FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2019

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House Of Representatives-Elected Constitutional Officer

**********AUTO**MIXED AADC 323 T5 P1 80 856

HON DANIEL ANTHONY PEREZ, STATE REPRESENTATIVE
8720 SW 84TH ST
MIAMI FL 33173-4144

ID CODE

ID NO. 271464

CONF. CODE

Perez, Daniel Anthony

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of December 31st, 20 19 was $ 638,854.43.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 100,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHED - Statement 1	1,260,236.65

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHED - Statement 2	711,055.46

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your *2019 federal income tax return, including all* W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5):

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of
☑ physical presence or ☐ online notarization, this 27th day of May, 2020 by Daniel Perez.

Ella Reyes
(Signature of Notary Public--State of Florida)

Ella Reyes
Commission # GG186956
Expires: February 18, 2022
Bonded thru Aaron Notary

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ *OR Produced Identification* _____

Type of Identification Produced —

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature _____ Date _____

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☒

Daniel Anthony Perez
Form 6 - 2019
Full and Public Disclosure of Financal Interests Attachment

Statement 1 - Assets Individually Valued at Over $1,000

Description of Asset	Value of Asset
Cash - Chase Checking Account	2,734.87
Cash - Iberia Checking Account	-
IRA Retirement Account - AXA Advisors - Blackrock Global Alloc Investor CL A	7,501.78
Personal Residence - 8720 SW 84th St., Miami, FL 33173	1,100,000.00
5% Shares in UNNO HealthCare, LLC	150,000.00
Total Assets	1,260,236.65

Statement 2 - Liabilities in Excess of $1,000

Name and Address of Creditor	Amout of Liability
Mortgage on Personal Home - Regions Mortgage Corp. Residential Lending 2800 Ponce De Leon, 10th Floor, Coral Gables, FL 33134	342,667.83
Home Equity Line of Credit - Iberia Bank P.O. Box 53207, Lafayette, LA 70505-3207	245,000.00
Student Loan - Department of Education Fedloan Servicing P.O. Box 530210, Atlanta, GA 30353	123,387.63
Total Liabilities	711,055.46

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2019** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box. [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent.

Your first name and middle initial	Last name	Your social security number
DANIEL A.	PEREZ	
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
STEPHANIE A.	PEREZ	
Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	*Presidential Election Campaign* Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse
8720 SW 84 STREET		
City, town or post office, state, and ZIP code. *If you have a foreign address, also complete spaces below (see instructions).*		
MIAMI FL 33173		
Foreign country name / Foreign province/state/county / Foreign postal code		If more than four dependents, see instr. and ✓ here ▶ [ ]

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1955 [ ] Are blind Spouse: [ ] Was born before January 2, 1955 [ ] Is blind

Dependents (see instructions):

(1) First name / Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents
CAMILA L. PEREZ		DAUGHTER	X	

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	257,495
2a	Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required	2b	24
3a	*Qualified dividends*	3a		b Ordinary divs. Att. Sch. B if req.	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
c	Pensions and annuities	4c		d Taxable amount	4d	
5a	Soc. sec. ben.	5a		b Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]				6	
7a	*Other income from Schedule 1, line 9*				7a	12,500
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ▶				7b	270,019
8a	Adjustments to income from Schedule 1, line 22				8a	500
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ▶				8b	269,519
9	**Standard deduction or itemized deductions** (from Schedule A)		9	33,616		
10	*Qualified business income deduction. Attach Form 8995 or Form 8995-A*		10	2,400		
11a	Add lines 9 and 10				11a	36,016
b	**Taxable Income.** Subtract line 11a from line 8b. If zero or less, enter -0-				11b	233,503

Standard Deduction for
- Single or Married filing separately, $12,200
- Married filing jointly or Qualifying widow(er), $24,400
- Head of household, $18,350
- If you checked any box under *Standard Deduction, see instructions.*

Form 1040 (2019) DANIEL A. & STEPHANIE A. PEREZ

	12a	Tax (see instr.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	12a	44,390	
	b	Add Schedule 2, line 3, and line 12a and enter the total ▶			12b 44,390
	13a	Child tax credit or credit for other dependents	13a	2,000	
	b	Add Schedule 3, line 7, and line 13a and enter the total ▶			13b 2,000
	14	Subtract line 13b from line 12b. If zero or less, enter -0-			14 42,390
	15	Other taxes, including self-employment tax, from Schedule 2, line 10			15 1,180
	16	Add lines 14 and 15. This is your total tax ▶			16 43,570
	17	Federal income tax withheld from Forms W-2 and 1099			17 30,303
• If you have a qualifying child attach Sch. EIC • If you have nontaxable combat pay, see instructions.	18	Other payments and refundable credits:			
	a	Earned income credit (EIC)	18a		
	b	Additional child tax credit. Attach Schedule 8812	18b		
	c	American opportunity credit from Form 8863, line 8	18c		
	d	Schedule 3, line 14	18d	5,816	
	e	Add lines 18a through 18d. These are your total other payments and refundable credits ▶			18e 5,816
	19	Add lines 17 and 18e. These are your total payments ▶			19 36,119
Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid			20
	21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here ... ▶ ☐			21a
Direct deposit? See instructions.	▶b	Routing number ▶c Type: ☐ Checking ☐ Savings			
	▶d	Account number			
	22	Amount of line 20 you want applied to your 2020 estimated tax ▶	22		
Amount You Owe	23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶			23 7,451
	24	Estimated tax penalty (see instructions) ▶	24		

Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No

(Other than paid preparer) Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
		ATTORNEY	
Spouse's signature. If a joint return, both must sign	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)
		PHARMACIST	

Phone no. Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Check if
ANTHONY FIORE		P00964652	☐ 3rd Party Designee
Firm's name ▶ FIORE CPA, P.A.		Date 02/18/20	
2100 SALZEDO STREET, SUITE 200		Phone no. 786-271-4791	☐ Self-employed
Firm's address ▶ CORAL GABLES FL 33134		Firm's EIN ▶ 83-3531544	

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment Sequence No. 01

Name(s) shown on Form 1040 or 1040-SR

DANIEL A. & STEPHANIE A. PEREZ

Your social security number

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	12,500
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	12,500

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	500
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	500

SCHEDULE 2
(Form 1040 or 1040-SR)
Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040 or 1040-SR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074
2019
Attachment Sequence No. 02

Name(s) shown on Form 1040 or 1040-SR

DANIEL A. & STEPHANIE A. PEREZ

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	1,000
5	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a ☒ Form 8959 b ☒ Form 8960 c ☐ Instructions; enter code(s)	8	180
9	Section 965 net tax liability installment from Form 965-A 9		
10	Add lines 4 through 8. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 15	10	1,180

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ Attach to Form 1040 or 1040-SR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment Sequence No. **03**

Name(s) shown on Form 1040 or 1040-SR

DANIEL A. & STEPHANIE A. PEREZ

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attached Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ _____	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	5,816
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐ _____	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	5,816

SCHEDULE A (Form 1040 or 1040-SR)
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Go to *www.irs.gov/ScheduleA* for instructions and the latest information.
▶ Attach to Form 1040 or 1040-SR.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074
2019
Attachment Sequence No. 07

Name(s) shown on Form 1040 or 1040-SR: DANIEL A. & STEPHANIE A. PEREZ

Your social security number:

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1			
	2 Enter amount from Form 1040 or 1040-SR, line 8b [2]				
	3 Multiply line 2 by 7.5% (0.075)	3			
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid	5 State and local taxes.				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ▶ [X]	5a	1,935		
	b State and local real estate taxes (see instructions)	5b	11,253		
	c State and local personal property taxes	5c			
	d Add lines 5a through 5c	5d	13,188		
	e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	10,000		
	6 Other taxes. List type and amount ▶	6			
	7 Add lines 5e and 6			7	10,000
Interest You Paid Caution: Your mortgage interest deduction may be limited (see instructions)	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ▶				
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	23,356		
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	8b			
	c Points not reported to you on Form 1098. See instructions for special rules	8c			
	d Mortgage insurance premiums (see instructions)	8d			
	e Add lines 8a through 8d	8e	23,356		
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
	10 Add lines 8e and 9			10	23,356
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions	11 Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	260		
	12 Other than by cash or check. If you made any gift of $250 or more, see instructions. You must attach Form 8283 if over $500	12			
	13 Carryover from prior year	13			
	14 Add lines 11 through 13			14	260
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15	
Other Itemized Deductions	16 Other—from list in instructions. List type and amount ▶			16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9			17	33,616
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ▶ [ ]				

SCHEDULE C (Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
DANIEL A. PEREZ	

A Principal business or profession, including product or service (see instructions): LEGAL REFERRAL FEES

B Enter code from instructions: ▶ 999999

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶ 8720 SW 84 STREET

City, town or post office, state, and ZIP code: MIAMI FL 33173

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 2019, check here ▶ [ ]

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	12,500
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	12,500
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	12,500
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	12,500

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
				25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
17	Legal and professional services	17		b	Reserved for future use	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	0
29	Tentative profit or (loss). Subtract line 28 from line 7	29	12,500
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	12,500
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk 32b [ ] Some investment is not at risk.	

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR): DANIEL A. PEREZ

Social security number of person with self-employment income ▶

Section B — Long Schedule SE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I ▶ ☐			
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note:** Skip lines 1a and 1b if you use the farm optional method (see instructions)		1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH		1b	( )
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note:** Skip this line if you use the nonfarm optional method (see instructions)		2	12,500
3	Combine lines 1a, 1b, and 2		3	12,500
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	11,544
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
c	Combine lines 4a and 4b. If less than $400, **stop**; you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income**, enter -0- and continue ▶		4c	11,544
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		5b	0
6	Add lines 4c and 5b		6	11,544
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2019		7	132,900
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $132,900 or more, skip lines 8b through 10, and go to line 11	8a 127,537		
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b		
c	Wages subject to social security tax (from Form 8919, line 10)	8c		
d	Add lines 8a, 8b, and 8c		8d	127,537
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶		9	5,363
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)		10	665
11	Multiply line 6 by 2.9% (0.029)		11	335
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55**		12	1,000
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27**	13 500		

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income[1] wasn't more than $8,160, or (b) your net farm profits[2] were less than $5,891.

14	Maximum income for optional methods	14	5,440
15	Enter the smaller of: two-thirds (2/3) of gross farm income[1] (not less than zero) or $5,440. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits[3] were less than $5,891 and also less than 72.189% of your gross nonfarm income,[4] and (b) you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

[1] From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

▶ Attach to your tax return.
▶ Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-0123

2019

Attachment Sequence No. **55**

Name(s) shown on return: DANIEL A. & STEPHANIE A. PEREZ

Your taxpayer identification number:

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	LEGAL REFERRAL FEES		12,000
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). *Combine lines 1i through 1v, column (c)*	2	12,000	
3	Qualified business net (loss) carryforward from the prior year	3	( )	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	12,000	
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5 2,400
6	Qualified REIT dividends and publicly traded partnership (PTP) *income or (loss) (see instructions)*	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0	
9	*REIT and PTP component. Multiply line 8 by 20% (0.20)*			9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10 2,400
11	Taxable income before qualified business income deduction	11	235,903	
12	Net capital gain (see instructions)	12		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	235,903	
14	*Income limitation. Multiply line 13 by 20% (0.20)*			14 47,181
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶			15 2,400
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16 (0)
17	Total qualified REIT dividends and PTP (loss) carryforward. *Combine lines 6 and 7. If greater than zero, enter -0-*			17 ( )

Form **8867**

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ *To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.*
▶ *Go to www.irs.gov/Form8867 for instructions and the latest information.*

OMB No. 1545-0074

2019

Attachment Sequence No. **70**

Taxpayer name(s) shown on return

DANIEL A. & STEPHANIE A. PEREZ

Enter preparer's name and PTIN

ANTHONY FIORE P00964652

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

		Yes	No	N/A
1	Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	X		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s)	X		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)		X	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) List those documents, if any, that you relied on. MEDICAL RECORDS	X		
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	X		
a	Did you complete the required recertification Form 8862?			X
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	X		

DANIEL A. & STEPHANIE A. PEREZ

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			

Part III Due Diligence Question for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	X		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?		

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?		

Part VI Eligibility Certification

▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; and

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a $530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	X	

Form **8959**

Department of the Treasury
Internal Revenue Service

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.
▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment Sequence No. 71

Name(s) shown on return: DANIEL A. & STEPHANIE A. PEREZ

Your social security number:

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	258,386	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	258,386	
5	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying widow(er) $200,000	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-			6 8,386
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II			7 75

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040 or 1040-SR), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions)	8	11,544	
9	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying widow(er) $200,000	9	250,000	
10	Enter the amount from line 4	10	258,386	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0	
12	Subtract line 11 from line 8. If zero or less, enter -0-			12 11,544
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III			13 104

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying widow(er) $200,000	15	250,000	
16	Subtract line 15 from line 14. If zero or less, enter -0-			16 0
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV			17

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040 or 1040-SR), line 8 (check box a) (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions), and go to Part V	18	179

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,746	
20	Enter the amount from line 1	20	258,386	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,747	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages			22 0
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)			23
24	**Total Additional Medicare Tax withholding.** Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040 or 1040-SR, line 17 (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions)			24

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax—Individuals, Estates, and Trusts

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form8960* for instructions and the latest information.

OMB No. 1545-2227

2019

Attachment Sequence No. 72

Name(s) shown on your tax return

DANIEL A. & STEPHANIE A. PEREZ

Your social security number or EIN

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	24
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a			
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c	Combine lines 4a and 4b			4c	
5a	Net gain or loss from disposition of property (see instructions)	5a			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	24

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-			12	24
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	269,519		
14	Threshold based on filing status (see instructions)	14	250,000		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	19,519		
16	Enter the smaller of line 12 or line 15			16	24
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)			17	1
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)			21	

Department of the Treasury—In...

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
58500062	99999.97	11120.98
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	99999.97	6200.00
	5 Medicare wages and tips	6 Medicare tax withheld
	99999.97	1450.00

...mployer's name, address and ZIP code
EGIS HR GROUP 14 INC.
0625 N KENDALL DRIVE
AMI, FL 33176

...cial security tips	8 Allocated tips	9
...pendent care benefits	11 Nonqualified plans	12a See instructions for box 12
	12c	12d

...ployer identification number (EIN) 46-3514592 | e Employee's social security number

...tatutory employee	Retirement plan	Third-party sick pay	14 Other

Employee's name, address and ZIP code
DANIEL A PEREZ
8720 SW 84 ST
MIAMI, FL 33173

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

2019	15 State Employer's state ID No.	16 State wages, tips, etc.
W-2 Wage and Tax Statement	17 State income tax	18 Local wages, tips, etc.
Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)	19 Local income tax	20 Locality name

d Control number 58500062 | 1 Wages, tips, other compensation 99999.97 | 2 Federal income tax withheld 11120.98
OMB NO. 1545-0008 | 3 Social security wages 99999.97 | 4 Social security tax withheld 6200.00
5 Medicare wages and tips 99999.97 | 6 Medicare tax withheld 1450.00
c Employer's name, address and ZIP code
REGIS HR GROUP 14 INC.
10625 N KENDALL DRIVE
MIAMI, FL 33176
7 Social security tips | 8 Allocated tips | 9
10 Dependent care benefits | 11 Nonqualified plans | 12a
12b | 12c | 12d
b Employer identification number (EIN) 46-3514592 | a Employee's social security number
13 Statutory employee | Retirement plan | Third-party sick pay | 14 Other
e Employee's name, address and ZIP code
DANIEL A PEREZ
8720 SW 84 ST
MIAMI, FL 33173
2019 W-2 Wage and Tax Statement
15 State Employer's state ID No. | 16 State wages, tips, etc.
17 State income tax | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name
Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.

...Department of the Treasury—Internal Revenue Service

a Employee's social security number	Payroll organization code	Intradepartmental number
	11-21-21-90-116	0000000028

b Employer identification number	1 Wages, tips, other compensation	2 Federal income tax withheld
59-6001874	26,646.12	2,547.48

c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356	27,537.00	1,707.29
	5 Medicare wages and tips 27,537.00	6 Medicare tax withheld 399.29
	7 Social security tips	10 Dependent care benefits

d Control number	11 Nonqualified plans	12a See instructions for box 12
001257 01/07		DD 19,997.88

e Employee's first name, mi, and last name	13 Statutory employee	Retirement plan	Third-Party sick pay	12b
DANIEL A PEREZ 8720 SW 84 ST MIAMI, FL 33173	☐	☒	☐	
	14 Other			12c
	125	2,160.00		12d
				12e

f Employee's address and ZIP code

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

FORM **W-2** **WAGE AND TAX STATEMENT** **2019**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a Employee's social security number	Payroll organization code	Intradepartment number
	11-21-21-90-116	0000000028

b Employer identification number	1 Wages, tips, other compensation	2 Federal income tax withheld
59-6001874	26,646.12	2,547.48

c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356	27,537.00	1,707.29
	5 Medicare wages and tips 27,537.00	6 Medicare tax withheld 399.29
	7 Social security tips	10 Dependent care benefits

d Control number	11 Nonqualified plans	12a See instructions for box 12
001257 01/07		DD 19,997.88

e Employee's first name, mi, and last name	13 Statutory employee	Retirement plan	Third-Party sick pay	12b
DANIEL A PEREZ 8720 SW 84 ST MIAMI, FL 33173	☐	☒	☐	
	14 Other			12c
	125	2,160.00		12d
				12e

f Employee's address and ZIP code

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

FORM **W-2** **WAGE AND TAX STATEMENT** **2019**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA927W Rev. 04/24/2019

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

NORTHWESTERN MUTUAL LIFE INS CO
ISA ACCOUNTS IW330
720 E WISCONSIN AVE
MILWAUKEE, WI 53202

01/22/2020

IF YOU HAVE QUESTIONS CONTACT:
ISA ACCOUNTS
PHONE: 800-388-8123

TEP397331_7089_14177 1 of 2

DANIEL A PEREZ
8720 SW 84TH ST
MIAMI, FL 33173

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 8949. For a taxable mortgage recently purchased at a midpoint, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer generally must report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions for Form 8938.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. It may also show the total amount of the credits from plug-in electric energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2019 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Shows your investment expenses of a single-class REMIC. This amount is included in box 1.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. This may be subject to backup withholding. See box 4. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(6), shows the portion of that discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2018, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(6) that you did not want to apply a constant yield election for market discount under section 1278(b). Report the accrued market discount as your income (or reduce your basis) as directed in the instructions for Form 1040. Market discount on a tax-exempt security is includible in taxable income as ordinary income.

Box 11. For a taxable covered security other than a U.S. Treasury obligation, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B) in determining the net amount of interest includible in income on Form 1040 with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium, the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B) in determining the net amount of interest includible in income on Form 1040 with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest to report on Form 1040. If no amount is reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, see section 171(a)(3) and Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) for which taxable interest was paid or tax credit was allowed, if you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withheld reporting boxes.

Reminders. If any form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096 for year-end you are the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
NORTHWESTERN MUTUAL LIFE INS CO
720 E WISCONSIN AVE
MILWAUKEE, WI 53202-4797

Payer's RTN (optional)

OMB No. 1545-0112

2019

Form **1099-INT**

Interest Income

1 Interest income
$ 23.80

2 Early withdrawal penalty
$

3 Interest on U.S. Savings Bonds and Treas. obligations
$

4 Federal income tax withheld
$

5 Investment expenses
$

6 Foreign tax paid
$

7 Foreign country or U.S. possession

8 Tax-exempt interest
$

9 Specified private activity bond interest
$

10 Market discount
$

11 Bond premium
$

12 Bond premium on Treasury obligations

13 Bond premium on tax-exempt bond

14 Tax-exempt and tax credit bond CUSIP no.

15 State: FL

16 State identification no.: 390509570

17 State tax withheld
$

PAYER'S TIN: 39-0509570

RECIPIENT'S TIN

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
DANIEL A PEREZ
8720 SW 84TH ST
MIAMI, FL 33173

FATCA filing requirement

Account number (see instructions): 2655188

Copy B
For Recipient

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form 1099-INT (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

WH6029 1.000

TEP397331_7089_14177 1 of 2

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code; and telephone no.	1 Rents	OMB No. 1545-0115	Miscellaneous Income
The Law Office of Javier Arteaga, PA 13611 South Dixie Hwy 109 Suite 359 Miami, FL 33176	$	2019	
	2 Royalties $	Form 1099-MISC	
	3 Other income $	4 Federal income tax withheld $	Copy B For Recipient
PAYER'S TIN 46-1705938	RECIPIENT'S TIN	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name Daniel A. Perez, Esq Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		7 Nonemployee compensation $ 1,500.00	8 Substitute payments in lieu of dividends or interest $
		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $
		11	12
Account number (see instructions)	FATCA filing requirement ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no. FL
		$	$

Form 1099-MISC (keep for your records) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Vargas Gonzalez Hevia Baldwin LLP.
815 Ponce de Leon Blvd. Third Floor
Coral Gables, FL 33134
305-450-4178

1 Rents $

2 Royalties $

OMB No. 1545-0115

2019

Form 1099-MISC

Miscellaneous Income

3 Other income $

4 Federal income tax withheld $

Copy B
For Recipient

PAYER'S TIN
45-2868048

RECIPIENT'S TIN

5 Fishing boat proceeds $

6 Medical and health care payments $

RECIPIENT'S name
Daniel Anthony Perez, Esq.

7 Nonemployee compensation
$ 8500.00

8 Substitute payments in lieu of dividends or interest $

Street address (including apt. no.)
8720 S.W. 84th Street

9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ☐

10 Crop insurance proceeds $

City or town, state or province, country, and ZIP or foreign postal code
Miami FL 33173

11

12

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Account number (see instructions)

FATCA filing requirement ☐

13 Excess golden parachute payments $

14 Gross proceeds paid to an attorney $

15a Section 409A deferrals $

15b Section 409A income $

16 State tax withheld $

17 State/Payer's state no.

18 State income $

Form 1099-MISC (Keep for your records) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Rents	OMB No. 1545-0115	
SILVA & SILVA, PA 236 VALENCIA AVENUE CORAL GABLES, FL 33134 305 445-0011	$	2019	Miscellaneous Income
	2 Royalties $	Form 1099-MISC	
	3 Other income $	4 Federal income tax withheld $	Copy B For Recipient
PAYER'S TIN 65-0366708	RECIPIENT'S TIN [redacted]	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code DANIEL PEREZ, ESQ. 8720 SW 8d STREET MIAMI FL 33173	7 Nonemployee compensation $ 2500.00	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions)	FATCA filing requirement ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form 1099-MISC (keep for your records) www.irs.gov/Form1099MISC Department of the Treasury – Internal Revenue Service