Form **8879-CORP**
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

# *E-file* Authorization for Corporations

For calendar year 20 25 , or tax year beginning _ _ _ _ _, 20_ _ , ending _ _ _ _ _, 20_ _

**For use with Form 1120 series returns.**
**Do not send to the IRS. Keep for your records.**
**Go to *www.irs.gov/Form8879CORP* for the latest information.**

OMB No. 1545-0123

Name of corporation
DIVA LABORATORIES U.S., LLC

**Employer identification number**
46-3208256

## Part I Information (Whole dollars only)

| | | | |
|---|---|---|---|
| 1 | Total income (Form 1120, line 11) | 1 | 475,693. |
| 2 | Total income (Form 1120-F, Section II, line 11) | 2 | |
| 3 | Total income (loss) (Form 1120-S, line 6) | 3 | |
| 4 | Total income (Form 1120 , line ) | 4 | |

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

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

**Officer's PIN: check one box only**

☒ I authorize DONG & ASSOCIATES CPA (**ERO firm name**) to enter my PIN 30285 (**do not enter all zeros**) as my signature on the corporation's electronically filed income tax return.

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

Officer's signature _____ Date _____ Title CHAIRMAN

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 96558412345 (**do not enter all zeros**)

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

ERO's signature TONY DONG Date _____

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

**New Hampshire**
*Department of Revenue Administration*

**2025 BT- SUMMARY**

*0BTSUM2531032*

## BUSINESS TAX RETURN SUMMARY (continued)

### STEP 5

Under penalties of perjury, I declare that I have examined this BT-Summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.

X POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed below.

### TAXPAYER'S SIGNATURE & INFORMATION

Signature (in ink) MMDDYYYY

Print Signatory Name & Title

Chairman: CHEN, KUO-SHENG

Email Address

Phone Number

6032472061

### PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer MMDDYYYY

Printed Name of Preparer

TONY DONG

Email Address

Phone Number

6262818887

Preparer Identification Number

P00736397

Preparer's Address

923 E VALLEY BLVD STE 222

Address (continued)

City / Town

SAN GABRIEL

State

CA

Zip Code + 4 (or Canadian Postal Code)

91776

Mail to:
NH DRA
PO Box 637
Concord NH 03302-0637

Make Check Payable to:
**STATE OF NEW HAMPSHIRE**
Enclose but DO NOT staple or tape your attachments

**FILE & PAY ONLINE AT GRANITE TAX CONNECT gtc.revenue.nh.gov/TAP**

NHIZ0701 09/24/25

**THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES**

DO NOT MAIL - REFERENCE ONLY



# 2025 CBT-100

## New Jersey Corporation Business Tax Return
## For Tax Years Ending On or After July 31, 2025, Through June 30, 2026

**Tax year beginning** 01/01/2025 **, and ending** 12/31/2025

Federal Employer I.D. Number: 46-3208256
N.J. Corporation Number: 0450-3479-77
Corporation name: DIVA LABORATORIES U.S., LLC
Mailing Address: 20 TRAFALGAR SQUARE SUITE 418
City: NASHUA
State: NH
ZIP Code: 03063
Check applicable return type: ☐ Initial ☐ Amended
Enter Amended Code:
If code 10, enter reason:

State and date of incorporation: NH 7/15/2013
Date authorized to do business in New Jersey: 7/15/2013
Federal business activity code: 423990
Corporation books are in the care of: MARK RAFALSKI
at: 2B WING DR CEDAR KNOLLS NJ 07082
Phone Number: 603-247-2061
Check if applicable (see instructions):
☐ Investment Company
☐ Regulated Investment Company
☐ Hybrid Corporation (see instructions)
☐ Financial Business Corporation
☐ Professional Corporation
☐ Real Estate Investment Trust
☐ Claiming P.L. 86-272
☐ Banking Corporation

| | | | |
|---|---|---|---|
| 1 | Tax Base – Enter amount from line 4 of Schedule A, Part III | 1 | 0 |
| 2 | **a.** Amount of Tax – Multiply line 1 by the applicable tax rate (see instructions) | 2a | 0 |
| | **b.** Enter the total minimum tax (see instructions) | 2b | 500 |
| 3 | Tax Credits – Enter amount from Schedule A-3, Part I, line 39 (see instructions) | 3 | |
| 4 | CBT TAX LIABILITY – Subtract line 3 from the greater of line 2a or line 2b | 4 | 500 |
| 5 | Corporate Transit Fee – Multiply the amount on Schedule A, Part III, line 2a, 2b, or 2c (whichever is applicable) by 2.5% (see instructions) | 5 | 0 |
| 6 | Tax Due – Add line 4 and line 5, if applicable (see instructions) | 6 | 500 |
| 7 | Installment Payment – Only applies if line 6 is $1,500 or less (see instructions) | 7 | 250 |
| 8 | Professional Corporation Fees (from Schedule PC, Part II, line 7) | 8 | |
| 9 | Total Tax and Professional Corporation Fees - Add lines 6, 7, and 8 | 9 | 750 |
| 10 | **a.** Payments and Credits (see instructions) | 10a | 750 |
| | **b.** Payments made by partnerships on behalf of taxpayer (include copies of all NJK-1s) | 10b | |
| | **c.** Refundable Tax Credits from Schedule A-3, Part II, line 6 (see instructions) | 10c | |
| | **d.** Total Payments and Credits – Add lines 10a, 10b, and 10c | 10d | 750 |
| | **e.** Amended Return Only: Refund previously issued from original return | 10e | |
| | **f.** Net Payments and Credits - Subtract line 10e from line 10d | 10f | |
| 11 | Balance of Tax Due – If line 10f is less than line 9, subtract line 10f from line 9 | 11 | 0 |
| 12 | Penalty and Interest Due (see instructions) | 12 | |
| 13 | Total Balance Due – Add line 11 and line 12 | 13 | 0 |
| 14 | Amount Overpaid – If line 10f is greater than the sum of lines 9 and 12, enter amount of overpayment | 14 | |
| 15 | Amount of line 14 to be Refunded | 15 | |
| 16 | Amount of line 14 to be Credited to 2026 Tax Return | 16 | |
| 17 | Amount of line 14 to be Credited to a Combined Group and tax year to which it is to be applied ☐ 2025 or ☐ 2026 — Unitary ID Number NU | 17 | |

REFERENCE ONLY

**CERTIFICATION OF INACTIVITY** (See Instructions)

**If the corporation is inactive,** page 1, the Annual General Questionnaire, and Schedules A (Parts I, II, and III), A-2, A-3, and A-4 must be completed.
A corporate officer must sign and certify below:
☐ By checking the box, I certify that the corporation did not conduct any business, did not have any income, receipts, or expenses, and did not own any assets during the entire period covered by the tax return.

Chairman

(Date) (Signature of Corporate Officer) (Title)

**SIGNATURE AND VERIFICATION** (See Instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, forms, and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I understand that pursuant to N.J.S.A. 54:10A-14(a) and N.J.A.C. 18:7-11.17A, I must include copies of the federal return(s), forms, and schedules with my New Jersey return. If prepared by a person other than the taxpayer,this declaration is based on all information of which the preparer has any knowledge.

**DO NOT MAIL - REFERENCE ONLY** CHAIRMAN

(Date) (Signature of Duly Authorized Officer of Taxpayer) (Title)

(Date) (Signature of Individual Preparing Return) 923 E VALLEY BLVD STE.222 (Address) P00736397 (Preparer's ID Number)

DONG & ASSOCIATES (Name of Tax Preparer's Employer) SAN GABRIEL, CA 91776 (Address) 800653260 (Employer's ID Number)