2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: Hon Daniel Anthony Perez

PID 271464

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

Net Worth

My Net Worth as of December 31, 2024 was $ 2,913,698.98.

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Assets

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 effect is $ 200,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
Personal Residence - 8720 SW 84th Street, Miami, FL 33173	$ 1,266,515.00
Chase Checking Account	$ 2,799.92
IRA Retirement Account - Axa Advisors - Blackrock Global Alloc Investor CL A	$ 14,417.65
5% Shares in UNNO Healthcare, LLC	$ 1,100,000.00
5% Shares in UNNO Medical Centers, LLC	$ 800,000.00
100% Shares in MALUP, LLC	$ 30,000.00
50% Shares of Dover Tree, LLC	$ 104,444.00
100% Shares in Daniel A Perez PA	$ 31,130.00
939.0930 Shares in American Growth and Income Portfolio Class C	$ 17,767.64
FRS Stable Value Fund (350)	$ 1,979.88
FRS Inflation Sensitive Fund (300)	$ 2,508.83
FRS U.S. Bond Enhanced Index Fund (80)	$ 3,517.09
FRS U.S. Stock Market Index Fund (120)	$ 10,190.97
FRS U.S. Stock Fund (340)	$ 6,959.56
FRS Foreign Stock Index Fund (200)	$ 5,441.72
Northwestern Mutual - Cash	$ 4,193.92
Northwestern Mutual - Savings	$ 5,804.93
IRA Retirement Account - Axa Advisors - Principal Large Cap S&P 500 Index CL A	$ 3,670.81

Filed with COE: 06/30/2025

Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Banco Do Brasil Americas	1 Corporate Drive, Suite 360, Lake Zurich, IL 60047	$ 691,770.91

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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 2024 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 2024 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding $1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

Filed with COE: 06/30/2025

Interests in Specified Businesses

Business Entity # 1
N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☐ I certify that I have completed the required training under Section 112.3142, F.S.

☑ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Daniel Anthony Perez

Digitally signed: **06/30/2025**

Filed with COE: 06/30/2025

Form 1040 — Department of the Treasury—Internal Revenue Service — U.S. Individual Income Tax Return — 2024

OMB No. 1545-0074 | IRS Use Only–Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning ..... , 2024, ending ..... , 20 .... | See separate instructions.

Your first name and middle initial	Last name	Your social security number
DANIEL A.	PEREZ	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
STEPHANIE A.	PEREZ	[redacted]

Home address (number and street). If you have a P.O box, see instructions. [redacted] | Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below. [redacted] | State [redacted] | ZIP code [redacted]

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

Filing Status Check only one box.
- ☐ Single
- ☐ Head of household (HOH)
- ☒ Married filing jointly (even if only one had income)
- ☐ Married filing separately (MFS)
- ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: .....

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): .....

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ..... ☐ 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, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instr. and check here ☐	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	

Income						
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	1,345,107
	b	Household employee wages not reported on Form(s) W-2			1b	
	c	Tip income not reported on line 1a (see instructions)			1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
	e	Taxable dependent care benefits from Form 2441, line 26			1e	
	f	Employer-provided adoption benefits from Form 8839, line 29			1f	
	g	Wages from Form 8919, line 6			1g	
	h	Other earned income (see instructions)			1h	
	i	Nontaxable combat pay election (see instructions)	1i			
	z	Add lines 1a through 1h			1z	1,345,107
Attach Sch. B if required.	2a	Tax-exempt interest	2a	b Taxable interest	2b	298
	3a	Qualified dividends	3a 107	b Ordinary dividends	3b	150
	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	
	c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	30,915
	8	Additional income from Schedule 1, line 10			8	14,950
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	1,391,420
	10	Adjustments to income from Schedule 1, line 26			10	0
	11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	1,391,420
	12	**Standard deduction or itemized deductions** (from Schedule A)			12	42,397
	13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
	14	Add lines 12 and 13			14	42,397
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	1,349,023

Standard Deduction for –
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2024)

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	420,503
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	420,503
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	4
	21	Add lines 19 and 20		21	4
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	420,499
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	9,977
	24	Add lines 22 and 23. This is your **total tax**		24	430,476
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 449,771		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c 5,841		
	d	Add lines 25a through 25c		25d	455,612
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	60,401
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31 18,567		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	18,567
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	534,580
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	104,104
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	54,104
Direct deposit? See instructions.	b	Routing number XXXXXXXXX c Type: ☒ Checking ☐ Savings			
	d	Account number XXXXXXXXXXXX			
	36	Amount of line 34 you want **applied to your 2025 estimat d tax**	36 50,000		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	
	38	Estimated tax penalty (see instructions)	38		

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. Decla ation 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 re urn, **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	Date	PTIN	Check if:
ANTHONY FIORE	Fiore CPA PA	06/30/25	P00964652	☐ Self-employed

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

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

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2024)

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
2024
Attachment Sequence No. **01**

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

Your social security number [redacted]

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See *www.irs.gov/1099*.

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	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	14,950
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in th rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	14,950

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

Additional Taxes

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
2024
Attachment Sequence No. **02**

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

Your social security number [redacted]

Tax

1	Additions to tax:				
a	Excess advance premium tax credit repayment. Attach Form 8962	1a			
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b			
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c			
d	Recapture of net EPE from Form 4255, line 2a, column (l)	1d			
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount **(i)** ☐ Line 1a, column (n) **(ii)** ☐ Line 1c, column (n) **(iii)** ☐ Line 1d, column (n) **(iv)** ☐ Line 2a, column (n)	1e			
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. **(i)** ☐ Line 1a, column (o) **(ii)** ☐ Line 1c, column (o) **(iii)** ☐ Line 1d, column (o) **(iv)** ☐ Line 2a, column (o)	1f			
y	Other additions to tax (see instructions): _____	1y			
z	Add lines 1a through 1y			1z	
2	Alternative minimum tax. Attach Form 6251			2	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR or 1040-NR, line 17			3	

Other Taxes

4	Self-employment tax. Attach Schedule SE			4	
5	Social security and Medicare tax on unreported ip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax favored accounts. Attach Form 5329 if required. If not required, check here ☐			8	
9	Household employment taxes. Attach Schedule H			9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11	Additional Medicare Tax. Attach Form 8959			11	9,955
12	Net investment income tax. Attach Form 8960			12	22
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	
16	Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

DANIEL A. & STEPHANIE A. PEREZ [redacted]

Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount:	17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
c	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
l	Tax on accumulation distribution of trusts	17l			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:	17z			
18	Total additional taxes. Add lines 17a through 17z			18	
19	Recapture of net EPE from Form 4255, line 1d, column (l)			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	9,977

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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
2024
Attachment Sequence No. **03**

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

Your social security number: [redacted]

Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	4
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
m	Credit for previously owned clean vehicles. Attach Form 8936	6m			
z	Other nonrefundable credits. List type and amount: _____	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	4

Other Payments and Refundable Credits

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	18,567
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b			
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other refundable credits (see instructions): _____	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	18,567

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

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

OMB No. 1545-0074

2024

Attachment Sequence No. **07**

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

Your social security number [redacted]

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	2,499		
	b State and local real estate taxes (see instructions)	5b	12,183		
	c State and local personal property taxes	5c			
	d Add lines 5a through 5c	5d	14,682		
	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	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 [ ]				
Caution: Your mortgage interest deduction may be limited. See instructions.	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	21,022		
	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 Reserved for future use	8d			
	e Add lines 8a through 8c	8e	21,022		
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
	10 Add lines 8e and 9			10	21,022
Gifts to Charity	11 Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	11,375		
Caution: If you made a gift and got a benefit for it, see instructions.	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	11,375
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	42,397
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box [ ]				

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **12**

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

Your social security number
[redacted]

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	3,929	5,011		-1,082
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked	216	216	0	0

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise go to Part III on the back	7	-1,082

Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	648	2,829		-2,181
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	33,669
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13	Capital gain distributions. See the instructions	13	509
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	( )
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	15	31,997

Summary

16 Combine lines 7 and 15 and enter the result **16** 30,915

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

[X] **Yes.** Go to line 18.

[ ] **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19** 10,251

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

[ ] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the ins ructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

[X] **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

. . . . . **21** ( )

Note: When figuring which amoun is sm ller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

[ ] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

[ ] **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.
Go to *www.irs.gov/Form8949* for instructions and the latest information.

OMB No. 1545-0074
2024
Attachment Sequence No. **12A**

Name(s) shown on return

DANIEL A. & STEPHANIE A. PEREZ

Social security number or taxpayer identification number

[redacted]

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ **(C)** Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
PROSHARES ULTRA BLOOMBERG	VARIOUS	07/05/24	216	216			0
2 **Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)			216	216		0	0

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Do not enter name and social security number if shown on other side. | Your social security number

DANIEL A. & STEPHANIE A. PEREZ | [redacted]

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (**e**) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (**f**) on line 28 and attach **Form 6198.** See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	MALUP LLC	S	☐	[redacted]	☒	☐
B	DANIEL A. PEREZ, P.A.	S	☐		☒	☐
C	DOVER TREE LLC	P	☐		☐	☐
D	DOVER TREE II LLC	P	☐		☐	☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A			0		46,386
B			650		
C	30,786				
D			0		
29a Totals					46,386
b Totals	30,786		650		

30	Add columns (h) and (k) of line 29a	30	46,386
31	Add columns (g), (i), and (j) of line 29b	31	(31,436)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	14,950

Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	14,950
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.
Go to *www.irs.gov/Form4797* for instructions and the latest information.

OMB No. 1545-0184
2024
Attachment Sequence No. **27**

Name(s) shown on return

DANIEL A. & STEPHANIE A. PEREZ

Identifying number [redacted]

1a	Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	1a	
b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b	
c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c	

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and e pense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
FROM K1						33,669

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	33,669
	Partnerships and S corporations. Report the gain or (loss) following the nstructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a ga n and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 s zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	

Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 1 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b	

For Paperwork Reduction Act Notice, see separate instructions. Form **4797** (2024)

THERE ARE NO AMOUNTS FOR PAGE 2

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, or 1040-SS.
Go to *www.irs.gov/Form8959* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **71**

Name(s) shown on return

DANIEL A. & STEPHANIE A. PEREZ

Your social security number

[redacted]

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	1,356,118	
2	Unreported tips from Form 4137, line 6		2		
3	Wages from Form 8919, line 6		3		
4	Add lines 1 through 3		4	1,356,118	
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 surviving spouse	$200,000	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-				6 1,106,118
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II				7 9,955

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-		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 surviving spouse	$200,000	9	250,000	
10	Enter the amount from line 4		10	1,356,118	
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

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 surviving spouse	$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

Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V				18 9,955

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	25,505	
20	Enter the amount from line 1		20	1,356,118	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages		21	19,664	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages				22 5,841
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-SS filers, see instructions)				24 5,841

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8960**

Department of the Treasury
Internal Revenue Service

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

2024

Attachment Sequence No. **72**

Name(s) shown on your tax return

DANIEL A. & STEPHANIE A. PEREZ

Your social security number or EIN

[redacted]

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	298
2	Ordinary dividends (see instructions)			2	150
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	14,950		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-45,736		
c	Combine lines 4a and 4b			4c	-30,786
5a	Net gain or loss from disposition of property (see instructions)	5a	30,915		
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	30,915
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	577

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	

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	577
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	1,391,420		
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	1,141,420		
16	Enter the smaller of line 12 or line 15			16	577
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	22
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from line 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	

Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder
DANIEL A. PEREZ

Identifying number [redacted]

A Name of S corporation
MALUP LLC

B Employer identification number [redacted]

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gifted **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐

Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	0
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	46,386		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	46,386
5	Stock basis before distributions. Add lines 1, 2, and 4			5	46,386
6	Distributions (excluding dividend distributions)			6	46,111
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	275
8a	Nondeductible expenses	8a			
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14 and enter -0- on line 15			10	275
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	275

Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

	Description	(a) Debt 1 ☐ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16	Loan balance at the beginning of the corporation's tax year				
17	Additional loans (see instructions)				
18	Loan balance before repayment. Add lines 16 and 17				
19	Principal portion of debt repayment (this line doesn't include interest)				
20	Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18				

DANIEL A. PEREZ [redacted]

Shareholder Debt Basis *(continued)*

Section B—Adjustments to Debt Basis

	Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the corporation's tax year				
22	Enter the amount, if any, from line 17				
23	Debt basis restoration (see instructions)				
24	Debt basis before repayment. Add lines 21, 22, and 23				
25	Divide line 24 by line 18				
26	Nontaxable debt repayment. Multiply line 25 by line 19				
27	Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28	Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29	Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30	Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31	**Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C—Gain on Loan Repayment

32	Repayment. Enter the amount from line 19				
33	Nontaxable repayments. Enter the amount from line 26				
34	**Reportable gain.** Subtract line 33 from line 32				

Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss					
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on on line 11 and enter the total loss in column (d) on line 30					

Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder
DANIEL A. PEREZ

Identifying number [redacted]

A Name of S corporation
DANIEL A. PEREZ, P.A.

B Employer identification number [redacted]

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gifted **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐

Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	31,128
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a			
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	0
5	Stock basis before distributions. Add lines 1, 2, and 4			5	31,128
6	Distributions (excluding dividend distributions)			6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	31,128
8a	Nondeductible expenses	8a			
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14 and enter -0- on line 15			10	31,128
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	650
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	650
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	30,478

Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

	Description	**(a)** Debt 1 ☐ Formal note ☐ Open account	**(b)** Debt 2 ☐ Formal note ☐ Open account	**(c)** Debt 3 ☐ Formal note ☐ Open account	**(d)** Total
16	Loan balance at the beginning of the corporation's tax year				
17	Additional loans (see instructions)				
18	Loan balance before repayment. Add lines 16 and 17				
19	Principal portion of debt repayment (this line doesn't include interest)				
20	Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18				

DANIEL A. PEREZ [redacted]

Shareholder Debt Basis *(continued)*

Section B—Adjustments to Debt Basis

	Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the corporation's tax year				
22	Enter the amount, if any, from line 17				
23	Debt basis restoration (see instructions)				
24	Debt basis before repayment. Add lines 21, 22, and 23				
25	Divide line 24 by line 18				
26	Nontaxable debt repayment. Multiply line 25 by line 19				
27	Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28	Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29	Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30	Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31	**Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C—Gain on Loan Repayment

32	Repayment. Enter the amount from line 19				
33	Nontaxable repayments. Enter the amount from line 26				
34	**Reportable gain.** Subtract line 33 from line 32				

Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss	650		650		
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on on line 11 and enter the total loss in column (d) on line 30	650		650		

Form **8582**

Department of the Treasury
Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to *www.irs.gov/Form8582* for instructions and the latest information.

OMB No. 1545-1008

2024

Attachment Sequence No. **858**

Name(s) shown on return

Identifying number

DANIEL A. & STEPHANIE A. PEREZ [redacted]

2024 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see ***Special Allowance for Rental Real Estate Activities*** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	1a			
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	( )		
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	( )		
d	Combine lines 1a, 1b, and 1c			1d	

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	2a	33,669		
b	Activities with net loss (enter the amount from Part V, column (b))	2b	(15,458)		
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	(15,328)		
d	Combine lines 2a, 2b, and 2c			2d	2,883
3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used			3	2,883

If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the **smaller** of the loss on line 1d or the loss on line 3			4	
5	Enter $150,000. If married filing separately, see instructions	5			
6	Enter modified adjusted gross income, but not less than zero. See instructions	6	0		
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.				
7	Subtract line 6 from line 5	7			
8	Multiply line 7 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions			8	
9	Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions			9	0

Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	
11	**Total losses allowed from all passive activities for 2024.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	0

Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	**(b)** Net loss (line 1b)	**(c)** Unallowed loss (line 1c)	**(d)** Gain	**(e)** Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

DANIEL A. & STEPHANIE A. PEREZ [redacted]

Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	**(b)** Net loss (line 2b)	**(c)** Unallowed loss (line 2c)	**(d)** Gain	**(e)** Loss
DOVER TREE LLC	33,669	15,458	15,328	2,883	
Total. Enter on Part I, lines 2a, 2b, and 2c	33,669	15,458	15,328		

Use This Part if an Amount Is Shown on Part II, Line 9. See instructions

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Rati	**(c)** Special allowance	**(d)** Subtract column (c) from column (a).
Total			1.00		

Allocation of Unallowed Losses See instructions

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Ratio	**(c)** Unallowed loss
Total			1.00	

I Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Unallowed loss	**(c)** Allowed loss
Total				

Form **4868**

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

Go to *www.irs.gov/Form4868* for the latest information.

OMB No. 1545-0074

2024

(on bottom of page)

Mail To: Department of the Treasury
Internal Revenue Service
AUSTIN, TX 73301-0045

CUT HERE

EXTENSION REQUEST ORIGINALLY FILED ELECTRONICALLY

Form **4868**

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2024, or other tax year beginning , and ending .

OMB No. 1545-0074

2024

1 Your name(s) (see instructions)

DANIEL A. PEREZ
STEPHANIE A. PEREZ

Address (see instructions)

[redacted]

City, town, or post office | State | ZIP code

[redacted] | [redacted] | [redacted]

2 Your social security number

[redacted]

3 Spouse's social security number

[redacted]

4 Estimate of total tax liability for 2024 $ 449,770

5 Total 2024 payments 449,770

6 **Balance due.** Subtract line 5 from line 4. See instructions 0

7 Amount you're paying (see instructions) 0

8 Check here if you're "out of the country" and a U.S. citizen or resident. See instructions ☐

9 Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding ☐

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Form **4868** (2024)

DAA

a Employee's social security number	Payroll organization code	Intradepartment number
[redacted]	[redacted]	[redacted]

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
59-6001874	27,946.00	2,401.54

c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356	28,877.09	1,790.38
	5 Medicare wages and tips 28,877.09	6 Medicare tax withheld 418.72
	7 Social security tips	10 Dependent care benefits

d Control number	11 Nonqualified plans	12a See instructions for box 12
[redacted]		DD 22,156.08

e Employee's first name, mi, and last name	13 Statutory employee	Retirement plan	Third-party sick pay	12b
DANIEL A PEREZ [redacted]	☐	☒	☐	
	14 Other 125 2,160.00			12c
				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** **2024**

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	Intradepartment number
[redacted]	[redacted]	[redacted]

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
59-6001874	27,946.00	2,401.54

c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356	28,877.09	1,790.38
	5 Medicare wages and tips 28,877.09	6 Medicare tax withheld 418.72
	7 Social security tips	10 Dependent care benefits

d Control number	11 Nonqualified plans	12a See instructions for box 12
[redacted]		DD 22,156.08

e Employee's first name, mi, and last name	13 Statutory employee	Retirement plan	Third-party sick pay	12b
DANIEL A PEREZ [redacted]	☐	☒	☐	
	14 Other 125 2,160.00			12c
				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** **2024**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA427W Rev. 05/31/2024

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.

	a Employee's social security number [redacted]	OMB No. 1545-0008	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.
b Employer identification number (EIN) 84-3225331		1 Wages, tips, other compensation $849,028.32	2 Federal income tax withheld $306,861.94
c Employer's name, address, and ZIP code RHF LAW FIRM LLC 8440 GRAND CANAL DRIVE MIAMI, FL 33144		3 Social security wages $168,600.00	4 Social security tax withheld $10,453.20
		5 Medicare wages and tips $849,028.32	6 Medicare tax withheld $17,702.16
		7 Social security tips $0.00	8 Allocated tips $0.00
d Control number		9	10 Dependent care benefits $0.00
e Employee's first name and initial: DANIEL A. [redacted] Last name: PEREZ Suff.		11 Nonqualified plans $0.00	12a See instructions for box 12 Code $0.00
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code $0.00
		14 Other $0.00	12c Code $0.00
		$0.00	12d Code $0.00
f Employee's address and ZIP code		$0.00	

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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form **W-2** **Wage and Tax Statement** **2024**

Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS

Safe, accurate, FAST! Use IRS e-file

	a Employee's social security number [redacted]	OMB No. 1545-0008	**Safe, accurate, FAST! Use** IRS e-file Visit the IRS website at *www.irs.gov/efile*
b Employer identification number (EIN) 84-3225331		1 Wages, tips, other compensation $849,028.32	2 Federal income tax withheld $306,861.94
c Employer's name, address, and ZIP code RHF LAW FIRM LLC 8440 GRAND CANAL DRIVE MIAMI, FL 33144		3 Social security wages $168,600.00	4 Social security tax withheld $10,453.20
		5 Medicare wages and tips $849,028.32	6 Medicare tax withheld $17,702.16
		7 Social security tips $0.00	8 Allocated tips $0.00
d Control number		9	10 Dependent care benefits $0.00
e Employee's first name and initial: DANIEL A. [redacted] Last name: PEREZ Suff.		11 Nonqualified plans $0.00	12a See instructions for box 12 Code $0.00
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code $0.00
		14 Other $0.00	12c Code $0.00
		$0.00	12d Code $0.00
f Employee's address and ZIP code		$0.00	

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
		$0.00	$0.00	$0.00	$0.00	
		$0.00	$0.00	$0.00	$0.00	

Form **W-2** **Wage and Tax Statement** **2024**

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.

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

41-0852411
OMB No. 1545-0008

a Employee's soc. sec. no. [redacted]	1 Wages, tips, other comp. 97920.16	2 Federal income tax withheld 14464.32
b Employer ID number (EIN) 46-3514592	3 Social security wages 102000.08	4 Social security tax withheld 6324.00
	5 Medicare wages and tips 102000.08	6 Medicare tax withheld 1479.00

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
[redacted]

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 4079.92
13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 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 2024 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. [redacted]	1 Wages, tips, other comp. 97920.16	2 Federal income tax withheld 14464.32
b Employer ID number (EIN) 46-3514592	3 Social security wages 102000.08	4 Social security tax withheld 6324.00
	5 Medicare wages and tips 102000.08	6 Medicare tax withheld 1479.00

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
[redacted]

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits	11 Nonqualified plans	12a Code D 4079.92
13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 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 2024 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. [redacted]	1 Wages, tips, other comp. 97920.16	2 Federal income tax withheld 14464.32
b Employer ID number (EIN) 46-3514592	3 Social security wages 102000.08	4 Social security tax withheld 6324.00
	5 Medicare wages and tips 102000.08	6 Medicare tax withheld 1479.00

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
[redacted]

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 4079.92
13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 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 2024 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. [redacted]	1 Wages, tips, other comp. 97920.16	2 Federal income tax withheld 14464.32
b Employer ID number (EIN) 46-3514592	3 Social security wages 102000.08	4 Social security tax withheld 6324.00
	5 Medicare wages and tips 102000.08	6 Medicare tax withheld 1479.00

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
[redacted]

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits	11 Nonqualified plans	12a Code D 4079.92
13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 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 2024 Dept. of the Treasury -- IRS

L4UP

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Form W-2 Wage and Tax Statement 2024

Copy C, for employee's records

c Employer's name, address, and ZIP code	d Control number [redacted]	Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
ASSURANCE MEZZANINE CAPITAL LL PAYCHEX PEO IX LLC 970 LAKE CARILLON DRIVE SUITE SAINT PETERSBURG FL 33716	b Employer identification number (EIN) 82-1628414	a Employee's social security number [redacted]	1 Wages, tips, other compensation 250000.08	2 Federal income tax withheld 89014.56
	13 Statutory employee / Retirement plan / Third-party sick pay		3 Social security wages 168600.00	4 Social security tax withheld 10453.20
e Employee's name, address, and ZIP code DANIEL A PEREZ [redacted]	12 See instructions for box 12	14 Other	5 Medicare wages and tips 250000.08	6 Medicare tax withheld 4075.00
			7 Social Security Tips	8 Allocated Tips
			10 Dependent care benefits	11 Nonqualified plans

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

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.

Form W-2 Wage and Tax Statement 2024

Copy B, to be filed with employee's FEDERAL tax return

c Employer's name, address, and ZIP code	d Control number [redacted]	Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
ASSURANCE MEZZANINE CAPITAL LL PAYCHEX PEO IX LLC 970 LAKE CARILLON DRIVE SUITE SAINT PETERSBURG FL 33716	b Employer identification number (EIN) 82-1628414	a Employee's social security number [redacted]	1 Wages, tips, other compensation 250000.08	2 Federal income tax withheld 89014.56
	13 Statutory employee / Retirement plan / Third-party sick pay		3 Social security wages 168600.00	4 Social security tax withheld 10453.20
e Employee's name, address, and ZIP code DANIEL A PEREZ [redacted]	12 See instructions for box 12	14 Other	5 Medicare wages and tips 250000.08	6 Medicare tax withheld 4075.00
			7 Social Security Tips	8 Allocated Tips
			10 Dependent care benefits	11 Nonqualified plans

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

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.

Form W-2 Wage and Tax Statement 2024

c Employer's name, address, and ZIP code	d Control number	Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
	b Employer identification number (EIN)	a Employee's social security number	1 Wages, tips, other compensation	2 Federal income tax withheld
	13 Statutory employee / Retirement plan / Third-party sick pay		3 Social security wages	4 Social security tax withheld
e Employee's name, address, and ZIP code	12 See instructions for box 12	14 Other	5 Medicare wages and tips	6 Medicare tax withheld
			7 Social Security Tips	8 Allocated Tips
			10 Dependent care benefits	11 Nonqualified plans

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

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.

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c Employer's name, address, and ZIP code	d Control number	Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
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