

General Information

Name: Hon Kevin Marino CABRERA
 Address: 111 NW 1st Street, Suite 220, Miami, FL 33128 **PID 273231**
 County: Miami-Dade

AGENCY INFORMATION

Organization	Suborganization	Title
Miami-Dade County	Elected Constitutional Officer	Commissioner
Miami-Dade County	Elected Constitutional Officer	TPO Board Member
Miami-Dade County	Miami International Airport	TPO Board Member
Miami-Dade Transportation Planning Organization (TPO)	Governing Board	TPO Board Member

Net Worth

My Net Worth as of December 31, 2022 was \$ 648,639.67.

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 \$ 25,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Rental Property - 21 Madeira Ave, #14 Coral Gables, FL 33134	\$ 300,000.00
Residence - 829 Lorca St Coral Gables, FL 33134	\$ 620,201.00
Goldman Sachs Bank USA Joint Savings Account	\$ 219,905.28
Charles Schwab Joint Checking Account	\$ 11,521.14
2020 Jeep Wrangler	\$ 53,455.83
2021 Jeep Grand Cherokee	\$ 55,599.41
Carnival Corp Stock (CCL)	\$ 1,511.76
American Airlines (AAL)	\$ 2,873.00
Rocket Companies, Inc. (RKT)	\$ 1,073.60
KDP Group, LLC	\$ 48,544.36

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Property Mortgage - Nationstar Mortgage / Mr.Cooper	8950 Cyprss Waters Blvd. Coppell, TX 75019	\$ 136,404.95
Property Mortgage - United Wholesale Mortgage	P.O. Box 77404 Ewing, NJ 08628	\$ 465,296.02
Auto Loan - Capital One Auto Finance (Auto Loan)	P.O. Box 60511 City of Industry, California 91716	\$ 40,811.51
Auto Loan - South State Bank	P.O. Box 118068 Charleston, SC 29423	\$ 48,533.23

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.

I elect to file a copy of my 2022 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):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source

Interests in Specified Businesses

Business Entity # 1

N/A

Training

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.

Kevin Marino CABRERA

Digitally signed: 06/26/2023

Filed with COE: 06/26/2023

Form **1040**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status

Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Check only one box.

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:

Your first name and middle initial KEVIN		Last name CABRERA		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial DEMI T		Last name BUSATTA		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O box, see instructions. 829 LORCA STREET				Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office. If you have a foreign address, also complete spaces below. CORAL GABLES			State FL	ZIP code 33144	
Foreign country name		Foreign province/state/county		Foreign postal code	

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, 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, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind

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

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. Attach Sch. B if required. Standard Deduction for - • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse \$25,900 • Head of household, \$19,400 • If you checked any box under Standard Deduction, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	313,729
	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	313,729
	2a	Tax-exempt interest	2a	
	2b	Taxable interest	2b	2,864
	3a	Qualified dividends	3a	13
	3b	Ordinary dividends	3b	13
	4a	IRA distributions	4a	
4b	Taxable amount	4b		
5a	Pensions and annuities	5a		
5b	Taxable amount	5b		
6a	Soc. sec. ben.	6a		
6b	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	796	
8	Other income from Schedule 1, line 10	8	58,075	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	375,477	
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	375,477	
12	Standard deduction or itemized deductions (from Schedule A)	12	30,964	
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	7,697	
14	Add lines 12 and 13	14	38,661	
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	336,816	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972	16	68,506
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	68,506
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	68,506
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	722
	24	Add lines 22 and 23. This is your total tax	24	69,228

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	37,348
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	37,348
	26	2022 estimated tax payments and amount applied from 2021 return	26	15,000
	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	17,198
	32	Add lines 27, 28, 29 and 31. These are your total other payments and refundable credits	32	17,198
	33	Add lines 25d, 26, and 32. These are your total payments	33	69,546

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	318
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	59
Direct deposit? See instructions.	b	Routing number [REDACTED]	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number [REDACTED]		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

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	259

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.

Your signature	Date	Your occupation	If the RS sent you an Identity Protection PIN, enter it here (see instr.)
<i>[Signature]</i>		COUNTY COMMISSIONER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the RS sent your spouse an Identity Protection PIN, enter it here (see instr.)
		STATE REPRESENTATIVE	

Preparer's name: **ANTHONY FIORE** Preparer's signature: *Fiore CPA, P.A.* Date: **04/17/23** PTIN: **P00964652** Check if: 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**

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

2022

Attachment
Sequence No. **01**

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

Your social security number

KEVIN CABRERA & DEMI T BUSATTA

[REDACTED]

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	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	58,075
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 the 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	
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. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	58,075

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

Schedule 1 (Form 1040) 2022

**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

2022
Attachment
Sequence No. **02**

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

Your social security number

KEVIN CABRERA & DEMI T BUSATTA

[REDACTED]

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 on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip 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 <input type="checkbox"/>	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	582
12	Net investment income tax. Attach Form 8960	12	140
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)

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

Schedule 2 (Form 1040) 2022

KEVIN CABRERA & DEMI T BUSATTA



Schedule 2 (Form 1040) 2022

Part II 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	17o		
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 Reserved for future use		19	
20 Section 965 net tax liability installment from Form 965-A	20		
21 Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	722

KEVIN CABRERA & DEMI T BUSATTA



Part II 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	16,809
11	Excess social security and tier 1 RRTA tax withheld	11	389
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b	
c	Reserved for future use	13c	
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Reserved for future use	13g	
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h	
z	Other payments or refundable credits. List type and amount: _____	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	17,198

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

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

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022

Attachment
Sequence No **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16

Name(s) shown on Form 1040 or 1040-SR: **KEVIN CABRERA & DEMI T BUSATTA** 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)	5,665	
	2	Enter amount from Form 1040 or 1040-SR, line 11	375,477	
	3	Multiply line 2 by 7.5% (0.075)	28,161	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		0

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 <input checked="" type="checkbox"/>	2,216	
	b	State and local real estate taxes (see instructions)	7,529	
	c	State and local personal property taxes		
	d	Add lines 5a through 5c	9,745	
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	9,745	
	6	Other taxes. List type and amount:		
	7	Add lines 5e and 6		9,745

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 <input type="checkbox"/>		
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	21,219	
	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		
	c	Points not reported to you on Form 1098. See instructions for special rules		
	d	Reserved for future use		
	e	Add lines 8a through 8c	21,219	
	9	Investment interest. Attach Form 4952 if required. See instructions		
	10	Add lines 8e and 9		21,219

Gifts to Charity	11	Gifts by cash or check. If you made any gift of \$250 or more, 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		
	13	Carryover from prior year		
	14	Add lines 11 through 13		

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		
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Other Itemized Deductions	16	Other—from list in instructions. List type and amount:		
----------------------------------	----	--	--	--

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		30,964
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

SCHEDULE B (Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2022

Attachment Sequence No. 08

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040 or 1040-SR.

Name(s) shown on return

KEVIN CABRERA & DEMI T BUSATTA

Your social security number

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address

GOLDMAN SACHS

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Table with 2 columns: Amount, 1. Amount: 2,864

2 Add the amounts on line 1

Table with 2 columns: Amount, 2. Amount: 2,864

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

Table with 2 columns: Amount, 3. Amount: 0

4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

Table with 2 columns: Amount, 4. Amount: 2,864

Note: If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

5 List name of payer:

CHARLES SCHWAB & CO INC - ACCT

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Table with 2 columns: Amount, 5. Amount: 13

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

Table with 2 columns: Amount, 6. Amount: 13

Note: If line 6 is over \$1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

Part III Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

a At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located:

8 During 2022 did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Table with 2 columns: Yes, No. X in No column for questions a and 8.

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

Schedule B (Form 1040) 2022

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2022

Attachment
Sequence No. **12**

Name(s) shown on return **KEVIN CABRERA & DEMI T BUSATTA** 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 . . .	1,825	1,029		796
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				
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				7 796

P II 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 . . .				
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
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
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 0

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

Schedule D (Form 1040) 2022



Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	16	796
<ul style="list-style-type: none"> • 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. 		
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>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</p>	18	
<p>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</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)] 	21	()
<p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or Form 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

KEVIN CABRERA & DEMI T BUSATTA

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A	21 MADEIRA AVE 14, CORAL GABLES, FL 33134
B	
C	

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV	
		A	B	A	B
A 1		365			
B					
C					

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other describe)

Income:	Properties:		
	A	B	C
3 Rents received	28,950		
4 Royalties received			
Expenses:			
5 Advertising			
6 Auto and travel (see instructions)			
7 Cleaning and maintenance			
8 Commissions			
9 Insurance	2,088		
10 Legal and other professional fees			
11 Management fees			
12 Mortgage interest paid to banks, etc. (see instructions)	7,016		
13 Other interest			
14 Repairs			
15 Supplies			
16 Taxes	4,437		
17 Utilities			
18 Depreciation expense or depletion	15,235		
19 Other (list) SEE STATEMENT 1	6,659		
20 Total expenses. Add lines 5 through 19	35,435		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	-6,485		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	1,252		
23a Total of all amounts reported on line 3 for all rental properties	28,950		
23b Total of all amounts reported on line 4 for all royalty properties			
23c Total of all amounts reported on line 12 for all properties	7,016		
23d Total of all amounts reported on line 18 for all properties	15,235		
23e Total of all amounts reported on line 20 for all properties	35,435		
24 Income. Add positive amounts shown on line 21. Do not include any losses			0
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here			1,252
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2			-1,252

For Paperwork Reduction Act Notice, see the separate instructions.

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

Your social security number

KEVIN CABRERA & DEMI T BUSATTA

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

Part II 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

Table with 6 columns: (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. Rows include SOUTHERNMOST STRATEGIES, LLC, KDP GROUP LLC, and LEONE PROVISION LLC.

Summary table for Part II with columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Totals: 1,252, 58,075, 59,327.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 58,075.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39.

Part V Summary

Summary table for Part V with rows 40-43. Row 41: Total income or (loss) 58,075. Row 42: Reconciliation of farming and fishing income. Row 43: Reconciliation for real estate professionals.

Form **8995-A**

Qualified Business Income Deduction

OMB No. 1545-2294

2022

Attachment Sequence No. **55A**

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

KEVIN CABRERA & DEMI T BUSATTA

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is above \$170,050 (\$340,100 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	SOUTHERNMOST STRATEGIES, LLC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	47-4616834	<input type="checkbox"/>
B	KDP GROUP LLC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32-0703125	<input type="checkbox"/>
C	LEONE PROVISION LLC	<input type="checkbox"/>	<input type="checkbox"/>	80-0268440	<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2,095	37,234	887
3 Multiply line 2 by 20% (0.20). If your taxable income is \$170,050 or less (\$340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	419	7,447	177
4 Allocable share of W-2 wages from the trade, business, or aggregation	0	0	6,492
5 Multiply line 4 by 50% (0.50)	0	0	3,246
6 Multiply line 4 by 25% (0.25)	0	0	1,623
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	1,016	0	89,709
8 Multiply line 7 by 2.5% (0.025)	25	0	2,243
9 Add lines 6 and 8	25	0	3,866
10 Enter the greater of line 5 or line 9	25	0	3,866
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	25	0	177
12 Phased-in reduction. Enter the amount from line 26, if any	402	7,118	
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	402	7,118	177
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions			
15 Qualified business income component. Subtract line 14 from line 13	402	7,118	177
16 Total qualified business income component. Add all amounts reported on line 15	7,697		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **8995-A** (2022)

KEVIN CABRERA & DEMI T BUSATTA



Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$170,050 but not \$220,050 (\$340,100 and \$440,100 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17	419	7,447
18	Enter the amounts from line 10	18	25	
19	Subtract line 18 from line 17	19	394	7,447
20	Taxable income before qualified business income deduction	20	344,513	
21	Threshold. Enter \$170,050 (\$340,100 if married filing jointly)	21	340,100	
22	Subtract line 21 from line 20	22	4,413	
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23	100,000	
24	Phase-in percentage. Divide line 22 by line 23	24	4.4130 %	
25	Total phase-in reduction. Multiply line 19 by line 24	25	17	329
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26	402	7,118

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	7,697	
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()	
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	0	
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		7,697
33	Taxable income before qualified business income deduction	33	344,513	
34	Net capital gain. See instructions	34	13	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		344,500
36	Income limitation. Multiply line 35 by 20% (0.20)	36		68,900
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		7,697
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39	Total qualified business income deduction. Add lines 37 and 38	39		7,697
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

**SCHEDULE A
(Form 8995-A)**

Specified Service Trades or Businesses

OMB No. 1545-2294

2022

Attachment
Sequence No. **55B**

Department of the Treasury
Internal Revenue Service

Attach to Form 8995-A.

Go to www.irs.gov/Form8995A for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

KEVIN CABRERA & DEMI T BUSATTA

Complete Schedule A only if your trade or business is a specified service trade or business (see instructions) and your taxable income is more than \$170,050 but not \$220,050 (\$340,100 and \$440,100 if married filing jointly). If your taxable income isn't more than \$170,050 (\$340,100 if married filing jointly) and you're not a patron of an agricultural or horticultural cooperative, don't file this form; instead, file Form 8995, Qualified Business Income Deduction Simplified Computation. Otherwise, complete Schedule D (Form 8995-A) before beginning Schedule A. If your taxable income is more than \$220,050 (\$440,100 if married filing jointly), your specified service trade or business doesn't qualify for the deduction. If you have more than three trades or businesses, attach as many Schedules A as needed. See instructions.

Part I Other Than Publicly Traded Partnerships (PTP)

See instructions before completing Parts I and II.

		A	B	C
1a	Trade or business name	1a SOUTHERNMOST KDP GROUP LL		
b	Taxpayer identification number	1b 47-4616834	32-0703125	
2	Qualified business income or (loss) from the trade or business	2 3,094	54,981	
3	Allocable share of W-2 wages from the trade or business	3		
4	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	4 1,063		
5	Taxable income before qualified business income deduction	5 344,513		
6	Threshold. Enter \$170,050 (\$340,100 if married filing jointly)	6 340,100		
7	Subtract line 6 from line 5	7 4,413		
8	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	8 100,000		
9	Divide line 7 by line 8	9 4.4130		
10	Applicable percentage. Subtract line 9 from 100%	10 95.5870 %		
11	Applicable percentage of qualified business income or (loss). Multiply line 2 by line 10. Enter this amount on Schedule C (Form 8995-A) or on Form 8995-A, line 2, for the corresponding trade or business, as appropriate.	11 2,957	52,555	
12	Applicable percentage of W-2 wages. Multiply line 3 by line 10. Enter this amount on Form 8995-A, line 4, for the corresponding trade or business, as appropriate.	12		
13	Applicable percentage of the UBIA of qualified property. Multiply line 4 by line 10. Enter this amount on Form 8995-A, line 7, for the corresponding trade or business, as appropriate.	13 1,016		

Part II Publicly Traded Partnership

		A	B	C
14	Trade or business name	14		
15	Taxpayer identification number	15		
16	Qualified PTP income or (loss)	16		
17	Total PTP specified service trade or business (SSTB) income or (loss). Combine all amounts on line 16	17		
18	Taxable income before qualified business income deduction	18		
19	Threshold. Enter \$170,050 (\$340,100 if married filing jointly)	19		
20	Subtract line 19 from line 18	20		
21	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	21		
22	Divide line 20 by line 21	22		
23	Applicable percentage. Subtract line 22 from 100%	23		%
24	Applicable percentage of qualified PTP income or (loss). Multiply line 17 by line 23. Include this amount on Form 8995-A, line 28	24		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Schedule A (Form 8995-A) 2022

**SCHEDULE C
(Form 8995-A)**
(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

Attach to Form 8995-A.

Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

Attachment
Sequence No. **55D**

Name(s) shown on return

Your taxpayer identification number

KEVIN CABRERA & DEMI T BUSATTA

[REDACTED]

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	SOUTHERNMOST STRATEGIES, LLC	2,957	862	2,095
	KDP GROUP LLC	52,555	15,321	37,234
	LEONE PROVISION LLC	1,252	365	887
2	Qualified business net (loss) carryforward from prior years. See instructions			2 (16,548)
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations			3 (16,548)
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations			4 56,764
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b).			5 (16,548)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-			6 ()

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Schedule C (Form 8995-A) (Rev. 12-2022)

Form **8959**

Additional Medicare Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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.

2022

Attachment
Sequence No. **71**

Name(s) shown on return

KEVIN CABRERA & DEMI T BUSATTA

Your social security number

[REDACTED]

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	314,637		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	314,637		
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		64,637	
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			582

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 surviving spouse \$200,000	9	250,000		
10 Enter the amount from line 4	10	314,637		
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 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			

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18			582
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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	4,562		
20 Enter the amount from line 1	20	314,637		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,562		
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			

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

Form **8959** (2022)

Form **8960**

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

OMB No. 1545-2227

2022

Attachment
Sequence No. **72**

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on your tax return

Your social security number or EIN

KEVIN CABRERA & DEMI T BUSATTA

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	2,864
2	Ordinary dividends (see instructions)		2	13
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	58,075	
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-58,075	
c	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	796	
5b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
5c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	796
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	3,673

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	3,673
13	Modified adjusted gross income (see instructions)	13	375,477	
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	125,477	
16	Enter the smaller of line 12 or line 15		16	3,673
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	140
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 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	

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

Form **8960** (2022)

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 KEVIN CABRERA	Identifying number [REDACTED]
A Name of S corporation SOUTHERNMOST STRATEGIES, LLC	on number 47-4616834

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			2,617
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	3,094	
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	3,094	
5 Stock basis before distributions. Add lines 1, 2, and 4	5	5,711	
6 Distributions (excluding dividend distributions) 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.	6		
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	5,711	
8a Nondeductible expenses	8a	8,398	
b Depletion for oil and gas	8b		
c Business credits (sections 50(c)(1) and (5))	8c		
9 Add lines 8a through 8c	9	8,398	
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	0	
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	0	

Part II Shareholder Debt Basis

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

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	<input type="checkbox"/> Formal note <input checked="" type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	
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				



Part II 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	0			
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-	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-	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	0			

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amount (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 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 KEVIN CABRERA	Identifying number [REDACTED]
A Name of S corporation KDP GROUP LLC	on number 32-0703125

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			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	54,981	
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	54,981	
5 Stock basis before distributions. Add lines 1, 2, and 4	5	54,981	
6 Distributions (excluding dividend distributions) 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.	6	6,305	
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	48,676	
8a Nondeductible expenses	8a	2,326	
b Depletion for oil and gas	8b		
c Business credits (sections 50(c)(1) and (5))	8c		
9 Add lines 8a through 8c	9	2,326	
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	46,350	
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	46,350	

Part II Shareholder Debt Basis

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

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	<input type="checkbox"/> Formal note <input checked="" type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	
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				



Part II 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	0			
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-	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-	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	0			

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amount (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 line 11 and enter the total loss in column (d) on line 30					

Form **8582**

Passive Activity Loss Limitations

OMB No. 1545-1008

Department of the Treasury
Internal Revenue Service

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

2022

Attachment
Sequence No. **858**

Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

Identifying number

KEVIN CABRERA & DEMI T BUSATTA

Part I 2022 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 <i>Special Allowance for Rental Real Estate Activities</i> in the instructions.)			
1a	Activities with net income (enter the amount from Part IV, column (a))	1a	
1b	Activities with net loss (enter the amount from Part IV, column (b))	1b	6,485
1c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	11,577
d	Combine lines 1a, 1b, and 1c	1d	-18,062
All Other Passive Activities			
2a	Activities with net income (enter the amount from Part V, column (a))	2a	1,252
2b	Activities with net loss (enter the amount from Part V, column (b))	2b	
2c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	
d	Combine lines 2a, 2b, and 2c	2d	1,252
3	Combine lines 1d and 2d. 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	-16,810

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.

Part II 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	16,810
5	Enter \$150,000. If married filing separately, see instructions	5	150,000
6	Enter modified adjusted gross income, but not less than zero. See instructions	6	375,477
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	9	0

Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8, enter -0- on line 9. Otherwise, go to line 7.

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	1,252
11	Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	1,252

Part IV 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
21 MADEIRA		6,485	11,577		18,062
Total. Enter on Part I, lines 1a, 1b, and 1c		6,485	11,577		

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2022)

KEVIN CABRERA & DEMI T BUSATTA

Form 8582 (2022)

Page **2****Part V 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
LEONE PROVISION LLC	1,252			1,252	
Total. Enter on Part I, lines 2a, 2b, and 2c	1,252				

Part VI 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) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII 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
21 MADEIRA	SCH E1	18,062	1.0000	16,810
Total		18,062	1.00	16,810

Part VIII 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
21 MADEIRA	SCH E1	18,062	16,810	1,252
Total		18,062	16,810	1,252

Form **8582** (2022)

Federal Statements

21 MADEIRA

Statement 1 - Schedule E, Line 19 - Other Expenses

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
ASSOCIATION FEES	\$ 6,659		\$ 6,659
TOTAL	\$ 6,659		\$ 6,659

2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0048
 Copy B to be filed with employee's Federal Income Tax Return
 Control number: 001188 CL12/JG3 Dept: Corp: Employer use only: T 22

c Employer's name, address, and ZIP code
**MERCURY PUBLIC AFFAIRS
 LLC
 509GUISANDO DE AVILA#100
 TAMPA FL 33613**

Batch #01933

e/f Employee's name, address, and ZIP code
**KEVIN MARINO CABRERA
 829 LORCA STREET
 CORAL GABLES FL 33134**

b Employer's FED ID number 20-0298415	a Employee's SSA number [REDACTED]
1 Wages, tips, other comp. 190727.62	2 Federal income tax withheld 28919.60
3 Social security wages 147000.00	4 Social security tax withheld 9114.00
5 Medicare wages and tips 190727.62	6 Medicare tax withheld 2765.55
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 281.60
14 Other	12b DD 11.33
	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay

15 State Employer's state ID no. 16 State wages, tips, etc.
 17 State income tax 18 Local wages, tips, etc.
 19 Local income tax 20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	FL State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	190,195.00	190,195.00	190,195.00	
Plus GTL (C-Box 12)	281.60	281.60	281.60	
Less Mic. Non Taxable Comp.	251.02	251.02	251.02	
Wages Over Limit	N/A	43,727.62	N/A	
Reported W-2 Wages	190,727.62	147,000.00	190,727.62	

2. Employee Name and Address.

**KEVIN MARINO CABRERA
 829 LORCA STREET
 CORAL GABLES FL 33134**

1 Wages, tips, other comp. 190727.62	2 Federal income tax withheld 28919.60
3 Social security wages 147000.00	4 Social security tax withheld 9114.00
5 Medicare wages and tips 190727.62	6 Medicare tax withheld 2765.55
Control number Dept. Corp. Employer use only	
01188 CL12/JG3	T 22

c Employer's name, address, and ZIP code
**MERCURY PUBLIC AFFAIRS
 LLC
 509GUISANDO DE AVILA#100
 TAMPA FL 33613**

b Employer's FED ID number 20-0298415	a Employee's SSA number [REDACTED]
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 281.60
14 Other	12b DD 11.33
	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay

e/f Employee's name, address and ZIP code
**KEVIN MARINO CABRERA
 829 LORCA STREET
 CORAL GABLES FL 33134**

15 State Employer's state ID no. 16 State wages, tips, etc.
 17 State income tax 18 Local wages, tips, etc.
 19 Local income tax 20 Locality name

Federal Filing Copy W-2 Wage and Tax Statement 2022

Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0048

1 Wages, tips, other comp. 190727.62	2 Federal income tax withheld 28919.60
3 Social security wages 147000.00	4 Social security tax withheld 9114.00
5 Medicare wages and tips 190727.62	6 Medicare tax withheld 2765.55
d Control number Dept. Corp. Employer use only	
001188 CL12/JG3	T 22

c Employer's name, address, and ZIP code
**MERCURY PUBLIC AFFAIRS
 LLC
 509GUISANDO DE AVILA#100
 TAMPA FL 33613**

b Employer's FED ID number 20-0298415	a Employee's SSA number [REDACTED]
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 281.60
14 Other	12b DD 11.33
	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay

e/f Employee's name, address and ZIP code
**KEVIN MARINO CABRERA
 829 LORCA STREET
 CORAL GABLES FL 33134**

15 State Employer's state ID no. 16 State wages, tips, etc.
 17 State income tax 18 Local wages, tips, etc.
 19 Local income tax 20 Locality name

FL State Reference Copy W-2 Wage and Tax Statement 2022

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0048

1 Wages, tips, other comp. 190727.62	2 Federal income tax withheld 28919.60
3 Social security wages 147000.00	4 Social security tax withheld 9114.00
5 Medicare wages and tips 190727.62	6 Medicare tax withheld 2765.55
d Control number Dept. Corp. Employer use only	
001188 CL12/JG3	T 22

c Employer's name, address, and ZIP code
**MERCURY PUBLIC AFFAIRS
 LLC
 509GUISANDO DE AVILA#100
 TAMPA FL 33613**

b Employer's FED ID number 20-0298415	a Employee's SSA number [REDACTED]
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 281.60
14 Other	12b DD 11.33
	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay

e/f Employee's name, address and ZIP code
**KEVIN MARINO CABRERA
 829 LORCA STREET
 CORAL GABLES FL 33134**

15 State Employer's state ID no. 16 State wages, tips, etc.
 17 State income tax 18 Local wages, tips, etc.
 19 Local income tax 20 Locality name

FL State Filing Copy W-2 Wage and Tax Statement 2022

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0048

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code
 MIAMI DADE COUNTY
 111 NW 1ST STREET
 SUITE 2620
 MIAMI FL 33128-1995

e Employee's name, address, and ZIP code
 KEVIN MARINO CABRERA
 829 LORCA STREET
 CORAL GABLES FL 33144

7 Social security tips	1 Wages, tips, other comp. 6254.91	2 Federal income tax withheld 649.31
8 Allocated tips	3 Social security wages 6271.52	4 Social security tax withheld 388.83
9	5 Medicare wages and tips 6271.52	6 Medicare tax withheld 90.94
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 1596.15
13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	14 Other FRS 414(h) 16.61	12b 12c 12d
b Employer identification number (EIN) 59-6000573		
a Employee's social security no.		
15 State	16 State wages, tips, etc.	17 State income tax
Employer's state ID no.		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 Dept. of the Treasury - IRS Visit the IRS Web Site at www.irs.gov/efile

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code
 MIAMI DADE COUNTY
 111 NW 1ST STREET
 SUITE 2620
 MIAMI FL 33128-1995

e Employee's name, address, and ZIP code
 KEVIN MARINO CABRERA
 829 LORCA STREET
 CORAL GABLES FL 33144

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 the income is taxable and you fail to report it.

7 Social security tips	1 Wages, tips, other comp. 6254.91	2 Federal income tax withheld 649.31
8 Allocated tips	3 Social security wages 6271.52	4 Social security tax withheld 388.83
9	5 Medicare wages and tips 6271.52	6 Medicare tax withheld 90.94
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 1596.15
13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	14 Other FRS 414(h) 16.61	12b 12c 12d
b Employer identification number (EIN) 59-6000573		
a Employee's social security no.		
15 State	16 State wages, tips, etc.	17 State income tax
Employer's state ID no.		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) OMB No. 1545-0008 Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code
 MIAMI DADE COUNTY
 111 NW 1ST STREET
 SUITE 2620
 MIAMI FL 33128-1995

e Employee's name, address, and ZIP code
 KEVIN MARINO CABRERA
 829 LORCA STREET
 CORAL GABLES FL 33144

7 Social security tips	1 Wages, tips, other comp. 6254.91	2 Federal income tax withheld 649.31
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10 Dependent care benefits	11 Nonqualified plans	12a DD 1596.15
13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	14 Other FRS 414(h) 16.61	12b 12c 12d
b Employer identification number (EIN) 59-6000573		
a Employee's social security no.		
15 State	16 State wages, tips, etc.	17 State income tax
Employer's state ID no.		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code
 MIAMI DADE COUNTY
 111 NW 1ST STREET
 SUITE 2620
 MIAMI FL 33128-1995

e Employee's name, address, and ZIP code
 KEVIN MARINO CABRERA
 829 LORCA STREET
 CORAL GABLES FL 33144

7 Social security tips	1 Wages, tips, other comp. 6254.91	2 Federal income tax withheld 649.31
8 Allocated tips	3 Social security wages 6271.52	4 Social security tax withheld 388.83
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13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	14 Other FRS 414(h) 16.61	12b 12c 12d
b Employer identification number (EIN) 59-6000573		
a Employee's social security no.		
15 State	16 State wages, tips, etc.	17 State income tax
Employer's state ID no.		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 5308 Dept. of the Treasury - IRS