

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

► **File a separate application for each return.**

► **Go to www.irs.gov/Form7004 for instructions and the latest information.**

**Print
or
Type**

Name	Identifying number
American Home Secures Inc	27-4835241
Number, street, and room or suite no. (If P.O. box, see instructions.)	
1910 Pacific Avenue, STE 16900	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)	
Dallas, TX 75201	

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

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

1 Enter the form code for the return listed below that this application is for 12

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

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ► ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ► ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ► ☐
- 5a The application is for calendar year 20 22 , or tax year beginning _____, 20 _____, and ending _____, 20 _____
- b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions—attach explanation.)
- | | | |
|---|---|---|
| 6 Tentative total tax | 6 | 0 |
| 7 Total payments and credits. See instructions | 7 | 0 |
| 8 Balance due. Subtract line 7 from line 6. See instructions | 8 | 0 |

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

Form **7004** (Rev. 12-2018)

Electronic Filing Information (1120/1120S/1120F)

Signature Method

☒ Option (1) Using Practitioner PIN. Use Section (A) below.

Date return prepared

11/8/2023

☐ Option (2) Scanned 8453

PIN Information (Enter information below)

	(A) Practitioner PIN:		
	PIN (5 Digits)	TP entered	ERO entered
Taxpayer PIN:	34433	☐	☒
ERO PIN:	11111		

If ERO entered taxpayer PIN, you must fill out the 8879-CORP (IRS e-file Signature Authorization Form).

EFIN

Enter your 6-digit EFIN number. You can enter EFINS in the Preparer Table.

EFIN: 042522

Submission ID

The Submission ID for this e-File will be computed automatically when an EFIN is entered above. It will only be regenerated if a 'Rejected by EFC' or 'Rejected by Agency' acknowledgement is received and the e-File is recreated.

Submission ID: 0425222023108md3mau9

Name Control

[Click here to see Knowledge Base Document 14500, for more information on Name Controls](#)

TOTA

Corporate Information

Please enter all taxpayer demographic data on the Main Information form.

Officer first name Ashish	M.I. Bhatia	Officer last name Bhatia	Title President	Date signed 11/6/2023
Email address ashish@totalsoftsolutions.co.in	Phone (718) 249-9169	Foreign phone number		

Does the IRS have the most current Responsible Party information on file?

☒ Yes

☐ No

ERO

(Enter data in the Preparer Manager)

ERO's name ALAN D LURY CPA	Foreign phone number
Firm's name JOBEA LLC	

Preparer

(Enter data in the Preparer Manager)

Preparer's name ALAN D LURY CPA	PTIN P01210957	Non-paid prep type
Firm's name JOBEA LLC		Foreign phone number

U.S. Corporation Income Tax Return

OMB No. 1545-0123

For calendar year 2022 or tax year beginning _____, ending _____
Go to www.irs.gov/Form1120 for instructions and the latest information.

2022

A Check if: 1a Consolidated return (attach Form 851) ☐ b Life/nonlife consolidated return ☐ 2 Personal holding co. (attach Sch. PH) ☐ 3 Personal service corp. (see instructions) ☐ 4 Schedule M-3 attached ☐	TYPE OR PRINT	Name American Home Secures Inc Number, street, and room or suite no. If a P.O. box, see instructions. 1910 Pacific Avenue, STE 16900 <table style="width:100%;"> <tr> <td style="width:33%;">City or town Dallas</td> <td style="width:33%;">State TX</td> <td style="width:33%;">ZIP code 75201</td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> <td>Foreign postal code</td> </tr> </table>	City or town Dallas	State TX	ZIP code 75201	Foreign country name	Foreign province/state/county	Foreign postal code	B Employer identification number 27-4835241 C Date incorporated 1/1/2011 D Total assets (see instructions) \$ 261,186
City or town Dallas	State TX	ZIP code 75201							
Foreign country name	Foreign province/state/county	Foreign postal code							
E Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☒ Address change									

Income	1a Gross receipts or sales b Returns and allowance c Balance. Subtract line 1b from line 1a 2 Cost of goods sold (attach Form 1125-A) 3 Gross profit. Subtract line 2 from line 1c 4 Dividends and inclusions (Schedule C, line 23) 5 Interest 6 Gross rents 7 Gross royalties 8 Capital gain net income (attach Schedule D (Form 1120)) 9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) 10 Other income (see instructions—attach statement) 11 Total income. Add lines 3 through 10	1a 2,135,872 1b 1c 2,135,872 2 1,637,213 3 498,659 4 5 6 7 8 9 10 11 498,659
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions—attach Form 1125-E) 13 Salaries and wages (less employment credits) 14 Repairs and maintenance 15 Bad debts 16 Rents 17 Taxes and licenses 18 Interest (see instructions) 19 Charitable contributions 20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) 21 Depletion 22 Advertising 23 Pension, profit-sharing, etc., plans 24 Employee benefit programs 25 Reserved for future use 26 Other deductions (attach statement) 27 Total deductions. Add lines 12 through 26 28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11 29a Net operating loss deduction (see instructions) b Special deductions (Schedule C, line 24) c Add lines 29a and 29b	12 219,000 13 5,527 14 15 16 39,530 17 21,644 18 19,729 19 20 21 7,568 22 7,593 23 24 3,920 25 26 126,429 27 450,940 28 47,719 29a 38,175 29b 29c 38,175
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28. See instructions 31 Total tax (Schedule J, Part I, line 11) 32 Reserved for future use 33 Total payments and credits (Schedule J, Part III, line 23) 34 Estimated tax penalty. See instructions. Check if Form 2220 is attached ☐ 35 Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed 36 Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid 37 Enter amount from line 36 you want: Credited to 2023 estimated tax Refunded	30 9,544 31 2,004 32 33 0 34 72 35 2,076 36 0 37 0

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.

Signature of officer _____ Date _____

President _____ Title _____

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	ALAN D LURY CPA	ALAN D LURY CPA	11/8/2023		P01210957
	Firm's name	JOBEA LLC		Firm's EIN	38-3668318
	Firm's address	PO BOX 851		Phone no.	(781) 341-3929
	City	STOUGHTON	State	MA	ZIP code 02072