT 7	3,760.
25. If payments are MORE THAN tax - enter OVERPAYMENT		
26. REFUND (Amount of Line 25 to be refunded)		
27. CREDIT to 2010 Tax		

Signature	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 is based on all information of which preparer has any knowledge.	
Title	Paid Preparer's Signature	Date
Date	Firm's Name (or yours if self-employed) BELL & COMPANY LLP	<input type="checkbox"/> Check if Self-Employed Preparer's SS#
	Preparer's Address 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412	Preparer's Federal EIN # 13-3565602

Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____

SCHEDULE A - PARTICIPANT DIRECTORY - Total Income Less Than \$250,000

1019

See instructions on page 7 for the diskette requirements.

Legal name as shown on Form NJ-1080-C TELCO EXPERTS LLC		ID Number 26-1287244/000	
List all participants, including principal address. Add additional sheets as necessary.			
Social Security Number or EIN 20-2113320		Name ESK CONSULTANTS LLC	
Taxable Income	159,854.	Address 237 MAYFAIR DRIVE	
NJ Income Tax	10,183.	City	State Zip Code
		BROOKLYN, NY 11234	
Social Security Number or EIN 082-50-3829		Name PETER GOLDBERG	
Taxable Income	108,470.	Address 1520 YORK AVENUE	
NJ Income Tax	6,910.	City	State Zip Code
		NEW YORK, NY 10028	
Social Security Number or EIN		Name	
		Address	
Taxable Income		City	State Zip Code
NJ Income Tax			
Social Security Number or EIN		Name	
		Address	
Taxable Income		City	State Zip Code
NJ Income Tax			
Social Security Number or EIN		Name	
		Address	
Taxable Income		City	State Zip Code
NJ Income Tax			
Social Security Number or EIN		Name	
		Address	
Taxable Income		City	State Zip Code
NJ Income Tax			
Total Taxable Income This Page		268,324.	
_____ Additional Pages Attached			
Total Taxable Income All Pages (Carry to Line 17, Column A)		268,324.	
Total NJ Income Tax This Page		17,093.	
_____ Additional Pages Attached			
Total NJ Income Tax All Pages (Carry to Line 18, Column A)		17,093.	

SCHEDULE B - PARTICIPANT DIRECTORY - Total Income Greater Than or Equal to \$250,000

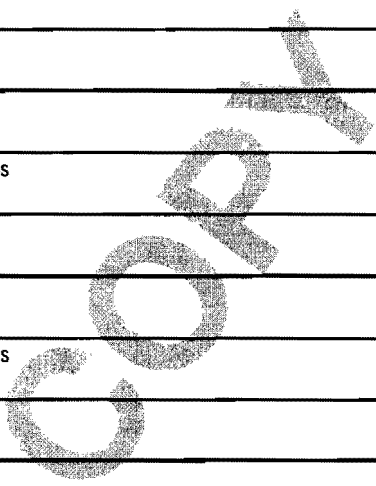
1019

See instructions on page 7 for the diskette requirements.

Legal name as shown on Form NJ-1080-C TELCO EXPERTS LLC	ID Number 26-1287244/000
---	------------------------------------

List all participants, including principal address. Add additional sheets as necessary.

Social Security Number or EIN	Name		
Taxable Income	Address		
NJ Income Tax	City	State	Zip Code
Social Security Number or EIN	Name		
Taxable Income	Address		
NJ Income Tax	City	State	Zip Code
Social Security Number or EIN	Name		
Taxable Income	Address		
NJ Income Tax	City	State	Zip Code
Social Security Number or EIN	Name		
Taxable Income	Address		
NJ Income Tax	City	State	Zip Code
Social Security Number or EIN	Name		
Taxable Income	Address		
NJ Income Tax	City	State	Zip Code
Social Security Number or EIN	Name		
Taxable Income	Address		
NJ Income Tax	City	State	Zip Code



Total Taxable Income This Page _____ Additional Pages Attached	
Total Taxable Income All Pages (Carry to Line 17, Column B)	
Total NJ Income Tax This Page	
_____ Additional Pages Attached	
Total NJ Income Tax All Pages (Carry to Line 18, Column B)	

**UNDERPAYMENT OF ESTIMATED TAX
BY INDIVIDUALS, ESTATES OR TRUSTS**

Please check the appropriate block on page 1 of Form NJ-1040 and enclose with your 2009 Gross Income Tax Return.

Name(s) as shown on Form NJ-1040 TELCO EXPERTS LLC	Social Security Number 26-1287244/000
--	---

PART I FIGURING YOUR UNDERPAYMENT

1. 2009 Tax (Line 43, Form NJ-1040)	1.	3,631.
2. Enter the total of Lines 47, 48, 50, 51 and 52, Form NJ-1040	2.	
3. Subtract Line 2 from Line 1 (If less than \$400, do not complete the rest of this form)	3.	3,631.
4a. Multiply the amount on Line 1 by .80 (80%) (Two-thirds for qualified farmers)	4a.	2,905.
4b. Enter 2008 tax (From Form NJ-1040, Line 43)	4b.	

	PAYMENT DUE DATES			
	(A) APRIL 15, 2009	(B) JUNE 15, 2009	(C) SEPT 15, 2009	(D) JAN 15, 2010
5. Use the lesser amount on either line 4a or 4b and divide by four. Enter the result in each column	726.	727.	726.	726.
6. Estimated tax paid and tax withheld per period (see instr.) If each column on Line 6 is greater than the corresponding column on Line 5, do not complete the rest of this form				
7. Enter the overpayment (Line 13) from the previous column (Complete Lines 7 through 13 for one column before completing the next column.)				
8. Add Line 6 and Line 7				
9. Enter the total underpayment (Line 11 plus Line 12) from the previous column		726.	1,453.	2,179.
10. Enter Line 8 minus Line 9. If zero or less, enter zero	0.	0.	0.	0.
11. Remaining underpayment from previous period. If Line 10 is zero enter Line 9 minus Line 8 otherwise enter zero		726.	1,453.	2,179.
12. UNDERPAYMENT (If Line 5 is greater than Line 10, enter Line 5 minus Line 10)	726.	727.	726.	726.
13. OVERPAYMENT (If Line 10 is greater than Line 5, enter Line 10 minus Line 5)				

PART II EXCEPTIONS

(See instructions, complete worksheets for exceptions 2, 3 and 4 and enclose computations for each exception claimed.)

If you meet exception 1 at line 15 do not file this form.

These amounts will be automatically verified by the Division of Taxation.

		APRIL 15, 2009	JUNE 15, 2009	SEPT 15, 2009	JAN 15, 2010
14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2009.)	14.				
15. Exception 1 - Enter 2008 tax (Line 43)	15.	25% of 2008 Tax	50% of 2008 Tax	75% of 2008 Tax	100% of 2008 Tax
16. Exception 2 - Tax on 2008 gross income using 2009 exemptions and tax rates	16.	25% of Tax	50% of Tax	75% of Tax	100% of Tax
17. Exception 3 - Tax on annualized 2009 income	17.	20% of Tax	40% of Tax	60% of Tax	
18. Exception 4 - Tax on 2009 income over 3, 5 and 8-month periods	18.	90% of Tax	90% of Tax	90% of Tax	

IF THE AMOUNT OF ANY EXCEPTION IS EQUAL TO OR LESS THAN THE CORRESPONDING AMOUNT
AT LINE 14 INTEREST WILL NOT BE CHARGED FOR THAT PERIOD.

19. TOTAL INTEREST	\$ 129
--------------------------	--------

(Include this amount on Line 45, Form NJ-1040).

NJ-1080-C	TOTAL TAX AND PENALTIES	STATEMENT 7
TAX FROM NJ-1080-C		3,631.
PENALTIES:		
PENALTY FROM NJ-2210		129.
TOTAL TAX DUE TO FORM NJ-1080-C		<hr/> 3,760. <hr/>

COPY

2009 TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM IT-204

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412
To be signed and dated by	NOT APPLICABLE
Amount of tax	NOT APPLICABLE
Mail tax return to	THE NEW YORK RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE NYSDTF, PLEASE SIGN, DATE AND RETURN FORM TR-579-PT TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE NYSDTF.
Forms to be distributed to partners	ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE PARTNERS.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NYSDTF.

New York State E-File Signature Authorization for Tax Year 2009 For Forms IT-204 and IT-204-LL

Electronic return originators (ERO): do not mail this form to the Tax Department. Keep it for your records.

Partnership name: TELCO EXPERTS LLC

Return type (mark an X on one): IT-204 IT-204-LL

Purpose

Form TR-579-PT must be completed to authorize an ERO to e-file Form IT-204, *Partnership Return*, or Form IT-204-LL, *Partnership, Limited Liability Company, and Limited Liability Partnership Filing Fee Payment Form*. For the purposes of this form, all three forms of business entities will be referred to hereinafter as a *partnership*.

General instructions

Part A must be completed by an authorized member or general partner before the ERO transmits the electronically filed Forms IT-204 or IT-204-LL.

EROs must complete Part B prior to transmitting an electronically filed Form IT-204 or IT-204-LL.

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. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*. Go to our Web site at www.nystax.gov and click on the *Publications and Bulletins* link to find this document.

Do not mail Form TR-579-PT to the Tax Department.

EROs must keep this form for three years and present it to the Tax Department upon request.

This form is not required for electronically filed Form IT-370-PF, *Application for Automatic Extension of Time to File for Partnerships and Fiduciaries*.

Financial institution information for Form IT-204-LL filers (must be present if electronic payment is authorized)

1 Amount owed on return	1. _____
2 Financial institution routing number	2. _____
3 Financial institution account number	3. _____

Part A - Declaration of authorized member or general partner and authorizations for Forms IT-204 or IT-204-LL

Under penalty of perjury, I declare that I have examined the information on this 2009 New York State electronic partnership return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. The ERO has my consent to send this 2009 New York State electronic partnership return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-PT, I am authorizing the ERO to sign and file this return on behalf of the partnership and agree that the ERO's submission of the partnership'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 my New York State partnership fees 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 2009 electronic return, and I authorize the financial institution to withdraw the amount from the account.

Signature of authorized member or general partner: _____ Date: _____

Print your name and title: PETER GOLDBERG MANAGING MEMBER

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

Under penalty of perjury, I declare that the information contained in this 2009 New York State electronic partnership return is the information furnished to me by the partnership. If the partnership furnished me a completed paper 2009 New York State partnership return signed by a paid preparer, I declare that the information contained in the partnership's 2009 New York State electronic partnership 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 2009 New York State electronic partnership 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: _____ Date: _____

Print name: _____

Paid preparer's signature: _____ Date: _____

Print name: _____

TR-579-PT (9/09)

988375
10-02-09 1019

Certificate of Exemption from Partnership or New York S Corporation Estimated Tax Paid on Behalf of Nonresident Individual Partners and Shareholders

Do not send this certificate to the Tax Department (see instructions below).

Use this certificate for tax years 2008 and 2009; it will expire on February 1, 2010.

First name and middle initial ADAM GOLDBERG	Last name	Social security number 082-50-3812
Mailing address (number and street or rural route) 33 WINDING WAY		Telephone number
City, village, or post office WAYNE	State NJ	ZIP code 07470
I certify that I will comply with the New York State personal income tax estimated tax provisions and tax return filing requirements, to the extent that they apply to me, for tax years 2008 and 2009 (see instructions).		
Signature of nonresident individual partner or shareholder		Date

Instructions

General information

Tax Law section 658(c)(4) requires the following entities that have income derived from New York sources to make estimated personal income tax payments on behalf of partners or shareholders who are nonresident individuals:

- New York S corporations;
- partnerships (other than publicly traded partnerships as defined in Internal Revenue Code section 7704); and
- limited liability companies (LLCs) or limited liability partnerships (LLPs) that are treated as partnerships for federal income tax purposes.

Individual partners and shareholders

Individual partners or shareholders are **automatically exempt** from these estimated tax provisions if they meet **one** of the following exceptions:

- Estimated tax payments are not required for any partner or shareholder whose estimated tax required to be paid for the tax year by the partnership or New York S corporation is \$300 or less.
- Estimated tax payments are not required for any partner or shareholder if the entity is authorized to file a group return, and the partner or shareholder has elected to be included on the group return.

If you do not meet either of the above exceptions, you may still claim exemption from this estimated tax provision by filing Form IT-2658-E.

You qualify to claim exemption and file Form IT-2658-E by certifying that you will comply in your individual capacity with all the New York State personal income tax estimated tax and income tax return filing requirements, to the extent that they apply to you, for the years covered by this certificate.

If, after considering all your individual circumstances, you determine you are not required to pay estimated tax or file a New York nonresident income tax return, you are considered in compliance with the New York requirements and may file Form IT-2658-E.

Estimated tax and filing requirements for New York nonresident individuals

Please see Form IT-203-1, *Instructions for Form IT-203, Nonresident and Part-Year Resident Income Tax Return*, for nonresident individual filing and estimated tax requirements.

You may be subject to penalties if you file this form and fail to comply with the New York estimated tax and filing requirements in your individual capacity.

How and when to claim exemption from estimated tax

File this certificate (Form IT-2658-E) with your partnership or New York S corporation as soon as you determine that you qualify. **Do not send this certificate to the Tax Department.**

This certificate expires on February 1, 2010. If you qualify to be exempt from any partnership or New York S corporation estimated tax provisions after that date, you must file a new *Certificate of Exemption* with your partnership or New York S corporation.

Revocation of exemption by partner or shareholder

You must notify your partnership or New York S corporation within 10 days from the date you no longer expect to meet the conditions stated on Form IT-2658-E.

Instructions for partnerships and New York S corporations

Keep this certificate with your records. Do not submit this certificate to the Tax Department.

Partnership Return

For calendar year 2009 or tax year beginning

and ending

Read the instructions, Form IT-204-I, before completing this return.

Employer identification number (EIN)

26-1287244

Legal name

TELCO EXPERTS LLC

Principal business activity

TELEPHONE SERVICES

Trade name of business if different from legal name above

Principal product or service

TELEPHONE SERVICES

Address (number and street or rural route)

38 PARK AVENUE

NAICS business code number (see instructions)

517000

Date business started

08-14-2007

City, village, or post office

RUTHERFORD

State

NJ

ZIP code

07070

Special conditions for filing your 2009 tax return (see instr.)

Section 1 - Partnership information

A Mark an X in the box that applies to your entity

Regular partnership

Limited liability partnership (LLP)

Portfolio investment partnership

Other

X Limited liability company (LLC - including limited liability investment company and a limited liability trust company)

B 1) Did the partnership have any income gain, loss, or deduction derived from NY sources during the tax year?

B1 Yes X No

2) If No, enter the number of resident partners

B2

C Mark applicable box(es)

Change of address

Initial return

Amended return

Final return (attach explanation)

D 1) Is this return the result of federal audit changes?

D1 Yes No X

If Yes: 2) Enter date of final federal determination

D2

3) Do you concede the federal audit changes?

D3 Yes No

E Did you file a NYS partnership return for: 1) 2007?

E1 Yes X No

2) 2008?

E2 Yes X No

If No, state reason:

F Number of partners

1) Article 22

F1

3

2) Article 9-A

F2

3) Other

F3

4) Total

F4

3

G Does the partnership currently have tax accounts with NYS for the following taxes?

1) Sales and use tax Yes

No X

(if Yes, enter ID number)

G1

2) Withholding tax Yes

No X

(if Yes, enter ID number)

G2

H Did the partnership have an interest in real property located in NYS during the last three years?

H Yes No

I Has there been a transfer or acquisition of a controlling interest in this entity during the last three years?

I Yes No

J Are any partners in this partnership also partnerships or LLCs?

J Yes No X

K Did the partnership engage in a like-kind transaction under IRC 1031 during the tax year?

K Yes No X

L Was there a distribution of property or a transfer of a partnership interest during the tax year?

L Yes No X

M Did the partnership make an election under IRC section 754?

M Yes No X

N Is this partnership under audit by the IRS or has it been audited in a prior year?

N Yes No X

O Is the partnership required to file Form DTF-686 or DTF-686-ATT for this filing period, to report a reportable transaction, New York reportable transaction, listed transaction or registered tax shelter?

O Yes No X

If Yes, complete and attach Form(s) DTF-686, DTF-686-ATT, and any applicable federal forms.

P Did the partnership make purchases subject to sales and compensating use tax for which NYS tax was not paid? (see instr.)

P Yes No X

Third-party Print designee's name

Designee's phone number

Personal identification number (PIN)

designee? (see instr.)

Yes X No E-mail:

Paid preparer must complete (see instructions)

Sign here

Preparer's signature

SSN or PTIN:

P00598705

Signature of general partner

Firm's name (or yours, if self-employed)

BELL & COMPANY LLP

Address 350 FIFTH AVE STE 7412

NEW YORK, NY 10118-7412

E-mail:

Mail your return to:

STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

968501 12-08-09

Please file this original scannable return with the Tax Department.

Employer identification number

13-3565602

Mark an X if

self-employed

Date

Date

E-mail:

Daytime phone number

2041091019



Part 1 - Income from federal Form 1065

1	Gross receipts or sales	1.	2,399,588.	
2	Returns and allowances	2.		
3	Subtract line 2 from line 1	3.	2,399,588.	
4	Cost of goods sold	4.	1,593,988.	
5	Gross profit (subtract line 4 from line 3)	5.	805,600.	
6	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	6.		
7	Net farm profit (loss) (attach federal Form 1040, Schedule F)	7.		
8	Net gain (loss) from federal Form 4797, Part II, line 17 (attach federal Form 4797)	8.		
9	Other income (loss) (attach statement)	9.		
10	Total income (loss) (combine lines 5 through 9)	10.	805,600.	

Part 2 - Deductions from federal Form 1065

11	Salaries and wages (other than to partners) (less employment credits)	11.	42,339.	
12	Guaranteed payments to partners	12.	539,000.	
13	Repairs and maintenance	13.		
14	Bad debts	14.		
15	Rent	15.	21,050.	
16	Taxes and licenses	16.	9,782.	
17	Interest	17.	21.	
18	Depreciation (if required, attach federal Form 4562)	18.	5,542.	
19	Depreciation reported on federal Form 1065, Schedule A and elsewhere on return	19.		
20	Subtract line 19 from line 18	20.	5,542.	
21	Depletion (do not deduct oil and gas depletion)	21.		
22	Retirement plans, etc	22.		
23	Employee benefit programs	23.	5,366.	
24	Other deductions (attach statement)	24.	173,196.	SEE STATEMENT 1
25	Total deductions (add lines 11 through 17 and lines 20 through 24)	25.	796,296.	
26	Ordinary business income (loss) (subtract line 25 from line 10)	26.	9,304.	

Section 3 - Cost of goods sold (from federal Form 1065, Schedule A; see instructions)

27	Inventory at beginning of year	27.		
28	Purchases less cost of items withdrawn for personal use	28.		
29	Cost of labor	29.		
30	Additional IRC section 263A costs (attach statement)	30.		
31	Other costs (attach statement)	31.	1,593,988.	SEE STATEMENT 2
32	Total (add lines 27 through 31)	32.	1,593,988.	
33	Inventory at end of year	33.		
34	Cost of goods sold (subtract line 33 from line 32)	34.	1,593,988.	

35 Methods used for valuing closing inventory (mark an X in applicable boxes)

- Cost as described in federal regulations section 1.471-3
- Lower of cost or market as described in federal regulations section 1.471-4
- Other (specify method used and explain)

36	Was there a writedown of <i>subnormal</i> goods as described in federal regulations section 1.471-2 (c)?	Yes	No	
37	Was LIFO inventory method adopted this tax year for any goods? (If Yes, attach federal Form 970.)	Yes	No	
38	Do the rules of IRC section 263A (for property produced or acquired for resale) apply to the partnership?	Yes	No	X
39	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If Yes, explain	Yes	No	X

2042091019



Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
40 Cash 40.		102,308.		242,433.
41 Trade notes/ acct recvbl 41.				
42 Less allowances for bad debts 42.				
43 Inventories 43.				
44 U.S. govt obligations 44.				
45 Tax-exempt securities 45.				
46 Other crnt asst (att stmt) 46.				
47 Mortg/real estate loan 47.				
48 Othr invstmt (att stmt) 48.				
49 Bldgs and othr deprc assets 49.	32,521.		34,082.	
50 Less accum depreciation 50.	18,668.	13,853.	25,771.	8,311.
51 Deplt assets 51.				
52 Less accum depletion 52.				
53 Land (net amrtztn) 53.				
54 Intangible assets (amortizable only) 54.				
55 Less accmtd amortization 55.				
56 Othr assets (att stmt) 56.	STATEMENT 3	15,000.		15,000.
57 Totl assets 57.		131,161.		265,744.

COPY

Liabilities and capital		Beginning of tax year (b)	End of tax year (d)
58 Accounts payable 58.			
59 Mortgages, notes, bonds payable in less than one year 59.			75,814.
60 Other current liabilities (attach statement) STATEMENT 4 60.		63,581.	115,583.
61 All nonrecourse loans 61.			
62 Mortgages, notes, bonds payable in one year or more 62.			
63 Other liabilities (attach statement) STATEMENT 5 63.		2,500.	7,318.
64 Partners' capital accounts 64.		65,080.	67,029.
65 Total liabilities and capital 65.		131,161.	265,744.



Section 5 - Reconciliation of income (loss) per books with income (loss) per return (From federal Form 1065, Schedule M-1; see instructions. If Schedule M-3 was filed, mark an X in the box; file Schedule M-3 and any related attachments with Form IT-204; skip Section 5 and continue with Section 6.)

66	Net income (loss) per books	66.	1,949.
67	Income included on return not recorded on books this year, from Schedule M-1, line 2 <i>Identify:</i>	67.	
68	Guaranteed payments (other than health insurance)	68.	539,000.
69	Expenses recorded on books this year not included on return, from Schedule M-1, line 4 <i>Identify: SEE STATEMENT 6</i>	69.	3,394.
70	Add lines 66 through 69	70.	544,343.
71	Income recorded on books this year not included on return, from Schedule M-1, line 6 <i>Identify:</i>	71.	
72	Deductions included on return not charged against book income this year, from Schedule M-1, line 7 <i>Identify:</i>	72.	
73	Add lines 71 and 72	73.	
74	Income (loss) (subtract line 73 from line 70)	74.	544,343.

Section 6 - Analysis of partners' capital accounts (from federal Form 1065, Schedule M-2)

75	Balance at beginning of year	75.	65,080.
76	Capital contributed - cash	76.	
77	Capital contributed - property	77.	
78	Net income (loss) per books	78.	1,949.
79	Other increases <i>Identify:</i>	79.	
80	Add lines 75 through 79	80.	67,029.
81	Distributions - cash	81.	
82	Distributions - property	82.	
83	Other decreases <i>Identify:</i>	83.	
84	Add lines 81, 82, and 83	84.	
85	Balance at end of year (subtract line 84 from line 80)	85.	67,029.



Section 7 - Partners' share of income, deductions, etc. (from federal Form 1065, Schedule K)

Partners' distributive share items

86	Ordinary business income (loss)	86.	9,304.
87	Net rental real estate income (loss) (attach federal Form 8825)	87.	
<hr/>			
88a	Other gross rental income (loss)	88a.	
88b	Expenses from other rental activities	88b.	
<hr/>			
89	Other net rental income (loss) (subtract line 88b from line 88a)	89.	
90	Guaranteed payments	90.	539,000.
91	Interest income	91.	
92	Ordinary dividends	92.	
93	Royalties	93.	
94	Net short-term capital gain (loss) (attach federal Schedule D)	94.	
95	Net long-term capital gain (loss) (attach federal Schedule D)	95.	
96	Net section 1231 gain (loss) (attach federal Form 4797)	96.	
97	Other income (loss) (see instructions)	97.	
	Identify:		
98	Section 179 deduction (attach federal Form 4562)	98.	1,561.
99	Other deductions (see instructions)	99.	2,400.
	Identify:		
	SEE STATEMENT 7		
100	Tax preference items for minimum tax (see instructions)	100.	
	Identify:		
101	Net earnings (loss) from self-employment	101.	548,304.
102	Tax-exempt income and nondeductible expenses (see instructions)	102.	3,394.
103	Distributions - cash and marketable securities	103.	
104	Distributions - other property	104.	
105	Other items not included above that are required to be reported separately to partners (see inst.)	105.	
	Identify:		
<hr/>			
Analysis of net income (loss)			
106	Enter amount from federal Form 1065, Analysis of Net Income (Loss), line 1	106.	544,343.

Analysis by type of partner

General Partners

Limited Partners

- A Corporate
- B Individual (active)
- C Individual (passive)
- D Partnership
- E Exempt organization
- F Nominee / other

544,343.



Section 8 - New York modifications (see instructions)

107 New York State additions			
	Number	A - Total amount	B - New York State allocated amount
107a.	EA- 01	4,469.	3,610.
107b.	EA- 16	5,542.	4,476.
107c.	EA-		
107d.	EA-		
107e.	EA-		
107f.	EA-		
108 Total addition modifications (total of column A, lines 107a through 107f)			108. 10,011.
109 New York State subtractions			
	Number	A - Total amount	B - New York State allocated amount
109a.	ES- 21	11,085.	8,953.
109b.	ES-		
109c.	ES-		
109d.	ES-		
109e.	ES-		
109f.	ES-		
110 Total subtraction modifications (total of column A, lines 109a through 109f)			110. 11,085.
111 Additions to federal itemized deductions			
	Letter	Amount	
111a.			
111b.			
111c.			
111d.			
111e.			
111f.			
112 Total additions to federal itemized deductions (add lines 111a through 111f)			112.
113 Subtractions from federal itemized deductions			
	Letter	Amount	
113a.			
113b.			
113c.			
113d.			
113e.			
113f.			
114 Total subtractions from federal itemized deductions (add lines 113a through 113f)			114.
115 New York adjustments to tax preference items			115.

COPY



116a	New York source gross income <i>(see instructions)</i>	116a.	1,938,102.
116b	Net earnings from self-employment allocated to the MCTD <i>(see instructions)</i>	116b.	506,359.
117	Is this partnership a partner in another partnership or LLC? <i>(If Yes, list the names and EINs below; attach additional sheets if necessary.)</i>	Yes	No X

Name of entity	EIN
----------------	-----

Section 10 - New York allocation schedule

Part 1 - List all places, both in and out of NYS, where the partnership carries on business *(attach additional sheets if necessary)*

Street address	City and state	Description <i>(see instructions)</i>
----------------	----------------	---------------------------------------

118 Do books and records reflect income earned in New York? *(If Yes, do not complete Part 2.)* Yes No **X**

Part 2 - Formula basis allocation of income if books and records do not reflect income earned in New York

Items used as factors	A - Totals - in and out of NYS		B - New York State amounts		C - Percent col. B is of col. A	
	Dollars		Dollars			
119 Real property owned	119.		119.			
120 Real property rented from others	120.		120.			
121 Tangible personal property owned	121.		121.			
122 Property percentage						
<i>(add lines 119, 120, and 121; see instr.)</i>	122.		122.		122.	%
123 Payroll percentage <i>(see instr.)</i>	123.		123.		123.	%
124 Gross income percentage						
<i>(see instr.)</i>	124.	2,399,588.	124.	1,938,102.	124.	80.7681 %
125 Total of percentages <i>(total column C, lines 122, 123, and 124)</i>					125.	80.7681 %
126 Business allocation percentage <i>(divide line 125 by three or by actual number of percentages if less than three)</i>					126.	80.7681 %

Section 11 - Partners' credit information *(see instructions)*

Part 1 - Pass-through credit bases and factors

Brownfield redevelopment tax credit *(Form IT-611 or IT-611.1)*

127 Site preparation credit component	127.
128 Tangible property credit component	128.
129 On-site groundwater remediation credit component	129.

2047091019



Section 11 (continued)

EZ capital tax credit (Form IT-602)

130	Investments in certified EZ businesses	130.
131	Contributions of money to EZ community development projects	131.
132	Recapture of credit for investments in certified EZ businesses	132.
133	Recapture of credit for contributions of money to EZ community development projects	133.

QEZE tax reduction credit (Form IT-604)

134	QEZE employment increase factor	134.
135	QEZE zone allocation factor	135.
136	QEZE benefit period factor	136.

QETC facilities, operations, and training credit (Form DTF-619)

137	Research and development property credit component	137.
138	Qualified research expenses credit component	138.
139	Qualified high-technology training expenditures credit component	139.

Farmers' school tax credit (Form IT-217)

140	Acres of qualified agricultural property	140.
141	Acres of qualified conservation property	141.
142	Eligible school district property taxes paid	142.
143	Acres of qualified agricultural property converted to nonqualified use	143.

Other pass-through credit bases and factors

Credit bases				Credit factors			
Code	Amount	Code	Amount	Code	Factor	Code	Factor
144a.		144d.		144g.	144i.	144k.	
144b.		144e.		144h.	144j.	144l.	
144c.		144f.					

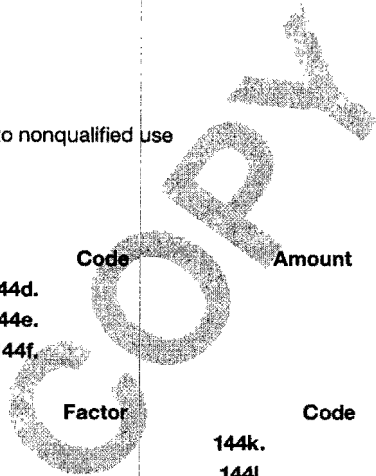
Part 2 - Pass-through credits, addbacks and recaptures

145	Long-term care insurance credit (Form IT-249)	145.
146a	Investment credit (including employment incentive credit and historic barn rehabilitation credit; Form IT-212)	146a.
146b	Research and development - investment credit (Form IT-212)	146b.
147	Other pass-through credits	

Code	Amount	Code	Amount
147a.		147e.	
147b.		147f.	
147c.		147g.	
147d.		147h.	

148 Addbacks of credits and recaptures

Code	Amount	Code	Amount
148a.		148d.	
148b.		148e.	
148c.		148f.	



2009

New York State Department of Taxation and Finance
**New York State Depreciation Schedule
for IRC Section 168(k) Property**

IT-398

Use this form only for tax years beginning after December 31, 2002, and only for property placed in service inside or outside New York State after May 31, 2003.

Name(s) as shown on return TELCO EXPERTS LLC	Identifying number as shown on return 26-1287244
--	--

Mark an X in one box to show the income tax return you are filing and attach this form to that return.

IT-201, Resident ___ IT-203, Nonresident and part-year resident ___ IT-204, Partnership **X** IT-205, Fiduciary ___

Part 1 - Depreciation information for Internal Revenue Code (IRC) section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) placed in service inside or outside New York State, beginning after May 31, 2003 (see instructions)

A Description of property (attach schedule if needed)	B Date placed in service	C Depreciable basis	D Convention	E Method	F New York depreciation deduction	G Federal depreciation deduction	
SEE STATEMENT 8							
1 Enter column F and column G totals					1.	11,085.	5,542.

If you are filing Form:	transfer the column F total to:	transfer the column G total to:
IT-201	line 31	line 23
IT-203	line 29	line 22
IT-204	line 109	line 107
IT-205	line 68	line 65

Part 2 - Year-of-disposition adjustment for IRC section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) placed in service inside or outside New York State, beginning after May 31, 2003 (see instructions)

A Description of property (attach schedule if needed)	B Date of disposition	C Method of disposition	D Total New York depreciation deduction	E Total federal depreciation deduction
2 Enter column D and column E totals				
3 Enter amount from line 2, column D or column E, whichever is larger				3.
4 Enter amount from line 2, column D or column E, whichever is smaller				4.
5 Subtract line 4 from line 3				5.

If you are filing Form:	and column D is larger than column E, transfer line 5 amount to:	and column E is larger than column D, transfer line 5 amount to:
IT-201	line 23	line 31
IT-203	line 22	line 29
IT-204	line 107	line 109
IT-205	line 65	line 68



NY IT-204 OTHER DEDUCTIONS STATEMENT 1

DESCRIPTION	AMOUNT
ACCOUNTING	22,483.
ADVERTISING AND MARKETING	14,543.
ANSWERING SERVICE	1,573.
BILLING EXPENSE	50,329.
COMPUTER AND SOFTWARE EXPENSE	1,318.
CREDIT CARD DISCOUNTS	7,278.
DUES AND SUBSCRIPTIONS	1,495.
FILING FEES	9,216.
GENERAL INSURANCE	1,173.
HOLIDAY EXPENSE	279.
LEGAL	33,615.
LICENSES AND PERMITS	804.
MEALS AND ENTERTAINMENT	3,034.
OFFICE SUPPLIES AND EXPENSE	6,569.
OUTSIDE SERVICES	2,750.
PAYROLL SERVICE	1,181.
POSTAGE	2,185.
TELEPHONE AND INTERNET ACCESS	5,753.
TRAVEL	5,938.
UTILITIES	1,384.
WORKERS' COMPENSATION	296.
TOTAL TO FORM IT-204, PAGE 2, LINE 24	173,196.

NY IT-204 OTHER COSTS STATEMENT 2

DESCRIPTION	AMOUNT
COMMISSION EXPENSE	111,704.
CONSULTING	256,202.
HOST MONITORING	2,855.
INSTALLATION COSTS	243,586.
ISP PROVIDER	953,433.
NUMBER INVENTORY	26,208.
TOTAL TO FORM IT-204, PAGE 2, LINE 31	1,593,988.

NY IT-204	OTHER ASSETS	STATEMENT 3	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS		15,000.	15,000.
TOTAL TO FORM IT-204, PAGE 3, LINE 56		15,000.	15,000.

NY IT-204	OTHER CURRENT LIABILITIES	STATEMENT 4	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
AMERICAN EXPRESS PAYABLE		41,972.	
SALES TAX PAYABLE		21,609.	115,583.
TOTAL TO FORM IT-204, PAGE 3, LINE 60		63,581.	115,583.

NY IT-204	OTHER LIABILITIES	STATEMENT 5	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
CUSTOMER SECURITY DEPOSITS		2,500.	7,318.
TOTAL TO FORM IT-204, PAGE 3, LINE 63		2,500.	7,318.

NY IT-204	EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN RETURN	STATEMENT 6	
DESCRIPTION		AMOUNT	
PENALTIES			360.
TRAVEL/ENTERTAINMENT			3,034.
TOTAL TO FORM IT-204, PAGE 4, LINE 69			3,394.

NY IT-204	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
CONTRIBUTIONS		2,400.
TOTAL TO FORM IT-204, PAGE 5, LINE 99		2,400.

NY IT-398	DEPRECIATION INFORMATION				NEW YORK	FEDERAL	
	DATE IN	BASIS	LIFE	CONV	METH	DEPREC	ACRS
DESCRIPTION	SERVICE						
EQUIPMENT	01/08/08	2,622.	5.0	-MQ	200	682.	341.
EQUIPMENT	01/31/08	813.	5.0	-MQ	200	211.	106.
EQUIPMENT	05/19/08	1,615.	5.0	-MQ	200	485.	242.
EQUIPMENT	05/20/08	5,332.	5.0	-MQ	200	1,600.	800.
EQUIPMENT	06/26/08	3,826.	5.0	-MQ	200	1,148.	574.
EQUIPMENT	12/02/08	12,313.	5.0	-MQ	200	4,679.	2,339.
EQUIPMENT	12/15/08	6,000.	5.0	-MQ	200	2,280.	1,140.
TOTALS TO FORM IT-398, PART I, LINE 1						11,085.	5,542.

COPY

New York State Department of Taxation and Finance
New York Partner's Schedule K-1

2009

IT-204-IP

Tax Law - Article 22 (Personal Income Tax)

1

Final K-1
 Amended K-1

For calendar year 2009 or tax year beginning

and ending

Partners: Before completing your income tax return, see Form IT-204-IP-1, *Partner's Instructions for Form IT-204-IP* (available at www.nystax.gov).

Partnership's information (see instructions)

Partnership's name (as shown on Form IT-204)

TELCO EXPERTS LLC

Partnership's EIN
26-1287244

- A** Mark an **X** in the box if either applies to your entity
- | | |
|-----------------------------|----------------------------------|
| Publicly traded partnership | Portfolio investment partnership |
|-----------------------------|----------------------------------|
- B** Tax shelter registration number, if any
- C** Business allocation percentage **80.7681 %**

Partner's information (see instructions)

Partner's name

ESK CONSULTANTS LLC

Partner's identifying number
20-2113320

Partner's address

237 MAYFAIR DRIVE

City
BROOKLYN

State
NY

ZIP code
11234

- D** The partner is a (mark an **X** in the appropriate box) General partner or LLC member-manager Limited partner or other LLC member
- E** What is the tax filing status of the partner? (mark an **X** in the appropriate box, if known.) Individual Estate/trust Partnership
- F** If the partner is a disregarded entity or grantor trust, enter the tax ID of the entity or individual reporting the income, if known **F 121-68-6154**
- G** Did the partner sell its entire interest during the tax year? **G Yes No X**

H Partner's share of profit, loss, and capital

	Beginning		Ending	
1) Profit	H1 33.3333	%	33.3333	%
2) Loss	H2 33.3333	%	33.3333	%
3) Capital	H3 33.3333	%	33.3333	%

I Partner's share of liabilities at the end of the year

1) Nonrecourse	I1	
2) Qualified nonrecourse financing	I2	
3) Recourse	I3	66,238.

J Partner's capital account analysis

1) Beginning capital account	J1	21,693.
2) Capital contributed during the year - cash	J2	
3) Capital contributed during the year - property	J3	
4) Current year increase (decrease)	J4	650.
5) Withdrawals and distributions - cash	J5	
6) Withdrawals and distributions - property	J6	
7) Ending capital account	J7	22,343.

- 8) Method of accounting (mark an **X** in the appropriate box)
- | | | | |
|---|-------------------------------|-------------------------------|---|
| <input checked="" type="checkbox"/> Tax basis | <input type="checkbox"/> GAAP | <input type="checkbox"/> Book | <input type="checkbox"/> Other (attach explanation) |
|---|-------------------------------|-------------------------------|---|

K Resident status (mark an **X** in all boxes that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> NYS full-year resident | <input type="checkbox"/> Yonkers full-year resident | <input checked="" type="checkbox"/> NYC full-year resident |
| <input type="checkbox"/> NYS part-year resident | <input type="checkbox"/> Yonkers part-year resident | <input type="checkbox"/> NYC part-year resident |
| <input type="checkbox"/> NYS nonresident | <input type="checkbox"/> Yonkers nonresident | |

- L** If the partner was included in a group return, enter the special NYS identification number, if known **L**



M 1) Was Form IT-2658-E filed with the partnership?		M1	Yes	No
2) Was Form MTA-405-E filed with the partnership?		M2	Yes	No
N NYS estimated tax paid on behalf of partner (from Form IT-2658)				Amount
1) First installment	N1	Date		
2) Second installment	N2			
3) Third installment	N3			
4) Fourth installment	N4			
Total NYS estimated tax paid on behalf of partner (add lines N1 through N4)			N	
O Estimated MCTMT paid on behalf of partner (from Form MTA-405)		Date		Amount
1) First installment	O1			
2) Second installment	O2			
3) Third installment	O3			
4) Fourth installment	O4			
Total estimated MCTMT paid on behalf of partner (add lines O1 through O4)			O	

Partner's share of income, deductions, etc.

A - Partner's distributive share items	1.	B - Federal K-1 amount	2.	C - New York State amount
1 Ordinary business income (loss)	1.	3,101.	1.	3,101.
2 Net rental real estate income (loss)	2.		2.	
3 Other net rental income (loss)	3.		3.	
4 Guaranteed payments	4.	229,000.	4.	229,000.
5 Interest income	5.		5.	
6 Ordinary dividends	6.		6.	
7 Royalties	7.		7.	
8 Net short-term capital gain (loss)	8.		8.	
9 Net long-term capital gain (loss)	9.		9.	
10 Net section 1231 gain (loss)	10.		10.	
11 Other income (loss) <i>Identify:</i>	11.		11.	
12 Section 179 deduction	12.	520.	12.	520.
13 Other deductions <i>Identify:</i> SEE STATEMENT	13.	800.	13.	800.
14 Tax preference items for minimum tax <i>Identify:</i>	14.		14.	
15 Net earnings (loss) from self-employment	15.	232,101.	15.	232,101.
16 Tax-exempt income and nondeductible expenses	16.	1,131.	16.	1,131.
17 Distributions - cash and marketable securities	17.		17.	
18 Distributions - other property	18.		18.	
19 Other items not included above that are required to be reported separately to partners <i>Identify:</i>	19.		19.	

Partner's share of New York modifications (see instructions)

20 New York State additions				
	Number	A - Total amount	B - New York State allocated amount	
20a.	E A- 16	1,847.	1,847.	
20b.	E A- 01	1,490.	1,490.	
20c.	E A-			
20d.	E A-			
20e.	E A-			
20f.	E A-			
21 Total addition modifications (total of column A, lines 20a through 20f)			21.	3,337.



Partner's share of New York modifications *(continued)***22** New York State subtractions

	Number	A - Total amount	B - New York State allocated amount
22a.	E S- 21	3,695.	3,695.
22b.	E S-		
22c.	E S-		
22d.	E S-		
22e.	E S-		
22f.	E S-		

23 Total subtraction modifications *(total of column A, lines 22a through 22f)* **23.** 3,695.

24 Additions to federal itemized deductions

	Letter	Amount
24a.		
24b.		
24c.		
24d.		
24e.		
24f.		

25 Total additions to federal itemized deductions *(add lines 24a through 24f)* **25.**

26 Subtractions from federal itemized deductions

	Letter	Amount
26a.		
26b.		
26c.		
26d.		
26e.		
26f.		

27 Total subtractions from federal itemized deductions *(add lines 26a through 26f)* **27.**

28 New York adjustments to tax preference items **28.**

Partner's other information

29a Partner's share of New York source gross income **29a.** 646,034.
29b Net earnings from self-employment allocated to the MCTD *(see instructions)* **29b.**

Partner's credit information**Part 1 - Pass-through credit bases and factors****Brownfield redevelopment tax credit** *(Form IT-611 or IT-611.1)*

30 Site preparation credit component **30.**
31 Tangible property credit component **31.**
32 On-site groundwater remediation credit component **32.**



Partner's credit information (continued)

EZ capital tax credit (Form IT-602)

33	Investments in certified EZ businesses	33.
34	Contributions of money to EZ community development projects	34.
35	Recapture of credit for investments in certified EZ businesses	35.
36	Recapture of credit for contributions of money to EZ community development projects	36.

QEZE tax reduction credit (Form IT-604)

37	QEZE employment increase factor	37.
38	QEZE zone allocation factor	38.
39	QEZE benefit period factor	39.

QETC facilities, operations, and training credit (Form DTF-619)

40	Research and development property credit component	40.
41	Qualified research expenses credit component	41.
42	Qualified high-technology training expenditures credit component	42.

Farmers' school tax credit (Form IT-217)

43	Acres of qualified agricultural property	43.
44	Acres of qualified conservation property	44.
45	Eligible school district property taxes paid	45.
46	Acres of qualified agricultural property converted to nonqualified use	46.

Other pass-through credit bases and factors

Credit bases

Code	Amount	Code	Amount
47a.		47d.	
47b.		47e.	
47c.		47f.	

Credit factors

Code	Factor	Code	Factor	Code	Factor
47g.		47i.		47k.	
47h.		47j.		47l.	

Part 2 - Pass-through credits, addbacks and recaptures

48	Long-term care insurance credit (Form IT-249)	48.
49	Investment credit (including employment incentive credit and historic barn rehabilitation credit; Form IT-212)	49.
50	Research and development - investment credit (Form IT-212)	50.
51	Other pass-through credits	

Code	Amount	Code	Amount
51a.		51e.	
51b.		51f.	
51c.		51g.	
51d.		51h.	

52 Addbacks of credits and recaptures

Code	Amount	Code	Amount
52a.		52d.	
52b.		52e.	
52c.		52f.	



NY IT-204-IP

OTHER DEDUCTIONS

DESCRIPTION	AMOUNT FROM FEDERAL SCHEDULE K-1	NEW YORK STATE AMOUNT
CASH CONTRIBUTIONS (50%)	800.	800.
TOTAL TO FORM IT-204-IP, PAGE 2, LINE 13	800.	800.

COPY

New York State Department of Taxation and Finance
New York Partner's Schedule K-1

2009

IT-204-IP

Tax Law - Article 22 (Personal Income Tax)

2

Final K-1
 Amended K-1

For calendar year 2009 or tax year beginning

and ending

Partners: Before completing your income tax return, see Form IT-204-IP-1, *Partner's Instructions for Form IT-204-IP* (available at www.nystax.gov).

Partnership's information (see instructions)

Partnership's name (as shown on Form IT-204)

TELCO EXPERTS LLC

Partnership's EIN
26-1287244

- A** Mark an **X** in the box if either applies to your entity
- | | |
|-----------------------------|----------------------------------|
| Publicly traded partnership | Portfolio investment partnership |
|-----------------------------|----------------------------------|
- B** Tax shelter registration number, if any
- C** Business allocation percentage **80.7681 %**

Partner's information (see instructions)

Partner's name

ADAM GOLDBERG

Partner's identifying number
082-50-3812

Partner's address

33 WINDING WAY

City

WAYNE

State

NJ

ZIP code

07470

- D** The partner is a (mark an **X** in the appropriate box) General partner or LLC member-manager Limited partner or other LLC member
- E** What is the tax filing status of the partner? (mark an **X** in the appropriate box, if known.) Individual Estate/trust Partnership
- F** If the partner is a disregarded entity or grantor trust, enter the tax ID of the entity or individual reporting the income, if known
- G** Did the partner sell its entire interest during the tax year? Yes No **X**

H Partner's share of profit, loss, and capital

		Beginning		Ending	
1) Profit	H1	33.3333	%	33.3333	%
2) Loss	H2	33.3333	%	33.3333	%
3) Capital	H3	33.3333	%	33.3333	%

I Partner's share of liabilities at the end of the year

1) Nonrecourse	I1	
2) Qualified nonrecourse financing	I2	
3) Recourse	I3	66,239.

J Partner's capital account analysis

1) Beginning capital account	J1	21,694.
2) Capital contributed during the year - cash	J2	
3) Capital contributed during the year - property	J3	
4) Current year increase (decrease)	J4	649.
5) Withdrawals and distributions - cash	J5	
6) Withdrawals and distributions - property	J6	
7) Ending capital account	J7	22,343.

8) Method of accounting (mark an **X** in the appropriate box)

- Tax basis GAAP Book Other (attach explanation)

K Resident status (mark an **X** in all boxes that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> NYS full-year resident | <input type="checkbox"/> Yonkers full-year resident | <input type="checkbox"/> NYC full-year resident |
| <input type="checkbox"/> NYS part-year resident | <input type="checkbox"/> Yonkers part-year resident | <input type="checkbox"/> NYC part-year resident |
| <input checked="" type="checkbox"/> NYS nonresident | <input type="checkbox"/> Yonkers nonresident | |

L If the partner was included in a group return, enter the special NYS identification number, if known **L**



M 1) Was Form IT-2658-E filed with the partnership?		M1	Yes	<input checked="" type="checkbox"/>	No
2) Was Form MTA-405-E filed with the partnership?		M2	Yes		No
N NYS estimated tax paid on behalf of partner (from Form IT-2658)					Amount
1) First installment	N1	Date			
2) Second installment	N2				
3) Third installment	N3				
4) Fourth installment	N4				
Total NYS estimated tax paid on behalf of partner (add lines N1 through N4)				N	
O Estimated MCTMT paid on behalf of partner (from Form MTA-405)					Amount
1) First installment	O1	Date			
2) Second installment	O2				
3) Third installment	O3				
4) Fourth installment	O4				
Total estimated MCTMT paid on behalf of partner (add lines O1 through O4)				O	

Partner's share of income, deductions, etc.

A - Partner's distributive share items		B - Federal K-1 amount	C - New York State amount	
1	Ordinary business income (loss)	1. 3,102.	1.	2,505.
2	Net rental real estate income (loss)	2.	2.	
3	Other net rental income (loss)	3.	3.	
4	Guaranteed payments	4. 155,000.	4.	125,191.
5	Interest income	5.	5.	
6	Ordinary dividends	6.	6.	
7	Royalties	7.	7.	
8	Net short-term capital gain (loss)	8.	8.	
9	Net long-term capital gain (loss)	9.	9.	
10	Net section 1231 gain (loss)	10.	10.	
11	Other income (loss) Identify:	11.	11.	
12	Section 179 deduction	12. 521.	12.	421.
13	Other deductions Identify: SEE STATEMENT	13. 800.	13.	646.
14	Tax preference items for minimum tax Identify:	14.	14.	
15	Net earnings (loss) from self-employment	15. 158,102.	15.	127,696.
16	Tax-exempt income and nondeductible expenses	16. 1,132.	16.	914.
17	Distributions - cash and marketable securities	17.	17.	
18	Distributions - other property	18.	18.	
19	Other items not included above that are required to be reported separately to partners Identify:	19.	19.	

Partner's share of New York modifications (see instructions)

20 New York State additions				
	Number	A - Total amount	B - New York State allocated amount	
20a.	E A- 16	1,848.	1,493.	
20b.	E A- 01	1,489.	1,203.	
20c.	E A-			
20d.	E A-			
20e.	E A-			
20f.	E A-			
21 Total addition modifications (total of column A, lines 20a through 20f)			21.	3,337.



Partner's share of New York modifications (continued)

22 New York State subtractions			
	Number	A - Total amount	B - New York State allocated amount
22a.	E S- 21	3,695.	2,984.
22b.	E S-		
22c.	E S-		
22d.	E S-		
22e.	E S-		
22f.	E S-		
23 Total subtraction modifications (total of column A, lines 22a through 22f)			23. 3,695.
<hr/>			
24 Additions to federal itemized deductions			
	Letter	Amount	
24a.			
24b.			
24c.			
24d.			
24e.			
24f.			
25 Total additions to federal itemized deductions (add lines 24a through 24f)			25.
26 Subtractions from federal itemized deductions			
	Letter	Amount	
26a.			
26b.			
26c.			
26d.			
26e.			
26f.			
27 Total subtractions from federal itemized deductions (add lines 26a through 26f)			27.
28 New York adjustments to tax preference items			28.
Partner's other information			
29a Partner's share of New York source gross income			29a. 646,034.
29b Net earnings from self-employment allocated to the MCTD (see instructions)			29b.
<hr/>			
Partner's credit information			
Part 1 - Pass-through credit bases and factors			
Brownfield redevelopment tax credit (Form IT-611 or IT-611.1)			
30 Site preparation credit component			30.
31 Tangible property credit component			31.
32 On-site groundwater remediation credit component			32.



Partner's credit information (continued)

EZ capital tax credit (Form IT-602)

33	Investments in certified EZ businesses	33.
34	Contributions of money to EZ community development projects	34.
35	Recapture of credit for investments in certified EZ businesses	35.
36	Recapture of credit for contributions of money to EZ community development projects	36.

QEZE tax reduction credit (Form IT-604)

37	QEZE employment increase factor	37.
38	QEZE zone allocation factor	38.
39	QEZE benefit period factor	39.

QETC facilities, operations, and training credit (Form DTF-619)

40	Research and development property credit component	40.
41	Qualified research expenses credit component	41.
42	Qualified high-technology training expenditures credit component	42.

Farmers' school tax credit (Form IT-217)

43	Acres of qualified agricultural property	43.
44	Acres of qualified conservation property	44.
45	Eligible school district property taxes paid	45.
46	Acres of qualified agricultural property converted to nonqualified use	46.

Other pass-through credit bases and factors

Credit bases

Code	Amount	Code	Amount
47a.		47d.	
47b.		47e.	
47c.		47f.	

Credit factors

Code	Factor	Code	Factor	Code	Factor
47g.		47i.		47k.	
47h.		47j.		47l.	

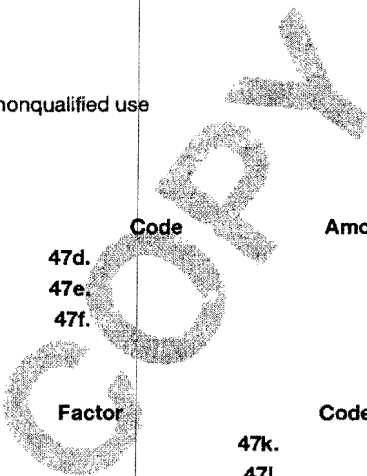
Part 2 - Pass-through credits, addbacks and recaptures

48	Long-term care insurance credit (Form IT-249)	48.
49	Investment credit (including employment incentive credit and historic barn rehabilitation credit; Form IT-212)	49.
50	Research and development - investment credit (Form IT-212)	50.
51	Other pass-through credits	

Code	Amount	Code	Amount
51a.		51e.	
51b.		51f.	
51c.		51g.	
51d.		51h.	

52 Addbacks of credits and recaptures

Code	Amount	Code	Amount
52a.		52d.	
52b.		52e.	
52c.		52f.	



NY IT-204-IP

OTHER DEDUCTIONS

DESCRIPTION	AMOUNT FROM FEDERAL SCHEDULE K-1	NEW YORK STATE AMOUNT
CASH CONTRIBUTIONS (50%)	800.	646.
TOTAL TO FORM IT-204-IP, PAGE 2, LINE 13	800.	646.

COPY

New York State Department of Taxation and Finance
New York Partner's Schedule K-1

2009

IT-204-IP

Tax Law - Article 22 (Personal Income Tax)

3

Final K-1
 Amended K-1

For calendar year 2009 or tax year beginning

and ending

Partners: Before completing your income tax return, see Form IT-204-IP-1, *Partner's Instructions for Form IT-204-IP* (available at www.nystax.gov).

Partnership's information (see instructions)

Partnership's name (as shown on Form IT-204)
TELCO EXPERTS LLC

Partnership's EIN
26-1287244

- A** Mark an **X** in the box if either applies to your entity
- | | |
|-----------------------------|----------------------------------|
| Publicly traded partnership | Portfolio investment partnership |
|-----------------------------|----------------------------------|
- B** Tax shelter registration number, if any
- C** Business allocation percentage **80.7681 %**

Partner's information (see instructions)

Partner's name
PETER GOLDBERG

Partner's identifying number
082-50-3829

Partner's address
1520 YORK AVENUE

City **NEW YORK** State **NY** ZIP code **10028**

- D** The partner is a (mark an **X** in the appropriate box) General partner or LLC member-manager Limited partner or other LLC member
- E** What is the tax filing status of the partner? (mark an **X** in the appropriate box, if known.) Individual Estate/trust Partnership
- F** If the partner is a disregarded entity or grantor trust, enter the tax ID of the entity or individual reporting the income, if known
- G** Did the partner sell its entire interest during the tax year? Yes No X

H Partner's share of profit, loss, and capital

	Beginning	Ending
1) Profit	H1 33.3333 %	33.3333 %
2) Loss	H2 33.3333 %	33.3333 %
3) Capital	H3 33.3333 %	33.3333 %

- I** Partner's share of liabilities at the end of the year
- | | | |
|------------------------------------|----|---------|
| 1) Nonrecourse | I1 | |
| 2) Qualified nonrecourse financing | I2 | |
| 3) Recourse | I3 | 66,238. |

- J** Partner's capital account analysis
- | | | |
|---|----|---------|
| 1) Beginning capital account | J1 | 21,693. |
| 2) Capital contributed during the year - cash | J2 | |
| 3) Capital contributed during the year - property | J3 | |
| 4) Current year increase (decrease) | J4 | 650. |
| 5) Withdrawals and distributions - cash | J5 | |
| 6) Withdrawals and distributions - property | J6 | |
| 7) Ending capital account | J7 | 22,343. |
- 8) Method of accounting** (mark an **X** in the appropriate box)
- | | | | |
|---|-------------------------------|-------------------------------|---|
| <input checked="" type="checkbox"/> Tax basis | <input type="checkbox"/> GAAP | <input type="checkbox"/> Book | <input type="checkbox"/> Other (attach explanation) |
|---|-------------------------------|-------------------------------|---|

- K** Resident status (mark an **X** in all boxes that apply)
- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> NYS full-year resident | <input type="checkbox"/> Yonkers full-year resident | <input checked="" type="checkbox"/> NYC full-year resident |
| <input type="checkbox"/> NYS part-year resident | <input type="checkbox"/> Yonkers part-year resident | <input type="checkbox"/> NYC part-year resident |
| <input type="checkbox"/> NYS nonresident | <input type="checkbox"/> Yonkers nonresident | |

- L** If the partner was included in a group return, enter the special NYS identification number, if known **L**

1181091019



M 1) Was Form IT-2658-E filed with the partnership?	M1	Yes	No
2) Was Form MTA-405-E filed with the partnership?	M2	Yes	No
N NYS estimated tax paid on behalf of partner (from Form IT-2658)		Date	Amount
1) First installment	N1		
2) Second installment	N2		
3) Third installment	N3		
4) Fourth installment	N4		
Total NYS estimated tax paid on behalf of partner (add lines N1 through N4)	N		
O Estimated MCTMT paid on behalf of partner (from Form MTA-405)		Date	Amount
1) First installment	O1		
2) Second installment	O2		
3) Third installment	O3		
4) Fourth installment	O4		
Total estimated MCTMT paid on behalf of partner (add lines O1 through O4)	O		

Partner's share of income, deductions, etc.

A - Partner's distributive share items	B - Federal K-1 amount	C - New York State amount
1 Ordinary business income (loss)	1. 3,101.	1. 3,101.
2 Net rental real estate income (loss)	2.	2.
3 Other net rental income (loss)	3.	3.
4 Guaranteed payments	4. 155,000.	4. 155,000.
5 Interest income	5.	5.
6 Ordinary dividends	6.	6.
7 Royalties	7.	7.
8 Net short-term capital gain (loss)	8.	8.
9 Net long-term capital gain (loss)	9.	9.
10 Net section 1231 gain (loss)	10.	10.
11 Other income (loss) <i>Identify:</i>	11.	11.
12 Section 179 deduction	12. 520.	12. 520.
13 Other deductions <i>Identify: SEE STATEMENT</i>	13. 800.	13. 800.
14 Tax preference items for minimum tax <i>Identify:</i>	14.	14.
15 Net earnings (loss) from self-employment	15. 158,101.	15. 158,101.
16 Tax-exempt income and nondeductible expenses	16. 1,131.	16. 1,131.
17 Distributions - cash and marketable securities	17.	17.
18 Distributions - other property	18.	18.
19 Other items not included above that are required to be reported separately to partners <i>Identify:</i>	19.	19.

Partner's share of New York modifications (see instructions)

20 New York State additions			
	Number	A - Total amount	B - New York State allocated amount
20a.	E A- 16	1,847.	1,847.
20b.	E A- 01	1,490.	1,490.
20c.	E A-		
20d.	E A-		
20e.	E A-		
20f.	E A-		
21 Total addition modifications (total of column A, lines 20a through 20f)			3,337.



Partner's share of New York modifications *(continued)***22** New York State subtractions

	Number	A - Total amount	B - New York State allocated amount
22a.	E S- 21	3,695.	3,695.
22b.	E S-		
22c.	E S-		
22d.	E S-		
22e.	E S-		
22f.	E S-		

23 Total subtraction modifications *(total of column A, lines 22a through 22f)* **23.** 3,695.

24 Additions to federal itemized deductions

Letter	Amount
24a.	
24b.	
24c.	
24d.	
24e.	
24f.	

25 Total additions to federal itemized deductions *(add lines 24a through 24f)* **25.**

26 Subtractions from federal itemized deductions

Letter	Amount
26a.	
26b.	
26c.	
26d.	
26e.	
26f.	

27 Total subtractions from federal itemized deductions *(add lines 26a through 26f)* **27.**

28 New York adjustments to tax preference items **28.**

Partner's other information

29a Partner's share of New York source gross income **29a.** 646,034.
29b Net earnings from self-employment allocated to the MCTD *(see instructions)* **29b.**

Partner's credit information**Part 1 - Pass-through credit bases and factors****Brownfield redevelopment tax credit** *(Form IT-611 or IT-611.1)*

30 Site preparation credit component **30.**
31 Tangible property credit component **31.**
32 On-site groundwater remediation credit component **32.**



Partner's credit information *(continued)*

EZ capital tax credit *(Form IT-602)*

- 33 Investments in certified EZ businesses 33.
- 34 Contributions of money to EZ community development projects 34.
- 35 Recapture of credit for investments in certified EZ businesses 35.
- 36 Recapture of credit for contributions of money to EZ community development projects 36.

QEZE tax reduction credit *(Form IT-604)*

- 37 QEZE employment increase factor 37.
- 38 QEZE zone allocation factor 38.
- 39 QEZE benefit period factor 39.

QETC facilities, operations, and training credit *(Form DTF-619)*

- 40 Research and development property credit component 40.
- 41 Qualified research expenses credit component 41.
- 42 Qualified high-technology training expenditures credit component 42.

Farmers' school tax credit *(Form IT-217)*

- 43 Acres of qualified agricultural property 43.
- 44 Acres of qualified conservation property 44.
- 45 Eligible school district property taxes paid 45.
- 46 Acres of qualified agricultural property converted to nonqualified use 46.

Other pass-through credit bases and factors

Credit bases				Credit factors	
Code	Amount	Code	Factor	Code	Factor
47a.		47d.		47k.	
47b.		47e.		47l.	
47c.		47f.			

Part 2 - Pass-through credits, addbacks and recaptures

- 48 Long-term care insurance credit *(Form IT-249)* 48.
- 49 Investment credit *(including employment incentive credit and historic barn rehabilitation credit; Form IT-212)* 49.
- 50 Research and development - investment credit *(Form IT-212)* 50.

51 Other pass-through credits

Code	Amount	Code	Amount
51a.		51e.	
51b.		51f.	
51c.		51g.	
51d.		51h.	

52 Addbacks of credits and recaptures

Code	Amount	Code	Amount
52a.		52d.	
52b.		52e.	
52c.		52f.	



NY IT-204-IP

OTHER DEDUCTIONS

DESCRIPTION	AMOUNT FROM FEDERAL SCHEDULE K-1	NEW YORK STATE AMOUNT
CASH CONTRIBUTIONS (50%)	800.	800.
TOTAL TO FORM IT-204-IP, PAGE 2, LINE 13	800.	800.

COPY

2009 TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM PA-65

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412
To be signed and dated by	A MEMBER OF THE LLC
Amount of tax	NOT APPLICABLE
Mail tax return to	PA DEPARTMENT OF REVENUE BUREAU OF INDIVIDUAL TAXES P.O. BOX 280509 HARRISBURG, PA 17128-0509
Forms to be distributed to partners	ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE PARTNERS.
Return must be mailed on or before	APRIL 15, 2010
Special Instructions	

**PARTNERSHIPS AND PA S CORPORATIONS
 WITHHOLDING TAX WORKSHEET**
 (Keep for your records)

PART A. 2009 PA NONRESIDENT WITHHOLDING TAX

1	Enter the 2009 PA taxable income that the partnership or PA S corporation expects to realize from PA sources.	1	<u>5755</u>
2	Enter the 2008 PA taxable income that the entity realized from PA sources and reported on its 2008 PA-20S/PA-65. Otherwise, use line 1 above.	2	<u>5755</u>
3	Enter the smaller of line 1 or line 2.	3	<u>5755</u>
4	Nonresident PA Source Nonresident withholding Tax. Multiply line 3 by 3.07% (0.0307).	4	<u>177</u>

**PART B. 2009 AMENDED PA TAX NONRESIDENT WITHHOLDING TAX SCHEDULE
 (USE IF THE TAX CHANGES DURING THE YEAR)**

1	Amended nonresident withholding tax.	1	_____
2	Nonresident withholding tax payments made to date of amending.	2	_____
3	Unpaid balance (subtract line 2 from line 1).	3	_____

PART C. 2009 RECORD OF NONRESIDENT WITHHOLDING TAX PAYMENTS (If more than six, make a copy of this worksheet)

Payment	(a) Date	(b) Amount	Payment	(a) Date	(b) Amount
1			4		
2			5		
3			6		
Total					

PART D. 2009 FINAL NONRESIDENT WITHHOLDING TAX WORKSHEET

1	Enter the total PA taxable income from PA sources from the 2009 PA-20S/PA-65.	1	<u>5756</u>
2	Enter the total nonresidents' distributive shares of line 1 above, totaled from the PA Schedules NRK-1.	2	<u>5755</u>
3	Total 2009 PA Nonresident Withholding Tax. Multiply line 2 by 3.07% (0.0307).	3	<u>177</u>
4	Allowable PA Employment Incentive Payments Credit.	4	_____
5	Allowable PA Jobs Creation Tax Credit.	5	_____
6	Allowable PA Research and Development Tax Credit.	6	_____
7	Allowable PA Film Production Tax Credit.	7	_____
8	Allowable PA Organ and Bone Marrow Donor Tax Credit.	8	_____
9	Allowable PA Keystone Innovation Zone Tax Credit.	9	_____
10	Allowable PA Resource Enhancement and Protection Tax Credit.	10	_____
11	Allowable PA Neighborhood Assistance Program Tax Credit.	11	_____
12	Allowable PA Strategic Development Area Jobs Creation Tax Credit.	12	_____
13	Allowable PA Educational Improvement Tax Credit.	13	_____
14	Allowable PA Alternative Energy Production Tax Credit.	14	_____
15	Total Allowable Credits. Add lines 4 through 14.	15	_____
16	The nonresidents' distributive share of line 15 above, from the PA Schedules NRK-1.	16	_____
17	Total nonresident withholding tax paid for the taxable year.	17	_____
18	Total credits and withholding tax payments. Add lines 15 and 17.	18	_____
19	Nonresident Withholding Tax Due. Subtract line 18 from 3.	19	<u>177</u>

THIS IS THE FINAL "CATCH-UP PAYMENT." YOU MUST COMPLETE PA SCHEDULE NW AND INCLUDE IT WITH FORM PA-20S/PA-65 FILED ON BEHALF OF THE S CORPORATION OR PARTNERSHIP. KEEP THIS FORM WITH YOUR RECORDS.

**PARTNERSHIP AND PA S CORPORATIONS
WITHHOLDING TAX WORKSHEET**
(Keep for your records.)

PART A. 2010 PA NONRESIDENT WITHHOLDING TAX

1. Enter the 2010 PA taxable income the partnership or PA S corporation expects to realize from PA sources.	1.	5755
2. Enter the 2009 PA taxable income the entity realized from PA sources and reported on its 2009 PA-20S/PA-65. Otherwise, use Line 1 above.	2.	5755
3. Enter the smaller of Line 1 or Line 2.	3.	5755
4. Nonresident PA source nonresident withholding tax. Multiply Line 3 by 3.07% (0.0307).	4.	177

**PART B. 2010 AMENDED PA TAX NONRESIDENT WITHHOLDING TAX SCHEDULE
(USE IF THE TAX CHANGES DURING THE YEAR)**

1 Amended nonresident withholding tax.	1.	_____
2 Nonresident withholding tax payments made to date of amending.	2.	_____
3 Unpaid balance (subtract Line 2 from Line 1).	3.	_____

PART C. 2010 RECORD OF NONRESIDENT WITHHOLDING TAX PAYMENTS (If more than six, make a copy of this worksheet)

Payment	(a) Date	(b) Amount	Payment	(a) Date	(b) Amount
1			4		
2			5		
3			6		
Total					

PART D. 2010 FINAL NONRESIDENT WITHHOLDING TAX WORKSHEET

1. Enter the total PA taxable income from PA sources from the 2010 PA-20S/PA-65.	1.	_____
2. Enter the total nonresidents' distributive shares of Line 1 above, totaled from PA Schedules NRK-1.	2.	_____
3. Total 2010 PA Nonresident Withholding Tax. Multiply Line 2 by 3.07% (0.0307).	3.	_____
4. Allowable PA Employment Incentive Payments Credit.	4.	_____
5. Allowable PA Job Creation Tax Credit.	5.	_____
6. Allowable PA Research and Development Tax Credit.	6.	_____
7. Allowable PA Film Production Tax Credit.	7.	_____
8. Allowable PA Organ and Bone Marrow Donor Tax Credit.	8.	_____
9. Allowable PA Keystone Innovation Zone Tax Credit.	9.	_____
10. Allowable PA Resource Enhancement and Protection Tax Credit.	10.	_____
11. Allowable PA Neighborhood Assistance Program Tax Credit.	11.	_____
12. Allowable PA Strategic Development Area Job Creation Tax Credit.	12.	_____
13. Allowable PA Educational Improvement Tax Credit.	13.	_____
14. Total Allowable Credits. Add Lines 4 through 13.	14.	_____
15. The nonresidents' distributive share of Line 14 above from the PA Schedules NRK-1.	15.	_____
16. Total nonresident withholding tax paid for the taxable year.	16.	_____
17. Total credits and withholding tax payments. Add Lines 14 and 16.	17.	_____
18. Nonresident withholding tax due. Subtract Line 17 from Line 3.	18.	_____

THIS IS THE FINAL "CATCH-UP PAYMENT." YOU MUST COMPLETE PA SCHEDULE NW AND INCLUDE IT WITH FORM PA-20S/PA-65 FILED ON BEHALF OF THE S CORPORATION OR PARTNERSHIP. KEEP THIS FORM WITH YOUR RECORDS.

PA-20S/PA-65
(08-09) (Page 1 of 3)

2009 Pennsylvania
PA S Corporation/Partnership Information Return
ENTER ONE LETTER OR NUMBER IN EACH BOX.
Do Not Use Your Preprinted Label

Extension Requested N
Initial Year N
Fiscal Year N
Final Return N
FEIN/Name/Address Change N
Amended Information Return N
Date activity began in PA 10012008

Filing Status: PA-20S N PA-65 Y PA-KOZ PS N

261287244 C 517000 N

TELCO EXPERTS LLC

38 PARK AVENUE

Method of Accounting: A
A=Accrual, C=Cash,
O=Other, Describe

RUTHERFORD NJ 07070

Part I. Total Taxable Business Income (Loss) from Operations Everywhere

- 1a Taxable Business Income (Loss) from Operations Everywhere
- 1b Share of Income (Loss) from All Other Entities
- 1c Total Income (Loss). Add Line 1a and Line 1b
- 1d Previously Disallowed CNI Deductions - PA S Corporations only
- 1e Total Adjusted Business Income (Loss). Subtract Line 1d from Line 1c

1a	1235
1b	0
1c	1235
1d	0
1e	1235

Part II. Apportioned/Allocated PA Taxable Business Income (Loss)

- 2 Net Business Income (Loss)
(2a = Outside PA) (2e = PA Source)
- 2 Share of Business Income (Loss) from Other Entities
(2b = Outside PA) (2f = PA Source)
- 2 Previously Disallowed PA Source CNI Deductions - PA S Corporations only
(2c = Outside PA) (2g = PA Source)
- 2 Calculate Adjusted/Apportioned Net Business Income (Loss)
(2d = Outside PA) (2h = PA Source)

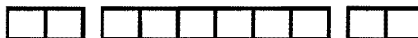
2a	1222
2e	13
2b	0
2f	0
2c	0
2g	0
2d	1222
2h	13

Part III. Allocated Other PA PIT Income (Loss)

- 3 Interest Income from PA Schedule A
- 4 Dividend Income from PA Schedule B
- 5 Net Gain (Loss) from PA Schedule D
(5a = Outside PA) (5b = PA Source)
- 6 Rent/Royalty Net Income (Loss) from PA Schedule M, Part B
(6a = Outside PA) (6b = PA Source)
- 7 Estates or Trusts Income from PA Schedule J
(7a = Outside PA) (7b = PA Source)
- 8 Gambling and Lottery Winnings from PA Schedule T
(8a = Outside PA) (8b = PA Source)
- 9 Total Other PA PIT Income (Loss)

3	0
4	0
5a	0
5b	0
6a	0
6b	0
7a	0
7b	0
8a	0
8b	0
9	0

974501
10-23-09 CCH



261287244 C TELCO EXPERTS LLC

Part IV. Total PA S Corporation or Partnership Income (Loss)

- 10 Total Income (Loss) per Books and Records
- 11 Total Reportable Income (Loss). Add Lines 1e and 9 or Add Lines 2h and 9
- 12 Total Nontaxable/Nonreportable Income (Loss). Subtract Line 11 from Line 10

10	1949
11	13
12	1936

Part V. Pass Through Credits - See the PA-20S/PA-65 Internet Instructions for each credit

- 13a Total Other Credits. Submit PA-20S/PA-65 Schedule OC
- 13b Resident Credit
- 14a PA 2009 Tax Withholding Payments for Nonresident Owners
- 14b Final Payment of Nonresident Withholding Tax
- 14c Total PA Income Tax Withheld. Add Lines 14a and 14b

13a	0
13b	0
14a	0
14b	177
14c	177

Part VI. Distributions - See the PA-20S/PA-65 Internet instructions Partnerships Only

- 15 Distributions of Cash, Marketable Securities, and Property
- 16 Guaranteed Payments for Capital or Other Services
- 17 All Other Guaranteed Payments for Services Rendered
- 18 Guaranteed Payments to Retired Partners

15	0
16	0
17	539000
18	0

PA S Corporations Only

- 19 Distributions from PA Accumulated Adjustments Account
- 20 Distributions of Cash, Marketable Securities, and Property

19	0
20	0

COPY

Part VII. Other Information - See the PA-20S/PA-65 Internet instructions for each line

- 1 During the entity's tax year, did the entity own any interest in another partnership or in any foreign entity that was disregarded as an entity separate from its owner under federal regulations Sections 301.7701-2 and 301.7701-3? If yes, submit statement. 1 N
- 2 Does the entity have any tax-exempt partners/members/shareholders? If yes, submit statement. 2 N
- 3 Does the entity have any foreign partners/members/shareholders (outside the U.S.)? If yes, submit statement. 3 N
- 4 Was there a distribution of property or a transfer (e.g., by sale or death) of a partner/member interest during the tax year? (Partnership only) If yes, submit statement. 4 N
- 5 Has the federal government changed taxable income as originally reported for any prior period? If yes, indicate period on supplemental statement, and submit final IRS determination paperwork. 5 N
- 6 Does the entity have any foreign operations or ownership in a foreign bank account? If yes, submit statement. 6 N
- 7 Is this entity involved in a reportable transaction, listed transaction, or registered tax shelter within this return? If yes, submit statement. 7 N
- 8 Does the entity have any corporate partners? Provide the PA Account # for each corporate partner listed in the Partner/Member/Shareholder Directory. 8 N
- 9 Has the entity sold any tax credits? If yes, submit statement. 9 N
- 10 Has the entity changed its method of accounting for federal income tax purposes during this tax year? If yes, submit Federal Form 3115. 10 N
- 11 Has the entity entered into any like-kind exchanges under IRC Section 1031? If yes, submit Federal Form 8824. 11 N
- 12 PA Apportionment as reported on PA-20S/PA-65 Schedule H-Corp 0000000

974502
01-14-10 CCH

261287244 C TELCO EXPERTS LLC

Part VIII. PA S Corporations Only - Accumulated Adjustments Account (AAA) and Accumulated Earnings and Profits (AE&P)

		AAA	AE&P
1	Balance at the beginning of the taxable year.	0	0
2	Total reportable income from Part IV, Line 11	0	N/A
3	Other additions. Submit an itemized statement.	0	0
4	Loss from Part IV, Line 11	0	N/A
5	Other reductions. Submit an itemized statement.	0	0
6	Sum of Lines 1 through 5	0	0
7	Distributions	0	0
8	Balance at taxable year-end. Subtract Line 7 from Line 6.	0	0

Part IX. Ownership In Pass Through Entities If the entity received income (loss) from an S corporation, partnership, estate or trust, limited liability company or any other pass through entity including a qualified subchapter S subsidiary (QSSS), list below the FEIN, name and address for each entity. If additional space is needed, submit a separate statement. If the income (loss) is from a QSSS, enter "yes" in the QSSS box.

	FEIN	QSSS	NAME & ADDRESS
A			
B			
C			
D			

COPY

May the Department of Revenue discuss this return with the preparer shown below? Y

Part X. Signature and Verification

Under penalties of perjury, I declare 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 paid preparer is based on all information of which preparer has any knowledge.

Signature of General Partner, Principal Officer, or Authorized Individual	Date	Daytime Telephone Number
---	------	--------------------------

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed
Firm's name (or yours if self-employed), address, and ZIP code	Daytime Telephone Number	
BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-	212-683-6111	

Preparer's SSN or PTIN Firm's FEIN

P00598705	133565602
-----------	-----------

PARTNER/MEMBER/
SHAREHOLDER DIRECTORY - 2009
PA-20S/PA-65 Directory (08-09)

TELCO EXPERTS LLC

261287244 C

The entity must list its partners/members/shareholders on this schedule. **CODE** - Enter the status or type of owner by using these codes: **R**=Resident Individual, **NR**=Nonresident Individual, **PI**=Part-year Resident Individual (S Corp Only), **P**=Partnership, **C**=C Corporation, **E**=Estate, **T**=Trust, **S**=S Corp, **L**=LLC taxed as a Partnership, **LC**=LLC taxed as a C Corporation, **LS**=LLC taxed as an S Corporation, **B**=Bank/Financial Institution, **I**=Insurance Company, **X**=Exempt Org. **SSN/FEIN**; **PA Account #**; **Ownership %** - (enter each owner's percentage); and **Name and Address**.

1 Code NR SSN/FEIN 202113320 PA Account # Ownership % 03333333

Name & Address: ESK CONSULTANTS LLC
237 MAYFAIR DRIVE BROOKLYN NY 11234

2 Code NR SSN/FEIN 082503812 PA Account # Ownership % 03333333

Name & Address: ADAM GOLDBERG
33 WINDING WAY WAYNE NJ 07470

3 Code NR SSN/FEIN 082503829 PA Account # Ownership % 03333333

Name & Address: PETER GOLDBERG
1520 YORK AVENUE NEW YORK NY 10028

4 Code SSN/FEIN PA Account # Ownership %

Name & Address:

5 Code SSN/FEIN PA Account # Ownership %

Name & Address:

6 Code SSN/FEIN PA Account # Ownership %

Name & Address:

PA Schedule NRK-1 (08-09)
2009 Nonresident Schedule
of PA S Shareholder/Partner/Beneficiary Pass Through Income, Loss and Credits

202113320

ESK CONSULTANTS

Final N

237 MAYFAIR DRIVE

(Individual=1, PA S Corp=2, All Other Corp=3,
Estate/Trust=4, Partnership=5, LLC=6, Exempt Org.=7)

Owner 1

Stock Ownership % 00000

Amended N

BROOKLYN NY 11234

Beneficiary's year-end Distribution % 00000

TELCO EXPERTS LLC

Partner's % of:

Profit sharing 03333

RUTHERFORD NJ 07070 261287244

Loss sharing 03333

Fiscal Year N L (Estate/Trust=E, Partnership=P, PA S Corp=S, LLC=L)

Capital Ownership 03333

Y General Partner or LLC Member-Manager N Limited Partner or Other LLC Member

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

- 1 PA-Taxable Business Income (Loss) from Operations
- 2 Net Gain (Loss) from the Sale, Exchange or Disposition of Property
- 3 Net Income (Loss) from Rents, Royalties, Patents and Copyrights
- 4 Income of/from Estates or Trusts
- 5 Gambling and Lottery Winnings (Loss)
- 6 PA Nonresident Tax Withheld
- 7 Total Other Credits. Submit statement.
- 8 Distributions of Cash, Marketable Securities, and Property - not including guaranteed payments
- 9 Guaranteed Payments for Capital or Other Services
- 10 All Other Guaranteed Payments for Services Rendered (PA-Appportioned Amount Only)
- 11 Guaranteed Payments to the Retired Partner

1	5
2	0
3	0
4	0
5	0

- 12 Distributions from PA Accumulated Adjustments Account Liquidating N
- 13 Distributions of Cash, Marketable Securities, and Property
- 14 Nontaxable income or nondeductible expenses required to calculate owner's economic investment. Submit statement.

6	75
7	0
8	0
9	0
10	2440
11	0

- Note: Lines 15 through 18 are for information purposes only.
- 15 Owner's Share of IRC Section 179 allowed according to PA rules
- 16 Owner's Share of Straight-Line Depreciation
- 17 Partner's Share of Nonrecourse Liabilities at year-end
- 18 Partner's Share of Recourse Liabilities at year-end

12	0
13	0
14	646
15	521
16	0
17	0
18	66238

PA Schedule NRK-1 (08-09)
2009 Nonresident Schedule
of PA S Shareholder/Partner/Beneficiary Pass Through Income, Loss and Credits

082503812

GOLDBERG

ADAM

Final N

33 WINDING WAY

(Individual=1, PA S Corp=2, All Other Corp=3,
Estate/Trust=4, Partnership=5, LLC=6, Exempt Org.=7)

Owner 1

Stock Ownership % 00000

Amended N

WAYNE NJ 07470

Beneficiary's year-end Distribution % 00000

TELCO EXPERTS LLC

Partner's % of:

Profit sharing 03333

RUTHERFORD NJ 07070

261287244

Loss sharing 03333

Fiscal Year N

L (Estate/Trust=E, Partnership=P, PA S Corp=S, LLC=L)

Capital Ownership 03333

Y General Partner or LLC Member-Manager N

Limited Partner or Other LLC Member

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

- 1 PA-Taxable Business Income (Loss) from Operations
- 2 Net Gain (Loss) from the Sale, Exchange or Disposition of Property
- 3 Net Income (Loss) from Rents, Royalties, Patents and Copyrights
- 4 Income of/from Estates or Trusts
- 5 Gambling and Lottery Winnings (Loss)

1	4
2	0
3	0
4	0
5	0

- 6 PA Nonresident Tax Withheld
- 7 Total Other Credits. Submit statement.
- 8 Distributions of Cash, Marketable Securities, and Property - not including guaranteed payments
- 9 Guaranteed Payments for Capital or Other Services
- 10 All Other Guaranteed Payments for Services Rendered (PA-Apporioned Amount Only)
- 11 Guaranteed Payments to the Retired Partner

6	51
7	0
8	0
9	0
10	1651
11	0

- 12 Distributions from PA Accumulated Adjustments Account Liquidating N
- 13 Distributions of Cash, Marketable Securities, and Property
- 14 Nontaxable income or nondeductible expenses required to calculate owner's economic investment. Submit statement.

12	0
13	0
14	645

Note: Lines 15 through 18 are for information purposes only.

- 15 Owner's Share of IRC Section 179 allowed according to PA rules
- 16 Owner's Share of Straight-Line Depreciation
- 17 Partner's Share of Nonrecourse Liabilities at year-end
- 18 Partner's Share of Recourse Liabilities at year-end

15	520
16	0
17	0
18	66239

PA Schedule NRK-1 (08-09)
2009 Nonresident Schedule
of PA S Shareholder/Partner/Beneficiary Pass Through Income, Loss and Credits

082503829

GOLDBERG

PETER

Final N

1520 YORK AVENUE

(Individual=1, PA S Corp=2, All Other Corp=3,
Estate/Trust=4, Partnership=5, LLC=6, Exempt Org.=7)

Owner 1

Stock Ownership % 00000

NEW YORK

NY 10028

Amended N

Beneficiary's year-end Distribution % 00000

TELCO EXPERTS LLC

Partner's % of:
Profit sharing 03333

RUTHERFORD

NJ 07070

261287244

Loss sharing 03333

Fiscal Year N

L (Estate/Trust=E, Partnership=P, PA S Corp=S, LLC=L)

Capital Ownership 03333

Y General Partner or LLC Member-Manager

N Limited Partner or Other LLC Member

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

- 1 PA-Taxable Business Income (Loss) from Operations
2 Net Gain (Loss) from the Sale, Exchange or Disposition of Property
3 Net Income (Loss) from Rents, Royalties, Patents and Copyrights
4 Income of/from Estates or Trusts
5 Gambling and Lottery Winnings (Loss)
6 PA Nonresident Tax Withheld
7 Total Other Credits. Submit statement.
8 Distributions of Cash, Marketable Securities, and Property - not including guaranteed payments
9 Guaranteed Payments for Capital or Other Services
10 All Other Guaranteed Payments for Services Rendered (PA-Appportioned Amount Only)
11 Guaranteed Payments to the Retired Partner
12 Distributions from PA Accumulated Adjustments Account Liquidating N
13 Distributions of Cash, Marketable Securities, and Property
14 Nontaxable income or nondeductible expenses required to calculate owner's economic investment. Submit statement.
15 Owner's Share of IRC Section 179 allowed according to PA rules
16 Owner's Share of Straight-Line Depreciation
17 Partner's Share of Nonrecourse Liabilities at year-end
18 Partner's Share of Recourse Liabilities at year-end

Table with 2 columns: Line number and Amount. Rows 1-18 showing values such as 4, 0, 0, 0, 0, 51, 0, 0, 0, 1651, 0, 0, 0, 645, 520, 0, 0, 66238.

PA-40 NRC - 2009
Nonresident Consolidated Income Tax Return (08-09)
ENTER ONE LETTER OR NUMBER IN EACH BOX.

261287244 G
TELCO EXPERTS LLC
38 PARK AVENUE

RUTHERFORD NJ 07070

L Partnership=P, PA S Corp=S, LLC=L
Business Activity TELEPHONE SE
Amended Return
N Final Return
Reason:
3 Total number Nonresidents:
Submit PA-40 Schedule NRC-1
3 Number of Nonresident Individuals
electing to file on this return

ENTER AMOUNTS FROM AND SUBMIT THE PA SCHEDULE NRK-1(S) OF
THE ELECTING ELIGIBLE INDIVIDUALS

- 1 Apportioned Net Income (Loss) from the Operation of a Business, Profession, or Farm,
plus electing partners guaranteed payments for services.
2 Net Gain (Loss) from the Sale, Exchange, or Disposition of Property.
3 Net Income (Loss) from Rents, Royalties, Patents, and Copyrights, plus electing
partners guaranteed payments for services.
4 Estate or Trust Income.
5 Gambling and Lottery Winnings.
6 Total PA Taxable Income. Add the income on Lines 1 through 5. Do Not Add Losses.
7 PA Tax Due Before Allowable Credits. Multiply Line 6 by the tax rate 3.07 percent.
8 Total PA Tax Withheld and Submitted from Electing Nonresident
Individual Owners (Including Carryover Credit from the prior year).
9 Total Other Credits. Submit a PA-20S/PA-65 Schedule OC with supporting statement.
See PA-20S/PA-65 Schedule OC instructions.
10 Total PA Credits. Add Lines 8 and 9.
11 TAX DUE. If Line 7 is more than Line 10, enter the difference here. Make check
payable to PA Dept. of Revenue. See final payment in the PA-20S/PA-65 instructions.
12 OVERPAYMENT. If Line 10 is more than Line 7, enter the difference here.
Complete Line 13a and/or Line 13b.
13a Amount of Line 12 to be refunded to the Partnership, LLC, or PA S Corporation.
13b Amount of Line 12 to be credited to the 2010 Nonresident Withholding Account.
The TOTAL of Lines 13a and 13b MUST equal Line 12.

Table with 2 columns: Line Number and Amount. Rows 1-13b showing tax calculations and amounts.

SIGN THIS RETURN. Under penalties of perjury, I declare I have examined this return, including all accompanying
schedules and statements, and to the best of my belief, it is true, correct, and complete.

Signature of General Partner, Principal Officer or Authorized Individual
Date
Daytime Telephone Number
Name of Preparer (If not the Tax Partner, Member, or Shareholder).
Date
Preparer's Telephone Number
MARTIN M. BELL
212 683 6111

974751 CCH
12-02-09

EC

FC

Grid of boxes for additional information or corrections.

PA-40 NRC-I - 2009
Directory of Nonresident Owners-Individuals (08-09)
ENTER ONE LETTER OR NUMBER IN EACH BOX.

261287244 G TELCO EXPERTS LLC

Amended Schedule N

Directory of Nonresident Owners-Individuals

List every nonresident individual owner who received a PA-20S/PA-65 Schedule NRK-1 from the PA S corporation, partnership or LLC. Check the block for nonresident individuals participating in the PA-40 NRC. Do not use more than one line per entry. If additional space is required, make copies of this schedule. IMPORTANT: The entity must complete this directory and submit only the PA-20S/PA-65 Schedules NRK-1 for each nonresident individual electing to file on the PA-40 NRC.

Nonresident Individual Owners

	SSN	Filing on PA-40NRC	Last Name	First Initial	Owner's % Ownership	Liabilities	Tax withheld for each owner
1	202113320	Y		E	03333	03333	75
2	082503812	Y	GOLDBERG	A	03333	03333	51
3	082503829	Y	GOLDBERG	P	03333	03333	51
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
					Total		177

PA SCHEDULE H

0906910021

Apportioned Business Income (Loss)/
Calculation of PA Net Business
Income (Loss)
(Form PA-20S/PA-65)
PA-20S/PA-65 H (10-09) (I) **2009**

OFFICIAL USE ONLY

You may make photocopies of this schedule.

Name as shown on PA-20S/PA-65 Information Return TELCO EXPERTS LLC	FEIN 26-1287244
--	---------------------------

APPORTIONED INCOME (LOSS) FROM A BUSINESS, PROFESSION, OR FARM DERIVED FROM SOURCES BOTH WITHIN AND OUTSIDE PENNSYLVANIA.

Complete this schedule and submit it with the PA-20S/PA-65 Information Return if a PA S corporation or partnership has nonresident members or is located in a KOZ and derives business income from sources within and outside Pennsylvania, and/or if the entity's accounts and records do not clearly reflect its activity from within Pennsylvania. If one or more of the partners is a C corporation, the partnership must also complete PA-20S/PA-65 Schedule H-Corp and submit a copy to each corporate partner. DO NOT USE THIS SCHEDULE TO APPORTION PA-SOURCE INCOME FROM OTHER ENTITIES.

The entity must calculate a figure as required in 1C, 2C, and 3C to apply to net business income (loss) to determine the amount from within Pennsylvania. The figure is an average of the sum of three fractions shown below

NET BUSINESS INCOME (LOSS) APPORTIONMENT FORMULA

Submit a statement listing all places BOTH WITHIN AND OUTSIDE PENNSYLVANIA where the entity operates its business.

TABLE 1 - PROPERTY FACTOR	Description	Total Everywhere	Within Pennsylvania
Real and Tangible Property Owned (original cost value)			
	Land and Buildings, including property rented*		
	Machinery and Equipment, including property rented *		
	Furniture and Fixtures, including property rented *		
	Automobiles and Trucks, including property rented *		
	Inventories		
	Other Tangible Property, including property rented *		
	Total Property	1. (A)	1. (B)

*Eight times net annual rental rate (Attach Schedule)

1C. Property factor (divide 1(B) by 1(A) - calculate to six decimal places)

TABLE 2 - PAYROLL FACTOR	Description	Total Everywhere	Within Pennsylvania
Wages, salaries, commissions and other compensation to employees in:			
	Cost of goods sold		
	Compensation of officers		
	Salesmen's salaries and commissions		
	Other		
	Total Payroll	2. (A)	2. (B)

2C. Payroll factor (divide 2(B) by 2(A) - calculate to six decimal places)

TABLE 3 - SALES FACTOR	Description	Total Everywhere	Within Pennsylvania
	Sales (Net of Returns and Allowances)	2399588	25566
	Interest, Dividends, Rents, Royalties		
	Other Income (receipts only)		
	Gross Sales Price of Assets (except securities**)		
	Totals	3. (A) 2399588	3. (B) 25566

**Unless you are a securities dealer

3C. Sales factor (divide 3(B) by 3(A) - calculate to six decimal places) **010654**

1. Real and Tangible Property. Enter the amount from Line 1C.	•
2. Wages, Salaries, Commissions, and Other Compensation. Enter the amount from Line 2C.	•
3. Sales. Enter the amount from Line 3C.	•010654
4. Total Lines 1 through 3	•010654
5. Apportionment (express in a decimal) - Divide Line 4 by 3, if all three factors apply; by 2, if only two factors apply; or by 1, if only one factor applies.	•010654
6. Total Net Income (Loss) from business. From Schedule M, Part B, Section G, Line 2	1235
7. Net income (Loss) for Pennsylvania. Multiply Line 6 by Line 5. Enter on PA-20S/PA-65 Information Return, Part II, Line 2e.	13

Special Apportionment to be completed only by railroad, truck, bus, and airline entities, pipeline or natural gas entities and water transportation entities.

(Refer to PA-20S/PA-65 Schedule H instructions) (A) Numerator (A) _____ = • _____
(B) Denominator (B) _____

0906910021

974561
10-30-09 CCH

0906910021

PA SCHEDULE M
 Reconciliation of Federal-Taxable
 Income (Loss) to PA-Taxable Income
 (Loss) (10-09) (I)
 PA-20S/PA-65 Schedule M **2009**

0907010029

OFFICIAL USE ONLY

Name as shown on PA-20S/PA-65 Information Return	FEIN	PA Sales Tax License Number
TELCO EXPERTS LLC	26-1287244	84704978

PA Schedule M, Part A. Classifying Federal Income (Loss) for PA Personal Income Tax Purposes

Classify, without adjustment, the federal income (loss) from the Schedule K of federal Form 1120S or from federal Form 1065. The entity must allocate or apportion the amounts from the federal categories to the reportable PA PIT classes. The total of the specific federal line items should equal the total of the federal schedule.

Federal Form Form 1120S, Schedule K line description Form 1065, Schedule K line description	Classified for Pennsylvania Personal Income Tax purposes					
	(a) Federal Income (loss)	(b) PA Business Income (loss)	(c) Interest Income PA Schedule A	(d) Dividend Income PA Schedule B	(e) Gain (loss) From Sales PA Schedule D	(f) Rent & Royalty Income (loss) PA Schedule E
1. Ordinary income (loss) from trade or business activities	9304	9304	0	0	0	0
2. Net income (loss) from rental real estate activities	0	0	0	0	0	0
3. Other gross rental income (loss)	0	0	0	0	0	0
4. Interest income	0	0	0	0	0	0
5. Dividends	0	0	0	0	0	0
6. Royalty income	0	0	0	0	0	0
7. Net short-term capital gain (loss)	0	0	0	0	0	0
8. Net long-term capital gain (loss)	0	0	0	0	0	0
9. Net gain/loss from Disposal of Federal Section 179 Property	0	0	0	0	0	0
10. Net section 1231 gain (loss) from Form 4797	0	0	0	0	0	0
11. Other income (loss)	0	0	0	0	0	0
12. Total PA Income (Loss) by classification. Total the amounts in each column.	9304	9304	0	0	0	0

974661 10-30-09

0907010029

SIDE 1

0907010029

PA SCHEDULE M
Reconciliation of Federal-Taxable
Income (Loss) to PA-Taxable Income (Loss)
 (10-09) (I)
PA-20S/PA-65 Schedule M 2009

0907110027

OFFICIAL USE ONLY

Name as shown on PA-20S/PA-65 Information Return

FEIN

TELCO EXPERTS LLC

26-1287244

PA Schedule M, Part B. Determining PA Reportable Income (Loss) by Classification

The entity may need to prepare a PA Schedule M, Part B, if it must make adjustments to properly determine its reportable classified income (loss) for its PA-20S/PA-65 Information Return. This specific list of adjustments applies to income (loss) from a business or farm, and rental/royalty income (loss).

Enter whole dollars only.

PA Allocated
Income (Loss)

Total Rental Income (Loss) or
Total Business Income (Loss)
Before Apportionment

Section A. Federal Classified Income (Loss). Income class from Part A, Column: (B)

Enter the initial of the Column (b) or (f) only.

1.	0	2.	9304
----	---	----	------

Section B. Itemize income adjustments that increase PA reportable income (reduce the loss).

- a. Deferred income relating to advance payments for goods and services
- b. Difference in gain (loss) for each business sale of property where the proceeds were reinvested in the same line of business
- c. Gain from business like-kind exchanges, see PA PIT Guide for instructions
- d. Gain (loss) on involuntary conversions - IRC Section 1033
- e. Income from cancellation of debt that PA treats differently from federal rules
- f. Increases in income in the year of change resulting from spread in the year of change associated with IRC Section 481(a) adjustment
- g. Income from obligations of other states and organizations that is not exempt for PA purposes
- h. Other taxable income for PA purposes the entity does not report for federal purposes. Submit statement

1.	0	2.	0
3.	0	4.	0
5.	0	6.	0
7.	0	8.	0
9.	0	10.	0
11.	0	12.	0
13.	0	14.	0
15.	0	16.	0
B. Total	0	18.	0

Section C. Itemize income adjustments that decrease the PA reportable income (increase the loss).

- a. Difference in gain (loss) for each business sale when proceeds were reinvested in the same line of business
- b. Income from obligations of the U.S. government and other organizations that is not taxable for PA purposes
- c. Decreases for previously reported income in prior year resulting from spread associated with IRC Section 481(a)
- d. Other PA nontaxable income the entity reported for federal purposes. Submit statement

1.	0	2.	0
3.	0	4.	0
5.	0	6.	0
7.	0	8.	0
C. Total	0	10.	0

Section D. Adjusted PA Reportable Income. See PA-20S/PA-65 Schedule M Instructions.

1.	0	2.	9304
----	---	----	------

Section E. Itemize those expenses that PA law does not allow that the entity deducted on its federal form.

These adjustments increase PA reportable income (reduce the loss).

- a. Taxes paid on income from the worksheet in the PA PIT Guide (please submit worksheet)
- b. Differences in depreciation taken for PA and federal purposes
- c. Key man life insurance premiums (owners as beneficiaries)
- d. Differences in PA treatment of guaranteed payments for capital
- e. Differences in depreciation for bonus depreciation (PA law does not allow bonus depreciation)
- f. Expense adjustments to qualify for the PA credits claimed in Part V of the PA-20S/PA-65
- g. Other expenses the entity took on its federal return that PA does not allow. Submit statement

1.	0	2.	4469
3.	0	4.	0
5.	0	6.	0
7.	0	8.	0
9.	0	10.	0
11.	0	12.	0
13.	0	14.	0
E. Total	0	16.	4469

Section F. Itemize those expenses that PA law allows that the entity could not deduct on its federal form.

These adjustments decrease PA reportable income (increase the loss).

- a. 50 percent of business meals, entertainment, and club dues that the entity could not deduct
- b. Sales tax on depreciable assets
- c. Differences in depreciation taken for PA and federal purposes
- d. IRC Section 179 expenses (the maximum for PA purposes is \$25,000)
- e. Expenses for employees, including PA S corporation shareholder-employees
- f. Life insurance premiums (PA S corporation or partnership as beneficiary)
- g. Expense adjustments to qualify for federal credits
- h. Other expenses that PA allows that the entity did not deduct on the federal return. Submit statement
- i. Use Tax claimed and remitted - not previously capitalized. Please include a copy of the PA-1 form

1.	0	2.	3034
3.	0	4.	0
5.	0	6.	5543
7.	0	8.	1561
9.	0	10.	0
11.	0	12.	0
13.	0	14.	0
15.	0	16.	2400
17.	0	18.	0
F. Total	0	20.	12538

Section G. Total Taxable Income (Loss). Add Section D, plus E, minus F.

1.	0	2.	1235
----	---	----	------

PA-65 SCH M

CHARITABLE CONTRIBUTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

CHARITABLE CONTRIBUTIONS

2400.

TOTAL TO SCHEDULE M, PART B, SECTION F, LINE H

2400.

COPY

PA SCHEDULE NW
Nonresident Withholding Payments
PA S Corporations and Partnerships

0908410020

(Form PA-20S/PA-65) (10-09) (I) **2009**

OFFICIAL USE ONLY

Name as shown on the PA-20S/PA-65 Information Return

FEIN

TELCO EXPERTS LLC

26-1287244

Nonresident Withholding Payments PA S Corporations and Partnerships

Use this Schedule to list all the withholding payments that the PA S corporation or partnership made on behalf of individual shareholders or partners, estates or trusts that were not residents of Pennsylvania during the taxable year.

A PA Tax Due on PA Taxable Income to Nonresident Individuals, Estates, or Trusts A. \$ **177**

B Nonresident Withholding Payments during the Entity's Taxable Year:

Date	Amount	Date	Amount
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Total Nonresident Withholding Payments. Enter here and the PA-20S/PA-65 Information Return, Part V, Line 14a B. \$ **0**

C Reconciliation Payment. Subtract B from A, and enter here and the PA-20S/PA-65 Information Return Part V, Line 14b C. \$ **177**

Pay any balance due with:

- The PA-20S/PA-65 Information Return, or
- The PA-40 NRC, Nonresident Consolidated Tax Return, if all the nonresident individual owners elect to participate in a group return.

PA SCHEDULE J
PA-20S/PA-65 Schedule J
(10-09) (I) 2009

OFFICIAL USE ONLY

PA-20S/PA-65 J (10-09)

PA SCHEDULE J - Income from Estates or Trusts

2009

Name as shown on the PA-20S/PA-65 Information Return

FEIN

TELCO EXPERTS LLC

26-1287244

List the name, address, and identification number of each estate or trust. Check box if income is reported from PA Schedule RK-1 or NRK-1. If you received a Federal Schedule K-1 instead of a PA Schedule RK-1 or NRK-1, indicate if the income is PA-source or total.

(a) Name and address of each estate or trust	Schedule RK-1/NRK-1	(b) Federal EIN	(c) PA-Source income	(d) Total Income Everywhere
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

Income from PA S corporations and partnership(s), from your PA Schedule(s) RK-1 or NRK-1.

Total Estate or Trust Income.

Column (c) - Total Column (c) and enter the amount on the PA-20S/PA-65 Information Return, Part III, Line 7b.

Column (d) - Total Column (d), subtract Column (c) from Column (d) and enter difference on the PA-20S/PA-65 Information Return, Part III, Line 7a.

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property) **OTHER**

▶ See separate instructions. ▶ Attach to your tax return.

PA

OMB No. 1545-0172

2009

Attachment
Sequence No. 67

TELCO EXPERTS LLC

OTHER DEPRECIATION

26-1287244

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

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	25,000.
2	Total cost of section 179 property placed in service (see instructions)	2	1,561.
3	Threshold cost of section 179 property before reduction in limitation	3	200,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	25,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	EQUIPMENT	1,561.	1,561.
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	1,561.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	1,561.
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	25,000.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	1,561.
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

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

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	11,085.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	11,085.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

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

Table with columns (a) through (f) Vehicle. Rows 30-36 covering miles driven and availability for personal use.

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

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

Table with rows 37-41 regarding written policy statements and information retention. Includes a Note at the bottom.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

DEPARTMENT USE ONLY

RCT-101 PAGE 1 OF 6
PA CORPORATE TAX REPORT 2009

F A = 1120 B = 1120S C = 1120C D = 1120F E = 1120H F = 1065 G = 1040 H = Other

STEP A

Tax Year Beginning XX 01012009
Tax Year Ending XX 12312009

STEP B

Regulated Inv. Co. XX N First Report XX N
52-53 Week Filer XX N KOZ/EIP/SDA Credit XX N
Address Change XX N File Period Change XX N
Change Fed Group XX N

STEP C

Corp Tax Account ID XX
Federal EIN XX 261287244
Business Activity Code XX 517000
Corporation Name XX TELCO EXPERTS LLC
Address Line 1 XX
Address Line 2 XX 38 PARK AVENUE
City XX RUTHERFORD
State XX NJ
ZIP XX 07070

STEP D

A. Tax Liability
from Tax Report

B. Estimated Payments
& Credits on Deposit

C. Restricted
Credits

Calculation:
A minus B minus C

STEP E: Payment
Make check for this amount
payable to "PA Dept of Revenue"

CS/FF	0	0	0	0	0
LOANS	0	0	0	0	0
CNI	0	0	0	0	0
TOTAL	0	0	0	0	0

Made Payment Via EFT N

STEP F: Refund / Transfer Method
Choose one of the following options:

A = Total transfer of credit

B = Total refund of credit

STEP G: Corporate Officer
(Sign affirmation below)

NAME
PHONE
E-MAIL

FORM 1019
BARCODE 1019

974301 01-22-10 CCH

I affirm under penalties prescribed by law this report (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.	
Corporate Officer Signature/Date	

USE WHOLE DOLLARS ONLY

ACCOUNT ID
TAX YEAR END 12312009 NAME TELCO EXPERTS LLC
RCT-101 PAGE 2 OF 6 PA CORPORATE TAX REPORT 2009

SECTION A: CS/FF

OLDEST PERIOD FIRST	TAX PERIOD BEGINNING	TAX PERIOD ENDING	BOOK INCOME			
YEAR 1	01012008	12312008	-16763	Investment in LLC	XX	N
YEAR 2				Holding Company	XX	N
YEAR 3				Family Farm	XX	N
YEAR 4						
YEAR 5						
YEAR 6						
YEAR 7						
CUR YR	01012009	12312009	1949			

WHOLE DOLLARS ONLY

- 2. TOTAL BOOK INCOME (sum of income for all tax periods up to, but not over 5 years total) 2 -14814
- 3. DIVISOR (in years and in part years rounded to three decimal places) See instructions 3 2.000
- 4. Divide Line 2 by Line 3 4 0
- 5. AVERAGE BOOK INCOME - Enter Line 4, or if Line 4 is less than zero enter "0". 5 0

- 6. Divide Line 5 by 0.095 6 0
- 7. Shareholders' equity at the END of the current period 7 67029
- 8. Shareholders' equity at the BEGINNING of the current period 8 65080
- 9. If Line 7 is more than twice as great or less than half as much as Line 8, add Lines 7 and 8 and divide by 2. Otherwise enter Line 7. 9 67029

- 10. NET WORTH - Enter Line 9, or if Line 9 is less than zero enter "0" 10 67029
- 11. Multiply Line 10 by 0.75 11 50272
- 12. Add Lines 6 and 11 12 50272
- 13. Divide Line 12 by 2 13 25136
- 14. \$150,000 valuation deduction 14 -150000
- 15. CAPITAL STOCK VALUE - Line 13 less Line 14, but not less than "0". If 100% taxable, enter Line 15 on Line 17. 15 0

- 16. Proportion of taxable assets or apportionment proportion (from Schedule A-1, Line 5) 16 .010654
- 17. TAXABLE VALUE - Multiply Line 15 by Line 16. If less than zero, enter "0". 17 0
- 18. CAPITAL STOCK/FOREIGN FRANCHISE TAX - Multiply Line 17 by 0.00289. 18 0

Total Beginning of Taxable Year Assets 131161

Total End of Taxable Year Assets 265744

ACCOUNT ID
 TAX YEAR END 12312009 NAME TELCO EXPERTS LLC
 RCT-101 PAGE 3 OF 6 PA CORPORATE TAX REPORT 2009

SECTION B: Bonus Depreciation

1. Current year fed. deprec. of 168k prop.	1	5542	Business Trust	XX	N
2. Current year adj. for disp. of 168k prop.	2	0	Solicitation Only	XX	N
3. Other adjustments	3	0	Single Member LLC	XX	N
(Attach schedule C-3 if claiming bonus depreciation.)			Multi-Member LLC	XX	Y
			PA-S Corporation	XX	N
			Taxable Built-in Gains	XX	N

SECTION C: CORPORATE NET INCOME TAX

1. Income or loss from federal return on a separate company basis			1	0
2. DEDUCTIONS:				
A. Corporate dividends received (from Schedule C-2, Line 6)			2A	0
B. Interest on U.S. securities (GROSS INT less EXPENSES)			2B	0
C. Curr yr. addtl. PA deprec. plus adjust. for sale (attached Schedule C-3)			2C	0
D. Other (attached schedule) See instructions.			2D	0
TOTAL DEDUCTIONS - Sum of (A) through (D)			2	0
3. ADDITIONS:				
A. Taxes imposed on or measured by net income (attached schedule)			3A	0
B. Tax preference items (attached copy of Federal Form 4626)			3B	0
C. Employment incentive payment credit adjustment (attached Schedule W)			3C	0
D. Current year bonus depreciation (attached Schedule C-3)			3D	0
E. Other (attached schedule) See instructions.			3E	0
TOTAL ADDITIONS - Sum of (A) through (E)			3	0
4. Income or loss with Pennsylvania adjustments (Line 1 - Line 2 + Line 3)			4	0
5. Total nonbusiness income or loss			5	0
6. Income or loss to be apportioned (Line 4 - Line 5)			6	0
7. Apportionment proportion (from Schedule C-1 Line 5)			7	0
8. Income or loss apportioned to PA (Line 6 x Line 7)			8	0
9. Nonbusiness income or loss allocated to PA			9	0
10. Taxable income or loss after apportionment (Line 8 + Line 9)			10	0
11. Total net operating loss deduction (from RCT-103)			11	0
12. PA taxable income or loss (Line 10 - Line 11)			12	0
13. Corporate net income tax (Line 12 x 0.0999)			13	0

COPY

ACCOUNT ID
 TAX YEAR END 12312009 NAME TELCO EXPERTS LLC
 RCT-101 PAGE 4 OF 6 PA CORPORATE TAX REPORT 2009

SECTION D: LOANS TAX

- | | | |
|--|----|---|
| 1. Did this corporation have a fiscal officer resident in PA and paying interest on indebtedness of the corporation? | XX | N |
| 2. Did this corporation have indebtedness outstanding to individual residents and/or partnerships resident in Pennsylvania? | XX | N |
| 3. Did this corporation have indebtedness outstanding held by a trustee, agent or guardian for a resident individual taxable in its own right or by an executor or administrator of an estate wherein the decedent was a resident of Pennsylvania? | XX | N |

List outstanding indebtedness. Attach separate schedule if additional space is required.

Interest Amount	Interest Rate	Taxable Value			
0	.000	0	Tax Indebt	XX	0
0	.000	0			
0	.000	0	Loans Tax	XX	0

Schedule A-1: Apportionment Schedule For Capital Stock/Foreign Franchise Tax (Include Form RCT-102, RCT-105 or RCT-106.)

Three Factor				Single Factor		
Property - PA	1A	0	1C	Numerator	4A	0
Property - Total	1B	0		Denominator	4B	0
Payroll - PA	2A	0	2C			
Payroll - Total	2B	0				
Sales - PA	3A	25566	3C	Apportionment	5	0.010654
Sales - Total	3B	2399588		Proportion		

Schedule C-1: Apportionment Schedule For Corporate Net Income Tax (Include Form RCT-106.)

Three Factor				Single Factor		
Property - PA	1A	0	1C	Numerator	4A	0
Property - Total	1B	0		Denominator	4B	0
Payroll - PA	2A	0	2C			
Payroll - Total	2B	0				
Sales - PA	3A	0	3C	Apportionment	5	0
Sales - Total	3B	0		Proportion		

ACCOUNT ID
TAX YEAR END 12312009 NAME TELCO EXPERTS LLC
RCT-101 PAGE 5 OF 6 PA CORPORATE TAX REPORT 2009

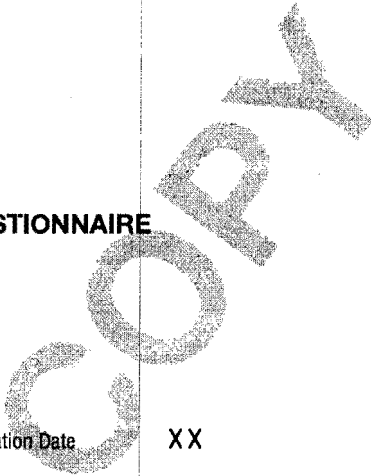
SECTION E: CORPORATE STATUS CHANGES

Out of Existence (Final Report) XX N
Out of Existence/ Withdrawal Date XX
Date of Distribution of PA Assets* XX
OR No Assets to Distribute XX

PA Corporations: Report date business activity ceased and date assets were distributed.
Foreign (Non-PA) Corporations: Report date business activity in PA ceased and date PA assets were distributed.
*Schedule of Disposition of Assets MUST be completed and filed with the PA Corporate Tax Report.
Has the corporation sold or transferred in bulk 51% or more of any of the following classes of assets?
Any stock of goods, wares, merchandise of any kind, fixtures, machinery, equipment, buildings or real estate. If so, please provide the name and address of the purchaser. (Attach separate schedule if additional space is required.)

XX N

Purchaser Name XX
Address Line 1 XX
Address Line 2 XX
City XX
State XX
ZIP XX



SECTION F: GENERAL INFORMATION QUESTIONNAIRE

Brief description of corporate activity in PA
Brief description of corporate activity outside PA
List other states in which taxpayer has activity

State of Incorporation XX Incorporation Date XX

- 1. Does any corporation, individual or other business entity hold all or a majority of the stock of this corporation? XX N
- 2. Does this corporation own all or a majority of stock in other corporations? If yes, complete Schedule X. XX N
- 3. Is this taxpayer a partnership that elects to file federal taxes as a corporation? XX N
- 4. Has the federal government changed taxable income as originally reported for any prior period for which reports of change have not been filed in PA? XX N

If yes: First Period End Date: XX Last Period End Date: XX

Accounting Method - Federal Tax Return

A A= Accrual C= Cash O= Other

Other

Accounting Method - Financial Statements

A A= Accrual C= Cash O= Other

Other

ACCOUNT ID
TAX YEAR END 12312009 NAME TELCO EXPERTS LLC
RCT-101 PAGE 6 OF 6 PA CORPORATE TAX REPORT 2009

SCHEDULE OF REAL PROPERTY IN PA (Attach separate schedule if additional space is required.)

O = Own

R = Rent

Street Address

City

County

KOZ/KOEZ

XX
XX
XX
XX

CORPORATE OFFICERS

SSN

Last Name

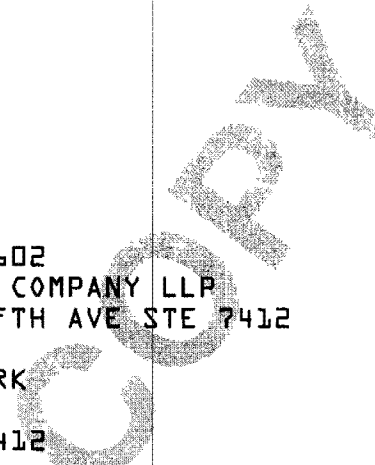
First Name

MI

President/Managing Partner XX
Vice President XX
Secretary XX
Treasurer/Tax Manager XX

TAX PREPARER'S
NAME AND ADDRESS

Mail to Practitioner XX N
Federal EIN XX 133565602
Firm Name XX BELL & COMPANY LLP
Address Line 1 XX 350 FIFTH AVE STE 7412
Address Line 2 XX
City XX NEW YORK
State XX NY
ZIP XX 101187412



Tax Preparer's Signature/Date

NAME MARTIN M. BELL
PHONE 2126836111
E-MAIL

Corporation Name TELCO EXPERTS LLC

Corp Tax Account ID _____

Schedule C-3 Adjustment for Bonus Depreciation
This schedule must be updated each year and submitted with RCT-101.

A	B	C	D	E	F	G	H	I
Year	Fed. Depr. Section 168(k) Property	Current Year Bonus Depreciation	Col B - Col C	Additional PA Depr.	Other Adj. Section 168(k) Property	Adj. for Disposition of Sec. 168(k) Property	Additional PA Depr. Plus Adj for Disposition	Balance
2001								
2002								
2003								
2004								
2005								
2006								
2007								
2008	18,668.	16,262.	2,406.	1,031.			1,031.	15,231.
2009	5,542.		5,542.	2,375.			2,375.	12,856.

1060009101

12/31/09 TELCO EXPERTS LLC
 TAXABLE PERIOD ENDED (MM/DD/YY) NAME OF CORPORATION CORP TAX ACCOUNT ID

Schedules 1 and 2 of this Insert Sheet must be completed by Pennsylvania corporations claiming the exemption for tangible and intangible assets for capital stock tax purposes and foreign corporations electing to use the single-factor, exempt-asset fraction for foreign franchise tax purposes.

Tables 1, 2 and 3 of this Insert Sheet must be completed by all corporations apportioning taxable income and by foreign and Pennsylvania corporations using the three 3-factor formula to calculate the taxable value of capital stock.

A. AVERAGE TOTAL ASSETS (Carry to RCT-101, Schedule A-1, Line (4b))		\$	
B. Less: AVERAGE EXEMPT ASSETS -		\$	
Tangibles (From Schedule 1, below)	\$		
Intangibles (From Schedule 2, below)	\$		
Pollution Control Devices	\$		
(Attach description schedule and copy of DEP certification.)			
C. AVERAGE ASSETS TAXABLE IN PA (Carry to RCT-101, Schedule A-1, Line (4a))		\$	
D. PROPORTION OF TAXABLE ASSETS (calculate to six decimal places.)			
	AVERAGE TAXABLE ASSETS		
	AVERAGE TOTAL ASSETS		(Carry to RCT-101, Schedule A-1, Line (5))

EXEMPTION CLAIMED FOR TANGIBLE AND INTANGIBLE ASSETS (OMIT CENTS)

SCHEDULE 1	Net Book Value - Beginning		Net Book Value - Ending		E Amount of Exemption Claimed for Average Value of Tangible Assets Located Outside of PA (Col. B + D) ÷ 2
	A Inside PA	B Outside PA	C Inside PA	D Outside PA	
EXEMPT TANGIBLE ASSETS (Attach rider, if necessary)					
1. Buildings					
2. Equipment and Fixtures					
3. Land					
4. Leasehold Improvements					
5. Motor Vehicles					
6. Rolling Stock and all other Movable Property					
7. Other Tangible Property (Attach Schedule)					
8. Inventories					
TOTALS					

NOTE: If there was a substantial change during the year, attach a separate schedule explaining in detail.

SCHEDULE 2	A Number of Shares or %	B Date Acquired	C Date Sold	D Held (Full Year or No. of Days)	E Book Value	F Exemption Claimed
EXEMPT INTANGIBLE ASSETS (Attach rider, if necessary)						
1. Stocks of PA Corporations						
2. Stocks of Foreign Corporations (More than 50% owned)						
3. Student Loan Assets						
4. U.S. Securities						
5. Exempt State and Local Securities						
6. National Bank Shares						
7. TOTALS (For Exemption Purposes)						

1060009201

TABLES SUPPORTING DETERMINATION OF
APPORTIONMENT PERCENTAGE (OMIT CENTS.)

TAX PERIODS BEGINNING ON OR AFTER JANUARY 1, 2007

Apportionment for (Tax Type)

- Capital Stock/Franchise and Corporate Net Income Taxes Capital Stock/Franchise Tax Only Corporate Net Income Tax Only

12/31/09

TELCO EXPERTS LLC

TAXABLE PERIOD ENDED (MM/DD/YY)

NAME OF CORPORATION

CORP TAX ACCOUNT ID

TABLE 1 - PROPERTY FACTOR	Description	Inside PA		Inside and Outside PA	
		Beginning of Period	End of Period	Beginning of Period	End of Period
	Tangible Property Owned (original cost value)				
	Inventory				
	Buildings and Depreciable Assets				
	Land				
	Other Real and Tangible Personal Property				
	Partner's Share of Property Owned by Partnerships				
	Less Construction in Progress (if included above)				
	Totals				
	Total Beginning and End of Period				
	Average Value (1/2 of Above)				
	Add: Corporate Tangible and/or Real Property Rented*				
	Partnership Tangible and/or Real Property Rented*				
	Total Average Value	(A)	0.	(B)	

* Eight times net annual rental rate (Attach schedule.)

(C) Property factor (Divide A by B; calculate to six decimal places.)

(D) 8.5 times property factor (Divide A by B; calculate to six decimal places and multiply by 8.5)

Carry (A), (B) and (C) over to RCT-101, Schedule A-1, as applicable, Lines (1a), (1b) and (1c).
Carry (A), (B) and (D) over to RCT-101, Schedule C-1, Lines (1a), (1b) and (1c).

TABLE 2 - PAYROLL FACTOR	Description	Inside PA	Inside and Outside PA
	Wages, salaries, commissions and other compensation to employees in:		
	Cost of goods sold		
	Compensation of officers		
	Salesmen's salaries and commissions		
	Other payroll		
	Partner's Share of Payroll from Partnerships		
	Total Payroll	(A)	0. (B) 0.

(C) Payroll factor (Divide A by B; calculate to six decimal places.)

(D) 8.5 times payroll factor (Divide A by B; calculate to six decimal places and multiply by 8.5)

Carry (A), (B) and (C) over to RCT-101, Schedule A-1, as applicable, Lines (2a), (2b) and (2c).
Carry (A), (B) and (D) over to RCT-101, Schedule C-1, Lines (2a), (2b) and (2c).

TABLE 3 - SALES FACTOR	Description	Inside PA	Inside and Outside PA
	Sales (net of returns and allowances)	25,566.	2,399,588.
	Interest, Rents, Royalties		
	Gross Receipts from the sale of other bus. assets (except securities**)		
	Other Sales (receipts only)		
	Partner's Share of Sales from Partnerships		
	Total Sales	(A) 25,566.	(B) 2,399,588.

(C) Sales factor (Divide A by B; calculate to six decimal places.)

(D) 83 times sales factor (Divide A by B; calculate to six decimal places and multiply by 83)

010654
884309

Carry (A), (B) and (C) over to RCT-101, Schedule A-1, Lines (3a), (3b) and (3c).
Carry (A), (B) and (D) over to RCT-101, Schedule C-1, Lines (3a), (3b) and (3c).

** Unless you are a securities dealer

Special Apportionment to be completed only by railroad, truck, bus and airline companies; pipeline or natural gas companies; and water transportation companies. Refer to instructions.

(A) NUMERATOR (A) _____ = _____ (C)
(B) DENOMINATOR (B)

Carry (A), (B) and (C) over to RCT-101, Schedules C-1 and/or A-1, as applicable, Lines (4a), (4b) and (5).

2009 TAX RETURN FILING INSTRUCTIONS

TENNESSEE FRANCHISE AND EXCISE FORM 170

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412
To be signed and dated by	A MEMBER OF THE LLC
Amount of tax	BALANCE DUE \$100.00
Mail tax return to	TENNESSEE DEPARTMENT OF REVENUE ANDREW JACKSON STATE OFFICE BLDG. 500 DEADERICK STREET NASHVILLE, TN 37242
Forms to be distributed to partners	NONE
Return must be mailed on or before	APRIL 15, 2010
Special Instructions	MAKE CHECK PAYABLE TO TENNESSEE DEPARTMENT OF REVENUE.

TENNESSEE DEPARTMENT OF REVENUE
FRANCHISE, EXCISE TAX RETURN

Please do not staple schedules to return

FAE
170

Taxable Year Beginning: 01/01/09 Ending: 12/31/09		Account No.	FEIN or SSN 26-1287244
		Due Date 04/15/10	
CHECK APPROPRIATE BLOCK(S):		j. <input type="checkbox"/> Single Member LLC/Division of parent	AMENDED RETURN, please check the box at right. } <input type="checkbox"/>
a. <input type="checkbox"/> Tennessee Domestic Corporation		k. <input type="checkbox"/> LP	FINAL RETURN for termination or withdrawal, please check box at right. Include copy of federal return. } <input type="checkbox"/>
b. <input type="checkbox"/> Foreign Corporation		l. <input type="checkbox"/> LLP	Application of Public Law 86-272 to Excise Tax, please check box at right. } <input type="checkbox"/>
c. <input type="checkbox"/> S Corporation		m. <input type="checkbox"/> RLLP	Payment for this return was sent via EFT, please check the box at right. } <input type="checkbox"/>
d. <input type="checkbox"/> Insurance Company		n. <input type="checkbox"/> PRLLP	
e. <input checked="" type="checkbox"/> LLC		o. <input type="checkbox"/> Business Trust	Taxpayer has made an election to calculate net worth per the provisions of T.C.A. 67-4-2103 (g)-(i), please check the box at right. } <input type="checkbox"/>
f. <input type="checkbox"/> PLLC		p. <input type="checkbox"/> Not-For-Profit	
g. <input type="checkbox"/> Single Member LLC/individual		q. <input type="checkbox"/> Other _____	
h. <input type="checkbox"/> Single Member LLC/corporation			
i. <input type="checkbox"/> Single Member LLC/general partnership			

TELCO EXPERTS LLC
38 PARK AVENUE
RUTHERFORD
NEW JERSEY 07070

Enter the principal business activity code (NAICS) listed in federal IRC instructions that best describes the principal business activity in Tennessee.
517000

Date Tennessee Operations Began 12/01/2008
If you use a paid preparer and do not want forms mailed to you next year, check box at right.

SCHEDULE A - COMPUTATION OF FRANCHISE TAX		DOLLARS	CENTS
1. Total net worth from Schedule F1, Line 5 or Schedule F2, Line 3	(1)	3691	00
2. Total real & tangible personal property from Schedule G, Line 15	(2)	8311	00
3. Franchise tax (25¢ per \$100.00 or major fraction thereof on the greater of Lines 1 or 2; minimum \$100.00)	(3)	100	00

SCHEDULE B - COMPUTATION OF EXCISE TAX		DOLLARS	CENTS
4. Income subject to excise tax from Schedule J, Line 32	(4)	-533	00
5. Excise tax (6.5% of Line 4)	(5)	0	00
6. Add: Recapture of tax credit from Schedule T, Part 2	(6)		
7. Net excise tax due (Line 5 plus Line 6)	(7)	0	00

SCHEDULE C - COMPUTATION OF TOTAL TAX DUE OR OVERPAYMENT		DOLLARS	CENTS
8. Total Franchise and Excise taxes - Add lines 3 and 7	(8)	100	00
9. Deduct: Total credit from Schedule D, Line 7 (cannot exceed Line 8)	(9)		
10. Subtotal: Line 8 less Line 9 (if Line 9 exceeds Line 8, enter 0 here)	(10)	100	00
11. Deduct: Total payments from Schedule E, Line 7	(11)	0	00
12. Penalty (5% for each 30-day period of delinquency not to exceed 25%; minimum penalty is \$15)	(12)		
13. Interest (7.25% per annum on taxes unpaid by the due date)	(13)		
14. Penalty on estimated franchise, excise tax payments	(14)		
15. Interest on estimated franchise, excise tax payments	(15)		
16. Total amount due (overpayment) - Add lines 10, 12, 13, 14, and 15, less Line 11	(16)	100	00

If overpayment reported on Line 16, complete A and/or B:
A. Credit to next year's tax \$ _____ B. Refund \$ _____

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

POWER OF ATTORNEY - Check YES if this taxpayer's signature certifies that this tax preparer has the authority to execute this form on behalf of the taxpayer and is authorized to receive and inspect confidential tax information and to perform any and all acts relating to respective tax matters. <input checked="" type="checkbox"/> YES	Taxpayer's Signature	Date	Title
	Tax Preparer's Signature	Preparer's SSN	Telephone
	350 FIFTH AVE STE 7412 NEW YORK, NY		10118-7412
	Preparer's Address	City	State

FOR OFFICE USE ONLY

979351 RV-R0011001
01-25-10

Remit amount on Line 16, payable to:
TENNESSEE DEPARTMENT OF REVENUE
Andrew Jackson State Office Building
500 Deaderick Street, Nashville, TN 37242

1703150000000002009010120091231012000000000000126128724400000000009

Schedule D - SCHEDULE OF CREDITS		
1. Gross Premiums tax credit (cannot exceed Schedule C, Line 8)	(1)	
2. Tennessee Income Tax (cannot exceed Schedule B, Line 5)	(2)	
3. Green Energy Tax Credit/Carbon Charge Credit/Headquarters Relocation Expense Credit (attach schedule)	(3)	
4. Industrial Machinery Credit from Schedule T, Line 11	(4)	
5. Jobs Tax Credit from Schedule X, Line 16	(5)	
6. Jobs Tax Credit computed in accordance with T.C.A. Section 67-4-2109 (b)(2) from Schedule X, Line 21	(6)	
7. Total Credit - Add lines 1 through 6 (Enter here and on Schedule C, Line 9)	(7)	

Schedule E - SCHEDULE OF PAYMENTS		
1. Overpayment from previous year if available	(1)	
2. First quarterly estimated payment	(2)	
3. Second quarterly estimated payment	(3)	
4. Third quarterly estimated payment	(4)	
5. Fourth quarterly estimated payment	(5)	
6. Extension payment	(6)	
7. Total payments - Add lines 1 through 6 (Enter here and on Schedule C, Line 11)	(7)	

COMPUTATION OF FRANCHISE TAX

Schedule F1 - NON-CONSOLIDATED NET WORTH		
1. Net Worth (total assets less total liabilities)	(1)	67029.
2. Indebtedness to or guaranteed by parent or affiliated corporation	(2)	
3. Total lines 1 and 2	(3)	67029.
4. Ratio (Schedules N, O, P, or R if applicable or 100%)	(4)	5.5069%
5. Total - Line 3 multiplied by Line 4 (Enter here and on Schedule A, Line 1)	(5)	3691.

Schedule F2 - CONSOLIDATED NET WORTH		
1. Consolidated Net Worth (total assets less total liabilities)	(1)	
2. Ratio (Schedule 170NC or 170SF)	(2)	%
3. Total - Line 1 multiplied by Line 2 (Enter here and on Schedule A, Line 1)	(3)	

NOTE: Schedule F2 is to be completed only if the consolidated net worth election has been made.

Schedule G - DETERMINATION OF REAL AND TANGIBLE PROPERTY			
BOOK VALUE OF PROPERTY OWNED - Cost less accumulated depreciation			In Tennessee
1. Land	(1)		
2. Buildings, leaseholds, and improvements	(2)		8311.
3. Machinery, equipment, furniture, and fixtures	(3)		
4. Automobiles and trucks	(4)		
5. Prepaid supplies and other tangible personal property (Attach schedule)	(5)		
6. Share of partnership real and tangible property provided that the partnership does not file a return (Attach schedule)	(6)		
7. Inventories and work in progress	(7)		
a. Deduct exempt inventory in excess of \$30 million (§67-4-2108(a)(6)(B))	(7a)	()	
8. Deduct value of certified pollution control equipment (Include copy of certificate (§67-5-604))	(8)	()	
9. Deduct exempt required capital investments (T.C.A. Section 67-4-2108(a)(6)(G))	(9)	()	
10. SUBTOTAL - Add lines 1 through 7, less Line 7a through Line 9	(10)		8311.
Rental Value of Property Used but not Owned			(C)
Net Annual Rental Paid for:			
11. Real property	(11)	x8	
12. Machinery & equipment used in manufacturing & processing	(12)	x3	
13. Furniture, office machinery, and equipment	(13)	x2	
14. Delivery or mobile equipment	(14)	x1	
15. TENNESSEE TOTAL - Add lines 10-14 (Enter total here and on Schedule A, Line 2)	(15)		8311.

TAXABLE YEAR	TAXPAYER NAME	ACCOUNT NO./FEIN/SSN
01/01/09 12/31/09	TELCO EXPERTS LLC	26-1287244

COMPUTATION OF EXCISE TAX

Schedule J-1 - COMPUTATION OF NET EARNINGS FOR ENTITIES TREATED AS PARTNERSHIPS		
1. Ordinary Income or Loss from Federal Form 1065, Line 22 plus any intangible expense to an affiliated business entity deducted for federal tax purposes	(1)	9304.
Additions:		
2. Additional income items specifically allocated to partners, including guaranteed payments to partners (Fed 1065 - Sch K)	(2)	539000.
3. Any net loss or expense received from a "pass-through" entity subject to and paying the excise tax, or any net loss or expense distributed to a publicly traded REIT (include schedule of entities and FEINs)	(3)	
4. Total - Add lines 1, 2, and 3	(4)	548304.
Deductions:		
5. Additional expense items specifically allocated to partners (Fed 1065 - Sch K)	(5)	3961.
6. Amount subject to self-employment taxes distributable or paid to each partner or member net of medical insurance payments previously deducted to determine Ordinary Income (Loss) on Form 1065 (If negative, enter zero) (Include on Schedule K, Line 3)	(6)	548304.
7. Amount of contribution, not previously deducted, to qualified pension or benefit plans of any partner or member, including all IRC 401 plans (Include on Schedule K, Line 3)	(7)	
8. Any net gain or income received from a "pass-through" entity subject to and paying the excise tax, or any net gain or income distributed to a publicly traded REIT (include schedule of entities and FEINs)	(8)	
9. Total deductions - Add lines 5 through 8	(9)	(552265.)
10. Total - Line 4 less Line 9 (Enter here and on Schedule J, Line 1)	(10)	-3961.

Schedule J-2 - COMPUTATION OF NET EARNINGS FOR A SINGLE MEMBER LLC FILING AS AN INDIVIDUAL		
Additions:		
1. Business Income from Form 1040, Schedule C plus any intangible expense to an affiliated business entity	(1)	
2. Business Income from Form 1040, Schedule D plus any intangible expense to an affiliated business entity	(2)	
3. Business Income from Form 1040, Schedule E plus any intangible expense to an affiliated business entity	(3)	
4. Business Income from Form 1040, Schedule F plus any intangible expense to an affiliated business entity	(4)	
5. Business Income from Form 4797	(5)	
6. Other: Form _____, Schedule _____	(6)	
7. Any net loss or expense received from a "pass-through" entity subject to and paying the excise tax (include schedule of entities and FEINs)	(7)	
8. Total - Add lines 1 through 7	(8)	
Deductions:		
9. Amt subject to self-employment taxes distributable or paid to the single member (If negative, enter zero) (Include on Sch K, Ln 3)	(9)	
10. Any net gain or income received from a "pass-through" entity subject to and paying the excise tax (include schedule of entities and FEINs)	(10)	
11. Total deductions - Add lines 9 and 10	(11)	()
12. Total - Line 8 less Line 11 (Enter here and on Schedule J, Line 1)	(12)	

Schedule J-3 - COMPUTATION OF NET EARNINGS FOR ENTITIES TREATED AS SUBCHAPTER S CORPORATIONS		
1. Ordinary Inc or Loss from Fed Form 1120S, Ln 21 plus any intang expense to an affiliated bus entity deducted for fed tax purposes	(1)	
Additions:		
2. Income items to extent includable in federal income were it not for "S" status election (Fed 1120S - Schedule K)	(2)	
3. Any net loss or expense received from a "pass-through" entity subject to and paying the excise tax, or any net loss or expense distributed to a publicly traded REIT (include schedule of entities and FEINs)	(3)	
4. Total - Add lines 1, 2 and 3	(4)	
Deductions:		
5. Expense items to extent includable in federal expenses were it not for "S" status election (Fed 1120S - Schedule K)	(5)	
6. Any net gain or income received from a "pass-through" entity subject to and paying the excise tax, or any net gain or income distributed to a publicly traded REIT (include schedule of entities and FEINs)	(6)	
7. Total deductions - Add lines 5 and 6	(7)	()
8. Total - Line 4 less Line 7 (Enter here and on Schedule J, Line 1)	(8)	

Schedule J-4 - COMPUTATION OF NET EARNINGS FOR ENTITIES TREATED AS CORPORATIONS AND "OTHER" ENTITIES		
Enter the amount of income (loss) from the applicable federal return to Schedule J, Line 1		
Federal Form 1120 - Line 28 (Taxable income or loss before net operating loss deduction and special deductions) plus any intangible expense to an affiliated business entity deducted for federal tax purposes		
1.	(1)	
2. Federal Form 990-T, Line 30 (unrelated business taxable income)	(2)	
3. Other: Form _____, Schedule _____	(3)	
Additions:		
4. Any net loss or expense received from a "pass-through" entity subject to and paying the excise tax, or any net loss or expense distributed to a publicly traded REIT (include schedule of entities and FEINs)	(4)	
Deductions:		
5. Any net gain or income received from a "pass-through" entity subject to and paying the excise tax, or any net gain or income distributed to a publicly traded REIT (include schedule of entities and FEINs)	(5)	()
6. Total - Lines 1 through 4 less Line 5 (Enter here and on Schedule J, Line 1)	(6)	

Schedule J - COMPUTATION OF NET EARNINGS SUBJECT TO EXCISE TAX		
1. Federal income or loss (Enter amount from Schedule J-1, J-2, J-3, or J-4)	(1)	-3961.
ADDITIONS:		
2. Any depreciation under the provisions of IRC Section 168 not permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation and any expense/depreciation deducted as a result of "safe harbor" lease elections. (attach schedule) STMT 1	(2)	5542.
3. Any deduction for domestic production activities under the provisions of IRC Section 199	(3)	
4. Any gain on the sale of an asset sold within twelve months after the date of distribution to a nontaxable entity	(4)	
5. Tennessee excise tax expense (to the extent reported for federal purposes)	(5)	100.
6. Gross premiums tax deducted in determining federal income and used as an excise tax credit	(6)	
7. Interest income on obligations of states and their political subdivisions, less allowable amortization	(7)	
8. Depletion not based on actual recovery of cost	(8)	
9. Contribution carryover from prior period(s)	(9)	
10. Capital gains offset by capital loss carryover or carryback	(10)	
11. Excess fair market value over book value of property donated	(11)	
12. Excess rent paid, accrued, or incurred for property owned by an affiliate. T.C.A. Section 67-4-2006(b)(1)(N)	(12)	
13. Total additions - Add lines 2 through 12	(13)	5642.
DEDUCTIONS:		
14. Any depreciation under the provisions of IRC Section 168 permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation SEE STATEMENT 2	(14)	11085.
15. Any excess gain (or loss) from the basis adjustment resulting from Tennessee permanently decoupling from federal bonus depreciation	(15)	
16. Any loss on the sale of an asset sold within twelve months after the date of distribution to a nontaxable entity	(16)	
17. Dividends received from corporations, at least 80% owned (attach schedule)	(17)	
18. Contributions in excess of amount allowed by federal government	(18)	
19. Donations to Qualified Public School Support Groups and nonprofit organizations	(19)	
20. Portion of current year's capital loss not included in federal taxable income	(20)	
21. Any expense other than income taxes, not deducted in determining federal taxable income for which a credit against the federal income tax is allowable	(21)	
22. Any income included for federal tax purposes and any depreciation or other expense that could have been deducted for "safe harbor" lease elections. (attach schedule)	(22)	
23. Nonbusiness earnings - Schedule M, Line 8	(23)	
24. Intangible expense to an affiliated business entity (Intangible expense disclosure form MUST be completed to avoid the adjustment provided in T.C.A. Section 67-4-2006(d)(3))	(24)	
25. Intangible income from an affiliated business entity if the corresponding intangible expense has not been disclosed or has been disallowed	(25)	
26. TOTAL deductions - Add lines 14 through 25	(26)	(11085)
COMPUTATION OF TAXABLE INCOME:		
27. Total Business Income (Loss) - Add lines 1 and 13, less Line 26 (If loss, complete Schedule K)	(27)	-9404.
28. Apportionment Ratio (Schedules N, O, P, or R if applicable or 100%)	(28)	5.5069%
29. Apportioned business income (Loss) (Line 27 multiplied by Line 28)	(29)	-518.
30. Add: Nonbusiness earnings directly allocated to Tennessee (From Schedule M, Line 9)	(30)	
31. Deduct: Loss carryover from prior years (From Schedule U)	(31)	(15)
32. Subject to excise tax (6.5%) (Line 29 plus Line 30, less Line 31) (enter here and on Schedule B, Line 4)	(32)	-533.

Schedule K - DETERMINATION OF LOSS CARRYOVER AVAILABLE - See Rule 1320-6-1-.21 of Departmental Rules and Regulations		
1. Net loss from Schedule J, Line 27	(1)	-9404.
ADD:		
2. Amounts reported on Schedule J, lines 17 and 23	(2)	
3. Amounts reported on Schedule J-1, lines 6 and 7, and Schedule J-2, Line 9	(3)	548304.
4. Reduced loss - Add lines 1 through 3 (if net amount is positive, enter "0")	(4)	0.
5. Excise Tax ratio (Schedules N, O, P, or R if applicable or 100%)	(5)	5.5069%
6. Current year loss carryover available (Line 4 multiplied by Line 5)	(6)	0.

Schedule L - FEDERAL INCOME REVISIONS				
Year	1. Original Net Income on Federal Return	2. Net Income Corrected	3. Increase (Decrease) in Net Income	4. Increase (Decrease) Affecting Excise Tax

APPORTIONMENT SCHEDULES FOR TAXPAYERS DOING BUSINESS OUTSIDE THE STATE OF TENNESSEE

Franchise and excise tax ratios are obtained by using the arithmetical average of the following ratios. If a factor's denominator (everywhere value) is zero, that factor is to be eliminated entirely and the average is to be computed from the remaining factor or factors.

SCHEDULE N - APPORTIONMENT - STANDARD (Manufacturers, retailers, wholesalers, etc)				
Property	In Tennessee		Total Everywhere	
	a. Beginning of Taxable year	b. End of Taxable year	a. Beginning of Taxable year	b. End of Taxable year
NOTE: USE ORIGINAL COST OF ASSETS				
1. Land, buildings, leaseholds, and improvements				
2. Machinery, equipment, furniture, and fixtures				
3. Automobiles and trucks				
4. Inventories and work in progress				
5. Prepaid supplies and other property				
6. Share of partnership property (if partnership is not taxable) ...				
7. Excise tax total (Lines 1 through 6)	a.	b.	a.	b.
8. Less exempt inventory (see §67-4-2111(b)(1))	()	()	()	()
9. Franchise tax total (Line 7 minus Line 8)	a.	b.	a.	b.
10. Excise tax average value (add Line 7(a) & (b), divide by 2)				
11. Franchise tax average value (add Line 9(a) & (b), divide by 2) ...				
12. Add: Rented property (rent paid X 8)				
NOTE: Double Weighted Sales Factor				
	a. In Tennessee	b. Total Everywhere	c. Franchise Ratio (Col. a ÷ Col. b)	d. Excise Ratio (Col. a ÷ Col. b)
13. Excise Tax property factor (Line 10 plus Line 12)				%
14. Franchise Tax property factor (Line 11 plus Line 12)			%	%
15. Payroll factor			%	%
16. Sales factor - (Business Gross Receipts)	132142.	2399588.	5.5069%	5.5069%
Sales factor - (Business Gross Receipts)	132142.	2399588.	5.5069%	5.5069%
17. Total Ratios			11.0138%	11.0138%
18. Apportionment Ratio (Line 17 divided by 4) (Enter Franchise Ratio to Sch. F1, Line 4. Enter Excise ratio to Sch. J, Line 28)			5.5069%	5.5069%
SCHEDULE O - APPORTIONMENT - COMMON CARRIERS (Railroads, motor carriers, pipelines and barges)				
	In Tennessee	Total Everywhere	Ratio	
1. Total franchise mileage (odometer miles)				%
2. Tennessee intrastate receipts - Interstate gross receipts everywhere				%
3. Total Ratios	XXXXX	XXXXX		%
4. Apportionment ratio (Line 3 divided by two; transfer ratio to Schedule F1, Line 4 and Schedule J, Line 28)				%
SCHEDULE P - APPORTIONMENT - AIR CARRIERS				
	In Tennessee	Total Everywhere	Ratio	
1. Originating revenue				%
2. Airmiles flown (Include in Tennessee column only airmiles flown on flights either originating from or ending in Tennessee or both)				%
3. Total Ratios	XXXXX	XXXXX		%
4. Apportionment Ratio (Line 3 divided by two; transfer ratio to Schedule F1, Line 4 and Schedule J, Line 28)				%
SCHEDULE R - APPORTIONMENT - AIR EXPRESS CARRIERS				
	In Tennessee	Total Everywhere	Ratio	
1. Originating revenue				%
2. Airmiles flown and groundmiles traveled (Include in Tennessee column only airmiles flown on flights either originating from or ending in Tennessee or both. Include only groundmiles traveled with respect to actual common carriage of persons or property for hire)				%
3. Total Ratios	XXXXX	XXXXX		%
4. Apportionment Ratio (Line 3 divided by two; transfer ratio to Schedule F1, Line 4 and Schedule J, Line 28)				%

SCHEDULE U and V - LOSS CARRYOVER/INDUSTRIAL MACHINERY CREDIT CARRYOVER

01/01/09 12/31/09 TELCO EXPERTS LLC

26-1287244

NOTE: SCHEDULES U AND V ARE NOT REQUIRED TO BE FILED WITH THE RETURN. These schedules may be used as a worksheet to compute the amount of net operating loss carryover and \ or industrial machinery credit carryover available.

IMPORTANT INFORMATION APPLICABLE TO LOSS CARRYOVER

- Any net operating loss incurred for fiscal years ending on or after 1-15-84 may be carried forward fifteen (15) years as a net operating loss carryover.
- COMBINED RETURN - UNITARY GROUP OF FINANCIAL INSTITUTIONS:**
Any net operating loss incurred by a member of the unitary group which has been apportioned to Tennessee in a year prior to filing a combined return may be carried forward seven (7) years as a net operating loss carryover by the unitary group. A net operating loss incurred by a unitary group of financial institutions computed on a combined basis may be carried forward fifteen (15) years by the unitary group.
Reference: Section 67-4-2006(c), Tennessee Code Annotated.

SCHEDULE U - SCHEDULE OF LOSS CARRYOVER

Year	Period Ended (MM/YY)	For Original Return or As Amended	Used in Prior Year(s)	Expired	Loss Carryover Available
1	12/08	15.			15.
2	12/07				
3	12/06				
4	12/05				
5	12/04				
6	12/03				
7	12/02				
8	12/01				
9	12/00				
10	12/99				
11					
12					
13					
14					
15					
Total Amount (Transfer to Schedule J, Line 31)					15.

SCHEDULE V - SCHEDULE OF INDUSTRIAL MACHINERY CREDIT CARRYOVER

IMPORTANT INFORMATION APPLICABLE TO INDUSTRIAL MACHINERY CREDIT CARRYOVERS

Any unused credit incurred for fiscal years ending on or after 3-15-82 may be carried forward in any tax period for up to fifteen (15) years.
Reference: Section 67-4-2009(4)(c), Tennessee Code Annotated.

Year	Period Ended (MM/YY)	For Original Return or As Amended	Used in Prior Year(s)	Expired	Industrial Machinery Credit Carryover Available
1	12/08				
2	12/07				
3	12/06				
4	12/05				
5	12/04				
6	12/03				
7	12/02				
8	12/01				
9	12/00				
10	12/99				
11					
12					
13					
14					
15					
Total Amount (Transfer to Schedule T, Line 4)					

TN FAE 170 FEDERAL BONUS DEPRECIATION STATEMENT 1

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FEDERAL DEPRECIATION DUE TO BONUS PROVISION	5542.
TOTAL TO FORM FAE 170, PAGE 4, SCHEDULE J, LINE 2	5542.

TN FAE 170 TENNESSEE DEPRECIATION STATEMENT 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
TENNESSEE DEPRECIATION WITHOUT BONUS PROVISION	11085.
TOTAL TO FORM FAE 170, PAGE 4, SCHEDULE J, LINE 13	11085.

COPY

2010 TAX RETURN FILING INSTRUCTIONS

TEXAS FORM 05-158-A/05-158-B

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	COMPTROLLER OF PUBLIC ACCOUNTS P.O. BOX 149348 AUSTIN, TX 78714-9348
Return must be mailed on or before	MARCH 31, 2010
Special Instructions	THE RETURN MUST BE SIGNED AND DATED. PLEASE, DO NOT STAPLE ANY PART OF THE RETURN TOGETHER. THE APPROPRIATE PARTNER(S) SHOULD SIGN AND DATE THE PUBLIC INFORMATION REPORT AND MAIL IT WITH THE RETURN.

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

To be filed by Corporations, Limited Liability Companies (LLCS) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

05-102
(9-09/29)

■ Tcode 13196

■ Taxpayer number

■ Report year

2010

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name TELCO EXPERTS LLC			
Mailing address 38 PARK AVENUE			Secretary of State file number or Comptroller file number 0042083380
City RUTHERFORD	State NJ	ZIP Code 07070	Plus 4

Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 38 PARK AVENUE, RUTHERFORD, NJ 07070
Principal place of business 38 PARK AVENUE, RUTHERFORD, NJ 07070



999999999910

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

SECTION A Name, title and mailing address of each officer, director or member.

Name	Title	Director	Term expiration
ESK CONSULTANTS LLC	MEMBER	<input type="checkbox"/> YES	m m d d y y
Mailing address 237 MAYFAIR DRIVE	City BROOKLYN	State NY	ZIP Code 11234
ADAM GOLDBERG	MEMBER	<input type="checkbox"/> YES	m m d d y y
Mailing address 33 WINDING WAY	City WAYNE	State NJ	ZIP Code 07470
PETER GOLDBERG	MEMBER	<input type="checkbox"/> YES	m m d d y y
Mailing address 1520 YORK AVENUE	City NEW YORK	State NY	ZIP Code 10028

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

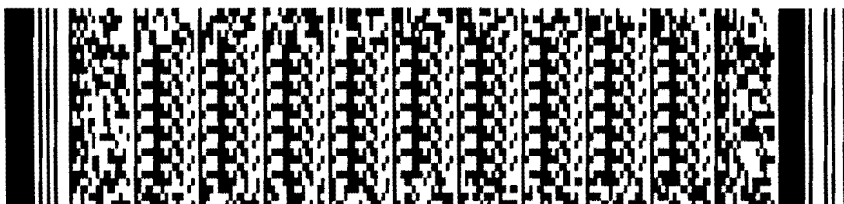
Registered agent and registered office currently on file. (See instructions if you need to make changes) Agent:	<input type="checkbox"/> Check box if you need forms to change the registered agent or registered office information.
Office:	City State ZIP Code

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.			
sign here ▶	Title	Date	Area code and phone number

Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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TEXAS FRANCHISE TAX REPORT - Page 1

■ Tcode 13230 INITIAL

■ Taxpayer number
 ■ Report year 2010
 Due date 03/31/2010
 Privilege period covered by this report 11/01/2009 — 12/31/2010

Taxpayer name TELCO EXPERTS LLC					Secretary of State file number or Comptroller file number 0042083380	
Mailing address 38 PARK AVENUE						
City RUTHERFORD	State NJ	Country USA	ZIP Code 07070	Plus 4	Check box if the address has changed ■ <input type="checkbox"/>	
Check box if this is a combined report ■ <input type="checkbox"/>		Check box if Total Revenue is adjusted for Tiered Partnership Election, see instructions ■ <input type="checkbox"/>				
Check box if this is a Corporation or Limited Liability Company <input checked="" type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>				

** If not twelve months, see instructions for annualized revenue

m m d d y y	m m d d y y	SIC code	NAICS code
Accounting year begin date ■ 010109	Accounting year end date ■ 123109	■	■ 517000

REVENUE (Whole dollars only)

1. Gross receipts or sales	1. ■	2399588.00
2. Dividends	2. ■	0.00
3. Interest	3. ■	0.00
4. Rents	4. ■	0.00
5. Royalties	5. ■	0.00
6. Gains/losses	6. ■	0.00
7. Other income	7. ■	0.00
8. Total gross revenue (Add Items 1 thru 7)	8. ■	2399588.00
9. Exclusions from gross revenue (See instructions) (Item 8 minus Item 9)	9. ■	0.00
10. TOTAL REVENUE (If less than zero, enter 0)	10. ■	2399588.00

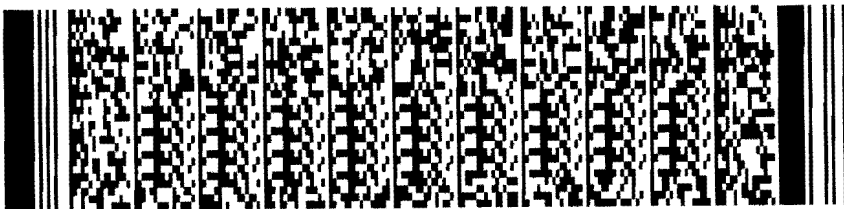
COST OF GOODS SOLD (Whole dollars only)

11. Cost of goods sold	11. ■	0.00
12. Indirect or administrative overhead costs (Limited to 4%)	12. ■	0.00
13. Other (See instructions)	13. ■	0.00
14. TOTAL COST OF GOODS SOLD (Add items 11 thru 13)	14. ■	0.00

COMPENSATION (Whole dollars only)

15. Wages and cash compensation	15. ■	586682.00
16. Employee benefits	16. ■	5366.00
17. Other (See instructions)	17. ■	0.00
18. TOTAL COMPENSATION (Add items 15 thru 17)	18. ■	592048.00

Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>				
PM Date	<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				



TEXAS FRANCHISE TAX REPORT - Page 2

■ Tcode 13231 INITIAL

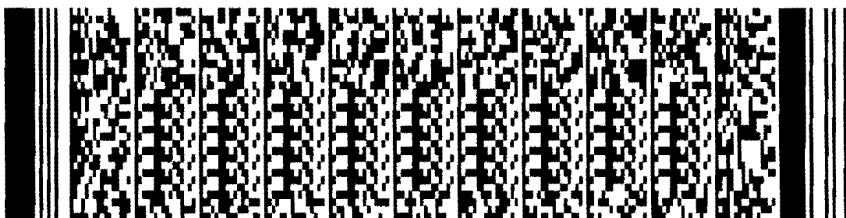
■ Taxpayer number	■ Report year	Due date	Taxpayer name
	2010	03/31/2010	TELCO EXPERTS LLC
MARGIN (Whole dollars only)			
19. Revenue (Item 10 X 70%)	19. ■		1679712.00
20. Revenue (Item 10 minus Item 14 COGS)	20. ■		2399588.00
21. Revenue (Item 10 minus Item 18 Compensation)	21. ■		1807540.00
<i>(Enter the lowest amount from Items 19, 20 or 21)</i>			
22. MARGIN	22. ■		1679712.00
APPORTIONMENT FACTOR			
23. Gross receipts in Texas (Whole dollars only)	23. ■		3610.00
24. Gross receipts everywhere (Whole dollars only)	24. ■		2399588.00
25. APPORTIONMENT FACTOR (Divide Item 23 by Item 24) (Round to 4 decimal places)	25. ■		0.0015
TAXABLE MARGIN (Whole dollars only)			
26. Apportioned margin (Multiply Item 22 by Item 25)	26. ■		2520.00
27. Allowable deductions (See instructions)	27. ■		0.00
28. TAXABLE MARGIN (Item 26 minus Item 27)	28. ■		2520.00
TAX DUE			
29. Tax rate (See instructions for determining the appropriate tax rate)		X X X	29. ■ 0.0100
<i>(Multiply Item 28 by the tax rate in Item 29)</i>			
30. Tax due (Dollars and cents)	30. ■		25.20
TAX ADJUSTMENTS (Dollars and cents) (Do not include prior payments)			
31. Tax credits (Item 23 from Form 05-160)	31. ■		0.00
32. Tax due before discount (Item 30 minus Item 31)	32. ■		25.20
33. Discount (See instructions, not applicable for report year 2010 & 2011)	33. ■		0.00
TOTAL TAX DUE (Dollars and cents)			
34. TOTAL TAX DUE (Item 32 minus Item 33)	34. ■		25.20

Do not include payment if this amount is less than \$1,000 or if annualized total revenue is \$1,000,000 or less (\$300,000 or less for report years 2008 and 2009; See instructions). If the entity makes a tiered partnership election, ANY amount in Item 34 is due. Complete Form 05-170 if making a payment.

Print or type name		Area code and phone number	
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.		Mail original to: COMPTROLLER OF PUBLIC ACCOUNTS P.O. Box 149348 Austin, TX 78714-9348	
sign here ▶	Date		

If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1381 or (512) 463-4600. For instructions on completing the franchise tax report forms, see Form 05-392 (2008), Form 05-393 (2009) or Form 05-394 (2010).

Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>
PM Date	



2009 TAX RETURN FILING INSTRUCTIONS

NEW YORK CITY FORM NYC-204

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412
To be signed and dated by	A MEMBER OF THE LLC
Amount of tax	BALANCE DUE \$16,459.00
Mail tax return to	NYC DEPARTMENT OF FINANCE P.O. BOX 5040 KINGSTON, NY 12402-5040
Forms to be distributed to partners	ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE MEMBERS.
Return must be mailed on or before	APRIL 15, 2010
Special Instructions	MAKE CHECK PAYABLE TO NYC DEPARTMENT OF FINANCE.

2010 ESTIMATED TAX FILING INSTRUCTIONS

NEW YORK CITY FORM NYC 5UB

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD, NJ 07070																											
Prepared by	BELL & COMPANY LLP 350 FIFTH AVE STE 7412 NEW YORK, NY 10118-7412																											
Amount of tax	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>15,760</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>0</td></tr><tr><td>Less amount already paid on 2010 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>15,760</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ 3,940</td><td>APRIL 15, 2010</td></tr><tr><td>No. 2</td><td>\$ 3,940</td><td>JUNE 15, 2010</td></tr><tr><td>No. 3</td><td>\$ 3,940</td><td>SEPTEMBER 15, 2010</td></tr><tr><td>No. 4</td><td>\$ 3,940</td><td>JANUARY 18, 2011</td></tr></tbody></table>	Total Estimated Tax	\$	15,760	Less credit from prior year	\$	0	Less amount already paid on 2010 estimate	\$	0	Balance due	\$	15,760	Installment	Amount	Due Date	No. 1	\$ 3,940	APRIL 15, 2010	No. 2	\$ 3,940	JUNE 15, 2010	No. 3	\$ 3,940	SEPTEMBER 15, 2010	No. 4	\$ 3,940	JANUARY 18, 2011
Total Estimated Tax	\$	15,760																										
Less credit from prior year	\$	0																										
Less amount already paid on 2010 estimate	\$	0																										
Balance due	\$	15,760																										
Installment	Amount	Due Date																										
No. 1	\$ 3,940	APRIL 15, 2010																										
No. 2	\$ 3,940	JUNE 15, 2010																										
No. 3	\$ 3,940	SEPTEMBER 15, 2010																										
No. 4	\$ 3,940	JANUARY 18, 2011																										
Make check payable to	NYC DEPARTMENT OF FINANCE																											
Mail voucher and check (if applicable) to	NYC DEPARTMENT OF FINANCE P.O. BOX 5070 KINGSTON, NY 12402-5070																											
Special Instructions																												

**NYC
5UB**

**PARTNERSHIP DECLARATION OF
ESTIMATED UNINCORPORATED BUSINESS TAX**

2010

For CALENDAR YEAR 2010 or FISCAL YEAR beginning _____ and ending _____



Print or Type	Business name TELCO EXPERTS LLC	Employer Identification Number 26-1287244
	Business address (number and street) 38 PARK AVENUE	Business Code Number as per Federal Return 517000
	City and State RUTHERFORD NJ	ZIP Code 07070
	Business Telephone Number	

A. Payment	Pay amount shown on line 4 - Make check payable to: <i>NYC Department of Finance</i>	●	3940.
1a.	Partnership's 2009 Unincorporated Business Tax	15728.	1b. Estimate of 2010 tax
	COMPUTATION OF INSTALLMENT - (✓) Check proper box below and enter amount indicated.		1b. ● 15760.
2.	If this declaration is due on: <input checked="" type="checkbox"/> April 15, 2010, enter 1/4 of line 1b	Sept. 15, 2010, enter 1/2 of line 1b	} 2. 3940.
	<input type="checkbox"/> June 15, 2010, enter 1/3 of line 1b	Jan. 18, 2011, enter amount of line 1b	
3.	Enter amount of overpayment on 2009 return which you elected to have applied as a credit against 2010 estimated tax	3. ●	
4.	Amount to be paid with this declaration (line 2 less line 3) (Payable to: <i>NYC DEPARTMENT OF FINANCE</i>)	4. ●	3940.

Signature of taxpayer: _____ Title: _____ Date: _____
60511005 To receive proper credit, you must enter your correct Employer Identification Number on your declaration and remittance.

DETACH ON DOTTED LINE & SEND UPPER PORTION IN A SEPARATE ENVELOPE. RETAIN LOWER PORTION FOR YOUR RECORDS

ESTIMATED TAX WORKSHEET
KEEP THIS PORTION FOR YOUR RECORDS

1.	Net income from business expected in 2010	1.	398205.
2.	Exemption	2.	5000.
3.	Line 1 less line 2 (estimated taxable business income)	3.	393205.
4.	Tax - enter 4% of line 3	4.	15728.
5a.	Business Tax Credit (✓) (Check applicable box below and enter credit amount)		
	<input type="checkbox"/> Tax on line 4 is \$3,400 or less. Your credit is the entire amount of tax on line 4.		
	<input checked="" type="checkbox"/> Tax on line 4 is \$5,400 or over. No credit is allowed. Enter "0".		
	<input type="checkbox"/> Tax on line 4 is over \$3,400 but less than \$5,400, use formula for credit amount:		
	Tax on line 4 x $\left(\frac{\$5,400 \text{ minus tax on line 4}}{\$2,000} \right)$	5a.	0.
5b.	Other credits	5b.	
5c.	Total credits (add lines 5a and 5b)	5c.	
6.	Estimated 2010 Unincorporated Business Tax (line 4 less line 5c)		15728.
	Enter here, on line 7b, and on line 1b of declaration above ADJUSTED	6.	15760.
7a.	Partnership's 2009 Unincorporated Business Tax	7a.	15728.
	COMPUTATION OF INSTALLMENT - (✓) Check proper box below and enter amount indicated. Fiscal year taxpayers see instructions.	7b.	15760.
8.	If this declaration is due on: <input checked="" type="checkbox"/> April 15, 2010, enter 1/4 of line 7b	Sept. 15, 2010, enter 1/2 of line 7b	} 8. 3940.
	<input type="checkbox"/> June 15, 2010, enter 1/3 of line 7b	Jan. 18, 2011, enter amount of line 7b	
9.	Enter amount of overpayment on 2009 return which you elected to have applied as a credit against 2010 estimated tax	9.	
10.	Amount to be paid with this declaration (line 8 less line 9) (Payable to: <i>NYC DEPARTMENT OF FINANCE</i>)	10.	3940.

Make remittance payable to the order of: NYC DEPARTMENT OF FINANCE Payment must be made in U.S. dollars, drawn on a U.S. bank.	MAILING INSTRUCTIONS → DECLARATIONS WITH REMITTANCES NYC DEPARTMENT OF FINANCE UNINCORPORATED BUSINESS TAX P.O. BOX 5070 KINGSTON, NY 12402-5070	ALL OTHERS NYC DEPARTMENT OF FINANCE UNINCORPORATED BUSINESS TAX P.O. BOX 5080 KINGSTON, NY 12402-5080
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**NYC
5UB**

**PARTNERSHIP DECLARATION OF
ESTIMATED UNINCORPORATED BUSINESS TAX**

2010

For CALENDAR YEAR 2010 or FISCAL YEAR beginning _____ and ending _____



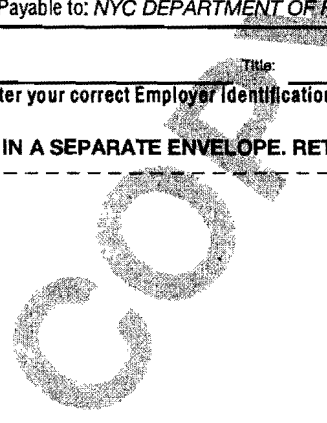
Print or Type ▼	Business name TELCO EXPERTS LLC		Employer Identification Number 26-1287244
	Business address (number and street) 38 PARK AVENUE		Business Code Number as per Federal Return 517000
	City and State RUTHERFORD NJ	ZIP Code 07070	
	Business Telephone Number		

A. Payment		Pay amount shown on line 4 - Make check payable to: NYC Department of Finance ●	Payment Enclosed 3940.
1a. Partnership's 2009 Unincorporated Business Tax	15728.	1b. Estimate of 2010 tax ●	15760.
COMPUTATION OF INSTALLMENT - () Check proper box below and enter amount indicated.			
2. If this declaration is due on:	<input checked="" type="checkbox"/> April 15, 2010, enter 1/4 of line 1b	<input type="checkbox"/> Sept. 15, 2010, enter 1/2 of line 1b	} 2. 3940.
	<input checked="" type="checkbox"/> June 15, 2010, enter 1/3 of line 1b	<input type="checkbox"/> Jan. 18, 2011, enter amount of line 1b	
3. Enter amount of overpayment on 2009 return which you elected to have applied as a credit against 2010 estimated tax		3. ●	
4. Amount to be paid with this declaration (line 2 less line 3) (Payable to: NYC DEPARTMENT OF FINANCE)		4. ●	3940.

Signature of taxpayer: _____ Title: _____ Date: _____

60511005 To receive proper credit, you must enter your correct Employer Identification Number on your declaration and remittance.

DETACH ON DOTTED LINE & SEND UPPER PORTION IN A SEPARATE ENVELOPE. RETAIN WORKSHEET FOR YOUR RECORDS



**PARTNERSHIP DECLARATION OF
ESTIMATED UNINCORPORATED BUSINESS TAX**

2010

For CALENDAR YEAR 2010 or FISCAL YEAR beginning _____ and ending _____

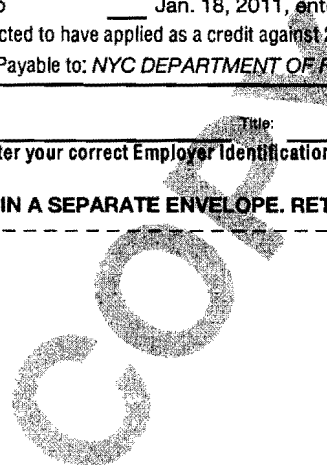


Print or Type ▼	Business name TELCO EXPERTS LLC		Employer Identification Number 26-1287244
	Business address (number and street) 38 PARK AVENUE		
	City and State RUTHERFORD NJ	ZIP Code 07070	Business Code Number as per Federal Return 517000
	Business Telephone Number		

A. Payment		Pay amount shown on line 4 - Make check payable to: NYC Department of Finance ●	Payment Enclosed 3940.
1a. Partnership's 2009 Unincorporated Business Tax	15728.	1b. Estimate of 2010 tax	15760.
COMPUTATION OF INSTALLMENT - (✓) Check proper box below and enter amount indicated.			
2. If this declaration is due on:	<input type="checkbox"/> April 15, 2010, enter 1/4 of line 1b <input type="checkbox"/> June 15, 2010, enter 1/3 of line 1b <input checked="" type="checkbox"/> Sept. 15, 2010, enter 1/2 of line 1b <input type="checkbox"/> Jan. 18, 2011, enter amount of line 1b	2.	3940.
3. Enter amount of overpayment on 2009 return which you elected to have applied as a credit against 2010 estimated tax		3. ●	
4. Amount to be paid with this declaration (line 2 less line 3) (Payable to: NYC DEPARTMENT OF FINANCE)		4. ●	3940.

Signature of taxpayer: _____ Title: _____ Date: _____
60511005 To receive proper credit, you must enter your correct Employer Identification Number on your declaration and remittance.

DETACH ON DOTTED LINE & SEND UPPER PORTION IN A SEPARATE ENVELOPE. RETAIN WORKSHEET FOR YOUR RECORDS



**NYC
5UB**

**PARTNERSHIP DECLARATION OF
ESTIMATED UNINCORPORATED BUSINESS TAX**

2010

For CALENDAR YEAR 2010 or FISCAL YEAR beginning _____ and ending _____



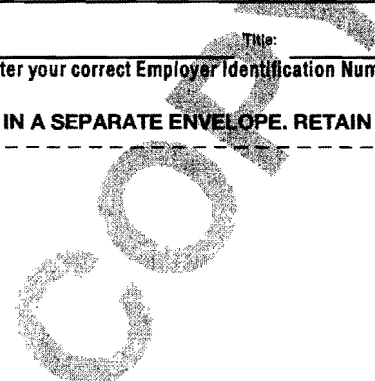
Print or Type ▼	Business name TELCO EXPERTS LLC		Employer Identification Number 26-1287244
	Business address (number and street) 38 PARK AVENUE		Business Code Number as per Federal Return 517000
	City and State RUTHERFORD NJ	ZIP Code 07070	
	Business Telephone Number		

A. Payment		Pay amount shown on line 4 - Make check payable to: NYC Department of Finance ●	Payment Enclosed 3940.
1a. Partnership's 2009 Unincorporated Business Tax	15728.	1b. Estimate of 2010 tax	15760.
COMPUTATION OF INSTALLMENT - (✓) Check proper box below and enter amount indicated.			
2. If this declaration is due on:	<input type="checkbox"/> April 15, 2010, enter 1/4 of line 1b <input checked="" type="checkbox"/> June 15, 2010, enter 1/3 of line 1b <input checked="" type="checkbox"/> Sept. 15, 2010, enter 1/2 of line 1b <input type="checkbox"/> Jan. 18, 2011, enter amount of line 1b	2.	3940.
3. Enter amount of overpayment on 2009 return which you elected to have applied as a credit against 2010 estimated tax		3. ●	
4. Amount to be paid with this declaration (line 2 less line 3) (Payable to: NYC DEPARTMENT OF FINANCE)		4. ●	3940.

Signature of taxpayer: _____ Title: _____ Date: _____

60511005 To receive proper credit, you must enter your correct Employer Identification Number on your declaration and remittance.

DETACH ON DOTTED LINE & SEND UPPER PORTION IN A SEPARATE ENVELOPE. RETAIN WORKSHEET FOR YOUR RECORDS



NYC UNINCORPORATED BUSINESS TAX RETURN

2009

204 FOR PARTNERSHIPS (INCLUDING LIMITED LIABILITY COMPANIES)

For CALENDAR YEAR 2009 or FISCAL YEAR beginning _____, and ending _____

- Amended return
Final return - Check box if you have ceased operations.
Federal Return filed: X 1065
Check box if you are engaged in an exempt unincorporated business activity
Check box if you claim any 9/11/01-related federal tax benefits (see inst.)
Check box if electing books and records allocation (see inst.)
Check box to request consent to use an alternative allocation method (see instructions).

Entity Type: general partnership registered limited liability partnership limited partnership X limited liability company

Name: TELCO EXPERTS LLC
Address: 38 PARK AVENUE
City and State: RUTHERFORD NJ ZIP Code: 07070
Employer Identification Number: 26-1287244
Business Code Number: 517000
Date business began: 02-01-08
Date business ended:
A. Payment Pay amount shown on line 33 - Make check payable to: NYC Department of Finance 16459.

- 1. Business income (from page 2, Schedule B, line 32) 543269.
2. Business allocation percentage: check method used to allocate - if not allocating, enter 100%
formula (from Schedule E, line 5) separate books and records (omit % & attach sch.) 78.82 %
3a. If line 2 is less than 100%, enter income or loss on NYC real property
3b. Enter allocated business income, or subtract business loss, from other partnerships
4. Balance (line 1 less line 3a) 543269.
5. Multiply line 4 by the business allocation percentage from line 2 428205.
6. Total of lines 3a and 3b
7a. Investment income (from page 2, Schedule B, line 31)
7b. Add allocated investment income, or subtract investment loss, from other partnerships
8. Investment allocation percentage (IAP) (from page 3, Schedule D, line 2) 78.82 %
9. Multiply line 7a by the IAP from line 8. Add the amount on line 7b
10. Total before NOL deduction 428205.
11. Deduct NYC net operating loss deduction (from page 5, Schedule F, line 12)
12. Balance before allowance for active partners' services (line 10 less line 11) 428205.
13. Less: allowance for active partners' services (if line 12 is a loss, enter "0") Number of active partners claimed # 3 30000.
14. Balance before specific exemption (line 12 less line 13) 398205.
15. Less: specific exemption (attach schedule) (if line 12 is a loss, enter "0") 5000.
16. Taxable income (line 14 less line 15) 393205.
17. Tax: 4% of amount on line 16 15728.
18. Sales tax addback
19. Total tax before business tax credit (add line 17 and line 18) 15728.
20. Less: business tax credit (select the applicable credit condition from the sch. on page 3 and enter amount) 0.
21. Total tax before Unincorporated Business Tax paid credit (line 19 less line 20) 15728.
22. Less: UBT Paid Credit (from Schedule A, line 3 of attached Form NYC-114.7)
23. UNINCORPORATED BUSINESS TAX (line 21 less line 22) (if the balance is less than "0", enter "0") 15728.
24a. Credits from Form NYC-114.5 (attach form)
24b. Credits from Form NYC-114.6 (attach form)
24c. Credits from Form NYC-114.8 (attach form)
24d. Credits from Form NYC-114.9, line 14 (attach form)
25. Net tax after credits (line 23 less sum of lines 24a, 24b, 24c and 24d) 15728.
26. Payment of estimated tax, including credit from preceding year and payment with extension, NYC-EXT.
27. If line 25 is larger than line 26, enter balance due 15728.
28. If line 25 is smaller than line 26, enter overpayment
29a. Interest
29b. Additional charges
29c. Penalty for underpayment of estimated tax (attach Form NYC-221) 731.
30. Total of lines 29a, 29b and 29c 731.
31. Net overpayment (line 28 less line 30)
32. Amount of line 31 to be: (a) Refunded (b) Credited to 2010 estimated tax on Form NYC-5UB
33. TOTAL REMITTANCE DUE (see instructions). Enter payment on line A above 16459.
34. NYC rent from Schedule E, part 1, or rent deducted on federal return. (THIS LINE MUST BE COMPLETED) 21050.
35. Gross receipts or sales from federal return 2399588.
36. Total assets from federal return 265744.

Name **TELCO EXPERTS LLC**

EIN **26-1287244**

SCHEDULE B Computation of Total Income - IF ALLOCATING BY SEPARATE BOOKS AND RECORDS, ENTER THE ALLOCATED AMOUNTS.

Part 1 Items of income, gain, loss or deduction

1. Ordinary income (loss) from federal Form 1065, line 22 or 1065-B, Part I, line 25	● 1.	9304.
2. Net income (loss) from all rental real estate activity not included in Form 1065, line 22 or 1065-B, Part I, line 25 but included on federal Schedule K	● 2.	
3. All portfolio income such as interest, dividends, royalties, annuity income and gain (loss) on the disposition of property not included in Form 1065, line 22 or 1065-B, Part I, line 25, but included on federal Schedule K	● 3.	
4. Guaranteed payments to partners from federal Schedule K	● 4.	539000.
5. Payments to current and retired partners included in other deductions from federal Form 1065, line 20 or 1065-B, Part I, line 23	● 5.	
6. Other income not included in Form 1065, line 22 or 1065-B, Part I, line 25, but included on federal Sch. K	● 6.	
7. Charitable contributions from federal Schedule K	● 7.	2400.
8. Other deductions included in Form 1065, line 22 or 1065-B, Part I, line 25 and Part II, line 13, but not allowed for UBT	● 8.	
9. Other income and expenses not included above that are required to be reported separately to partners	● 9.	STMT 1 -1561.
10. Total federal income (combine lines 1 through 9, do not include line 7)	● 10.	546743.
11. Subtract net income or gain (or add net loss) from rental, sale or exchange of real property situated outside NYC if included in line 10 above (attach schedule)	● 11.	
12. Total income before New York City modifications (combine line 10 and line 11)	● 12.	546743.

Part 2 New York City modifications (see instructions for Schedule B, part 2)

ADDITIONS		PARTNER A	PARTNER B	PARTNER C	TOTAL
SEE ATTACHED K-1S	EIN OR SSN ▶				
13. All income taxes and Unincorporated Business Taxes	13.				● 13. 4469.
14. (a) Sales and use tax credit	14a.				14a.
(b) Relocation credits	14b.				14b.
(c) Expenses related to exempt income	14c.				● 14c.
(d) Depr. adj. (attach Form NYC-399 and/or NYC-399Z)	14d.				14d. 5542.
(e) Exempt Activities	14e.				● 14e.
15. Other additions (attach schedules)	15.				15.
16. Total additions (add lines 13 through 15)	16.				● 16. 10011.
SUBTRACTIONS		PARTNER A	PARTNER B	PARTNER C	TOTAL
17. All income tax and Unincorporated Business Tax refunds (included in part 1)	17.				17.
18. Sales and use tax refunds from vendors or NY State (included in part 1)	18.				18.
19. Wages and salaries subject to federal jobs credit (attach federal Form 5884 or 8884)	19.				19.
20. Depr. adj. (attach Form NYC-399 and/or NYC-399Z)	20.				20. 11085.
21. Exempt income (included in part 1, line 10)	21.				● 21.
22. 50% of dividends	22.				● 22.
23. Exempt Activities	23.				● 23.
24. Other subtractions (attach schedule)	24.				● 24.
25. Total subtractions (add lines 17 through 24)	25.				● 25. 11085.
26. Combine lines 16 and 25 (total)	26.				-1074.
27. Total income (combine lines 12 and 26)	● 27.				545669.
28. Less: Charitable contributions (not to exceed line 7, or 5% of line 27, whichever is less)	● 28.				2400.
29. Balance (line 27 less line 28)	29.				543269.
30. Investment income - (complete lines a through g below)					
(a) Dividends from stocks held for investment	● 30a.				
(b) Interest from investment capital (include non-exempt governmental obligations) (itemize on rider)	● 30b.				
(c) Net capital gain (loss) from sales or exchanges of securities held for investment	● 30c.				
(d) Income from assets included on line 3 of Schedule D	● 30d.				
(e) Add lines 30a through 30d inclusive	● 30e.				
(f) Deductions directly or indirectly attributable to investment capital	● 30f.				
(g) Interest on bank accounts included in income reported on line 30d	● 30g.				
31. Investment income (line 30e less line 30f) (enter on page 1, Sch. A, line 7a)	31.				
32. Business income (line 29 less line 31) (enter here and transfer this amount to page 1, Sch. A, line 1)	32.				543269.



Name **TELCO EXPERTS LLC**

EIN **26-1287244**

SCHEDULE C Partnership Information - THIS SCHEDULE MUST BE COMPLETED FOR PARTNERSHIPS TO CLAIM ALLOWANCE FOR PARTNER'S SERVICES AND FOR PARTNERS TO CLAIM THE UBT PAID CREDIT ON THEIR UBT, GCT, BCT OR PIT RETURNS.

How many partners are in this partnership? **3** Number of active partners **3**

In column 1 give full name, address, Employer Identification Number or Social Security Number and percentage of partner's interest in the partnership. (Name and address should be as shown on income or business tax return of the partner.)

COLUMN 1				COLUMN 2	COLUMN 3	COLUMN 4	
Interest %	NAME AND ADDRESS	PARTNER (check one)		Employer Identification Number - or - Social Security Number	Percentage of Time Devoted to Business	Partner's Distributive Share	Percentage of Total Distributive Shares
		General	Limited				
(a) %					%		%
(b) %					%		%
(c) %					%		%
(d) %					%		%
(e) %					%		%
SEE STATEMENT NYC SCHEDULE C - PARTNERSHIP INFORMATION					TOTAL		100%

SCHEDULE D Investment Capital and Allocation and Cash Election

A	B	C	D	E	F	G
DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	No. of Shares or Amount of Securities	Average Value	Liabilities Attributable to Investment Capital	Net Average Value (column C minus column D)	Issuer's Allocation Percentage	Value Allocated to NYC (column E X column F)
					%	
1. Totals (including items on rider)						
2. Investment allocation percentage (line 1G divided by line 1E. Round to the nearest one hundredth of a percentage point)					%	
3. Cash - (To treat cash as investment capital, you must include it on this line.)						
4. Investment capital. Total of line 1e and 3e						

Business Tax Credit Computation

- If the amount on page 1, line 19, is \$3,400 or less, your credit on line 20 is the entire amount of tax on line 19. (NO TAX WILL BE DUE)
- If the amount on page 1, line 19, is \$5,400 or over, no credit is allowed. Enter "0" on line 20.
- If the amount on page 1, line 19, is over \$3,400 but less than \$5,400, your credit is computed by the following formula:

tax on page 1, line 19 X $\left(\frac{\$5,400 \text{ minus tax on line 19}}{\$2,000} \right) = \text{_____} = \text{your credit}$



PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 26	DATE	AMOUNT
A. Payment with declaration, Form NYC-5UB (1)		
B. Payment with Notice of Estimated Tax Due (2)		
C. Payment with Notice of Estimated Tax Due (3)		
D. Payment with Notice of Estimated Tax Due (4)		
E. Payment with extension, Form NYC-EXT		
F. Overpayment credited from preceding year		
G. TOTAL of A through F. (Enter on Schedule A, line 26)		

ATTACH FEDERAL FORM 1065 OR 1065-B AND ALL ACCOMPANYING SCHEDULES INCLUDING THE INDIVIDUAL K-1s

Name TELCO EXPERTS LLC

EIN 26-1287244

ALLOCATION OF BUSINESS INCOME

ALLOCATION

Taxpayers who allocate income outside the City:

- complete Schedule E, Parts 1, 2 and 3 (below) and
- attach separate schedule if allocating by separate books and records. See "Highlight of Recent Law Changes to Unincorporated Businesses"
- check method used to allocate on Schedule A, line 2 and enter percentage rounded to the nearest one hundredth of a percentage point

NON-ALLOCATION

Taxpayers who do not allocate business income:

- omit Schedule E, Parts 1 and 2 (below)
- enter 100% on Schedule E, Part 3, line 5 and 100% on Schedule A, line 2

SCHEDULE E Complete this schedule if business is carried on both inside and outside New York City

Part 1 List location of each place of business **INSIDE** New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	Number of Employees	Wages, Salaries, etc.	Duties
NO PLACE OF BUSINESS IN NYC	0.		0	0.	
TOTAL:					

Part 2 List location of each place of business **OUTSIDE** New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	Number of Employees	Wages, Salaries, etc.	Duties
38 PARK AVENUE RUTHERFORD NJ	0.	MAIN OFFICE	1	0.	
TOTAL:			1		

Part 3 Formula Basis Allocation of Income

DESCRIPTION OF ITEMS USED AS FACTORS	● COLUMN A - NEW YORK CITY	● COLUMN B - EVERYWHERE	● COLUMN C - PERCENTAGE IN NEW YORK CITY (COLUMN A DIVIDED BY COLUMN B)
1. Average value of the real and tangible personal property of the business (see instr)			
a. Business real property owned 1a.			
b. Business real property rented from others (rent x 8) 1b.			
c. Business tangible personal property owned 1c.			
d. Business tangible personal property rented from others (rent x 8) 1d.			
e. Total of lines 1a - 1d 1e.			%
2. Wages, salaries and other personal service compensation paid to employees during the year 2.			%
3a. Gross sales of merchandise or charges for services during the year 3a.	1891463.	2399588.	78.82 %
3b. Optional additional gross income factor for manufacturers (enter amount from line 3a, see instructions) 3b.			%
4. Sum of percentages in column C (Manufacturers only - see instructions on weighted factor allocation) 4.			78.82 %
5. BUSINESS ALLOCATION PERCENTAGE (see instructions.) Transfer to page 1, Schedule A, line 2) 5.			78.82 %
6. IS ANY PLACE OF BUSINESS LISTED IN PARTS 1 AND 2 LOCATED IN A PARTNER'S HOME? ● YES ● <input checked="" type="checkbox"/> NO			
7. DID YOU CLAIM A DEDUCTION FOR EXPENSES OF AN OFFICE IN A PARTNER'S HOME? ● YES ● <input checked="" type="checkbox"/> NO			



ATTACH FEDERAL FORM 1065 OR 1065-B AND ALL ACCOMPANYING SCHEDULES INCLUDING THE INDIVIDUAL K-1'S

Name **TELCO EXPERTS LLC**

EIN **26-1287244**

SCHEDULE F New York City Net Operating Loss Carryforward Deduction

COMPLETE A SEPARATE SCHEDULE FOR EACH LOSS YEAR. ATTACH A DETAILED SCHEDULE FOR EACH APPLICABLE LINE.

1. Enter allocated NYC net operating loss amount incurred for loss year ended: 12-31-08 1. 1416.

2. Enter amount of line 1 previously absorbed by year ended: 2. _____

3. Enter amount of line 1 previously absorbed by year ended: 3. _____

4. Enter amount of line 1 previously absorbed by year ended: 4. _____

5. Add lines 2, 3 and 4 plus any additional year(s) 5. _____

6. Subtract line 5 from line 1 6. 1416.

7. Enter the amount from page 1, Schedule A, line 10 7. 428205.

8. Enter the lesser of line 6 or 7 8. 1416.

9. Compute and enter the total percentage interests in income and deductions for the loss year of partners who were also partners during 2009 9. _____ %

10. IS THIS TOTAL PERCENTAGE EQUAL TO OR GREATER THAN 80%? YES ___ NO YES
 IF "NO," THE LOSS DEDUCTION IS ABSORBED AND IS NOT TO BE APPLIED TO 2009. DO NOT CONTINUE.

11. Compute and enter total percentage interests in income and deductions for 2009 of those partners who were partners in both the loss year and 2009 11. _____ %

12. Multiply line 11 (loss limitation percentage) by line 8. This is your net operating loss deduction. (enter here and transfer amount to page 1, Schedule A, line 11) 12. 0.

SCHEDULE G The following information must be entered for this return to be complete

1. Nature of business or profession: TELEPHONE SERVICES

2. Did you file a New York City Partnership Return for the following years: ... 2007: ___ YES X NO 2008: X YES ___ NO
 If "NO," state reason: 2008 WAS INITIAL RETURN

3. If business terminated during the current taxable year, state date terminated. (mm-dd-yy) (Attach a statement showing disposition of bus. property.)

4. Has the Internal Revenue Service or the New York State Department of Taxation and Finance increased or decreased any taxable income reported in any tax period, or are you currently being audited? YES ___ NO X
 If "YES," by whom? Internal Revenue Service State period(s): Beg.: _____ End.: _____
 _____ New York State Department of Taxation and Finance State period(s): Beg.: _____ End.: _____

5. Has Form NYC-115 (Report of Federal/State Change in Taxable Income) been filed? YES ___ NO X

6. Did you calculate a depreciation deduction by the application of the federal Accelerated Cost Recovery System (ACRS)? YES ___ NO X

7. Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return? YES ___ NO X

8. At any time during the taxable year, did the partnership have an interest in real property (including a leasehold interest) located in NYC or in an entity owning such real property? YES ___ NO X

9. If "YES" to 8:
 a) Attach a schedule of the property, indicating the nature of the interest and including the street address, borough, block and lot number.
 b) Was any NYC real property (including a leasehold interest) or 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 partnership? YES ___ NO
 d) Was 50% or more of the partnership ownership transferred during the tax year, over a three-year period, or according to a plan? YES ___ NO

10. If "YES" to 9b, 9c or 9d, was a Real Property Transfer Tax Return filed? YES ___ NO

11. If "NO" to 10, explain: _____

CERTIFICATION

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 Department of Finance to discuss this return with the preparer listed below. (see instructions) YES X

SIGN HERE: Signature of partner		Title	Date	Preparer's Social Security Number or PTIN
PREPARER'S USE ONLY: Preparer's signature:		Preparer's printed name: MARTIN M. BELL	Date	• P00598705
Firm's name		Address	ZIP Code	Firm's Employer Identification Number
BELL & COMPANY LLP		350 FIFTH AVE STE 7412		• 13-3565602
		NEW YORK, NY 10118-7412	Check if self-employed:	

The due date for calendar year 2009 is on or before April 15, 2010. For fiscal years beginning in 2009 file on or before the 15th day of the 4th month following the close of the fiscal year.

To receive proper credit, you must enter your correct Employer Identification Number on your tax return and remittance. Make remittance payable to the order of NYC DEPARTMENT OF FINANCE. Payment must be made in U.S. dollars, drawn on a U.S. bank.

NYC 204

OTHER ITEMS

STATEMENT 1

DESCRIPTION

AMOUNT

SECTION 179 EXPENSE DEDUCTION

-1,561.

TOTAL TO FORM 204, SCHEDULE B, PART 1, LINE 9

-1,561.

COPY

NYC
399Z



For CALENDAR YEAR 2009 or FISCAL YEAR beginning _____ and ending _____

Name (Print or Type)
TELCO EXPERTS LLC

EMPLOYER IDENTIFICATION NUMBER
26-1287244
OR
SOCIAL SECURITY NUMBER

- ▲ Federal Form 4562 must accompany this form.
- ▲ This schedule must be attached to your applicable New York City tax return.
- ▲ See instructions.
- ▲ Use Schedule A2 to report modifications to the deductions for certain sport utility vehicles, not Schedule A1. See instructions.

SCHEDULE A1 Computation of allowable New York City depreciation for current year Attach rider if necessary

A Description of Property	B Class of Property	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Depreciation Taken in Prior Years	F Federal Depreciation	G Method of Figuring NYC Depreciation	H Life or Rate	I Allowable New York City Depreciation
EQUIPMENT	5-YR	01-08-08	2622.	918.	341.	200	5.0	682.
EQUIPMENT	5-YR	01-31-08	813.	285.	106.	200	5.0	211.
EQUIPMENT	5-YR	05-19-08	1615.	404.	242.	200	5.0	485.
EQUIPMENT	5-YR	05-20-08	5332.	1333.	800.	200	5.0	1600.
EQUIPMENT	5-YR	06-26-08	3826.	957.	574.	200	5.0	1148.
EQUIPMENT	5-YR	12-02-08	12313.	616.	2339.	200	5.0	4679.
EQUIPMENT	5-YR	12-15-08	6000.	300.	1140.	200	5.0	2280.
1a. Total columns D, E, F, and I			32521.	4813.	5542.			11085.

Enter total of columns F and I on line 4 and line 5 of Schedule C below. (See Instructions.)

SCHEDULE A2 Computation of NYC deductions for current year for sport utility vehicles Attach rider if necessary

A Description of Property	B Class of Property	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Deductions Taken in Prior Years	F Federal Depreciation and Section 179 Deductions	G Method of Figuring NYC Depreciation	H Life or Rate	I Total Allowable New York City Deductions
1b. Total columns D, E, F, and I								

SCHEDULE B Disposition adjustment						Attach rider if necessary
For each item of property listed below, determine the difference between federal and New York City deductions used in the computation of federal and New York City taxable income in prior years. ▶ If federal deduction exceeds New York City deduction, subtract column E from column D and enter in column F. ▶ If New York City deduction exceeds federal, subtract column D from column E and enter in column G.						
A Description of Property	B Class of Property (ACRS)	C Date Placed in Service: mm/dd/yy	D Total Federal Depreciation Taken	E Total NYC Depreciation Taken	F Adjustment (D minus E)	G Adjustment (E minus D)
2. Total excess federal deductions over NYC deductions (see instructions)						
3. Total excess NYC deductions over federal deductions (see instructions)						

SCHEDULE C Computation of adjustments to New York City income		A. Federal	B. New York City
4. Enter amount from Schedule A1, line 1a, column F	4.	5542.	
5. Enter amount from Schedule A1, line 1a, column I	5.		11085.
6a. Enter amount from Schedule A2, line 1b, column F	6a.		
6b. Enter amount from Schedule A2, line 1b, column I	6b.		
7a. Enter amount from Schedule B, line 2	7a.		
7b. Enter amount from Schedule B, line 3	7b.		
8. Totals: column A, lines 4, 6a and 7b; column B, lines 5, 6b and 7a	8.	5542.	11085.

Enter the amount on line 8, column A, as an addition and the amount on line 8, column B, as a deduction on the applicable New York City return. (See instructions)



**UNDERPAYMENT OF ESTIMATED
UNINCORPORATED BUSINESS TAX**

2009

ATTACH TO YOUR TAX RETURN

For CALENDAR YEAR 2009 or FISCAL YEAR beginning _____, and ending _____

Print or Type ▼

Name TELCO EXPERTS LLC	SOCIAL SECURITY NUMBER _____	PARTNERSHIPS, ESTATES AND TRUSTS ONLY ENTER EMPLOYER IDENTIFICATION NUMBER 26-1287244
--------------------------------------	-------------------------------------	--

Computation of Underpayment

1. 2009 tax (from NYC-202, Schedule A, line 21; NYC-204, Schedule A, line 23; or NYC-202S, Schedule A, line 8)	1.	15728.
2. Credits (from NYC-202, Schedule A, lines 22a, 22b, 22c and 22d or NYC-204, Schedule A, lines 24a, 24b, 24c and 24d)	2.	
3. Line 1 less line 2	3.	15728.
4. 90% of line 3	4.	14155.

	1- FIRST	2- SECOND	3- THIRD	4- FOURTH
Enter quarterly due dates of installments ▶	04-15-09	06-15-09	09-15-09	01-15-10
5. Divide amount of line 4 by the number of installments required for the year. Enter the result in the appropriate columns ...	5. 3538.	3539.	3539.	3539.
6. Amount paid or credited for each period				
7. Overpayment of previous installment				
8. Total of lines 6 and 7				
9. Overpayment (line 8 less line 5)				
10. Underpayment (line 5 less line 8)	10. 3538.	3539.	3539.	3539.

→ COMPUTATION CONTINUES ON PAGE 2

Exceptions that Avoid the Underpayment Penalty

	1 - FIRST QUARTER	2 - SECOND QUARTER	3 - THIRD QUARTER	4 - FOURTH QUARTER
Total cumulative amount paid or credited from the beginning of the taxable year through the installment dates that correspond to the 15th day of the 4th, 6th and 9th months of the taxable year and the 15th day of the first month of the succeeding taxable year				
EXCEPTION 1 - Prior year's tax (2008)	25% of 2008 tax	50% of 2008 tax	75% of 2008 tax	100% of 2008 tax
▲ \$ _____	Enter 25% of tax	Enter 50% of tax	Enter 75% of tax	Enter 100% of tax
▲ EXCEPTION 2 - Tax on prior year's facts and law using 2009 rates (attach computation)	Enter 22.50% of tax	Enter 45% of tax	Enter 67.50% of tax	
▲ EXCEPTION 3 - Tax on annualized 2009 income (attach computation)	Enter 90% of tax	Enter 90% of tax	Enter 90% of tax	
▲ EXCEPTION 4 - Tax on 2009 income over short periods (attach computation)				
▲ EXCEPTION 5 - Tax on recurring seasonal 2009 income (attach computation)				

Computation of Penalty	1- FIRST	2- SECOND	3- THIRD	4- FOURTH
	04-15-09	06-15-09	09-15-09	01-15-10
11. Enter the date of payment or the 15th day of the 4th month after the close of the taxable year, whichever is earlier				
12. Number of days from due date of installment to the date shown on line 11				
13. Number of days on line 12 after 4/15/2009 and before 7/11/2009				
14. Number of days on line 12 after 7/10/2009 and before 10/1/2009				
15. Number of days on line 12 after 9/30/2009 and before 1/1/2010				
16. Number of days on line 12 after 12/31/2009 and before 4/1/2010				
17. Number of days on line 12 after 3/31/2010 and before 7/1/2010				
18. Number of days on line 12 after 6/30/2010 and before 10/1/2010				
19. Number of days on line 12 after 9/30/2010 and before 1/1/2011				
20. Number of days on line 12 after 12/31/2010 and before 3/15/2011				
21. <u>Number of days on line 13 x 6% x amount on line 10</u> 365				
22. <u>Number of days on line 14 x 8% x amount on line 10</u> 365				
23. <u>Number of days on line 15 x 8% x amount on line 10</u> 365				
24. <u>Number of days on line 16 x *% x amount on line 10</u> 365				
25. <u>Number of days on line 17 x *% x amount on line 10</u> 365				
26. <u>Number of days on line 18 x *% x amount on line 10</u> 365				
27. <u>Number of days on line 19 x *% x amount on line 10</u> 365				
28. <u>Number of days on line 20 x *% x amount on line 10</u> 365				
29. Add lines 21 through 28	266.	231.	164.	70.
30. To complete this line, refer to the instructions for line 30				
31. Add the amounts on line 29 (or line 30, if applicable) for quarters 1 through 4. Enter total and transfer amount to Form NYC-202, Schedule A, line 27c or Form NYC-204, Schedule A, line 29c (see instructions for line 30) STMT	231.			731.

*For information regarding interest rates, call 311.
 If calling from outside of the five NYC boroughs, please call 212-NEW-YORK (212-639-9675).
 You may also consult the Department of Finance website at nyc.gov/finance

NYC Schedule C - Partnership Information

Partnership Name **TELCO EXPERTS LLC**

Partnership I.D. Number **26-1287244**

Partner		Name and Address
Number	Interest %	ESK CONSULTANTS LLC
1	33.3333333%	237 MAYFAIR DRIVE
		BROOKLYN, NY 11234

General Partner	Limited	Partner's Identification Number	Percentage of Time Devoted to Business	Partner's Distributive Share	Partner's Distributive Pct.
	X	20-2113320		230,423.	42.414163%

Partner		Name and Address
Number	Interest %	ADAM GOLDBERG
2	33.3333333%	33 WINDING WAY
		WAYNE, NJ 07470

General Partner	Limited	Partner's Identification Number	Percentage of Time Devoted to Business	Partner's Distributive Share	Partner's Distributive Pct.
	X	082-50-3812		156,423.	28.792918%

Partner		Name and Address
Number	Interest %	PETER GOLDBERG
3	33.3333334%	1520 YORK AVENUE
		NEW YORK, NY 10028

General Partner	Limited	Partner's Identification Number	Percentage of Time Devoted to Business	Partner's Distributive Share	Partner's Distributive Pct.
	X	082-50-3829		156,423.	28.792918%

Partner		Name and Address
Number	Interest %	_____

General Partner	Limited	Partner's Identification Number	Percentage of Time Devoted to Business	Partner's Distributive Share	Partner's Distributive Pct.
		_____		_____	_____ %

Partner		Name and Address
Number	Interest %	_____

General Partner	Limited	Partner's Identification Number	Percentage of Time Devoted to Business	Partner's Distributive Share	Partner's Distributive Pct.
		_____		_____	_____ %

NYC 221	COMPUTATION OF UNDERPAYMENT PENALTY						STATEMENT	2
Q T R	EVENT AMOUNT	REMAINING TYPE UNDERPAYMENT	PERIOD OF UNDERPAYMENT		DAYS	INTEREST RATE	AMOUNT OF PENALTY	
A								
	Q	3,538.	04/15/2009	07/10/2009	86	6.0000	50.	
	R	3,538.	07/10/2009	04/15/2010	279	8.0000	216.	
B								
	Q	3,539.	06/15/2009	07/10/2009	25	6.0000	15.	
	R	3,539.	07/10/2009	04/15/2010	279	8.0000	216.	
C								
	Q	3,539.	09/15/2009	04/15/2010	212	8.0000	164.	
D								
	Q	3,539.	01/15/2010	04/15/2010	90	8.0000	70.	
TOTAL TO FORM 204, SCHEDULE A, LINE 29C							731.	

EVENT TYPE: O = OVERPAYMENT FROM PREVIOUS YEAR OR QUARTER
 Q = AMOUNT UNDERPAID AT START OF QUARTER
 P = PAYMENT, OR PAYMENT NOT FULLY USED IN OTHER QUARTER(S)
 L = SWITCH TO OR FROM A LEAP YEAR
 R = CHANGE IN INTEREST RATE

NEW YORK CITY SCHEDULE K-1 EQUIVALENT	Partner's New York City Information For Calendar Year 2009 or Fiscal Year Beginning _____, 2009; and Ending _____, _____.	2009
--	--	-------------

Partner's Name, Address and ZIP Code ESK CONSULTANTS LLC 237 MAYFAIR DRIVE BROOKLYN, NY 11234	Partner Number <u>1</u> Partner's Identifying Number <u>20-2113320</u> <hr/> Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Amended Schedule K-1 <input type="checkbox"/> Final Schedule K-1 <input type="checkbox"/>
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Partnership's Name, Address and ZIP Code TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD NJ 07070	Partnership's Identifying Number <u>26-1287244</u> Partner's Percentage of: Ownership <u>33.3333333%</u> Profit and Loss <u>33.3333333%</u> % of time devoted _____ Time devoted _____ % of Total Distributive Shares <u>42.414163%</u>
---	--

ITEMS OF BUSINESS INCOME, GAIN, LOSS OR DEDUCTION

1	Ordinary income (loss)	1	3101.
2	Net income (loss) from ALL rental real estate activity not included in line 1	2	
3	All portfolio income such as interest, dividends, royalties, annuity income and gain (loss) on the disposition of property held for investment not included in line 1 and line 2	3	
4	Guaranteed payments to partners	4	229000.
5	Payments to retired partners included in other deductions from federal Form 1065	5	
6	Other income not included in lines 1, 2 and 3	6	
7	Charitable contributions	7	800.
8	Other deductions not included in lines 1, 2 and 3	8	
9	Other items and amounts not included above that are required to be reported separately to partners	9	-520.
10	Total income (combine lines 1 through 9. DO NOT INCLUDE LINE 7)	10	231581.
11	Subtract (if loss, add) net income from rental or gain from sale or exchange of real property situated outside New York City if included in line 10 above	11	
12	Total income before New York City modifications (combine line 10 and line 11)	12	231581.

NEW YORK CITY MODIFICATIONS

Additions			
13	All income taxes and unincorporated business taxes	13	1490.
14	(a) Sales and use tax credit	14a	
	(b) Relocation credits	14b	
	(c) Expenses related to exempt income	14c	
	(d) Depreciation adjustments	14d	1847.
	(e) Exempt activities	14e	
15	Other additions	15	
16	Total additions (add lines 13 through 15)	16	3337.
Subtractions			
17	All income taxes and unincorporated business tax refunds	17	
18	Sales & use tax refunds from vendors or New York State	18	
19	Wages and salaries subject to federal jobs credit	19	
20	Depreciation adjustments	20	3695.
21	Exempt income included in Part I, line 10	21	
22	50% of dividends	22	
23	Exempt activities	23	
24	Other subtractions	24	
25	Total subtractions (add lines 17 through 24)	25	3695.

NYC SCHEDULE K-1 UBT PAID CREDIT INFORMATION

DESCRIPTION	TOTAL (A)	PARTNER'S DISTRIB. % (B)	PARTNER'S SHARE (A) X (B)
UBT PAID NYC 204, SCHEDULE A, LINE 25	15,728.	42.414163	6,671.
CREDITS TAKEN NYC 204, SCHEDULE A, LINES 22, 24A, 24B, 24C & 24D	0.	42.414163	0.

NYC SCHEDULE K-1 OTHER ITEMS

DESCRIPTION	AMOUNT
SECTION 179 EXPENSE DEDUCTION	-520.
TOTAL TO SCHEDULE K-1, LINE 9	-520.

COPY

NEW YORK CITY SCHEDULE K-1 EQUIVALENT	Partner's New York City Information For Calendar Year 2009 or Fiscal Year Beginning _____, 2009; and Ending _____, _____.	2009
--	--	-------------

Partner's Name, Address and ZIP Code ADAM GOLDBERG 33 WINDING WAY WAYNE, NJ 07470	Partner Number <u>2</u> Partner's Identifying Number 082-50-3812 Resident <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Amended Schedule K-1 <input type="checkbox"/> Final Schedule K-1 <input type="checkbox"/>
---	---

Partnership's Name, Address and ZIP Code TELCO EXPERTS LLC 38 PARK AVENUE RUTHERFORD NJ 07070	Partnership's Identifying Number 26-1287244 Partner's Percentage of: Ownership <u>33.3333333%</u> Profit and Loss <u>33.3333333%</u> % of time devoted _____ Time devoted _____ % of Total Distributive Shares 28.792918%
---	--

ITEMS OF BUSINESS INCOME, GAIN, LOSS OR DEDUCTION

1	Ordinary income (loss)	1	3102.
2	Net income (loss) from ALL rental real estate activity not included in line 1	2	
3	All portfolio income such as interest, dividends, royalties, annuity income and gain (loss) on the disposition of property held for investment not included in line 1 and line 2	3	
4	Guaranteed payments to partners	4	155000.
5	Payments to retired partners included in other deductions from federal Form 1065	5	
6	Other income not included in lines 1, 2 and 3	6	
7	Charitable contributions	7	800.
8	Other deductions not included in lines 1, 2 and 3	8	
9	Other items and amounts not included above that are required to be reported separately to partners	9	-521.
10	Total income (combine lines 1 through 9. DO NOT INCLUDE LINE 7)	10	157581.
11	Subtract (If loss, add) net income from rental or gain from sale or exchange of real property situated outside New York City if included in line 10 above	11	
12	Total income before New York City modifications (combine line 10 and line 11)	12	157581.

NEW YORK CITY MODIFICATIONS

Additions			
13	All income taxes and unincorporated business taxes	13	1489.
14	(a) Sales and use tax credit	14a	
	(b) Relocation credits	14b	
	(c) Expenses related to exempt income	14c	
	(d) Depreciation adjustments	14d	1848.
	(e) Exempt activities	14e	
15	Other additions	15	
16	Total additions (add lines 13 through 15)	16	3337.
Subtractions			
17	All income taxes and unincorporated business tax refunds	17	
18	Sales & use tax refunds from vendors or New York State	18	
19	Wages and salaries subject to federal jobs credit	19	
20	Depreciation adjustments	20	3695.
21	Exempt income included in Part I, line 10	21	
22	50% of dividends	22	
23	Exempt activities	23	
24	Other subtractions	24	
25	Total subtractions (add lines 17 through 24)	25	3695.

NYC SCHEDULE K-1	OTHER ITEMS
DESCRIPTION	AMOUNT
SECTION 179 EXPENSE DEDUCTION	-521.
TOTAL TO SCHEDULE K-1, LINE 9	-521.

NYC SCHEDULE K-1	UBT PAID CREDIT INFORMATION		
DESCRIPTION	TOTAL (A)	PARTNER'S DISTRIB. % (B)	PARTNER'S SHARE (A) X (B)
UBT PAID NYC 204, SCHEDULE A, LINE 25	15,728.	28.792918	4,529.
CREDITS TAKEN NYC 204, SCHEDULE A, LINES 22, 24A, 24B, 24C & 24D	0.	28.792918	0.

COPY

NEW YORK CITY SCHEDULE K-1 EQUIVALENT

Partner's New York City Information
For Calendar Year 2009 or Fiscal Year

2009

Beginning _____, 2009; and Ending _____, _____.

Partner's Name, Address and ZIP Code

PETER GOLDBERG
1520 YORK AVENUE
NEW YORK, NY 10028

Partner Number 3

Partner's Identifying Number
082-50-3829

Resident Nonresident
Amended Schedule K-1 Final Schedule K-1

Partnership's Name, Address and ZIP Code

TELCO EXPERTS LLC
38 PARK AVENUE
RUTHERFORD NJ 07070

Partnership's Identifying Number
26-1287244

Partner's Percentage of:

Ownership 33.3333334%
Profit and Loss 33.3333334%
% of time devoted _____
Time devoted _____
% of Total Distributive Shares 28.792918%

ITEMS OF BUSINESS INCOME, GAIN, LOSS OR DEDUCTION

1	Ordinary income (loss)	1	3101.
2	Net income (loss) from ALL rental real estate activity not included in line 1	2	
3	All portfolio income such as interest, dividends, royalties, annuity income and gain (loss) on the disposition of property held for investment not included in line 1 and line 2	3	
4	Guaranteed payments to partners	4	155000.
5	Payments to retired partners included in other deductions from federal Form 1065	5	
6	Other income not included in lines 1, 2 and 3	6	
7	Charitable contributions	7	800.
8	Other deductions not included in lines 1, 2 and 3	8	
9	Other items and amounts not included above that are required to be reported separately to partners	9	-520.
10	Total income (combine lines 1 through 9. DO NOT INCLUDE LINE 7)	10	157581.
11	Subtract (If loss, add) net income from rental or gain from sale or exchange of real property situated outside New York City if included in line 10 above	11	
12	Total income before New York City modifications (combine line 10 and line 11)	12	157581.

NEW YORK CITY MODIFICATIONS

Additions			
13	All income taxes and unincorporated business taxes	13	1490.
14	(a) Sales and use tax credit	14a	
	(b) Relocation credits	14b	
	(c) Expenses related to exempt income	14c	
	(d) Depreciation adjustments	14d	1847.
	(e) Exempt activities	14e	
15	Other additions	15	
16	Total additions (add lines 13 through 15)	16	3337.
Subtractions			
17	All income taxes and unincorporated business tax refunds	17	
18	Sales & use tax refunds from vendors or New York State	18	
19	Wages and salaries subject to federal jobs credit	19	
20	Depreciation adjustments	20	3695.
21	Exempt income included in Part I, line 10	21	
22	50% of dividends	22	
23	Exempt activities	23	
24	Other subtractions	24	
25	Total subtractions (add lines 17 through 24)	25	3695.

NYC SCHEDULE K-1 UBT PAID CREDIT INFORMATION

DESCRIPTION	TOTAL (A)	PARTNER'S DISTRIB. % (B)	PARTNER'S SHARE (A) X (B)
UBT PAID NYC 204, SCHEDULE A, LINE 25	15,728.	28.792918	4,529.
CREDITS TAKEN NYC 204, SCHEDULE A, LINES 22, 24A, 24B, 24C & 24D	0.	28.792918	0.

NYC SCHEDULE K-1 OTHER ITEMS

DESCRIPTION	AMOUNT
SECTION 179 EXPENSE DEDUCTION	-520.
TOTAL TO SCHEDULE K-1, LINE 9	-520.

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