

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF TEXAS

Case number (if known) _____ Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Wadhwa Dental, PA

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 27-4831570

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>2828 Goliad Road, Suite 120</u> <u>San Antonio, TX 78223</u> Number, Street, City, State & ZIP Code	<u>8943 Cimarron Route</u> <u>San Antonio, TX 78255</u> P.O. Box, Number, Street, City, State & ZIP Code
	<u>Bexar</u> County	Location of principal assets, if different from principal place of business _____ Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: _____

Debtor **Wadhwa Dental, PA**
Name _____

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6212

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____

District _____ When _____ Case number, if known _____

Debtor **Wadhwa Dental, PA**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **Wadhwa Dental, PA**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
I have been authorized to file this petition on behalf of the debtor.
I have examined the information in this petition and have a reasonable belief that the information is true and correct.
I declare under penalty of perjury that the foregoing is true and correct.

Executed on **September 21, 2016**
MM / DD / YYYY

/s/ Harmandeep S. Wadhwa
Signature of authorized representative of debtor

Title **President**

Harmandeep S. Wadhwa
Printed name

18. Signature of attorney

/s/ H. Anthony Hervol
Signature of attorney for debtor

Date **September 21, 2016**
MM / DD / YYYY

H. Anthony Hervol
Printed name

Law Office of H. Anthony Hervol
Firm name

**4414 Centerview Dr., Suite 200
San Antonio, TX 78228**
Number, Street, City, State & ZIP Code

Contact phone **(210) 522-9500** Email address **hervol@sbcglobal.net**

00784264
Bar number and State

Fill in this information to identify the case:

Debtor name **Wadhwa Dental, PA**
 United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**
 Case number (if known): _____

Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812		Credit purchases				\$1,300.00
Bank of America, N.A. 135 S. LaSalle St., Ste. 1125 Chicago, IL 60603		Tenant Improvement, Equipment and working capital loan		\$580,907.10	\$150,000.00	\$430,907.10
U.S. Bank - Equipment Finance Choice Health Finance 1310 Madrid St. Marshall, MN 56258		Tenant Improvement, Equipment and working capital loan		\$174,681.03	\$100,000.00	\$74,681.03

**United States Bankruptcy Court
Western District of Texas**

In re Wadhwa Dental, PA

Debtor(s)

Case No.

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Harmandeep S. Wadhwa, DDS 8943 Cimarron Route San Antonio, TX 78255			

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date September 21, 2016

Signature /s/ Harmandeep S. Wadhwa
Harmandeep S. Wadhwa

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Western District of Texas**

In re Wadhwa Dental, PA

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: September 21, 2016

/s/ Harmandeep S. Wadhwa

Harmandeep S. Wadhwa/President

Signer/Title

United States Trustee
P.O. Box 1539
San Antonio, TX 78295-1539

American Express
P.O. Box 297812
Fort Lauderdale, FL 33329-7812

Bank of America, N.A.
135 S. Lasalle St., Ste. 1125
Chicago, IL 60603

Lexus Financial Services
21531 IH-10 W
San Antonio, TX 78257

Mimco, Inc.
6500 Montana Ave.
El Paso, TX 79925

U.S. Bank - Equipment Finance
Choice Health Finance
1310 Madrid St.
Marshall, MN 56258

**United States Bankruptcy Court
Western District of Texas**

In re Wadhwa Dental, PA

Debtor(s)

Case No.

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Wadhwa Dental, PA in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

September 21, 2016

Date

/s/ H. Anthony Hervol

H. Anthony Hervol 00784264

Signature of Attorney or Litigant
Counsel for **Wadhwa Dental, PA**

Law Office of H. Anthony Hervol

4414 Centerview Dr., Suite 200

San Antonio, TX 78228

(210) 522-9500 Fax:(210) 522-0205

hervol@sbcglobal.net

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE: §
§
WADHWA DENTAL, P.A., § **CASE NO. 16-5** _____ - _____
§
DEBTOR § **CHAPTER 11**

DECLARATION OF HARMANDEEP S. WADHWA, DDS

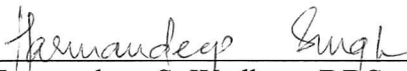
I, Harmandeep S. Wadhwa, DDS, declare as follows:

1. My name is Harmandeep S. Wadhwa, DDS. I am over 18 years of age and am fully competent to make this Declaration. The facts stated in this Declaration are based upon my personal knowledge and are true and correct. I submit this Declaration as required by 11 U.S.C. §1116(1).

2. Attached hereto are the most recent federal income tax return for Wadhwa Dental, P.A. and its most recent balance sheet. The most recent statement of operations for the company is contained within the tax return. No cash flow statement has been previously prepared.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 20 day of September, 2016.



Harmandeep S. Wadhwa, DDS

Form **1120S**

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.**

2015

▶ **Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.**

For calendar year 2015 or tax year beginning _____, ending _____

A S election effective date 2/7/2011	TYPE OR PRINT	Name Wadhwa Dental P.A.	D Employer identification number 27-4831570
B Business activity code number (see instructions) 621210		Number, street, and room or suite no. If a P.O. box, see instructions. 8943 Cimarron Route	E Date incorporated 2/7/2011
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town State ZIP code San Antonio TX 78255-2382	F Total assets (see instructions) \$ 782,579
		Foreign country name Foreign province/state/county Foreign postal code	

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

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

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

Caution: Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a	Gross receipts or sales			
	1b	Returns and allowances			
	1c	Balance. Subtract line 1b from line 1a			0
	2	Cost of goods sold (attach Form 1125-A)			
	3	Gross profit. Subtract line 2 from line 1c			0
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)			
Deductions <small>(see instructions for limitations)</small>	5	Other income (loss) (see instructions—attach statement)			
	6	Total income (loss). Add lines 3 through 5 ▶			0
	7	Compensation of officers (see instructions — attach Form 1125-E)			
	8	Salaries and wages (less employment credits)			
	9	Repairs and maintenance			
	10	Bad debts			
	11	Rents			
	12	Taxes and licenses			
	13	Interest			
	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			
	15	Depletion (Do not deduct oil and gas depletion.)			
	16	Advertising			
	17	Pension, profit-sharing, etc., plans			
	18	Employee benefit programs			
	19	Other deductions (attach statement)			
20	Total deductions. Add lines 7 through 19 ▶			0	
21	Ordinary business income (loss). Subtract line 20 from line 6			0	
Tax and Payments	22a	Excess net passive income or LIFO recapture tax (see instructions)			
	22b	Tax from Schedule D (Form 1120S)			
	22c	Add lines 22a and 22b (see instructions for additional taxes)			0
	23a	2015 estimated tax payments and 2014 overpayment credited to 2015			
	23b	Tax deposited with Form 7004			
	23c	Credit for federal tax paid on fuels (attach Form 4136)			
	23d	Add lines 23a through 23c			0
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/>			
25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			0	
26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			0	
27	Enter amount from line 26 Credited to 2016 estimated tax ▶	Refunded ▶		0	

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.

Sign Here ▶ Signature of officer: _____ Date: 8/15/2016 Title: President

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

Paid Preparer Use Only	Print/Type preparer's name Huned Doctor	Preparer's signature Huned Doctor	Date 8/15/2016	Check <input type="checkbox"/> if self-employed	PTIN P00287919	
	Firm's name ▶ Huned Doctor, CPA, PC	Firm's EIN ▶ 45-3177867				
	Firm's address ▶ 533 Busby Dr., Ste B	Phone no. 210-858-6544				
	City San Antonio State TX ZIP code 78209					

Schedule B Other Information (see instructions)

<p>1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____</p> <p>2 See the instructions and enter the: a Business activity ▶ <u>Dentist</u> b Product or service ▶ <u>Dental</u></p> <p>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</p> <p>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</p>	Yes	No
	X	
		X
		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 any) a Qualified Subchapter S Subsidiary Election Was Made

<p>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</p>	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 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 ▶ _____</p> <p>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 ▶ _____</p>	Yes	No
		X
		X

<p>6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?</p>	Yes	No
		X

<p>7 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.</p>	Yes	No

<p>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) ▶ \$ _____</p>	Yes	No

<p>9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____</p>	Yes	No

<p>10 Does the corporation satisfy both of the following conditions?</p> <p>a The corporation's total receipts (see instructions) for the tax year were less than \$250,000</p> <p>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.</p>	Yes	No
		X

<p>11 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 \$ _____</p>	Yes	No
		X

<p>12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions</p>	Yes	No
		X

<p>13 a Did the corporation make any payments in 2015 that would require it to file Form(s) 1099? b If "Yes," did the corporation file or will it file required Forms 1099?</p>	Yes	No
		X
		X

Schedule K		Shareholders' Pro Rata Share Items	Total amount	
Income (Loss)	1	Ordinary business income (loss) (page 1, line 21)	1	
	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	0
	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 1120S))	7	
Deductions	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b	Collectibles (28%) gain (loss)	8b	
	c	Unrecaptured section 1250 gain (attach statement)	8c	
	9	Net section 1231 gain (loss) (attach Form 4797)	9	
10	Other income (loss) (see instructions) Type ▶	10		
Deductions	11	Section 179 deduction (attach Form 4562)	11	
	12a	Charitable contributions	12a	
	b	Investment interest expense	12b	
	c	Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
d	Other deductions (see instructions) Type ▶	12d		
Credits	13a	Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d	Other rental real estate credits (see instructions) Type ▶	13d	
	e	Other rental credits (see instructions) Type ▶	13e	
	f	Biofuel producer credit (attach Form 6478)	13f	
	g	Other credits (see instructions) Type ▶	13g	
Foreign Transactions	14a	Name of country or U.S. possession ▶		
	b	Gross income from all sources	14b	
	c	Gross income sourced at shareholder level	14c	
		Foreign gross income sourced at corporate level		
	d	Passive category	14d	
	e	General category	14e	
	f	Other (attach statement)	14f	
		Deductions allocated and apportioned at shareholder level		
	g	Interest expense	14g	
	h	Other	14h	
		Deductions allocated and apportioned at corporate level to foreign source income		
	i	Passive category	14i	
	j	General category	14j	
	k	Other (attach statement)	14k	
	Other information			
l	Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
m	Reduction in taxes available for credit (attach statement)	14m		
n	Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) items	15a	Post-1986 depreciation adjustment	15a	
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties—gross income	15d	
	e	Oil, gas, and geothermal properties—deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	
	d	Distributions (attach statement if required) (see instructions)	16d	
	e	Repayment of loans from shareholders	16e	

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)		
Reconciliation	18	Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l . . .	18	0

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)		
Assets							
1	Cash		2,515				2,515
2a	Trade notes and accounts receivable						
b	Less allowance for bad debts		0				0
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach statement)						605,383
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10a	Buildings and other depreciable assets			174,681			
b	Less accumulated depreciation		0				174,681
11a	Depletable assets						
b	Less accumulated depletion		0				0
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization		0				0
14	Other assets (attach statement)						
15	Total assets		2,515				782,579
Liabilities and Shareholders' Equity							
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year						
18	Other current liabilities (attach statement)						24,476
19	Loans from shareholders		5,090				5,090
20	Mortgages, notes, bonds payable in 1 year or more						755,588
21	Other liabilities (attach statement)						
22	Capital stock		1,000				1,000
23	Additional paid-in capital						
24	Retained earnings		(3,575)				(3,575)
25	Adjustments to shareholders' equity (attach statement)						
26	Less cost of treasury stock						
27	Total liabilities and shareholders' equity		2,515				782,579

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

Note: The corporation may be required to file Schedule M-3 (see instructions)

1	Net income (loss) per books		5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a	Tax-exempt interest \$	0
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14I (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14I, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	0
b	Travel and entertainment \$				
		0	7	Add lines 5 and 6	0
4	Add lines 1 through 3	0	8	Income (loss) (Schedule K, line 18). Line 4 less line 7	0

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

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	-3,575		
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21			
5 Other reductions			
6 Combine lines 1 through 5	-3,575	0	0
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	-3,575	0	0

671113

Final K-1

Amended K-1

OMB No. 1545-0123

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

Department of the Treasury
Internal Revenue Service

2015

For calendar year 2015, or tax
year beginning _____, 2015
ending _____, 20_____

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

▶ See back of form and separate instructions.

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information
* See attached statement for additional information.			

Part I Information About the Corporation

A Corporation's employer identification number
27-4831570

B Corporation's name, address, city, state, and ZIP code

Wadhwa Dental P.A.
8943 Cimarron Route
San Antonio, TX 78255-2382

C IRS Center where corporation filed return
e-file

Part II Information About the Shareholder

D Shareholder's identifying number Shareholder: 1
[REDACTED]

E Shareholder's name, address, city, state, and ZIP code

Harmandeep S Wadhwa
8943 Cimarron route,
San Antonio, TX 78255

F Shareholder's percentage of stock ownership for tax year 100.000000%

For IRS Use Only

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2015

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

Attachment
Sequence No. **179**

Name(s) shown on return Wadhwa Dental P.A.	Business or activity to which this form relates 1120S - Dentist	Identifying number 27-4831570
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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 instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	174,681
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
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	500,000
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562.	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	▶ 13	0

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.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	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 2015	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 2015 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
19 a 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	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20 a 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 instructions	22	0
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2015)

Line 6, Sch L (1120S) - Other Current Assets

		Beginning	End
1	Loan to WG Goliad, PLLC / WG Helotes, PLLC		605,383
2	Total other current assets	0	605,383

Line 18, Sch L (1120S) - Other Current Liabilities

		Beginning	End
1	BOA Credit Card		24,476
2	Total other current liabilities	0	24,476

Elections

Election to NOT claim first-year special depreciation - All Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all depreciable property placed in service during the current tax year.

11:53 AM
09/14/16
Cash Basis

Wadhwa Dental P.A.
Balance Sheet
As of December 31, 2015

	Dec 31, 15	Dec 31, 14
ASSETS		
Current Assets		
Checking/Savings		
Bank Of America #2958	2,514.96	2,514.96
Total Checking/Savings	2,514.96	2,514.96
Other Current Assets		
Loan WG Goliad, PLLC/ WG Helotes	605,383.14	
Total Other Current Assets	605,383.14	
Total Current Assets	607,898.10	2,514.96
Fixed Assets		
Equipment	174,681.03	
Total Fixed Assets	174,681.03	
TOTAL ASSETS	782,579.13	2,514.96
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Other Current Liabilities		
BOA Credit Card # 4-01009	24,476.04	
Total Other Current Liabilities	24,476.04	
Total Current Liabilities	24,476.04	
Long Term Liabilities		
Bank of America Loan	580,907.10	
Choice Health Finance Payable	174,681.03	
Shareholder Advances	5,088.66	5,088.66
Total Long Term Liabilities	760,676.79	5,088.66
Total Liabilities	785,152.83	5,088.66
Equity		
Capital Stock	1,000.00	1,000.00
Retained Earnings	(3,573.70)	(3,573.70)
Total Equity	(2,573.70)	(2,573.70)
TOTAL LIABILITIES & EQUITY	782,579.13	2,514.96