



September 17, 2026

Darnell Corbitt
Tax Auditor
City of Toledo, Division of Taxation & Treasury
One Government Center, Suite 2070
Toledo, Ohio 43604

Re: Kwabena Osei MD PA Inc
Toledo Account No. 2211710-C
Federal EIN: 83-2975862
Tax Year 2024 — Response to Notice of Non-Filing Dated September 10, 2026

Dear Mr. Corbitt:

This letter responds to the notice dated September 10, 2026 (Account No. 2211710-C), stating that Kwabena Osei MD PA Inc has not filed a City of Toledo Income Tax Return for tax year 2024.

Our records, which are corroborated by the City's own Tax Connect transaction history for this account, show that the 2024 Toledo return was timely filed and the associated tax liability was paid in full before the April 15, 2025 due date. The account reflects four estimated payments of \$1,600.00 each, made on April 5, 2024, June 10, 2024, September 12, 2024, and December 9, 2024, followed by a final tax payment of \$936.00 on March 10, 2025 — a total of \$7,336.00, which matches the tax shown as due on the return. It does not appear that the filing was ever properly recorded to the account, notwithstanding that payment was received and posted in full.

Enclosed for your records are copies of the following:

1. The original notice dated September 10, 2026;
2. The Account No. 2211710-C transaction history from Toledo Tax Connect, reflecting the 2024 payments described above;
3. A copy of the City of Toledo Income Tax Return for tax year 2024; and
4. A copy of the corresponding federal Form 1120-S for tax year 2024.

We respectfully request that your office update its records to reflect the 2024 return as filed and the account as current, and that the delinquency notice be withdrawn. Please confirm in writing once this has been completed.

5660 Southwyck Blvd Suite 200D
Toledo, OH 43614
(419) 913-1040 (Phone)
(419) 386-0158 (Fax)
www.buckeyetaxaccounting.com



**Buckeye Tax
& Accounting
Enterprises, LLC**

Should you have any questions or require additional documentation, please contact our office at (419) 913-1040.

Sincerely,



Daniel Jones
Buckeye Tax & Accounting Enterprises, LLC
PTIN P00247387
Authorized Representative for Kwabena Osei MD PA Inc

Enclosures: Original Notice; Proof of Payment; City of Toledo Return; Federal Form 1120-S

5660 Southwyck Blvd Suite 200D
Toledo, OH 43614
(419) 913-1040 (Phone)
(419) 386-0158 (Fax)
www.buckeyetaxaccounting.com



ORIGINAL NOTICE

September 10, 2026

Kwabena Osei MD PA Inc
Toledo Acct #2211710-C
Tax Year 2024



City of Toledo
Division of Taxation and Treasury
One Government Center, Suite 2070
Toledo, Ohio 43604

September 10, 2026

Acct #: 2211710-C

KWABENA OSEI MD PA INC
1679 ARCHWOOD LN
TOLEDO OH 43614

Dear Taxpayer:

Our records indicate that you have not filed a City of Toledo Income Tax Return for the tax year(s): **2024**.

Please submit a copy of these Toledo tax return(s) to include all Federal Schedules pertaining to the year(s) referenced above. Please submit the documentation within 15 days of the date of this notice. Completed return(s) can be mailed to the address above or filed online through Ohio Business Gateway or our website at toledo.oh.gov/pay-taxes. Completed returns can also be placed in our drop box labeled Income Tax located on Jackson and Erie Street, on the median strip in front of One Government Center.

If your business/rental experienced losses for these years, you must still file a return and attach the appropriate federal schedules. Penalty and interest charges for late filing are in effect and any further delay in filing may result in increased charges. Failure to file may subject you to legal action.

Should you desire additional information or assistance in filing, please contact the number below or visit our office at the above address between 8:00 a.m. and 4:00 p.m. on weekdays.

Darnell Corbitt
Tax Auditor
Division of Taxation & Treasury
419-245-1674
Darnell.Corbitt@toledo.oh.gov

PROOF OF PAYMENT

Toledo Tax Connect Transaction History

Kwabena Osei MD PA Inc
Toledo Acct #2211710-C
Tax Year 2024



Tax Menu

- Account Summary
- Pay by Checking Account
- Pay by Credit Card
- Business E-File
- Upload Documents
- Contact

2024 Transaction Details

Account No. 2211710-C - KWABENA OSEI MD PA INC

This statement represents ONLY the most current seven years of your account balance. Note that any tax year that is with an outside collection agency/attorney may not be reflected here. For a more complete view of your account, please call the Department of Taxation at (419) 936-2020 and request to speak with a Representative.

DATE	DESCRIPTION	TAX YEAR	AMOUNT OWED	AMOUNT PAID
03/10/2025	Tax Payment	2024	\$0.00	\$936.00
12/09/2024	Estimated Payment	2024	\$0.00	\$1,600.00
09/12/2024	Estimated Payment	2024	\$0.00	\$1,600.00
06/10/2024	Estimated Payment	2024	\$0.00	\$1,600.00
04/03/2024	Estimated Payment	2024	\$0.00	\$1,600.00

1

Back

CITY OF TOLEDO

Income Tax Return

Kwabena Osei MD PA Inc
Toledo Acct #2211710-C
Tax Year 2024

TOLEDO

INCOME TAX RETURN

FOR CALENDAR YEAR ENDING DECEMBER 31

2024

OR FOR THE YEAR ENDING

Resident ☒ Yes ☐ No

Account #

Federal EIN: 83-2975862

Business Type:

☐ C-Corporation ☒ S-Corporation☐ Partnership ☐ LLC

Federal Business Activity Code #: 621111

Business Activity: SERVICES

Check If:

☐ Initial Return ☐ Final Return☐ Amended Return

Date Moved In/Out:

In ☐Out ☐Will You Have Taxable Income Next Year? ☒ Yes ☐ No

If No, Explain

Mail to:

CITY OF TOLEDO INCOME TAX

PO BOX 632014

CINCINNATI

OH 45263-2014

Due on or before 04-15-2025

Taxpayer Name

KWABENA OSEI MD PA INC

Address

1679 ARCHWOOD LANE

City, State, and Zip

TOLEDO

OH

43614

Previous Address

(if moved)

1. Income Per Federal Tax Return (Form 1120, line 28; Form 1120S, Sch. K, line 18;
Form 1065, Analysis of Net Income(Loss), Line 1)

1. 282727

2. Net Adjustments from Page 2 2. 10700

3. Adjusted Federal Taxable Income (Line 1 plus or minus line 2) 3. 293427

4. Prior Year Loss Carryforward 4. _____

5. Taxable Income (Line 3 minus line 4) 5. 293427

6. Amount Allocable from Schedule 100.00% of line 5 6. 293427

7. Tax on Line 6 @ 2.5000% 7. 7336

8. Estimated Taxes Paid/Prior Year Credit 8. 6400

9. Other Credits 9. _____

10. Total Payments and Credits (Add lines 8 and 9) 10. 6400

11. Tax Due/(Overpayment) (Line 7 minus line 10) (Enter amount on line 15a if overpayment is less than \$10) 11. 936

12. Penalty for Underpayment of Estimated Tax 12. _____

13. Other Penalties and Interest 13. _____

14. Total Tax, Penalties and Interest Due (Add lines 11, 12, and 13) (Enter 0 if less than \$10) 14. 936

15. Overpayment Credited 15a. _____

Refunded 15b. _____

Payable to: COMMISSIONER OF TAXATION

DECLARATION OF ESTIMATED TAX FOR 2025

16. Estimated Income Subject to Tax \$ 293427 @ tax rate 2.5000 16. 7336

17. Overpayment Applied From Prior Year 17. _____

18. Other Payments and Credits 18. _____

19. Total Payments and Credits (Add Lines 17 and 18) 19. _____

20. Net Estimated Tax Due (Line 16 minus line 19) 20. 7336

21. Estimate Paid With Return (not less than 25% of line 20) 21. 1850

22. TOTAL DUE (Line 14 plus Line 21) 22. 2786

DANIEL JONES

09-17-2026

Signature of Tax Preparer

Date

BUCKEYE TAX & ACCOUNTING

5660 SOUTHWYCK BLVD SUITE 200

TOLEDO OH 43614

419-913-1040

Preparer Address and Phone Number

09-17-2026

Signature of Officer or Partner

Date

PRESIDENT

(513)746-0809

Title

Phone Number

Do you authorize your preparer to contact us regarding this return?

☒ Yes ☐ No

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses	\$ _____	n. Capital Gains	\$ _____
b. 5% of Lines O, P, and Q	_____	o. Interest	_____
c. Taxes based on Income	<u>10700</u>	p. Dividends	_____
d. Excess Charitable Contributions	_____	q. Royalties and Other Intangibles	_____
e. Payments to Partners not already included in taxable income	_____	r. Other Items Not Taxable (Explain): _____	_____
f. REIT distributions	_____	s. Total Deductions	\$ _____
g. Owners benefit (self employment retirement plans or Health and Life Insurance Plans for owners or owner-employees)	_____	t. Net Adjustments (Enter on Page 1, line 2) \$	<u>10700</u>
h. Other Items Not Deductible (Explain): _____	_____		
i. Total Additions	\$ <u>10700</u>		

SCHEDULE Y BUSINESS ALLOCATION FORMULA

	a. Located Everywhere TOLEDO	b. Located in TOLEDO	c. Percentage (b / a)
STEP 1. Average Value of Real and Tangible Property	\$ _____	\$ _____	XXXXXXXXXX
Gross Annual Rents Times 8	_____	_____	XXXXXXXXXX
Total Step 1	_____	_____	%
STEP 2. Wages, Salaries, Etc Paid	<u>210490</u>	<u>210490</u>	<u>100.00</u> %
STEP 3. Gross Receipts From Sales Made and/or Work or Services Performed	<u>590299</u>	<u>590299</u>	<u>100.00</u> %
STEP 4. Total Percentages	_____	_____	<u>200.00</u> %
STEP 5. Average Percentage (Divide total percentages by number of factors present)	_____	_____	<u>100.00</u> %

[illegible]

FORM 1120-S

U.S. Income Tax Return for an
S Corporation

Kwabena Osei MD PA Inc
EIN 83-2975862
Tax Year 2024

Form	1120-S	U.S. Income Tax Return for an S Corporation		OMB No. 1545-0123	
Department of the Treasury Internal Revenue Service		Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. Go to www.irs.gov/Form1120S for instructions and the latest information.			
				2024	
For calendar year 2024 or tax year beginning , 2024, ending , 20					
A S election effective date		Name		D Employer identification number	
01-02-2019		KWABENA OSEI MD PA INC		83-2975862	
B Business activity code number (see instructions)		TYPE		E Date incorporated	
621111		OR		01-02-2019	
C Check if Sch. M-3 attached		PRINT		F Total assets (see instructions)	
		Number, street, and room or suite no. If a P.O. box, see instructions. 1679 ARCHWOOD LANE City or town, state or province, country, and ZIP or foreign postal code TOLEDO OH 43614		\$ 249	
G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. Yes No					
H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination					
I Enter the number of shareholders who were shareholders during any part of the tax year 1					
J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes					
Caution: Include only trade or business income and expenses on lines 1a through 22. See the instructions for more information.					
Income		1 a Gross receipts or sales 590,299 b Less returns and allowances c Balance		1c 590,299	
2 Cost of goods sold (attach Form 1125-A)				2	
3 Gross profit. Subtract line 2 from line 1c				3 590,299	
4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)				4	
5 Other income (loss) (see instructions - attach statement)		Statement #1.		5 15	
6 Total income (loss). Add lines 3 through 5				6 590,314	
Deductions (see instructions for limitations)		7 Compensation of officers (see instructions - attach Form 1125-E)		7	
8 Salaries and wages (less employment credits)				8 210,490	
9 Repairs and maintenance				9	
10 Bad debts				10	
11 Rents				11	
12 Taxes and licenses		Wks. Tax/Lic.		12 26,624	
13 Interest (see instructions)				13 (9)	
14 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)				14	
15 Depletion (do not deduct oil and gas depletion.)				15	
16 Advertising				16	
17 Pension, profit-sharing, etc., plans				17	
18 Employee benefit programs				18 52,374	
19 Energy efficient commercial buildings deduction (attach Form 7205)				19	
20 Other deductions (attach statement)		Statement #2.		20 18,108	
21 Total deductions. Add lines 7 through 20				21 307,587	
22 Ordinary business income (loss). Subtract line 21 from line 6.				22 282,727	
Tax and Payments		23a Excess net passive income or LIFO recapture tax (see instructions)		23a	
		b Tax from Schedule D (Form 1120-S)		23b	
		c Add lines 23a and 23b (see instructions for additional taxes)		23c	
24a Current year's estimated tax payments and preceding year's overpayment credited to the current year		24a		24a	
b Tax deposited with Form 7004		24b		24b	
c Credit for federal tax paid on fuels (attach Form 4136)		24c		24c	
d Elective payment election amount from Form 3800		24d		24d	
z Add lines 24a through 24d				24z	
25 Estimated tax penalty (see instructions). Check if Form 2220 is attached				25	
26 Amount owed. If line 24z is smaller than the total of lines 23c and 25, enter amount owed				26	
27 Overpayment. If line 24z is larger than the total of lines 23c and 25, enter amount overpaid.				27	
28 Enter amount from line 27: Credited to 2025 estimated tax Refunded				28	
Sign Here		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below? See instructions. Yes No	
KWABENA OSEI		PRESIDENT			
Signature of officer		Date		Title	
Print/Type preparer's name		Preparer's signature		Date	
Daniel Jones		Daniel Jones		09-17-2026	
Firm's name		Firm's EIN		Check if PTIN self-employed	
Buckeye Tax & Accounting		84-4970447			
Firm's address		Phone no.			
5660 Southwyck Blvd Suite 200		(419) 913-1040			
Toledo OH 43614					
For Paperwork Reduction Act Notice, see separate instructions. Form 1120-S (2024)					

Schedule B Other Information (see instructions)

1	Check accounting method:	a ☒ Cash	b ☐ Accrual		Yes	No	
		c ☐ Other (specify) _____					
2	See the instructions and enter the:						
	a Business activity	SERVICES		b Product or service	PHYSICIAN SERVICES		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation.						
4	At the end of the tax year, did the corporation:						
	a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below						X
	(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made		
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below						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		
5 a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock?						
	If "Yes," complete lines (i) and (ii) below.						
	(i) Total shares of restricted stock						
	(ii) Total shares of non-restricted stock						
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?						
	If "Yes," complete lines (i) and (ii) below.						
	(i) Total shares of stock outstanding at the end of the tax year						
	(ii) Total shares of stock outstanding if all instruments were executed						
6	Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?						
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount. ☐						
	If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.						
8	If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions \$ _____						
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions						
10	Does the corporation satisfy one or more of the following? See instructions						
	a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.						
	b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$30 million and the corporation has business interest expense.						
	c The corporation is a tax shelter and the corporation has business interest expense.						
	If "Yes," complete and attach Form 8990 , Limitation on Business Interest Expense Under Section 163(j).						
11	Does the corporation satisfy both of the following conditions?						X
	a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.						
	b The corporation's total assets at the end of the tax year were less than \$250,000.						
	If "Yes," the corporation is not required to complete Schedules L and M-1.						

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		
	If "Yes," enter the amount of principal reduction \$		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		
14 a	Did the corporation make any payments that would require it to file Form(s) 1099?		
b	If "Yes," did or will the corporation file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 15 \$		
16	At any time during the tax year, did the corporation: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions	☐	☐

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	282,727
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends 5a		
	b Qualified dividends 5b		
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) 8a		
	b Collectibles (28%) gain (loss) 8b		
	c Unrecaptured section 1250 gain (attach statement) 8c		
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
Credits	10 Other income (loss) (see instructions) Type:	10	
	11 Section 179 deduction (attach Form 4562)	11	
	12a Cash charitable contributions 12a		
	b Noncash charitable contributions 12b		
	c Investment interest expense 12c		
	d Section 59(e)(2) expenditures Type: 12d		
Alternative Minimum Tax (AMT) Items	e Other deductions (see instructions) Type: 12e		
	13a Low-income housing credit (section 42(j)(5)) 13a		
	b Low-income housing credit (other) 13b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c		
	d Other rental real estate credits (see instructions) Type: 13d		
	e Other rental credits (see instructions) Type: 13e		
	f Biofuel producer credit (attach Form 6478) 13f		
Items Affecting Shareholder Basis	g Other credits (see instructions) Type: 13g		
	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items - International, and check this box to indicate you are reporting items of international tax relevance ☐		
Items Affecting Shareholder Basis	15a Post-1986 depreciation adjustment 15a		
	b Adjusted gain or loss 15b		
	c Depletion (other than oil and gas) 15c		
	d Oil, gas, and geothermal properties - gross income 15d		
	e Oil, gas, and geothermal properties - deductions 15e		
	f Other AMT items (attach statement) 15f		
Items Affecting Shareholder Basis	16a Tax-exempt interest income 16a		
	b Other tax-exempt income 16b		
	c Nondeductible expenses Statement #16c 16c		342
	d Distributions (attach statement if required) (see instructions) 16d		
	e Repayment of loans from shareholders 16e		
	f Foreign taxes paid or accrued 16f		

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Other Information	17a	Investment income	17a	
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement) Statement #18		
Reconciliation	18	Income (loss) reconciliation. Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12e and 16f	18	282,727

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
		Assets		(a)	(b)	(c)	(d)
1	Cash				3,247		249
2a	Trade notes and accounts receivable						
b	Less allowance for bad debts		()			()	
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach statement)						
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10a	Buildings and other depreciable assets						
b	Less accumulated depreciation		()			()	
11a	Depletable assets						
b	Less accumulated depletion		()			()	
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization		()			()	
14	Other assets (attach statement)						
15	Total assets				3,247		249
		Liabilities and Shareholders' Equity					
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year						
18	Other current liabilities (attach statement)						
19	Loans from shareholders						
20	Mortgages, notes, bonds payable in 1 year or more						
21	Other liabilities (attach statement)			Statement #23	5,242	Statement #23	5,117
22	Capital stock						
23	Additional paid-in capital						
24	Retained earnings				(1,995)		(4,868)
25	Adjustments to shareholders' equity (attach statement)						
26	Less cost of treasury stock			()		()	
27	Total liabilities and shareholders' equity				3,247		249

Schedule M-1**Reconciliation of Income (Loss) per Books With Income (Loss) per Return****Note:** The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	282,385	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): _____		a Tax-exempt interest \$ _____	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12e, and 16f (itemize):		6 Deductions included on Schedule K, lines 1 through 12e, and 16f, not charged against book income this year (itemize):	
a Depreciation \$ _____		a Depreciation \$ _____	
b Travel and entertainment \$ 342			
	342	7 Add lines 5 and 6	
4 Add lines 1 through 3	282,727	8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	282,727

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

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	292,976			
2 Ordinary income from page 1, line 22	282,727			
3 Other additions				
4 Loss from page 1, line 22	()			
5 Other reductions Statement .#30	(342)			()
6 Combine lines 1 through 5	575,361			
7 Distributions				
8 Balance at end of tax year. Subtract line 7 from line 6	575,361			

Schedule K-1
(Form 1120-S)

Department of the Treasury
Internal Revenue Service

2024

For calendar year 2024, or tax year

beginning 2024 ending

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

See separate instructions.

Part I Information About the Corporation		Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items		
A Corporation's employer identification number 83-2975862		1 Ordinary business income (loss) 282,727	13 Credits	
B Corporation's name, address, city, state, and ZIP code KWABENA OSEI MD PA INC 1679 ARCHWOOD LANE TOLEDO OH 43614		2 Net rental real estate income (loss)		
		3 Other net rental income (loss)		
		4 Interest income		
C IRS Center where corporation filed return KANSAS CITY		5a Ordinary dividends	14 Schedule K-3 is attached if checked 15 Alternative minimum tax (AMT) items	
	D Corporation's total number of shares Beginning of tax year 100 End of tax year 100			5b Qualified dividends
				6 Royalties
		7 Net short-term capital gain (loss)		
		8a Net long-term capital gain (loss)	16 C* Items affecting shareholder basis STMT	
		8b Collectibles (28%) gain (loss)		
		8c Unrecaptured section 1250 gain		
Part II Information About the Shareholder		9 Net section 1231 gain (loss)	17 AC Other information 590,299	
E Shareholder's identifying number 290-13-2316		10 Other income (loss)		
F1 Shareholder's name, address, city, state, and ZIP code KWABENA OSEI 1679 ARCHWOOD LANE TOLEDO OH 43614		11 Section 179 deduction		
F2 If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting: TIN Name		12 Other deductions	V* STMT	
F3 What type of entity is this shareholder? Individual				
G Current year allocation percentage 100.00000 %				
H Shareholder's number of shares Beginning of tax year 100 End of tax year 100				
I Loans from shareholder Beginning of tax year \$ End of tax year \$				
For IRS Use Only		18 More than one activity for at-risk purposes*		
		19 More than one activity for passive activity purposes*		
		* See attached statement for additional information.		

Schedule K-1 Supplemental Information**2024**

Shareholder's name

KWABENA OSEI

Shareholder's ID Number

290-13-2316

Name of S Corporation

KWABENA OSEI MD PA INC

S Corporation's EIN

83-2975862**FORM 1120S SCHEDULE K-1 - LINE 16**

CODE	DESCRIPTION	AMOUNT
C	OTHER NONDEDUCTIBLE EXPENSES	342
	MEALS	342
TOTAL		342

FORM 1120S SCHEDULE K-1 CODES

Line 16, Code C - Nondeductible expenses
[See K-1 instructions, page 14 (Form 7203 instructions)]

Line 17, Code AC - Gross receipts for section 448(c)
[See K-1 instructions, page 17 (Form 8990)]

Line 17, Code V - Section 199A information
[Form 8995 or Form 8995-A]