FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2020

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
PEREZ DANIEL ANTHONY

MAILING ADDRESS:
8720 SW 84TH STREET

CITY: MIAMI ZIP: 33173-4144 COUNTY: MIAMI-DADE

NAME OF AGENCY:
HOUSE OF REPRESENTATIVES

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
STATE REPRESENTATVIE DISTRICT 116

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

HAND DELIVERED
FLORIDA
COMMISSION ON ETHICS
JUL 02 2021
RECEIVED
271464
PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2020 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 20 was $ 624,978.65.

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 $ 110,000.00

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	1,281,853.41

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	751,403.60

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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☐ **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 30th day of June, 20 21 by Daniel Perez.

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

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

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

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, Anthony Fiore, 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

6/30/21
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 - 2020
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	3,680.17
Cash - Iberia Checking Account	4,531.95
IRA Retirement Account - AXA Advisors - Blackrock Global Alloc Investor CL A	10,306.45
FRS Investment Plan	13,334.84
Personal Residence - 8720 SW 84th St., Miami, FL 33173	1,100,000.00
5% Shares in UNNO HealthCare, LLC	150,000.00
Total Assets	1,281,853.41

Statement 2 - Liabilities in Excess of $1,000

Name and Address of Creditor	Amout of Liability
Mortgage on Personal Home - Iberia Bank P.O. Box 53207, Lafayette, LA 70505-3207	604,071.47
Auto Loan - Space Coast Credit Union P.O. Box 419001, Melbourne, FL 32941	24,696.20
Student Loan - Department of Education Fedloan Servicing P.O. Box 530210, Atlanta, GA 30353	122,635.93
Total Liabilities	751,403.60

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** | **2020** | OMB No. 1545-0074 | IRS Use Only–Do not write or staple in this space.

Filing Status Check only one box. ☐ Single ☒ 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 your 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. 8720 SW 84 STREET — Apt. no.

City, town or post office. If you have a foreign address, also complete spaces below. MIAMI — State FL — ZIP code 33173

Foreign country name — Foreign province/state/county — Foreign postal code

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

At anytime during 2020, did you receive, sell, send, exchange, or otherwise acquire financial interest in any virtual currency? ☐ Yes ☒ No

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, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here ☐	(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			☒	☐
	MATIAS D.	PEREZ			☒	☐
					☐	☐
					☐	☐

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	248,455
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Soc. sec. ben.	6a	b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			7	
8	Other income from Schedule 1, line 9			8	5,250
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶			9	253,705
10	Adjustments to income:				
a	From Schedule 1, line 22	10a	0		
b	Charitable contributions if you take the standard deduction. See instructions	10b			
c	Add line 10a and 10b. These are your **total adjustments to income**			10c	
11	Subtract line 10c from line 9. This is your **adjusted gross income** ▶			11	253,705
12	**Standard deduction or itemized deductions** (from Schedule A)			12	25,260
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	25,260
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-			15	228,445

Standard Deduction for –
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction*, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2020)

	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	42,986
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	42,986
	19	Child tax credit or credit for other dependents		19	4,000
	20	Amount from Schedule 3, line 7		20	600
	21	Add lines 19 and 20		21	4,600
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	38,386
	23	Other taxes, including self-employment tax, from Schedule 2, line 10		23	30
	24	Add lines 22 and 23. This is your **total tax** ▶		24	38,416
	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 33,295		
	b	Form(s) 1099	25b 288		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	33,583
• If you have a qualifying child, attach Sch. EIC.	26	2020 estimated tax payments and amount applied from 2019 return.		26	
	27	Earned income credit (EIC)	27		
• If you have nontaxable combat pay, see instructions.	28	Additional child tax credit. Attach Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Recovery rebate credit. See instructions	30 0		
	31	Amount from Schedule 3, line 13	31		
	32	Add lines 27 through 31. These are your **total other payments and refundable credits** ▶		32	
	33	Add lines 25d, 26, and 32. These are your **total payments** ▶		33	33,583
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
Direct deposit? See instructions	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		35a	
	▶b	Routing number ▶c Type: Checking ☐ Savings ☐			
	▶d	Account number			
	36	Amount of line 34 you want **applied to your 2021 estimated tax** ▶	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe now** ▶		37	4,850
		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
For details on how to pay, see instructions.	38	Estimated tax penalty (see instructions) ▶	38 17		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ▶ ☐ **Yes.** Complete below. ☒ **No**

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 inst.)
		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 inst.)
		PHARMACIST	

Phone no. | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
ANTHONY FIORE		06/24/21	P00964652	☐ Self-employed

Firm's name ▶ FIORE CPA, P.A. Phone no. 305-438-6528

Firm's address ▶ 2100 SALZEDO STREET STE 200 CORAL GABLES FL 33134 Firm's EIN ▶ 83-3531544

6/30 INT 18 FTP 48 TOT 4,916

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020

Attachment Sequence No. **01**

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

DANIEL A. & STEPHANIE A. PEREZ

Your social security number

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	0
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	5,250
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	5,250

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	
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 deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074
2020
Attachment Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR, or 1040-NR
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, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
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	30
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 23, or Form 1040-NR, line 23b	10	30

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074
2020
Attachment Sequence No. **03**

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

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	600
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, 1040-SR, or 1040-NR, line 20	7	600

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962			8	
9	Amount paid with request for extension to file (see instructions)			9	
10	Excess social security and tier 1 RRTA tax withheld			10	
11	Credit for federal tax on fuels. Attach Form 4136			11	
12	Other payments or refundable credits:				
	a Form 2439	12a			
	b Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b			
	c Health coverage tax credit from Form 8885	12c			
	d Other	12d			
	e Deferral for certain Schedule H or SE filers (see instructions)	12e			
	f Add lines 12a through 12e			12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			13	

SCHEDULE A (Form 1040)

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

2020

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 11	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	1,887		
	b State and local real estate taxes (see instructions)	5b	10,827		
	c State and local personal property taxes	5c			
	d Add lines 5a through 5c	5d	12,714		
	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	14,920		
	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	14,920		
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
	10 Add lines 8e and 9			10	14,920
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 340	11	340		
	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	340
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 12			17	25,260
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ▶ [ ]				

SCHEDULE C (Form 1040)

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

2020

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)	B Enter code from instructions
	LEGAL REFERRAL FEES	▶ 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 2020? If "No," see instructions for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 2020, check here ▶ [ ]

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions [ ] Yes [X] No

J If "Yes," did you or will you file required Form(s) 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	17,000
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	17,000
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	17,000
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	17,000

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	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	17,000
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	17,000
29	Tentative profit or (loss). Subtract line 28 from line 7	29	0
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), line 3** 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	0
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), line 3** 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.	

DANIEL A. PEREZ

Schedule C (Form 1040) 2020 LEGAL REFERRAL FEES

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

45	Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
47a	Do you have evidence to support your deduction?	☐ Yes	☐ No
b	If "Yes," is the evidence written?	☐ Yes	☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

SEE ATTACHED	17,000

48	**Total other expenses.** Enter here and on line 27a	48	17,000

Form **2441**

Department of the Treasury
Internal Revenue Service (99)

Child and Dependent Care Expenses

▶ Attach to Form 1040, 1040-SR, or Form 1040-NR.

▶ Go to *www.irs.gov/Form2441* for instructions and the latest information.

1040 / 1040-SR / 1040-NR → 2441

OMB No. 1545-0074

2020

Attachment Sequence No. **21**

Name(s) shown on return

DANIEL A. & STEPHANIE A. PEREZ

Your social security number

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box. ☐

Part I Persons or Organizations Who Provided the Care – You **must** complete this part.

(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
AGUAMARINA GALERIA INC	7515 SW 61 AVE SOUTH MIAMI, FL 33143	65-1922151	4,410

Did you receive **dependent care benefits?**

- **No** → Complete only Part II below.
- **Yes** → Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040), line 7a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s).** If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) **Qualified expenses** you incurred and paid in 2020 for the person listed in column (a)
CAMILA L.	PEREZ		4,410

3	Add the amounts in column (c) of line 2. **Don't** enter more than $3,000 for one qualifying person or $6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	3,000
4	Enter your **earned income.** See instructions	4	122,646
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others,** enter the amount from line 4	5	125,809
6	Enter the **smallest** of line 3, 4, or 5	6	3,000
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 — 7: 253,705		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7.	8	.20
9	Multiply line 6 by the decimal amount on line 8. If you paid 2019 expenses in 2020, see the instructions	9	600
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions — 10: 42,986		
11	**Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Schedule 3 (Form 1040), line 2	11	600

If line 7 is:

Over	But not over	Decimal amount is
$0	15,000	.35
15,000	17,000	.34
17,000	19,000	.33
19,000	21,000	.32
21,000	23,000	.31
23,000	25,000	.30
25,000	27,000	.29
27,000	29,000	.28
29,000	31,000	.27
31,000	33,000	.26
33,000	35,000	.25
35,000	37,000	.24
37,000	39,000	.23
39,000	41,000	.22
41,000	43,000	.21
43,000	No limit	.20

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

2020

Attachment Sequence No. **70**

Taxpayer name(s) shown on return

DANIEL A. & STEPHANIE A. PEREZ

Taxpayer identification number

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 2020 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 figure 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 figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: **SCHOOL RECORDS OR STATEMENT**	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)?	X		

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

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 eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**			
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 Questions 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 figure 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 figure 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 figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a $540 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

2020

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	253,346	
2	Unreported tips from Form 4137, line 6		2		
3	Wages from Form 8919, line 6		3		
4	Add lines 1 through 3		4	253,346	
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 3,346
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II				7 30

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6, If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)		8		
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	253,346	
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 0
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III				13

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), line 8 (check box a) (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18	30

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	3,673	
20	Enter the amount from line 1		20	253,346	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages		21	3,674	
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, 1040-SR, or 1040-NR, line 25c (Form 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

2020

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	
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	

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	0
	Individuals:			
13	Modified adjusted gross income (see instructions)	13	253,705	
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	3,705	
16	Enter the smaller of line 12 or line 15		16	
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	
	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	

Federal Statements

General Footnote

Description

ATTACHMENT TO SCHEDULE C, OTHER EXPENSES, LINE 27A

CAMPAIGN CONTRIBUTIONS MADE TO THE DANIEL A. PEREZ CAMPAIGN AND ASSOCIATED POLITICAL COMMITTEE'S THAT WERE INCORRECTLY REPORTED ON A 1099-NEC TO DANIEL A. PEREZ:

RAYONIER, L.P.	$ 1,000
RED APPLE DEVELOPMENT, LLC	$ 1,000
GULF COAST HEALTH CARE, LLC	$15,000
TOTAL OTHER EXPENSES	$17,000

Copy B – To Be Filed With Employee's FEDERAL Tax Return.

41-0852411
OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
	95999.85	13917.67
	3 Social security wages	4 Social security tax withheld
	99999.95	6200.00
b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld
46-3514592	99999.95	1450.00

c Employer's name, address, and ZIP code

REGIS HR GROUP 14 INC
10625 N KENDALL DRIVE
MIAMI, FL 33176

d Control number

e Employee's name, address, and ZIP code — Suff.

DANIEL A PEREZ

8720 SW 84 ST
MIAMI, FL 33173

7 Social security tips	8 Allocated tips	9
0.00	0.00	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
		D 4000.10
13 Statutory employee	14 Other	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d 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 2020 Dept. of the Treasury – IRS
This information is being furnished to the Internal Revenue Service.
www.irs.gov/efile

Copy 2 – To Be Filed With Employee's State, City, or Local Income Tax Return.

41-0852411
OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
	95999.85	13917.67
	3 Social security wages	4 Social security tax withheld
	99999.95	6200.00
b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld
46-3514592	99999.95	1450.00

c Employer's name, address, and ZIP code

REGIS HR GROUP 14 INC
10625 N KENDALL DRIVE
MIAMI, FL 33176

d Control number

e Employee's name, address, and ZIP code — Suff.

DANIEL A PEREZ

8720 SW 84 ST
MIAMI, FL 33173

7 Social security tips	8 Allocated tips	9
0.00	0.00	
10 Dependent care benefits	11 Nonqualified plans	12a Code
		D 4000.10
13 Statutory employee	14 Other	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Employer's state I.D. 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 2020 Dept. of the Treasury – IRS

Copy C – For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)

41-0852411
OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
	95999.85	13917.67
	3 Social security wages	4 Social security tax withheld
	99999.95	6200.00
b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld
46-3514592	99999.95	1450.00

c Employer's name, address, and ZIP code

REGIS HR GROUP 14 INC
10625 N KENDALL DRIVE
MIAMI, FL 33176

d Control number

e Employee's name, address, and ZIP code — Suff.

DANIEL A PEREZ

8720 SW 84 ST
MIAMI, FL 33173

7 Social security tips	8 Allocated tips	9
0.00	0.00	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
		D 4000.10
13 Statutory employee	14 Other	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Employer's state I.D. 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 2020 Dept. of the Treasury – IRS
This information is being furnished to the IRS. 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.

Copy 2 – To Be Filed With Employee's State, City, or Local Income Tax Return.

41-0852411
OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
	95999.85	13917.67
	3 Social security wages	4 Social security tax withheld
	99999.95	6200.00
b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld
46-3514592	99999.95	1450.00

c Employer's name, address, and ZIP code

REGIS HR GROUP 14 INC
10625 N KENDALL DRIVE
MIAMI, FL 33176

d Control number

e Employee's name, address, and ZIP code — Suff.

DANIEL A PEREZ

8720 SW 84 ST
MIAMI, FL 33173

7 Social security tips	8 Allocated tips	9
0.00	0.00	
10 Dependent care benefits	11 Nonqualified plans	12a Code
		D 4000.10
13 Statutory employee	14 Other	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Employer's state I.D. 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 2020 Dept. of the Treasury – IRS

L4UP 5205

a Employee's social security number	Payroll organization code 11-21-21-90-116	Intradepartment number 0000000040
b Employer identification number 59-6001874	1 Wages, tips, other compensation 26,646.12	2 Federal income tax withheld 2,544.00
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356	3 Social security wages 27,537.00	4 Social security tax withheld 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 001275 01/07	11 Nonqualified plans	12a See instructions for box 12 DD 20,743.60
e Employee's first name, mi, and last name DANIEL A PEREZ 8720 SW 84 ST MIAMI, FL 33173	13 Statutory employee ☐ Retirement plan ☒ Third-Party sick pay ☐	12b
	14 Other 125 2,160.00	12c
		12d
f Employee's address and ZIP code		12e

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** **2020**

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

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a Employee's social security number	Payroll organization code 11-21-21-90-116	Intradepartment number 0000000040
b Employer identification number 59-6001874	1 Wages, tips, other compensation 26,646.12	2 Federal income tax withheld 2,544.00
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356	3 Social security wages 27,537.00	4 Social security tax withheld 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 001275 01/07	11 Nonqualified plans	12a See instructions for box 12 DD 20,743.60
e Employee's first name, mi, and last name DANIEL A PEREZ 8720 SW 84 ST MIAMI, FL 33173	13 Statutory employee ☐ Retirement plan ☒ Third-Party sick pay ☐	12b
	14 Other 125 2,160.00	12c
		12d
f Employee's address and ZIP code		12e

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** **2020**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA027W Rev. 05/11/2020

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.