General In	formation		
Name:	Hon Kevin Marino CABRE	RA	
Address:	PID 273231		
County:	Miami-Dade		
AGENCY INF	ORMATION	Suborganization	Title
Miami-Dade C	County	Elected Constitutional Officer	Commissioner
Miami-Dade C	County	Elected Constitutional Officer	TPO Board Member
Miami-Dade C	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 <u>December 31, 2022</u> was <u>\$ 648,639.67</u>.

#### 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

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

## 2022 Form 6 - Full and Public Disclosure of Financial Interests

#### Filed with COE: 06/26/2023

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:	PRIMARY SOURCES OF INCOME:									
Name of Source of Income Excee	eding \$1,000	Address of So		Amount						
See Attached										
SECONDARY SOURCES OF INCOM	E (Major custo	mers, clients, et	c. of businesses owned by reporti	ing person	):					
Business Entity	Major Source Business Inco		Address	-	Business 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

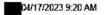
Digitally signed: 06/26/2023

Filed with COE: 06/26/2023

Filling Status       Single       X       Married filing jointly       Married filing separately (MFS)       Head of household (HOH)       Qualifying surviving spouse (QSS)         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 social security number         Your first name and middle initial       Last name       Your social security number         KEVIN       CABRERA       Your social security number         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         BUSATTA       BUSATTA       Presidential Election Campaig         Home address (number and street). If you have a P.O box, see instructions.       Apt no.       Presidential Election Campaig         S29       LORCA       STREET       Check here if you, or your spouse filing jointy, warit S       Devidential Election Campaig         Foreign country name       Foreign province/state/country       Foreign postal code       You       Spouse filing jointy, warit S         Digital       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       X No         Standard       Someone can claim:	<b>104</b>	0	Department of the Trea				20	)22	OME	3 No. 1545-0074	IRS Use	Only-Do n	ot write or sta	ple in this spac
In you checked the MrS box, enter the funds in and in the qualitying         Your fination are and middle initial       Last name       Your social security number         Your fination are and middle initial       Last name       Your social security number         Spouse's fination are and middle initial       Last name       Your social security number         DEMIT       Your social security number         Spouse's fination of social fination	Filing Status Check only one box.					-	- •		Hea	d of household (	нон) [	Qualif spous	ying survivin e (QSS)	g
Your finance and middle initial         Last name         Your social security number           KEVIN         CABRERA         Your social security number           Demotion         District         Control         Spouse's social security number           Demotion         District         Control         Presidential Beden Campaig           Club         Demotion         Control         Presidential Beden Campaig           Club         Foreign control         Foreign province/state/county         Foreign province/state/county         Presidential Beden Campaig           Foreign country name         Foreign province/state/county         Foreign country name         Foreign country name         Foreign country name         Your social security number           Standard         Source can claim:         You as a dependent         Your sources as a dependent         Your sources         Your State           Sequentiation (Group Province/states action as aparate return or you were a dual-status action         (3) Relationabip         (4) Crub returns on the province/state action as a dependent           Dependents         Sequentiation (Group Province/state actin andigin asest)         (2) Social security	one box.		*			your spouse.	If you che	cked the H	-IOH or	QSS box, enter	the child'	s name if	the qualifying	g
KEVIN       CABRERA       Spouse's social security number         If joint rubur, spouse's first name and middle initial       Last name       Spouse's social security number         DEMIT       T       BUSATTA       Apt no.       Presidential Electer Campaig         Home address (number and street), if you have a forking address, also complete spaces below. State       ZIP code       Cable Campaig         CORAL GABLES       Foreign position contribution of the street of the st	Your first nan	· ·		your depen		9						You	r social sec	urity numbe
If plant runn, spouse's first name and middle initial DEMITA       Spouse's social security number         DEMI T       BUSATTA       Apt. no.         Home address (number and street). If you have a P O box, see histructions.       Apt. no.       Providentil Exoter Cawage         CID; town or poorting       Spouse's social security number       Providentil Exoter Cawage       Providentil Exoter Cawage         Foreign country name       Foreign province/state/country       Foreign opstal code       You       Spouse's social security on the opstal code         Digital       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 X No         Standard       Someone can claim:       You sa a dependent       Your spouse as a dependent       Your spouse as a dependent         Dependents (see instructions):       (2) Social security       (3) Relationship       (4) Check me box figualities for (see instructions).         Marker forms       (1) First name       Last name       (1) First name       Last name         Marker forms       (4) Check me box figualities for (see instructions).       1a       313.3, 72.9         Marker forms       (4) Check me box figualities for (see instructions).       1a       31.3, 77.9         Marker forms						-							300101 3001	
DEMI     T     BUSATTA       Home address (number and stem)     (by consisted instructions.)     Apt no.     Presidential Relation Campaig Credit home a foreign address, also complete spaces below. State     ZIP code     Credit home address. The provide of the foreign province/state/county       CORAL     GRAL     GRAL     Said 4     Do below and in change       Foreign country name     Foreign province/state/county     Foreign province/state/county     Foreign province/state/county       Sandard     Someone can claim:     You as a dependent     You response     You Souse       Someone can claim:     You as a dependent     You so adependent     You so adependent       Someone can claim:     You as a dependent     You so adependent     You so you       Age/Bindenses     You:     Were born before January 2, 1958     Are blind       Depondents (see instructions):     (1) Relationship     (4) Check the box regulates the restructions,       Age/Bindenses     You:     You as a dependent (see instructions):     1a     313, 72.9       Asset     In total amount from Form(s) W-2, box 1 (see instructions):     1a     313, 72.9       Attach Foreign     Were born defored can before form dependents     1a     313, 72.9       Attach Foreign     Medical waiver payments not reported on Form(s) W-2, box 1 (see instructions):     1a     313, 72.9       Attach Fo		, spo	use's first name and m	iddle initial								Spou	ise's social s	ecurity num
Home address (number and street). If you have a P.O box, see instructions.         Apt no.         Presidential Electron Compaig Spouse (filling jointy, vent 5 to go to filling. Frou have a foreign address, also complete spaces below.         State         ZIP code         Chart there if you, synt           Foreign country name         Foreign postal code         FIL         33144         bot below will not charge your is ar or fullow.         You         Spouse           Poreign country name         Foreign postal code         You         Spouse         No         Spouse           Standard         Screene can claim:         You as a dependent         Your spouse as a dependent         Your spouse as a dependent           Deduction         Spouse itemizes on a separate return or you were a dual-status allen         (a) Relationship         (b) Creact the box if qualifies for (see instructions);         (c) Social security         (a) Relationship         (b) Creact the box if qualifies for (see instructions);           Income         Last name         Inomber         (a) Social security         (b) relationship         (b) Creact the box if qualifies for (see instructions);         (c) Social security         (c) Relationship         (c) Creact the box if qualifies for (see instructions);           Income         Last name         Income         Income         Income         Income           In total amount from Form(s) W-2, box 1 (see instructions) <td< td=""><td>DEMI 1</td><td>Г</td><td></td><td></td><td>BUSA</td><td>TTA</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	DEMI 1	Г			BUSA	TTA								
City, town or post office. If you have a foreign address, also complete spaces below. State       ZIP code       State       Vol       Spoce first       State       Vol       Spoce first       Spoce first       Vol       Spoce first       Spoce first       Vol       Vol       Spoce first	Home addres	ss (ni		ou have a P.						A	pt. no.		Check here	if you, or your
CORAL GABLES     FL     3144     bit below will not change your is or refunde.       Foreign country name     Foreign province/state/county     Foreign postal code     You     Spouse your is or refunde.       Igital     At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, assets     You     Spouse       Standard     Someone can claim:     You as a dependent     You repouse as a dependent     Yes     X       Deduction     Spouse     Someone can claim:     You as a dependent     You repouse as a dependent     Yes     X       Dependents     Gree instructions.)     Wes born before January 2, 1958     Are blind     Spouse:     Was orn before January 2, 1958     Is blind       Dependents     Gree instructions):     (2) Social security     (3) Relationship     (4) Check the boar fundition of the dependents       Inncome     an other     Intermediation of the dependents     Intermediation of the dependents     Intermediation of the dependents       Income     an other texture of the dependent of th				reign addres	s, also com	plete spaces	below.Sta	ite		ZIP code				
Foreign country name       Foreign provincestate/country       Foreign postal code       You       Spouse         Digital       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       X No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       (a) Relationship       (4) Creak the bout qualifies for (see remuctors):         Inror       (1) First name       Last name       number       (a) Your spouse       (b) Creat the bout qualifies for (see remuctors):         Income       1       Total amount from Form(s) W-2, box 1 (see instructions)       1a       313,729         Match Form(s)       td       td       td       td       td         Were town theored on line 1a (see instructions)       td       td       td       td         Were town theored on Form(s) W-2       tb       td       td       td       td         Were town theored o	CORAL	GI	BLES	-			F	L		33144			box below w	ill not change
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       X no         Standard Deduction       Someone can calim:       You as a dependent       You spouse as a dependent       You spouse as a dependent         Age/Blindness       You as a dependent       You as a dependent       You spouse as a dependent       You spouse as a dependent         Age/Blindness       You as a dependent       You as a dependent       You spouse as a dependent       You spouse as a dependent         Age/Blindness       You as a dependent       (a) Relationship       (d) Check the two regulates for (see instructions):         Intro       (1) First name       Last name       number       lo you       Child tax credit       Credit for other dependents         Introme       11       Total amount from Form(s) W-2, box 1 (see instructions)       1a       313,729         Mash Form(s)       Household employee wages not reported on Form(s) W-2, lose 1 (see instructions)       1d       1d         W20 text Alter Forms       Medicaid waiver payments not reported on Form 2441, line 26       1f       1d         W30 and       Medicaid waiver payments not reported on Form 2441, line 26       1f       1d       1d	Foreign coun	ntry n	ame	Foreign pr	ovince/state	county				Foreign posta	al code		your tax or r	efund.
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       X       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Was om before January 2, 1958       Is blind         Dependents       Were born before January 2, 1958       Are blind       Spouse:       Was om before January 2, 1958       Is blind         Dependents       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the tox if qualifies for (see instructions):         Income       11       Total amount from Form(s) W-2, box 1 (see instructions)       1a       313,729         Income ta       Total amount from Form(s) W-2, box 1 (see instructions)       1c       1d         Maxel Form(c)       Medicald waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d         Maxel Form(c)       Wages from Form 8919, line 6       1f       1d       1d         W-2, see h       Other rearred income (see instructions)       1i       1z       313, 729         Must and the set instructions)       1d       1d       1d       1d       1d													You	Spous
Standard Deduction       Someone can claim:       You as a dependent       Your spouse is a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was orn before January 2, 1958       Is blind         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was orn before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (1) First name       Child tax credit       Credit for other dependents         gendents, see instructions):       Income       I       Income       Incom	Digital	At	any time during 202	22, did you:	(a) receive	e (as a rewa	ard, awar	d, or payr	nent fo	r property or s	ervices)	; or (b) se		
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were bom before January 2, 1958       Are blind       Spouse:       Was orn before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       number       (a) Relationship       (b) Check the box if qualifies for (see instructions):         Immore       (1) First name       Last name       number       (b) You       Child tax credit       Credit for other dependents         Begedents       ese instructions)       Ia       313,729         Income       1a       313,729         Income       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       313,729         Income       1a       313,729       Ib       Ib         Were takes       1a       313,729       Ib       Ib         Were takes       1a       313,729       Ib       Ib       Ic         Interventor       Tip income on treported on Form(s) W-2 (see instructions)       Id       Ic       Id         If you did not get a form       Wages from Form 8919, line 6       Ip       Ip       Ip       Ip         If required.       3a       13       D ortinary dividends       <	Assets	ex	change, gift, or othe	erwise dispo	ose of a dig	gital asset (c	or a finan	cial intere	est in a	digital asset)?	(See ins	structions	s.) Yes	X No
Age/Bindness You:       Were born before January 2, 1958       Are blind       Spouse:       Was orn before January 2, 1958       Is blind         Dependents (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualities for (see instructions):         Imore       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents;         gendents,       and check       and check       and check       and check       and check         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions).       1a       313, 729         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2 (see instructions).       1d       1d         W2 here, Also       c       To income not reported on Form(s) W-2 (see instructions).       1d       1d         W2 here, Also       c       To income not reported on Form (S) W-2 (see instructions).       1d       1d         W2 here, Also       c       To income not reported on Form (S) W-2 (see instructions).       1d       1d         If you did not       geas from Form 8019, line 6       1g       1d       1d         If you did not       aa       1a       1a       313, 72.9         Attach Sch. E2a       ta Tax-exempt inter	Standard	Sc	7		•			-	-	endent				
Dependents       (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit         if norms han four dependents, see instructions       1       Credit for other dependents and check       Credit for other dependents and check         ind check       1       1       1       1       1         ind check       1       1       1       1       1         ind check       1       1       1       1       1       1         ind check       1	Deduction		Spouse itemizes of	on a separa	ate return o	r you were	a dual-sta	atus alien						
Dependents       (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit         if norms han four dependents, see instructions       1       Credit for other dependents and check       Credit for other dependents and check         ind check       1       1       1       1       1         ind check       1       1       1       1       1         ind check       1       1       1       1       1       1         ind check       1														
Imme       Last name       number       to you       Child tax credit       Credit for other dependents         harn bur       gendents,       Imme       Imm	Age/Blindness	s Yo	ou: Vere born	before Jar	uary 2, 19	58 Are	e blind	Spouse:	V	as orn befor	e Janua	ry 2, 195	8 sb	lind
Index forms form form (b)       Last name       Clinic day deal	Dependents	(see	instructions):					/	• •	•	(4) Chee	ck the box if	qualifies for (s	ee instructions)
Bigeredents.       Image: See instructions in the see instructions instructions in the see instructions instructions in the see instructions instructins instructins instructions instructins instructions in		First r	name	Last name		nu	mber		te	o you	Child	tax credit	Credit for o	ther depender
see instr.       and check         and check       and check         here       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       313,729         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2       1b														
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       313,729         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2       1b         W2 here. Also       c       Tip income not reported on Ine 1a (see instructions)       1c         utach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         utage and       Taxable dependent care benefits from Form 2441, line 26       1e       1d         get a Form       g       Wages from Form 8919, line 6       1g       1d         W-2, see       h       Other earned income (see instructions)       1i       1t         instructions.       i       Nontaxable combat pay election (s e ins ructions)       1i       1z       313,729         Attach Sch. E2a       Tax-exempt interest       2a       b       Taxable interest.       2b       2,864         if required.       3a       Qualified dividends       3a       b       Taxable amount       4b       5b         Standard       Sa Cualified dividends       5a       b       Taxable amount       6b       6b       7       7966         Standard       Soc. sec. ben.       Ga       Sa       Cualified dividends       1a </td <td>see instr.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><b>_</b></td> <td></td> <td></td> <td></td>	see instr.										<b>_</b>			
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       313,729         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2       1b       1c         Witz here. Also statech Forms       d       Medicaid waiver payments not reported on Form(s) W-2       1c       1c         Witz here. Also statech Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d         Witz here. Also statech Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d         Witz here. Also statech Forms       d       Medicaid waiver payments not reported on Form 2441, line 26       1e       1d         g       Wages from Form 8919, line 6       1f       1g       1d       1g         W-2, see       h       Other earned income (see instructions)       1i       1z       313,729         ztach Sons       za       1a       1a       313,729       2b       2,864         frequired       3a       13       b       Taxable interest       2b       2,864         frequired       3a       13       b       Taxable amount       4b       5b         Standard       Soc. sec. ben.       6a	and check													
Attach Form(s)       b       Household employee wages not reported on Form(s) W-2       1b         W-2 here. Also tattach Forms       tip income not reported on line 1a (see instructions)       1c         W-2 see       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         1099.R if us, was withheld.       Taxable dependent care benefits from Form 2441, line 26       1e         get a Form       Fmployer-provided adoption benefits from Form 8839, line 29       1f         W-2, see       h       Other earned income (see instructions)       1a         was withheld.       is motivable combat pay election (s e ins ructions)       1i       1z         Add lines 1a through 1h       1z       313, 729         Attach Sch. E2a       Tax-exempt interest       2a       b       Taxable interest.       2b       2, 8664         frequired.       3a       13       b       Corlinary dividends       3b       13         a       Qualified dividends       3a       13       b       Taxable amount       6b         Standard       Farable amount       5b       5a       b       Taxable amount       6b         6a       Sc. sec. ben.       6a       b       Taxable amount       6b       5a         6a	here													
W2 here. Also       c       Tip income not reported on line 1a (see instructions)       1c         W22 here. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W23 here. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W23 here. Also       f       Taxable dependent care benefits from Form 2441, line 26       1e         was withhed.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       Wages from Form 8919, line 6       1g         W-2, see       h       Other earned income (see instructions)       1i         z       Add lines 1a through 1h       1z       313, 729         Attach Sch. E2a       Tax-exempt interest       2a       b       Taxable interest.       2b       2, 864         frequired.       a       Qualified dividends       3a       13       b       Taxable amount       4b       4b       5b         Standard Deduction for-       6a       Soc. sec. ben.       6a       5a       b       Taxable amount       6b       7       7966       7       7966 <td>Income 1</td> <td></td> <td>313,72</td>	Income 1													313,72
attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld       e       Taxable dependent care benefits from Form 8839, line 29       1f         get a Form       g       Wages from Form 8919, line 6       1g         W-2, see       h       Other earned income (see instructions)       1i         z       Add lines 1a through 1h       1z       313, 729         z       Add lines 1a through 1h       1z       313, 729         z       Add lines 1a through 1h       1z       313, 729         z       Add lines 1a through 1h       1z       313, 729         z       Add lines 1a through 1h       1z       313, 729         z       Add lines 1a through 1h       1z       313, 729         z       Add lines 1a through 1h       1z       313, 729         z       Add lines 1a through 1h       1z       313, 729         z       Add lines 1a through 1h       1z       313, 729         z       Add lines 1a through 1h       1z       313, 729         z       Add lines 1a through 1h       1z       30         a<	Attach Form(s)													
w.2a and d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         109-R if tax       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form       g       Wages from Form 8919, line 6       1g         w-2, see       h       Other earned income (see instructions)       1i         instructions.       i       Nontaxable combat pay election (s e ins ructions)       1i         z       Add lines 1a through 1h       1z       313, 729         Attach Sch. E2a       Tax-exempt interest       2a       b       Taxable interest       2b       2, 864         if required.       3a       13       b       Ordinary dividends       3b       13         Attach Sch. E2a       Tax-exempt interest       2a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       6b       6b         Standard       Ga       Sc. sec. ben.       Ga       5b       6b       6b       7       7966         Standard       B       Other income from Schedule 1, line 10       8       58, 0755       7	attach Forms													
was withheld.       e       Taxable dependent cale benefits from Form 244 r, line 20       11         If you did not       f       Employer-provided adoption benefits from Form 8839, line 29       11         get a Form       g       Wages from Form 8919, line 6       19         w-2, see       h       Other earned income (see instructions)       11         instructions.       i       Nontaxable combat pay election (s e ins ructions)       1i         z       Add lines 1a through 1h       1z       313,729         Attach Sch. E2a       Tax-exempt interest       2a       b       Taxable interest       2b       2,864         if required.       3a       Qualified dividends       3a       13       b       Ordinary dividends       3b       13         b       Taxable amount       4b       5a       Pensions and annuities       5a       b       Taxable amount       6b         Standard Deduction for       C       If you elect to use the lump-sum election method, check here (see instructions)       7       7966         Standard Deduction for       C apital gain or (loss). Attach Schedule 1, line 10       8       558,075         Standard Deduction for       G apital gain or (loss). Attach Schedule 1, line 26       10       7         Standard Stande	W-2G and													
If you do not       g       Wages from Form 8919, line 6       1g         get a Form       Montaxable combat pay election (s e instructions)       1h         instructions.       i       Nontaxable combat pay election (s e ins ructions)       1i         z       Add lines 1a through 1h       1z       313,729         Attach Sch. B2a       Tax-exempt interest       2a       b       Taxable interest       2b       2,864         if required.       3a       Qualified dividends       3a       13       b       Taxable interest       3b       13         4a       IRA distributions       4a       b       Taxable amount       4b       4b         Standard       5a       b       Taxable amount       5b       5b       5b         Standard Beduction for-       6a       b       Taxable amount       6b       5b         Standard Beduction for-       6a       b       Taxable amount       6b       5b         Standard Beduction for-       6a       b       Taxable amount       6b       5b         Standard Beduction for-       6a       b       Taxable amount       6b       5b         Standard Beduction for-       6a       b       Taxable amount       6b	was withheld.													
W-2, see       h       Other earned income (see instructions)       1h         instructions.       i       Nontaxable combat pay election (s e ins ructions)       1i         z       Add lines 1a through 1h       1z       313,729         Attach Sch. B2a       Tax-exempt interest       2a       b       Taxable interest       2b       2,864         if required.       3a       Qualified dividends       3a       13       b       Ordinary dividends       3b       13         4a       IRA distributions       4a       b       Taxable amount       4b       4b         Standard       5a       Pensions and annulties       5a       b       Taxable amount       5b         Standard       6a       Soc. sec. ben.       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here (see instructions)       7       7       7966         8       Other income from Schedule 1, line 10       9       375, 4777       9       375, 4777         10       Adjustments to income from Schedule 1, line 26       13       7, 6977       13       7, 6977         13       Qualified business income deduction from Form 8995 or Form 8995-A       13	lf you did not													
instructions.       i       Nontaxable combat pay election (s e ins ructions)       1i         z       Add lines 1a through 1h       1z       313,729         Attach Sch. E2a       Tax-exempt interest       2a       2b       2,864         if required.       3a       13       b       Taxable interest       2b       2,864         audified dividends       3a       13       b       Ordinary dividends       3b       13         4a       IRA distributions       4a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b       5b         5a       Pensions and annuities       5a       b       Taxable amount       6b       6b         5a       Scc. sec. ben.       6a       b       Taxable amount       6b       6b         5a       Scc. sec. ben.       6a       b       Taxable amount       6b       6b         6a       Scc. sec. ben.       6a       Scc. sec. ben.       6a       Scc. sec. ben.       7       796         7       Capital gain or (loss). Attach Schedule D if required. thot required, check here       7       7       796         8       Ot	geraronn													
zAdd lines 1a through 1h1z313,729Attach Sch. B2aTax-exempt interest2abTaxable interest2b2,864if required.3a13bOrdinary dividends3b134aIRA distributions4abTaxable amount4b5aPensions and annuities5abTaxable amount5b5aStandard5a5abTaxable amount6b5aSoc. sec. ben.6abTaxable amount6b5aSoc. sec. ben.6abTaxable amount6b7Capital gain or (loss). Attach Schedule D if required. If not required, check here779668Other income from Schedule 1, line 10858, 07599Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9375, 47710Adjustments to income from Schedule 1, line 2610025:90011Subtract line 10 from line 9. This is your adjusted gross income11375, 47718:40013Qualified business income deduction from Form 8995 or Form 8995-A137, 69714Add lines 12 and 131438, 661	,											. <u>1n</u>		
Attach Sch. B2a       Tax-exempt interest       2a       b       Taxable interest       2b       2,864         if required.       3a       13       b       Ordinary dividends       3b       13         4a       IRA distributions       4a       b       Taxable amount       4b         5a       5a       b       Taxable amount       5b         5a       6a       b       Taxable amount       5b         6a       5a       b       Taxable amount       6b         5a       6a       b       Taxable amount       6b         6a       5a       5a       5b       5b         512.50       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7966         8       Other income from Schedule 1, line 10       8       58,0075       9       375,477         9       375,477       10       0       0       0       0         10       0       0       11       375,477       10       0       0         11       375,4777       13       14       38,661       13       0,964         13       0.964       13       14       38,661 </td <td></td> <td></td> <td></td> <td></td> <td>on (s e ins</td> <td>ructions)</td> <td></td> <td></td> <td><b>1</b>i</td> <td></td> <td></td> <td>- .  </td> <td></td> <td>11 70</td>					on (s e ins	ructions)			<b>1</b> i			- .		11 70
if required.       3a       13       b       Ordinary dividends       3b       13         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Soc. sec. ben.       6a       b       Taxable amount       6b         51ge or Maried fling separately.       Fy ou elect to use the lump-sum election method, check here (see instructions)       7       7       7966         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7966       8       58,0075         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       375,477       9         10       Outer income from Schedule 1, line 26       10       0       0       0         11       375,4777       11       375,4777       12       30,9664         12       Standard deduction or itemized deductions (from Schedule A)       12       30,9664         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       7,697         14			•	1			· · f · · · · · · ·					·		
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for -       6a       Soc. sec. ben.       6a       b       Taxable amount       6b         • Single or Married filing separately. \$12,950       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       796         • Married filing jointy or Qualifying surving spouse \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       375, 477         • Head of household, \$12       Standard deduction or itemized deductions (from Schedule A)       11       375, 477         • Un checked ary box mader       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       7, 697         • If you checked standard       14       Add lines 12 and 13       14       38, 661	1		•			1						· • • • • •		
Standard Deduction for - Single or Married filing separately, \$12,950       5a       5a       b       Taxable amount       5b         C       If you elect to use the lump-sum election method, check here (see instructions)       6a       6a       6a       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7966         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       00       00         Standard deduction or itemized deductions (from Schedule A)       11       375,477         Standard       13       7,697         Standard       14       38,661						1	-							
Standard Deduction for- Married filing jointly or Qualifying surving spouse \$25,900       6a       b       Taxable amount       6b         • Single or Married filing jointly or Qualifying surving spouse \$25,900       c       If you elect to use the lump-sum election method, check here (see instructions)       7       7.96         • Married filing jointly or Qualifying surving spouse \$25,900       8       Other income from Schedule 1, line 10       8       5.8,075         • Married filing jointly or Qualifying surving spouse \$25,900       9       3.75,477       9         • Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       3.75,477         • Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       3.75,477         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       3.0,964         • If you checked any box under       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       7,697         14       Add lines 12 and 13       14       3.8,661				··· +										
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointly or Qualifying surving spouse \$25,900</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Married filing jointly or Qualifying surving spouse \$25,900</li> <li>Head of household, \$19,400</li> <li>Married filing jointly or Qualifying surving spouse \$25,900</li> <li>Head of household, \$19,400</li> <li>Married filing jointly or Qualifying surving spouse \$25,900</li> <li>Married filing 10 from line 9. This is your adjusted gross income 11 375,477</li> <li>Married filing 10 from line 9. This is your adjusted gross income 12 300,964</li> <li>Married filing 13 7,697</li> <li>Married filing 14 338,661</li> </ul>	Standard													
Minimed ming separately, S12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7.966         8       0ther 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         0ualifying surviving spouse \$25,900       10       Adjustments to income from Schedule 1, line 26       10       00         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       38,661       14       38,661					n alaction	mothed an								
S12900 • Married filing jointly or Qualifying surviving sposes \$25,9008Other income from Schedule 1, line 10858,0759Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9375,477100011Subtract line 10 from line 9. This is your adjusted gross income11375,47712Standard deduction or itemized deductions (from Schedule A)1230,96413Qualified business income deduction from Form 8995 or Form 8995-A137,69714Add lines 12 and 131438,661	Married filing											┤│╶╴│		70
Interview Qualifying surviving spouse \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9375, 477100011Subtract line 10 from line 9. This is your adjusted gross income11375, 47712Standard deduction or itemized deductions (from Schedule A)1230, 96413Qualified business income deduction from Form 8995 or Form 8995-A137, 6971438, 661	\$12,950											┘┝╧┥		
Cualitying surviving spouse \$25,90010Adjustments to income from Schedule 1, line 261000• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income11375,477• Head of household, \$19,40012Standard deduction or itemized deductions (from Schedule A)1230,964• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A137,697• If you checked standard1438,661					,									
\$25,900 • Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income11375,477\$19,40012 \$Standard deduction or itemized deductions (from Schedule A)1230,96413Qualified business income deduction from Form 8995 or Form 8995-A137,697\$14Add lines 12 and 131438,661	Qualifying													,,,,,,,,
Investor household, \$19,40012Standard deduction or itemized deductions (from Schedule A)1230,964\$19,40013Qualified business income deduction from Form 8995 or Form 8995-A137,697\$14Add lines 12 and 131438,661	\$25,900		•											375 47
S19,40013Qualified business income deduction from Form 8995 or Form 8995-A137,697If you checked any box under Standard1438,661IdAdd lines 12 and 131438,661	• neau oi				-							· – – – – – – – – – – – – – – – – – – –	•	
any box under Standard         14         Add lines 12 and 13           14         38,661	\$19,400													
Deduction	any box under													
	Deduction,													
	see instructions.			. 11 2010 01 1055	, unter -0 Tills		, income		• • • • • • • •			.		

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

Form 1040 (2022)



Form 1040 (2	2022) <b>KE</b>	VIN CABRERA & DEMI	ТВ	USAT	<b>FA</b>						Page 2
Tax and	16	Tax (see instructions). Check if any fr	om For	m(s): 1	8814 2	4972					
Credits		3 🗍					-		16		68,506
	17	Amount from Schedule 2, line 3							17		
	18	Add lines 16 and 17							18		68,506
	19							19		i i	
	20	Amount from Schedule 3, line 8									
	21								1 04		
	22	Subtract line 21 from line 18. If zero o	r less, e	enter -0-							68,506
	23	Other taxes, including self-employment	nt tax, fr	rom Sche	dule 2, line 2	1			23		722
	24	Add lines 22 and 23. This is your tota							24		69,228
Payment	S 25	Federal income tax withheld from:									
-	а	Form(s) W-2				25a		37,34	8		
	b	Form(s) 1099							1		
	C	Other forms (see instructions)							1		
	d								25d		37,348
lé un chann a	26	2022 estimated tax payments and am							26		15,000
If you have a qualifying child	-					27					
attach Sch. El	C. 28	Additional child tax credit from Sched				28			1		
	29	American opportunity credit from Form	m 8863.	line 8		29			1		
	30					30		Ż	1		
	31	Amount from Schedule 3, line 15				31		17,19	8		
	32	Add lines 27, 28, 29 and 31. These ar	re your f	total oth	er payments	and re	fundab e cre	dits	32		17,198
	33	Add lines 25d, 26, and 32. These are your t	-						33		69,546
Refund	34	If line 33 is more than line 24, subtrac			e 33. This is t	he amo	unt you over	rpaid	34		318
	35a	Amount of line 34 you want refunded	l to you	. If Form	8888 is attacl	hed, c	eck here	Г	35a		59
Direct deposit?	ь	Routing number		с	Туре: Х	Check	ing 🗌 Sa	avings	· —		
See instructions	s. di	Account number						-			
	36	Amount of line 34 you want applied to	o your i	2023 esti	mated tax	36					
Amount	37	Subtract line 33 from line 24. This is the	he <b>amo</b>	ount you	owe.						
You Owe	•	For details on how to pay, go to www.	.irs.gov/	/Paymen	s or ee instru	uctions			37		
	38	Estimated tax penalty (see instruction	is)			38		25	9		
Third Pa	rty Do	you want to allow another person to di	iscuss t	his return	with the IRS	? See					
Designee	e ins	tructions					Y	es. Comp	lete be	ow. X	No
	De	signee's					Phone			Personal identif	cation
	na	ne					no.			number (PIN)	
Sign		enalties of perjury, I declare that I have exa									
Here		hey are true, correct, and complete. eclara	ation of p				based on all int	ormation o	rwhich p		
Joint return?	Yoursi	gnature		Date	Your occupat					If the RS set Protection P	nt you an Identity N, e <u>nter it here</u>
See instructions.							<u>MISSIO</u>	NER		(see instr.)	
Keep a copy for your records.	Spouse	Spouse's signature. If a joint return, <b>b</b> th must sign. Date Spouse's oc								If the RS set Identity Prote	nt your spouse an ecto <u>n PIN, enter it here</u>
,					STATE 1	REPH	RESENTA	TIVE		(see instr.)	
	Phone		_					-			
	Prepar	er's name		arer's signa	ature	0	1	Date	PTI		Check if:
	ANTHON	Y FIORE	4	Fiore	CPA,	μ.κ	γ.			0964652	Self-employed
Preparer	Firm's							1	hone n	. <b>305-</b>	438-6528
Use Only		2100 SALZEDO STR	EET S	STE 20							
	Firm's a				L 33134			1	Firm's El		-3531544
Co to www.	ire and	orm1040 for instructions and the latest	informe	ation						E/	

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2022)

04/17/2023 9:20 AM

<b>(Form</b> Departm	ent of the Treasury	Additional Income and Adjust Attach to Form 1040, 1040-SR, Go to www.irs.gov/Form1040 for instructions	or 1040-NR.			OMB No. 1545-0074
	Revenue Service	, 1040-SR, or 1040-NR			eocial ee	Sequence No. 01 curity number
•	,	A & DEMI T BUSATTA		Tour	SOCIAI SE	curity number
Par						
1		edits, or offsets of state and local income taxes			1	
2a					2a	
b	Date of original dive	prce or separation agreement (see instructions):				
3		r (loss). Attach Schedule C			3	
4	Other gains or (loss	es). Attach Form 4797			4	
5	Rental real estate,	royalties, partnerships, S corporations, trusts, etc. Attach Sche	edule E		5	58,075
6		ss). Attach Schedule F			6	
7	Unemployment con	npensation			7	
8	Other income:					
а	Net operating loss		8a (		)	
b	Gambling		8b			
с	Cancellation of deb	t	8c			
d	Foreign earned inco	ome exclusion from Form 2555	8d (		)	
е		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 engage	d in for profit income	8j		7	
k			8k		7	
1	Income from the re	ntal of personal property if you engaged in the rental			7	
		ot in the business of renting such property	81			
m		mpic medals and USOC prize money (see			7	
	• • •		8m			
n	Section 951(a) inclu	usion (see instructions)	8n		1	
0	Section 951A(a) inc	clusion (see instructions)	80		1	
р	Section 461(I) exce	ss business loss adjustment	8p		1	
q	Taxable distribution	s from an ABLE account (see instructions)	8q		1	
r	Scholarship and fel	lowship grants not reported o orm W-2	8r		7	
S		of Medicaid waiver payments included on Form			7	
	1040, line 1a or 1d		8s (		)	
t		from a nonqualified deferred compensation plan or			7	
		section 457 plan	8t			
u	Wages earned whil		8u		7	
z	Other income. List type and				7	
			8z			
9	Total other income.	Add lines 8a through 8z			9	
10	Combine lines 1 thr	ough 7 and 9. Enter here and on Form 1040, 1040-SR, or 104	10-NR, line 8		10	58,075
For Pa		Act Notice, see your tax return instructions.			Schedu	le 1 (Form 1040) 2022

	HEDULE 2 m 1040)	Additional	Taxes		OM	3 No. 1545-	0074 <b>7</b>
	tment of the Treasury al Revenue Service	Attach to Form 1040, 104 Go to <i>www.irs.gov/Form1040</i> for instrue		ormation.		LUZ: hment ence No.	<b>2</b> 02
K	EVIN CABRER	040, 1040-SR, or 1040-NR A & DEMI T BUSATTA		Your soc	ial security	number	
_ <b>P</b>	art I Tax						
1		tax. Attach Form 6251		1	_		
2		nium tax credit repayment. Attach Form 8962			_		
		ater here and on Form 1040, 1040-SR, or 1040-NR, line	9 17	3			
	art II Other Tax						
4		Attach Schedule SE					
5	•	ledicare tax on unreported tip income.					
	Attach Form 4137		5				
6		curity and Medicare tax on wages. Attach					
_	Form 8919		6				
7		I security and Medicare tax. Add lines 5 and 6		7			
8		s or other tax-favored accounts. Attach Form 5329 if re-	•				
•	If not required, check						
9	Household employme	ent taxes. Attach Schedule H			_		
10		ne homebuyer credit. Attach Form 5405 if required					582
11		Fax. Attach Form 8959	•••••		_		140
12	Net investment incom	ne tax. Attach Form 8960		12			140
13		curity and Medicare or RRTA tax on tips or group-term					
	Insurance from Form	W-2, box 12		13	<u>;</u>		
14	and timeshares	n installment income from the sale of certain residential					
15	Interest on the deferre	ed tax on gain from certain installment sales with a sale					
	over \$150,000			15	_		
16	Recapture of low-inco	ome housing credit. Attach Form 8611			;		
					ntinued o	on pag	ge 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 elig ble			
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		
I Tax on accumulation distr bution of trusts	171		
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		
• Tax on non-effectively connected income for any part of the			
year you were a nonresident alien from Form 1040-NR	170		
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			
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 y ur total other taxes. Enter			
and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	72
			(Form 1040) 202

Schedule 2 (Form 1040) 2022

## KEVIN CABRERA & DEMI T BUSATTA

Part II	Other Payments and Refundable Credits			
9 Net pi	remium tax credit. Attach Form 8962		9	
IO Amou	Int paid with request for extension to file (see instructions)		10	16,809
1 Exces	s social security and tier 1 RRTA tax withheld		11	38:
2 Credit	t for federal tax on fuels. Attach Form 4136		12	
3 Other	payments or refundable credits:			
a Form	2439	13a		
	t for qualified sick and family leave wages paid in 2022 from			
Scheo	dule(s) H for leave taken before April 1, 2021	13b		
c Reser	rved for future use	13c		
d Credit	t for repayment of amounts included in income from earlier			
years		13d		
e Reser	ved for future use	13e		
f Defer	red amount of net 965 tax liability (see instructions)	13f		
-	ved for future use	13g		
h Credit	t for qualified sick and family leave wages paid in 2022			
from S	Schedule(s) H for leave taken after March 31, 2021, and			
before	e October 1, 2021	13h		
z Other	payments or refundable credits. List type and amount:	_		
		13z		
	other payments or refundable credits. Add lines 13a through 13z		14	
	nes 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, o			
line 3	1		15	17,198

Schedule 3 (Form 1040) 2022

#### Itemized Deductions OMB No. 1545-0074 SCHEDULE A (Form 1040) Go to www.irs.gov/ScheduleA for instructions and the latest information. Attach to Form 1040 or 1040-SR. Department of the Treasury Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16 Sequence No 07 Internal Revenue Service Name(s) shown on Form 1040 or 1040-SR Your social security number KEVIN CABRERA & DEMI T BUSATTA Caution: Do not include expenses reimbursed or paid by others. Medical 1 Medical and dental expenses (see instructions) ..... 5,665 and 1 Dental 2 Enter amount from Form 1040 or 375,477 Expenses 1040-SR, line 11 ..... 2 3 Multiply line 2 by 7.5% (0.075) 3 28,161 0 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-4 Taxes You 5 State and local taxes. Paid 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 2,216 of income taxes, check this box 5a 7,529 b State and local real estate taxes (see instructions) 5b c State and local personal property taxes 5c d Add lines 5a through 5c 9,745 5d e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing 9,745 separately) 5e 6 Other taxes. List type and amount: 6 7 Add lines 5e and 6 ..... 7 9,745 Interest 8 Home mortgage interest and points. If you didn't use all of your You Paid home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box Caution Your mortgage interest a Home mortgage interest and points reported to you on F rm 1098 deduction may be See instructions if limited 21,219 8a limited. See instructions. b Home mortgage interest not reported to you on Form 1098. ee 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 21,219 8e 9 Investment interest. Attach Form 4952 if required. See 9 instructions 10 21,219 10 Add lines 8e and 9 Gifts to 11 Gifts by cash or check. If you made any gift of \$250 or more, Charity see instructions 11 12 Other than by cash or check. If you made any gift of \$250 or more Caution If you made a gift and see instructions. You must attach Form 8283 if over \$500 12 got a benefit for it, 13 13 Carryover from prior year see instructions. 14 Add lines 11 through 13 ... 14 Casualty and 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified Theft Losses disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See 15 instructions Other 16 Other—from list in instructions. List type and amount: Itemized . ..... Deductions 16 Total 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 17 Itemized 18 If you elect to itemize deductions even though they are less than your standard deduction, Deductions check this box

04/17/2023 9:20 AM

(Form 1040)

SCHEDULE B

Interest	and	Ordinary	Dividends
11101001	unu	<b>O</b> rannary	Diffacilias

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

Department of the Treasury Internal Revenue Service

2 Attachment Sequence No.

OMB No. 1545-0074

08

Name(s) shown on return

Attach to Form 1040 or 1040-SR.

Name(s) shown			You	r social se	curity n	umber
	CA	BRERA & DEMI T BUSATTA				
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		A	mount	
Interest		buyer used the property as a personal residence, see the instructions and list this				
interest		interest first. Also, show that buyer's social security number and address				
(See instructions		GOLDMAN SACHS			2	<u>,864</u>
and the						
Instructions for						
Form 1040, line 2b.)						
Note: If you						
received a			1			
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.	2	Add the amounts on line 1	2	<u> </u>	2	,864
	2	Excludable interest on series EE and I U.S. savings bonds issued after 1989.	-		2	,004
	3	Attach Form 8815	2			
			3	<u> </u>	2	064
-	4		4	<u> </u>		,864
		e: If line 4 is over \$1,500, you must complete Part III.	<u> </u>	A	mount	
Part II	5	List name of payer:		<u> </u>		10
		CHARLES SCHWAB & CO INC - ACCT		<u> </u>		13
Ordinary						
Dividend	S					
(See instructions		,				
and the						
Instructions for						
Form 1040, line 3b.)			5			
-						
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	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6			13
		e: If line 6 is over \$1,500, you must complete Part III.				
		must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a f	oreiar			
		bunt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	oreign	1		
Accounts					Yes	No
	e7~	At any time during 2022, did you have a financial interest in or signature authority over a financial			162	NO
	3rd	account (such as a bank account, securities account, or brokerage account) located in a foreign				
Caution: If required, failure to	'n					х
file FinCEN Form	ı	country? See instructions				~
114 may result in	1	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial				
substantial penalties.		Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114				
Additionally, you	_	and its instructions for filing requirements and exceptions to those requirements				
may be required to file Form 8938						
Statement of		financial account(s) are located:				
Specified Foreign	n					

foreign trust? If "Yes," you may have to file Form 3520. See instructions For Paperwork Reduction Act Notice, see your tax return instructions.

See instructions. 8 During 2022 did you receive a distribution from, or were you the grantor of, or transferor to, a

Schedule B (Form 1040) 2022

х

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

#### KEVIN CABRERA & DEMI T BUSATTA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year X No Yes

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)

lines l This f	nstructions for how to figure the amounts to enter on the below. orm may be easier to complete if you round off cents to dollars.	(d) Proceeds (sales price)	<b>(e)</b> 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)
1 V H	otals for all short-term transactions reported on Form 099-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 1	Totals for all transactions reported on Form(s) 8949 wit				
2	Totals for all transactions reported on Form(s) 8949 wit	n			
3	Totals for all transactions reported on Form(s) 8949 wit	n			
4	Short-term gain from Form 6252 and short-te	rm gain or (loss) from Fo	rms 4684, 6781, and 882	4 4	
5	Net short-term gain or (loss) from partnership				
	Schedule(s) K-1	•		5	
6	Short-term capital loss carryover. Enter the a	mount, if any, from line 8	o your Capital Loss Ca	rryover	
	Worksheet in the instructions			6	()
7	Net short-term capital gain or (loss). Comb term capital gains or losses, go to Part II belo	oine lines 1a throug 6 in	column (h). If you have a	ny long-	796

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

See instructions for how to figure the amounts to enter on the lines below.		(d) (e) Proceeds Cost		(g) Adjustments		(h) Gain or (loss) Subtract column (e) from column (d) and	
This	form may be easier to complete if you round off cents to	(sales price)	(or other basis)	to gain or loss from Form(s) 8949, Part		combine the result	
who	ble dollars.			line 2, column (g)	-	with column (g)	
8a	Totals for all long-term transactions reported n 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 wit	n					
	Box D checked						
9	Totals for all transactions reported on Form(s) 8949 wit	n					
	Box E checked						
10	Totals for all transactions reported on Form(s) 8949 wit	n					
	Box F checked						
11	Gain from Form 4797, Part I; long-term gain fro	m Forms 2439 and 6252	; and long-term gain or (lo	oss)			
	from Forms 4684, 6781, and 8824				11		
12	Net long-term gain or (loss) from partnerships,	(s) K-1	12				
13	Capital gain distr butions. See the instructions	13					
14	Long-term capital loss carryover. Enter the amo						
	Worksheet in the instructions	14	(				
15	Net long-term capital gain or (loss). Combine						
	on the back		•••••••••••••••••••••••••••••••••••••••		15	0	
Ee	- Pananwark Paduation Act Nation and your f	Cal					

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

#### KEVIN CABRERA & DEMI T BUSATTA

Schedule D (Form 1040) 2022

#### Part III Summary

16	Combine lines 7 and 15 and enter the result	16	796
	• 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.		
	<ul> <li>If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> </ul>		
	<ul> <li>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.</li> </ul>		
17	Are lines 15 and 16 both gains?		
	Yes. Go to line 18.XNo. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (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	
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet i the in tructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>		
	<b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions <b>Don't</b> 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:		
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or Form 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.		
		Scl	nedule D (Form 1040) 2022

-

#### 04/17/2023 9:20 AM Supplemental Income and Loss SCHEDULE E OMB No. 1545-0074 (Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Department of the Treasury Attachment Sequence No 13 Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service 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. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes X No Δ в 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) 21 MADEIRA AVE 14, CORAL GABLES, FL 33134 Α в С 1b Type of Property For each rental real estate property listed Fair Rental Personal Use QJV above, report the number of fair rental and Days (from list below) Days personal use days. Check the QJV box only 365 1 Α А if you meet the requirements to file as a в в qualified joint venture. See instructions. С С Type of Property: Single Family Residence Vacation/Short-Term Rental 5 Land 7 Self-Rental 1 3 Multi-Family Residence 4 Commercial 6 Royalties 8 Other describe) 2 Properties: С Income: Δ в 28,950 3 Rents received 3 4 Royalties received 4 Expenses: 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 8 8 Commissions ..... 2,088 9 9 Insurance ..... 10 10 Legal and other professional fees ..... 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 7,016 12 13 13 Other interest 14 14 Repairs ..... Supplies ..... 15 15 4,437 16 Taxes ..... 16 17 Utilities 17 18 15,235 18 Depreciation expense or depletion ..... 6,659 Other (list) SEE STATEMENT 1 19 19 20 35,435 20 Total expenses. Add lines 5 through 19 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 ..... 21 -6,48522 Deductible rental real estate loss after limitation, if any, 1,252 22 on Form 8582 (see instructions) ..... 28,950 23a 23a Total of all amounts reported on line 3 for all rental properties 23b b Total of all amounts reported on line 4 for all royalty properties 7,016 23c c Total of all amounts reported on line 12 for all properties 15,235 23d d Total of all amounts reported on line 18 for all properties 35,435 23e e Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 1,252 25 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 -1,252

26

Schedule E (Form 1040) 2022

Schedule 1 (Form 1040)	, line 5. Otherwise, include this amount in the total on line 41 on page 2	
For Paperwork Reduction	Act Notice, see the separate instructions.	

Sch	edule E (F	orm 1040) 2022		Attachment	Seque	nce N	o. <b>'</b>	13				Page <b>2</b>
Nam	e(s) shown	on return. Do not enter name a	nd social security number if sl	hown on other	side.				ur social	security	number	
											_	
		CABRERA & DEMI										
		IRS compares amounts	*				vn (	on Schedule(s) K-	1.			
Pa	art II	Income or Loss From	•						•			
		<b>Note:</b> If you report a loss, rethe here is calumn (a) on line							-	-		
		the box in column (e) on lin				-				-	or which	any
		amount is <b>not</b> at risk, you n										
		porting any loss not allowed tivity (if that loss was not rep										
		tions before completing this								, es X	No	
				(b) Ente	r P for	(c) Che			(e) Cl	neck if		neck if
28		(a) Name		for S corp		foreig partners		identification number		nputation uired		nount is it risk
Α	SOUT	HERNMOST STRATEG	IES, LLC	S				47-4616834				
в		GROUP LLC		S				32-0703125	2	٢		
С	LEON	E PROVISION LLC		S				80-0268440				
D												
		Passive Income and						onpassive ncome				
		Passive loss allowed Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpass (see So	sive loss : chedule l			(j) S ton 179 expe deduction from Form			onpassive i n <b>Schedul</b> e	
•	lauro			(000 00		,	0					,094
A B							ŏ				54	,981
c		0	1,252	2			┦					,
D							+					
29a	Totals		1,252	2							58	,075
b	Totals											
30	Add colu	mns (h) and (k) of line 29a .							30		59	,327
31		mns (g), (i), and (j) of line 29							. 31	(		<u> </u>
32		rtnership and S corporatio			and 31	1			. 32		59	,327
_ <b>P</b> a	art III	Income or Loss From	n Estates and Trust	S								
33			(a) Name							.,	Employer ation numb	ər
A												
B												
		Passive Incom	ne and Loss					Nonpassive Inc	ome an	d Loss		
	(c) Passiv	e deduction or loss allowed	(d) Pa sive incom	e	(e) Deduction or loss					(f) Other income from		
	(attacl	Form 8582 if required)	from Schedule K-	1		fr	om S	Schedule K-1		Sche	edule K-1	
Α												
В												
34a	Totals											
b 25	Totals		▼									
35 36		mns (d) and (f) of line 34a _ mns (c) and (e) of line 34b							. 35	<b>/</b>		
37		ate and trust income or (loss)	Combine lines 35 and 36						30			)
_	art IV	Income or Loss From			tmen	t Cor	ndı	uits (REMICs)-	-Resid	ual Ho	lder	
			(b) Employer	(c) Excess incl	usion fror			(d) Taxable income			come from	
38		(a) Name	identification number	Schedules C (see instruc				(net loss) from Schedules Q, line 1b		Schedu	les Q, line (	3b
39       Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below       39												
_ <b>P</b> a	art V	Summary										
40		rental income or (loss) from							. 40			
41										БO	075	
42	1 (Form Reconci	1040), line 5 liation of farming and fishi	ina income. Enter vour a	OSS			 T		. 41		50	,075
	farming a	and fishing income reported	on Form 4835, line 7; Sch	edule K-1								
		65), box 14, code B; Schedu Schedule K-1 (Form 1041),				42						
43	Reconcili	ation for real estate profession	onals. If you were a real estate									
		al (see instructions), enter the ne nywhere on Form 1040, Form 10		all rental								
		activities in which you materially			les	43						

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

#### **Qualified Business Income Deduction**

#### Attach to your tax return.

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

n. Sequence No. 55A Your taxpayer identification number

Attachment

OMB No. 1545-2294

#### 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.

000 //								
1	(a) Trade, business, or aggregation name			(b) Check if specified service	(c) Check if aggregation	( <b>d)</b> Tax identificatio		(e) Check if patron
А				X		47 461	6924	
	SOUTHERNMOST STRATEGIES, LLC					47-461	.0034	
в	KDP GROUP LLC			X		32-070	3125	
С	LEONE PROVISION LLC					80-026	8440	
Par		ness	Income					
				A	В			с
2	Qualified business income from the trade, business, or aggregation.							
2				2 005		1 224		887
•	See instructions	2		2,095	•	37,234		007
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			410				
	and enter the amount from line 3 on line 13	3		419		7,447		177
4	Allocable share of W-2 wages from the trade, business, or							
	aggregation	4		0		0		<u>6,492</u> 3,246
5	Multiply line 4 by 50% (0.50)	5		0		0		
6	Multiply line 4 by 25% (0.25)	6		0		0		1,623
7	Allocable share of the unadjusted basis immediately after							
	acquisition (UBIA) of all qualified property	7		1,016		0		89,709
8	Multiply line 7 by 2.5% (0.025)	8		1,016 25		0		2,243
9	Add lines 6 and 8	9		25		0		3,866
10	Enter the greater of line 5 or line 9	10		25		0		3,866
11	W-2 wage and UBIA of qualified prop rty limi ation. Enter the							
	smaller of line 3 or line 10	11		25		0		177
12	Phased-in reduction. Enter the amount from line 26, if any	12		402		7,118		
13	Qualified business income deduction before patron reduction.					.,		
	Enter the greater of line 11 or line 12	13		402		7,118		177
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A),	<u> </u>				.,		
14	line 6, if any. See instructions	14						
15	Qualified business income component. Subtract line 14 from line 13	14		402		7,118		177
15	Total qualified business income component. Add all amounts	-15		402		,,110		1,1
10		40		7,697				
	reported on line 15	16		1,091				

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

Form 8995-A (2022)

#### KEVIN CABRERA & DEMI T BUSATTA

Form 8995-A	(2022)
-------------	--------

#### 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		В		с
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. Multip	ly line 19	by line 24	25		17		329	
26	Qualified business income after phase	-							
	25 from line 17. Enter this amount he								
	corresponding trade or business		·	26		402	7,	118	
Par				me D	eduction				
27	Total qualified business income	e compone	ent from all qualified t	rades,					
	businesses, or aggregations. E	nter the ar	mount from line 16			27	7,697		
28	Qualified REIT dividends and p	ublicly trac	ded partnership (PTP	) inco	me or				
	(loss). See instructions					28			
29	Qualified REIT dividends and F					29 (	)		
30	Total qualified REIT dividends	and PTP in	ncome. Combine line	s 28 a	nd 29. f				
	less than zero, enter -0-					30	0		
31	REIT and PTP component. Mu					31			
32	Qualified business income ded					nd 31		32	7,697
33	Taxable income before qualifier	d business	income deductio			33	344,513		
34	Net capital gain. See instruction					34	13		
35	Subtract line 34 from line 33. If	zero or les	ss, enter -0-					35	344,500
36	Income limitation. Multiply line							36	68,900
37	Qualified business income ded	uction befo	ore the domestic proc	duction	activities dec	duction (DP	AD)		
	under section 199A(g). Enter th	ne smaller	of li e 32 or line 36					37	7,697
38	DPAD under section 199A(g) a	llocated fro	om an agricultural or						
	more than line 33 minus line 37							38	
39	Total qualified business income	e deduc or	n. Add lines 37 and 3	8				39	7,697
40	Total qualified REIT dividends								
	greater, enter -0							40	( )

Form **8995-A** (2022)

SCHE	DULE	A
(Form	8995-A	)

# **Specified Service Trades or Businesses**

(Form	1 8995-A)								2022
	ent of the Treasury Revenue Service	G	io to v			Form 8995-A. nstructions and the lates	st information	on.	Attachment Sequence No. 55B
	shown on return			•					dentification number
KE	VIN CABRER	A & DE	MI	T BUSATTA					
Compl than \$ marrie Busine taxable	ete Schedule A only 170,050 but not \$220 d filing jointly) and yo ass Income Deduction a income is more that tion. If you have more	if your trade 0,050 (\$340, ou're not a p n Simplified n \$220,050 e than three	e or bu 100 a atron Comp (\$440 trade	isiness is a specified serv nd \$440,100 if married fil of an agricultural or hortic putation. Otherwise, comp ,100 if married filing jointl s or businesses, attach a	ing joi cultura blete S y), yo s man	ade or business (see instruintly). If your taxable incom Intly). If your taxable incom Incooperative, don't file thi Schedule D (Form 8995-A) ur specified service trade of Y Schedules A as needed	ne isn'ť more is form; inste before begi or business	than \$170,05 ad, file Form nning Schedu doesn't qualify	50 (\$340,100 if 8995, Qualified Ile A. If your
Par				raded Partnerships	; (PT				•
See in:	structions before con	npleting Par	ts I an	id II.		A		3	С
1a	Trade or business r	name			1a	SOUTHERNMOST			
b	Taxpayer identificat	tion number			1b	47-4616834		/03125	
2	Qualified business i	income or (le	oss) fr	om the trade or business	2	3,094		54,981	
3	Allocable share of V	N-2 wages f	rom th	ne trade or business	3				
4	Allocable share of t	he unadjust	ed bas	sis immediately after					
	acquisition (UBIA) o	of all qualifie	d prop	perty	4	1,063			
5	Taxable income before qualifie	ed business							
	income deduction		5	344,513					
6	Threshold. Enter \$170,05	50 (\$340,100 if		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			) *		
	married filing jointly)		6	340,100			1		
7	Subtract line 6 from		7	4,413					
8	Phase-in range. Enter \$50,000			100 000					
	married filing jointly)		8	100,000					
9	Divide line 7 by line		9	4.4130					
10	Applicable percentage. S		40	95.5870 %	K				
	from 100%		10						
11	Applicable percentage Multiply line 2 by line 1			· · ·					
	8995-A) or on Form 89								
	,				11	2,957		52,555	
12	Applicable percentage				<u> </u>	2,557		52,555	
	Enter this amount on F	•							
					12				
13	,			ed property. Multiply line					
	4 by line 10. Enter this								
				oria e	13	1,016			
Par									
						A		3	C
	Trade and								
14	Trade or business r	name	• • • • • • •		14				
15	axpayer identificat	ion number			15				
16 17	Qualified PTP incon	ne or (loss)			16	) Combine all amounts	on line 16	17	
17 18						ss). Combine all amounts o			
18 19									
20	Subtract line 10 from	m line 18	+0, 100	, mameu ning joindy)				20	
20	Phase-in range En	ter \$50 000	(\$100	000 if married filing joint	 lv)			20	
22	Divide line 20 by lin					• • • • • • • • • • • • • • • • • • • •			
23	Applicable percenta		t line	00 from 1000/				23	(

amount on Form 8995-A, line 28. For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

24 Applicable percentage of qualified PTP income or (loss). Multiply line 17 by line 23. Include this

Schedule A (Form 8995-A) 2022

24

OMB No. 1545-2294

SCHEDULE C (Form 8995-A) (Rev. December 2022) Department of the Treasury Internal Revenue Service		and Carryforward Form 8995-A. instructions and the late		OMB No. 1545-2294 Attachment Sequence No. <b>55D</b>
Name(s) shown on return	RA & DEMI T BUSATTA		Your taxpay	yer identification number
	ree trades, businesses, or aggregations, complete	and attach as many Sche	dules C as needed. See	instructions.
1 Trade	, business, or aggregation name	(a) Qualified business income/(loss)	<b>(b)</b> Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0)
	STRATEGIES, LLC	2,957	862)	2,095
LEONE PROVIS		52,555 1,252		
	s net (loss) carryforward from prior years. See inst			( 16,548)
	for all trades, businesses, or aggregations	÷		( 16,548)
	businesses, or aggregations income. Add the po businesses, or aggregations			56,764
5 Losses netted with	n income of other trades, businesses, or aggregat	ions. Enter in the parenthe	ses on	
	of the absolute value of line 3 or line 4. Allocate th gregations on line 1, column (b).		,	( 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 Pap	erwork Reduction Act Notice, see separate ins	structions.	Schedule C (Fo	orm 8995-A) (Rev. 12-2022)

04/17/2023 9:20 AM

Form

8959

Department of the Treasury Internal Revenue Service

Additional	Medicare	Тах
/	in o ai o ai o	

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.

n. Attachment Sequence No.71 Your social security number

OMB No. 1545-0074

2

	me(s) shown on return		You	ır soc	ial security number
_	KEVIN CABRERA & DEMI T BUSATTA				-
<b>F</b>	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	4	
2	Unreported tips from Form 4137, line 6	2		1	
3	Wages from Form 8919, line 6	3		4	
	Add lines 1 through 3	4	314,637	1	
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	4	
	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 h	ere an	d go to		
_	Part II			7	582
	Part II Additional Medicare Tax on Self-Employment Income		1		1
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		4	
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		
	Enter the amount from line 4	10	314,637		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0	4	
	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	). Ente	er here and		
_	go to Part III			13	
	Part III Additional Medicare Tax on Railroad Retirement Tax A	<u>ct (R</u>	RTA) Compensatio	n I	1
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14				
	(see instructions)	14		4	
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	4	
	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 1		( )		
_	Enter here and go to Part IV			17	
	Part IV Total Additional Medicare Tax				1
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11				<b>F00</b>
_	or 1040-SS filers, see instructions), and go to Part V			18	582
	Part V Withholding Reconciliation		1		
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form	1	4 5 6 2		
~~	W-2, enter the total of the amounts from box 6	19	4,562	-	
	Enter the amount from line 1	20	314,637	-	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		4 5 6 2		
~~	withholding on Medicare wages	21	4,562	-	
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicar	e lax			
~~	withholding on Medicare wages			22	0
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation fro	m For	m vv-2, box		
~ ·	14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this				
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form				
	1040-SS filers, see instructions)			24	- 0050

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

Form 8960

Net Investment Income	Tax—
Individuals, Estates, and	Trusts

OMB No. 1545-2227

Attach to your tax return.

KEVIN CABRERA	&	D
Name(s) shown on your tax return		
Internal Revenue Service		

Attachment Sequence No. Go to www.irs.gov/Form8960 for instructions and the latest information. Your se

ocial security number or l	ocial	security	number	or Ell	٧
----------------------------	-------	----------	--------	--------	---

2

KE	VIN CABRERA & DEMI T BUSATTA				
Par	t I Investment Income Section 6013(g) election (see instructions	;)			
	Section 6013(h) election (see instructions	;)			
	Regulations section 1.1411-10(g) election	n (see instru	ctions)		
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		
b	Adjustment for net income or loss derived in the ordinary course of a non-				
	section 1411 trade or business (see instructions)	4b	-58,075		
с	Combine lines 4a and 4b			4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	796		
b	Net gain or loss from disposition of property that is not subject to net				
	investment income tax (see instructions)	5b			
с	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
Par			cations		
9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
с	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	
Par					
12	Net investment income. Subtract Part II, line 11, from Par I, line 8. Individuals, con				
	Estates and trusts, complete lines 18a-21. If zero o less, enter -0-			12	3,673
	Individuals:				
13	Modified adjusted gross income (see instructio s)	13	375,477		
14	Threshold based on filing status (see i str ctio s)	14	250,000		
15	Subtract line 14 from line 13. If zero or I ss, enter -0-	15	125,477	1	0 680
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				1.40
	on your tax return (see instructions)			17	140
	Estates and Trusts:	11			
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			
с	Undistr buted 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)				
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	e and		
	include on your tax return (see instructions)			21	

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

Form 8960 (2022)

04/17/2023 9:20 AM

1 0111	<b>7203</b>		ion Sharehol ot Basis Limit		and		OMB No. 1545-2302
Departme	ent of the Treasury		Attach to your tax r	eturn.			Attachment
	Revenue Service If shareholder	Go to www.irs.gov/Form	7203 for instruction	ns and the late		ifying nu	Sequence No. 203
	VIN CABRER	A			lident	nying ne	
	me of S corporation						on number
		T STRATEGIES, LLC			4	7-46	516834
	ock block (see instruc				·····		
		es) to indicate how stock was acquired:					
(1)							
E Ch		gulations section 1.1367-1(g) election i er Stock Basis	n enect during the ta	ax year for this a	s corporation		
1						1	2,617
2	Basis from any can	eginning of the corporation's tax year ital contributions made or additional sto		he tax vear		2	2,017
2 3a		ncome (enter losses in Part III)			3,094		
b	Net rental real estat	te income (enter losses in Part III)			3,034	4	
c	Other net rental inc	ome (enter losses in Part III)		·· 3c		1	
ď						1	
e	Ordinary dividends			·· 3e		1	
f	Rovalties			·· 3f		1	
g	Net canital gains (e	nter losses in Part III)				1	
h	Net section 1231 ga	ain (enter losses in Part III)				1	
 i	Other income (enter	r losses in Part III)		·· 3i		1	
i	Excess depletion ad	djustment		·· 3j		1	
k	Tax-exempt income	) )				1	
ĩ	Recapture of busine	ess credits				1	
m	Other items that inc	prease stock basis				1	
4		h 3m				4	3,094
5	Stock basis before	distributions. Add lines 1, 2, and 4				5	5,711
6	Distr butions (exclude	ding dividend distributions)	•••••			6	• / · = =
•	Note: If line 6 is lard	ger than line 5, subtract line 5 from line	6 a d rep rt the res	ult as a capital o	nain on	$\vdash$	
		nedule D. See instructions.			94		
7		stributions. Subtract line 6 from line 5. I	f the result is zero o	less. enter -0	skip		
		and enter -0- on line 15			•	7	5,711
8a	-	enses			8,398	3	
b	Depletion for oil and	d gas		8b		1	
c	Business credits (se	ections 50(c)(1) and (5))		· · · · · · · · · · · · · · · · · · ·		1	
9	Add lines 8a throug	h 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,		
		11 through 14 and nter -0- on line 15				10	0
11	Allowable loss and	deduction items. Enter the amount fron	n line 47, column (c)			11	
12		on (see net increase in instructions for				12	
13	Other items that de	crease stock basis	,			13	
14	Add lines 11, 12, ar	nd 13				14	
15	Stock basis at the	end of the corporation's tax year. S	ubtract line 14 from I	ine 10. If the res	sult is		
	zero or less, enter -	0				15	0
Part		er Debt Basis					
		Section A—Amount of Deb	t (If more than th	nree debts, s	ee instructions	.)	
			(a) Debt 1	(b) Debt	2 (c) D	ebt 3	
	I	Description	Formal note	Formal r	iote Form	al note	(d) Total
			X Open account	Open ac	count Ope	n accour	nt
16	Loan balance at the	e beginning of the corporation's					
	tax year						
17	Additional loans (se	e instructions)					
18		e repayment. Add lines 16 and 17					
19		debt repayment (this line doesn't					
	include interest)						
					1		1
20		end of the corporation's tax year.					

#### KEVIN CABRERA

Form 7203 (Rev. 12-2022)

	rt II Shareholder Debt Basis		Adjustments to I	Dobt Bacic		
	Description	Section B-	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the col	moration's tax				
••	•••	•				
22	year Enter the amount, if any, from line 17					
23	Debt basis restoration (see instruction	ns)				
24	Debt basis before repayment. Add lin					
25	Divide line 24 by line 18					
26	Nontaxable debt repayment. Multiply	line 25 by line 19				
27	Debt basis before nondeductible expe					
- /	losses. Subtract line 26 from line 24		0			
28	Nondeductible expenses and oil and		<b>`</b>			
-0	deductions in excess of stock basis					
29	Debt basis before losses and deducti					
	28 from line 27. If the result is zero or		0			
30	Allowable losses in excess of stock b					
	amount from line 47, column (d)					
31	Debt basis at the end of the corpor	ration's tax				
	year. Subtract line 30 from line 29. If					
	or less, enter -0-		0			
		Section C-	-Gain on Loan R	epayment		
32	Repayment. Enter the amount from li			opuyment		
33	Nontaxable repayments. Enter the ar					
	Nontaxable repayments. Enter the an					
		•	0			
34	Reportable gain. Subtract line 33 fro	om line 32	0 Ction Items			
34		om line 32 Loss and Deduc	ction Items	(c) Allowable	(d) Allowable	(e) Carryove
34	Reportable gain. Subtract line 33 fro	om line 32 Loss and Deduc (a) Current	(b) Carryove	(c) Allowable	(d) Allowable	(e) Carryove
34	Reportable gain. Subtract line 33 fro rt III Shareholder Allowable	om line 32 Loss and Deduc (a) Current year losses	(b) Carryove amoun	loss from	loss from	(e) Carryove amounts
34	Reportable gain. Subtract line 33 fro	om line 32 Loss and Deduc (a) Current year losses and	(b) Carryove amoun (column (e))			
34	Reportable gain. Subtract line 33 fro rt III Shareholder Allowable	om line 32 Loss and Deduc (a) Current year losses	ction Items (b) Carryove amoun (column (e)) from the	loss from	loss from	
34 Pa	Reportable gain. Subtract line 33 fro rt III Shareholder Allowable Description	om line 32 Loss and Deduc (a) Current year losses and	(b) Carryove amoun (column (e))	loss from	loss from	
34 Pa	Reportable gain. Subtract line 33 fro rt III Shareholder Allowable Description Ordinary business loss	om line 32 Loss and Deduc (a) Current year losses and	ction Items (b) Carryove amoun (column (e)) from the	loss from	loss from	
34 Pa	Reportable gain. Subtract line 33 from         rt III       Shareholder Allowable         Description         Ordinary business loss         Net rental real estate loss	om line 32 Loss and Deduc (a) Current year losses and	ction Items (b) Carryove amoun (column (e)) from the	loss from	loss from	
34 Par 35 36 37	Reportable gain. Subtract line 33 from         rt III       Shareholder Allowable         Description         Ordinary business loss         Net rental real estate loss       Other net rental loss	om line 32 Loss and Deduc (a) Current year losses and	ction Items (b) Carryove amoun (column (e)) from the	loss from	loss from	
34 Pa 35 36 37 38	Reportable gain. Subtract line 33 from         rt III       Shareholder Allowable         Description         Ordinary business loss         Net rental real estate loss       Other net rental loss         Net capital loss       Net capital loss	om line 32 Loss and Deduc (a) Current year losses and	ction Items (b) Carryove amoun (column (e)) from the	loss from	loss from	
34 Pa 35 36 37 38 39	Reportable gain. Subtract line 33 from         rt III       Shareholder Allowable         Description       Ordinary business loss         Ordinary business loss       Net rental real estate loss         Other net rental loss       Net capital loss         Net section 1231 loss       Net section 1231 loss	om line 32 Loss and Deduc (a) Current year losses and	ction Items (b) Carryove amoun (column (e)) from the	loss from	loss from	
34 Par 35 36 37 38 39 40	Reportable gain. Subtract line 33 from         rt III       Shareholder Allowable         Description         Ordinary business loss         Net rental real estate loss         Other net rental loss         Net capital loss         Net section 1231 loss         Other loss	om line 32 Loss and Deduc (a) Current year losses and	ction Items (b) Carryove amoun (column (e)) from the	loss from	loss from	
34 Pa 35 36 37 38 39 40 41	Reportable gain. Subtract line 33 from         rt III       Shareholder Allowable         Description       Ordinary business loss         Ordinary business loss       Net rental real estate loss         Other net rental loss       Net capital loss         Net section 1231 loss       Other loss         Other loss       Section 179 deductions	om line 32 Loss and Deduc (a) Current year losses and	ction Items (b) Carryove amoun (column (e)) from the	loss from	loss from	
34 Pai 35 36 37 38 39 40 41 42	Reportable gain. Subtract line 33 from         rt III       Shareholder Allowable         Description         Ordinary business loss         Net rental real estate loss       Other net rental loss         Net capital loss       Net section 1231 loss         Other loss       Section 179 deductions         Charitable contributions       Charitable contributions	om line 32 Loss and Deduc (a) Current year losses and	ction Items (b) Carryove amoun (column (e)) from the	loss from	loss from	
34 Pai 35 36 37 38 39 40 41 42 43	Reportable gain. Subtract line 33 from         rt III       Shareholder Allowable         Description         Ordinary business loss         Net rental real estate loss       Other net rental loss         Net capital loss       Net section 1231 loss         Other loss       Section 179 deductions         Charitable contributions       Investment interest expense	om line 32 Loss and Deduc (a) Current year losses and	ction Items (b) Carryove amoun (column (e)) from the	loss from	loss from	
34 Pai 35 36 37 38 39 40 41 42 43 44	Reportable gain. Subtract line 33 from         rt III       Shareholder Allowable         Description         Description         Ordinary business loss         Net rental real estate loss         Other net rental loss         Net capital loss         Net section 1231 loss         Other loss         Section 179 deductions         Investment interest expense         Section 59(e)(2) expenditures	om line 32 Loss and Deduc (a) Current year losses and	ction Items (b) Carryove amoun (column (e)) from the	loss from	loss from	
34 Pai 35 36 37 38 39 40 41 42 43 44 45	Reportable gain. Subtract line 33 from         rt III       Shareholder Allowable         Description         Description         Ordinary business loss         Net rental real estate loss         Other net rental loss         Net capital loss         Net section 1231 loss         Other loss         Section 179 deductions         Investment interest expense         Section 59(e)(2) expenditures         Other deductions	om line 32 Loss and Deduc (a) Current year losses and	ction Items (b) Carryove amoun (column (e)) from the	loss from	loss from	
34 Pa 35 36 37 38 39 40 41 42 43 44 45 46	Reportable gain. Subtract line 33 from         rt III Shareholder Allowable         Description         Description         Ordinary business loss         Net rental real estate loss         Other net rental loss         Net capital loss         Net section 1231 loss         Other loss         Section 179 deductions         Charitable contributions         Investment interest expense         Section 59(e)(2) expenditures         Other deductions         Foreign taxes paid or accrued	om line 32 Loss and Deduc (a) Current year losses and	ction Items (b) Carryove amoun (column (e)) from the	loss from	loss from	
34 Pa 35 36 37 38 39 40 41 42 43 44 45 46	Reportable gain. Subtract line 33 from         rt III       Shareholder Allowable         Description         Description         Ordinary business loss       Ordinary business loss         Net rental real estate loss       Other net rental loss         Other net rental loss       Net capital loss         Net section 1231 loss       Other loss         Section 179 deductions       Charitable contributions         Investment interest expense       Section 59(e)(2) expenditures         Other deductions       Foreign taxes paid or accrued         Total loss. Add lines 35 through 46 for each	om line 32 Loss and Deduc (a) Current year losses and	ction Items (b) Carryove amoun (column (e)) from the	loss from	loss from	
34	Reportable gain. Subtract line 33 from         rt III Shareholder Allowable         Description         Description         Ordinary business loss         Net rental real estate loss         Other net rental loss         Net capital loss         Net section 1231 loss         Other loss         Section 179 deductions         Charitable contributions         Investment interest expense         Section 59(e)(2) expenditures         Other deductions         Foreign taxes paid or accrued	om line 32 Loss and Deduc (a) Current year losses and deductions	ction Items (b) Carryove amoun (column (e)) from the	loss from	loss from	

Form 7203 (Rev. 12-2022)

04/17/2023 9:20 AM

Form 720		ration Sharehol Debt Basis Limi		and		OMB No. 1545-2302
Rev. December 2022) epartment of the Trea	surv	Attach to your tax r	eturn.			A4
ternal Revenue Servi	e Go to www.irs.gov/F	orm7203 for instructio				Attachment Sequence No. 203
lame of sharehold				Ident	fying num	ber
KEVIN CA						on number
KDP GR				3	2-070	
	an instructional:					
,	ble box(es) to indicate how stock was acqui					
			Gifted	(5) Other:		
	ave a Regulations section 1.1367-1(g) elect					
	areholder Stock Basis	<b>,</b>	,			
	is at the beginning of the corporation's tax y	ear			1	0
2 Basis from	any capital contributions made or additiona	I stock acquired during t	he tax vear		2	•
	business income (enter losses in Part III) $\dots$			54,981		
b Net rental	real estate income (enter losses in Part III)		·· 3b	01,001	1	
	rental income (enter losses in Part III)				1	
					1	
	come		·· 3e		1	
	lividends		25		1	
f Royalties	Lacing (antor lacons in Dart III)					
g Net capita	I gains (enter losses in Part III)		3g 3h			
h Net sectio	n 1231 gain (enter losses in Part III)		<u>3i</u>			
	me (enter losses in Part III)		3i 3j			
J Excess de	pletion adjustment		3j 3k			
k Tax-exem	pt income		. <u>3K</u>			
Recapture	of business credits					
m Other iten	is that increase stock basis		3m		1.1	E4 001
4 Add lines	3a through 3m				4	<u>54,981</u>
5 Stock bas	is before distributions. Add lines 1, 2, and 4				5	54,981
6 Distr butic	ns (excluding dividend distributions)				6	6,305
	ne 6 is larger than line 5, subtract line 5 from	line 6 a d rep rt the res	ult as a capital o	gain on		
	and Schedule D. See instructions.					
7 Stock bas	is after distributions. Subtract line 6 from line	e 5. If the result is zero o	r less, enter -0-,	skip		
	ough 14, and enter -0- on line 15				7	48,676
8a Nondedu	tible expenses		8a	2,326		
b Depletion	for oil and gas		8b		4	
c Business	credits (sections 50(c)(1) and (5))		. 8c			
9 Add lines	8a through 8c				9	2,326
10 Stock bas	is 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 nter -0- on lin	e 15			10	46,350
11 Allowable	loss and deduction items. Enter the amount	from line 47, column (c)			11	
12 Debt basi	s restoration (see net increase in instructions	s for line 23)			12	
	s that decrease stock basis				13	
14 Add lines	11, 12, and 13				14	
15 Stock ba	is at the end of the corporation's tax yea	r. Subtract line 14 from	ine 10. If the res	sult is		
zero or le	ss, enter -0				15	46,350
Part II Sh	areholder Debt Basis					•
	Section A—Amount of I	Debt (If more than the second	nree debts, se	ee instructions	.)	
		(a) Debt 1	(b) Debt			
	Description	Formal note	Formal n		al note	(d) Total
		X Open account	Open ac		account	
6 Loan bala	nce at the beginning of the corporation's					
17 Additional	loans (see instructions)		1			
18 Loan bala	nce before repayment. Add lines 16 and 17					
	portion of debt repayment (this line doesn't			<u> </u>		
20 Loan bala	erest)		+			
	noe at the end of the corporation's tax year.		1	1		1
	nes 19 from line 18			1		

#### KEVIN CABRERA

Form 7203 (Rev. 12-2022)

	t II Shareholder Debt Basis					
		Section B—	Adjustments to I			1
	Description		(a) Debt 1	<b>(b)</b> Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the cor					
	year					
22	Enter the amount, if any, from line 17					
23	Debt basis restoration (see instruction					
24	Debt basis before repayment. Add line	es 21, 22, and 23				
25	Divide line 24 by line 18					
26	Nontaxable debt repayment. Multiply I					
27	Debt basis before nondeductible expe					
	losses. Subtract line 26 from line 24		0			
28	Nondeductible expenses and oil and g					
	deductions in excess of stock basis					
29	Debt basis before losses and deduction					
	28 from line 27. If the result is zero or	less, enter -0-	0			
30	Allowable losses in excess of stock ba					
	amount from line 47, column (d)					
31	Debt basis at the end of the corpora	tion's tax				
	year. Subtract line 30 from line 29. If t	he result is zero				
	or less, enter -0		0			
		Section C-	–Gain on Loan R	epayment		
32	Repayment. Enter the amount from lin	e 19				
33	Nontaxable repayments. Enter the am	ount from line 26				
34	Reportable gain. Subtract line 33 from	m line 32	0			
Pa	t III Shareholder Allowable L	oss and Dedu	ction Items			
		(a) Current	(b) Carryove	(c) Allowable	(d) Allowable	(e) Carryove
		year losses	amoun	loss from	loss from	amounts
	Description	and	(column (e))	stock basis	debt basis	
		deductions	from the			
			previous year			
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					
	-		1		1	
	column. Enter the total loss in column (c) on					

Form 7203 (Rev. 12-2022)

on line 30

Form 8582

Department of the Treasury

See separate instructions.

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

Attachment 858 Sequence No

OMB No. 1545-1008

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

Internal Reve	enue Service Go to www.irs.gov/Form8582 for instructions and the latest informa	tion.		Sequence No.	858
Name(s) sho	wn on return	Identify	/ing number	r	
1213111					
<u>KEVI</u> Part I	IN CABRERA & DEMI T BUSATTA 2022 Passive Activity Loss				
. are i	Caution: Complete Parts IV and V before completing Part I.				
Rental Re	eal Estate Activities With Active Participation (For the definition of active participation, see Specia	d -			
	ce for Rental Real Estate Activities in the instructions.)				
1a Activ	vities with net income (enter the amount from Part IV, column (a))				
		6,485			
c Prio	or years' unallowed losses (enter the amount from Part IV, column (c))	1,577			
	nbine lines 1a, 1b, and 1c		1d	-18	,062
	Passive Activities				
2a Activ	vities with net income (enter the amount from Part V, column (a))	1,252			
	vities with net loss (enter the amount from Part V, column (b)) 2b (				
c Prio	or years' unallowed losses (enter the amount from Part V, column (c))				
d Con	nbine lines 2a, 2b, and 2c		2d	1	,252
3 Con	nbine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return;				
all lo	osses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Rep rt the				
loss	ses on the forms and schedules normally used		3	-16	,810
lf lin	e 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 in tructions for an example

4	Enter the smaller of the loss on line 10	f or the loss on line 3					4	16,810
5	Enter \$150,000. If married filing separa	ately, see instructions		5		0,000		
6	Enter modified adjusted gross income,	but not less than zero	b. See instructions	6	37	5,477		
	Note: If line 6 is greater than or equal t							
	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 e	nter mo e than \$25,00	00. If married filing ser	parately,	see instructio	ons	8	
9	Establish a substitution of the state of the						9	0
Pa	rt III Total Losses Allowed							
10	Add the income, if any, on lines 1a and	2a and enter the tota	al				10	1,252
11	Total losses allowed from all passive							,
	out how to report the losses on your ta						11	1,252
Pa	rt IV Complete This Part B	efore Part I, Line	s 1a, 1b, and 1c.	See in	structions.			
Name of activity		Current year		Pric	or years	Overall (		all gain or loss
		(a) Net income (line 1a)	(b) Net loss (line 1b)		nallowed (line 1c)	<b>(d)</b> G	ain	(e) Loss
2:	1 MADEIRA		6,485		11,577			18,062
Tota	I. Enter on Part I, lines 1a, 1b, and 1		6,485		11,577			

For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2022)

### KEVIN CABRERA & DEMI T BUSATTA

Part V	Complete This Part Be	efore Part I, Lines	2a, 2b, and 2c.	See instructions.		Page <b>2</b>
		Curren	t year	Prior years	Overall ga	in or loss
	Name of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	<b>(d)</b> Gain	(e) Loss
LEONE	PROVISION LLC	1,252			1,252	
	on Part I, lines 2a, 2b, and 2c	1,252				
Part VI	Use This Part if an Am		n Part II, Line 9.	See instructions		
	Name of activity	Form or schedule and line number to be reported on (see instructions)	<b>(a)</b> Loss	(b) Ratio	<b>(c)</b> Special allowance	<b>(d)</b> Subtract column (c) from column (a).
Fotal	Allocation of Unallow	ed Losses. See in	structions	1.00		
	Name of activity		Form or schedule and line umber to be reported on (se instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
21 MAD	EIRA		SCH E1	18,062	1.0000	16,810
Total	Allowed Langer Ora			18,062	1.00	16,810
	Allowed Losses. See i	instructions.				
Part VIII						
Part VIII	Name of activity		Form or schedule and line number to be reported on (see instructions)	<b>(a)</b> Loss	(b) Unallowed loss	(c) Allowed loss
			and line number	(a) Loss 18,062	(b) Unallowed loss	(c) Allowed loss
	Name of activity		and line number to be reported on (see instructions)			

# **Federal Statements**

## 21 MADEIRA

# Statement 1 - Schedule E, Line 19 - Other Expenses

Description	Gross mount	Business Use Percentage	 Net Amount
ASSOCIATION FEES	\$ 6,659		\$ 6,659
TOTAL	\$ 6,659		\$ 6,659

		2022	W-2 and EA	RNINGS SUMMA	RY AP
W-2 Wage State	ment OMB No. 1845-	Information on the gone Includes instructions ar	or Earnings Summary whi eration of your W-2 states ad other general informal		
d Control number OnpL 001188 CL12/JG3	Corp. Employer use	ntr 22			
c Employer's name, eddress, MERCURY PUL					
LLC 509GUISANDO TAMPA FL 330	DE AVILA#100				FL. State Wages, Tips, Etc. Box 16 of W-2 ) ) 2-
AMPA (E SSC	Batch #0193	1. Your Gross Pay was adj	usted as follows to produce	your W-2 Statement.	
			Wages, Tips, other Compensation	Social Security Medicare Wages Wages	FL. State Wages, Tips, Etc.
en Employee's name, address. KEVIN MARINO CAE			Box 1 of W-2	80x 3 of W-2 Box 5 of W-2	Box 16 of W-2
829 LORCA STREET CORAL GABLES FL		Gross Pay Pius GTL (C-Box 12)	190, 195.00 281.60	190,195.00 190,195.00 281.60 281.64	
b Employer's FED 1D number	<ul> <li>Employee's SSA number</li> </ul>	Less Misc. Non Taxable Comp. Wages Over Limit	251.02- N/A	251.02- 251.03 43,727.62 N//	2- A
20-0298415 1 Wages, tips, other comp.	2 Federal income tax with	eld Reported W-2 Wages	190,727.62	147,000.00 190,727.6	2
190727.62 3 Social accurity wages	28919 4 Social accurity tax with	eld			
\$47000.00 5 Medicare wages and tips	9114 6 Medicare tax withheid				
190727_62 7 Social security tips	2765 8 Allocated tipe	55			
	10 Dependent care benefits	2. Employee Name and Ad	idrea.		
11 Hongvalified plans	12a See Instructions for box 12			<u> </u>	
14 Other	CI		RINO CABRERA		
	126	CORAL GA	BLES FL 33134		
	13 State amp, Ret. pila 3rd party	ilck per			
	E Lonal Wages, Mes. are.				
<del>,</del>	an saama ahiin ahiin ahiin ahiin ah	the second se	<u>an an a</u>	**************************************	
2 190727.62	Federal income tax within 28919 .		2 Federal income tax withhele 28919 , 6(		2 Federal Income tax withh 28919.
	Social security tax withhe	1 3 Social security wages	4 Social security tax withheid	3 Sociel security wages	
dicare wages and tips 6	9114.0 Medicate tax withheld	5 Medicare weges and tips	9114,00 6 Medioare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld
190727.62	2765. Com. Employer use or	5     190727.62	2765.55 Corp.   Employer use only	d Control number Dep	
68 CL12/JG3	<u>т</u> а	2 001186 CL12/JG3	T22	001188 CL12/JG3	T 2
MERCURY PUBLI		MERCURY PUBL		MERCURY PU	
LLC					
509GUISANDO D TAMPA FL 33613		509GUISANDO E TAMPA FL 3361		509GUISANDO TAMPA FL 330	DE AVILA#100 513
mployer's FED ID number	Employee's SSA number	b Employer's FED ID number	a Employee's SSA number	b Employer's FED ID number	a Employee's SSA number
20-0298415	Allocated tipe	20-0298415 7 Social security tips	8 Allocated tips	20-0298415 7 Sociel security tips	8 Allocated tips
	0 Dependent care benetita		10 Dependent cars benefits		10 Dependent care benefits
	2s See Instructions for box	12 11 Nonguslified plans	12a	11 Nonquelified plans	12e
	<u>C  281.6</u>		C  281.60	ti 14 Othec	C 281.60
	<sup>20</sup> DD 11.3		126 DD 11.33		126 DD 11.33
1	24		120		12d
	3 Stat emp. Ret. plan 3rd party a		13 Stat emp. Fist. plan 3rd party wick		13 Stat emp. Ret, plas 3rd party sick j
Employee's name, address an EVIN MARINO CAB		Al Employee's name, address an KEVIN MARINO CAB		et Employee's name, address KEVIN MARINO CAE	
29 LORCA STREET		829 LORCA STREET		829 LORCA STREET	-
ORAL GABLES FL	33134	CORAL GABLES FL	33134	CORAL GABLES FL	33134
State Employer's state ID no	16 State wages, Sps, etc.	15 State Employer's state (0 no.	16 State wages, tips, etc.	15 State Employer's state 10 m	o 16 State wages, tips, etc.
FL 7 State Income tax	18 Local wages, tips, etc.	S FL 3 17 State accome tex	18 Local wages, tips, etc.	FL 2 17 State income tax	19 Local wages, tips, etc.
9 Local income tax	20 Locality name	2 19 Local income tax			
			20 Locality same	2 19 Local income tax	20 Locality name
	Iling Copy nd Tax <b>202</b>	2 M-2 Wage a	oference Copy	FL.State Fi	
📲 🖬 State	nant <b>CUC</b>		ant LULL	III WW Z. Ciata	and Tax 2022
opy B to be filed with employee's F					ONB No. 1645-0008

**Created With Tiny Scanner** 

Form W-2 Wage and Tax Statement	t 2022 ti		7 Social security lips		1 Wages, lips, other com 67	np. 254.91	2 Federal Incon	649,31
C Employer's name, address, and ZIPcode MIAMI DADE COUNTY			8 Allocated tips		3 Social security wages	271.52	4 Social securi	ty tax withheld 388.83
111 NW 1ST STREET			9		5 Medicare wages and t	ips	8 Medicare tax	
SUITE 2620			10 Dependent care benefit		11 Honguelifed piens	271.52	K 1	ctions for box 12
MIAMI FL 33128-1995				Derit party ge spilly	14 Other		<u>) DD                                    </u>	1596.15
<ul> <li>Employee's name, address, and ZIP code</li> </ul>			13 Statility and Clar		the 414(b)	16.61		
KEVIN MARINO CABRERA			b Employer Identification # 59-6000573	umber (EIN)			12c	
829 LORCA STREET			Employee's accial securit	ty no.			12d	
CORAL GABLES FL 33144								
15 State Employer's stateID no.	18 State wages, tips, e	alc.	17 Staleincome tax	18 Loc	al wages, tips, etc.	19 Localine	ome tex	20 Locality name
· · · · · · · · · · · · · · · · · · ·								· .
Copy B To Be Filed With Employee's FEDERAL	Tax Return		This information is being lumis	ahed to the	Internal Revenue Service. IB No. 1545-0908	_		of the Treasury - IAS Sile at www.ira.gov/etile
						ed to the Internal Re	versue Service, If you a	re required to Re a Lor return. A
					1 Wages, lips, other con		2 Federal inco	re repared to Real to return a relaxable and yet fail to report a me tax withheld
Form W-2 Wage and Tax Statemen	t 2022		7 Social security Ups		6.	254.91	ļ	649.31
C Employer's name, address, and ZiPcode MIAMI DADE COUNTY		_	8 Allocated Up3		3 Social security wages 6	271.52	4 Social securi	ity tax withheld 388.83
111 NW 1ST STREET					6 Medicare wages and t		6 Medicaretax	withheld 90.94
SUITE 2620					11 Nongualified plans	271.52	12a See instru	ctions for box 12
MIAMI FL 33128-1995			10 Dependent care benefit:	_			1DD	1596.15
e Employee's name, address, and ZIP code			13 Sister Reternent aten X	Tred party act party	14 Other FRS 414 (h)	16.61	125	
KEVIN MARINO CABRERA			b Employer identification no	umber (EIN)	EK3 414(II)	10/01	120	
829 LORCA STREET			59-6000573				120	<u> </u>
CORAL GABLES FL 33144			<ol> <li>Employee's social securit</li> </ol>	y 110,		[		
	lin av a	<u> </u>				19 Local Inco		20 Locality name
15 State Employer's state/D no.	16 State wages, tipa, e	16.	17 State income tax	18 LCC	al wages, lips, etc.	19 LOCAL PRO		
								he Treasury - IRS
Copy C For EMPLOYEE'S RECORDS (See Notice	e to employee on b	acit of Ci	ору в.)	046	8 No. 1545-0008			HE FF MALLEY + MILLS
		<u> </u>	7 Social security lips	<u> </u>	1 Wages, Nps. other comp	<u> </u>	E Federalincone	tax withheld
Form W-2 Wage and Tax Statemer	nt 2022				62	54.91		649.31
c Employer's name, address, and ZIP code MIAMI DADE COUNTY			8 Allocated tips		3 Social security wages 62	71.52	Social security	<u>388.83</u>
111 NW 1ST STREET			9		6 Medicare wages and tip	s 71.52	Medicare tax w	90.94
SUITE 2620			10 Dependent care benefits	<u> </u>	11 Nonqualified plans	į	12a	
MIAMI FL 33128-1995			13 Statition Recomment	Transety Subpay	14 Other		DD	1596.15
KEVIN MARINO CABRERA			b Employer identification m		FR6 414 (h)	16.61		
829 LORCA STREET			59-6000573	ander (Ein)			12¢	
CORAL GABLES FL 33144			a Emologie's social securit	y no.			12d	
					,		( I	
15 State Employer's state D no.	T							
	16 State wages, tips, e	nc.	17 State income tax	18 Loc	al wages, tips, etc,	19 Local inc.		20 Locality name
				• • • • •		19 Local inc		20 Locality name
Copy 2 To Be Filed With Employee's State, City,				• • • • •	a) wages, tips, sic, 88 No. 1545.000a	19 Local inc	ametax.	20 Locality name
				• • • • •		19 Local inc	ametax.	
Copy 2 To Be Filed With Employee's State, City,	or Local Income Ta		n	• • • • •	48 No. 1545-0008		Dept of	the Treasury - IRS
Copy 2 To Be Filed With Employee's State. City. Form W-2 Wage and Tax Statement	or Local Income Ta		n 7 Social security tips	• • • • •	AB No. 1545 000a 1 Wages, tips, other con 5	no. 254.91	Dept of	
Copy 2 To Be Filed With Employee's State. City. Form W-2 Wage and Tax Statement C Employer's name, accress, and Zip ode	or Local Income Ta		n	• • • • •	45 No. 1545 000a 1 Wages, tips, other con 6 9 Social security wages	no. 254.91	Dept of	rme tax withheid 649.31 Thy tax withheid
Copy 2 To Be Filed With Employee's State, City, Zorm W-2 Wage and Tax Statement C Employer's name, accress, and Zir code MIAMI DADE COUNTY	or Local Income Ta		n 7 Social security tips	• • • • •	IB No. 1545 0000 1 Wages, tips, other con 5 5 Social security wages 5 Medicare wages and	254.91 271.52	Dept of	rithe Treasury - IRS fithe Treasury - IRS fithe tax withheid fity tax withheid 388,83
Copy 2 To Be Filed With Employee's State. City. Form W-2 Wage and Tax Statement C Employer's name, accress, and Zip ode	or Local Income Ta		7 Social security tips 9 Allocated tips 9 .	сн сн	IB No. 1545000a 1 Wages, tips, other con 5 9 Social security wages 5 Medicare wages and 6	254.91 271.52	2 Federal inco 4 Social secur 6 Medicareta	rithe Treasury - IRS fithe Treasury - IRS fithe tax withheid fity tax withheid 388,83
Copy 2 To Be Filed With Employee's State, City, Form W-2 Wage and Tax Statement C Employer's name, accress, stric Zir code MIAMI DADE COUNTY 111 NW 1ST STREET SUITE 2620 MIAMI FL 33128-1995	or Local Income Ta		7 Social security tips 9 Allocated tips 9 - 10 Dependent care benefit		IB No. 1545 0000 1 Wages, tips, other con 5 5 Social security wages 5 Medicare wages and	254.91 271.52	Dept of 2 Federal inco 4 Social secur	the Treasury - BRS me tax withheld 649.31 ity tax withheld 388.83 x withheld
Copy 2 To Be Filed With Employee's State, City, Form W-2 Wage and Tax Statement C Employer's name, accress, and ZIP code MIAMI DADE COUNTY 111 NW 1ST STREET SUITE 2620	or Local Income Ta		7 Social security tips 6 Allocated tips 9 - 10 Dependent care benefit 13 Stat/cry Reterment 14 Parts	сн сн	AB No. 15450000 1 Wages, tips, other con 5 3 Social security wages 5 Medicare wages and 11 Nonqualified plans 14 Other	no. 254.91 271.52 lips 271.52	2 Federal inco 4 Social setur 6 Medicareta: 12a 12b 12b	the Tressury - IRS 649.31 ity tax withheid 388.83 x withheid 90.94
Copy 2 To Be Filed With Employee's State, City. Zorm W-2 Wage and Tax Statement C Employer's name, accress, and ZP 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	or Local Income Ta		7 Social security tips 9 Allocated tips 9 - 10 Dependent care benefit	CN CN (3) Theot-party get pag	45 No. 1545 0000 1 Wages, tips, other cor 9 Social security wages 5 Medicare wages and 6 11 Nonqualified plans 14 Other FRS 414 (h)	254.91 271.52	2 Federal inco 4 Social setur 6 Medicareta: 12a 12b 12b	the Tressury - IRS 649.31 ity tax withheid 388.83 x withheid 90.94
Copy 2 To Be Filed With Employee's State, City. Form W-2 Wage and Tax Statement C Employer's name, accress and ZIP ode MIAMI DADE COUNTY 111 NW 1ST STREET SUITE 2620 MIAMI FL 33128-1995 • Employee's name, address, and ZIP ode KEVIN MARINO CABRERA 829 LORCA STREET	or Local Income Ta		7 Social security tips 9 Allocated tips 9 . 10 Dependent care benefit 13 Statutory Resement pain 14 Employer Identification in 59-6000573	(3) The party set pay	45 No. 1545 0000 1 Wages, tips, other cor 9 Social security wages 5 Medicare wages and 6 11 Nonqualified plans 14 Other FRS 414 (h)	no. 254.91 271.52 lips 271.52	2 Federal inco 4 Social secur 0 Medicareta 12a 12b 12b 12c 5	the Tressury - IRS 649.31 ity tax withheid 388.83 x withheid 90.94
Copy 2 To Be Filed With Employee's State, City. Zorm W-2 Wage and Tax Statement C Employer's name, accress, and ZP 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	or Local Income Ta		7 Social security tips 8 Allocated tips 9 - 10 Dependent care benefit 13 Statutory Resement pan 13 Statutory Resement pan b Employer Identification n	(3) The party set pay	45 No. 1545 0000 1 Wages, tips, other cor 9 Social security wages 5 Medicare wages and 6 11 Nonqualified plans 14 Other FRS 414 (h)	no. 254.91 271.52 lips 271.52	2 Federal inco 9 Social secur 12a 12b 12b	the Tressury - IRS 649.31 ity tax withheid 388.83 x withheid 90.94
Copy 2 To Be Filed With Employee's State, City. Form W-2 Wage and Tax Statement C Employer's name, accress, and ZP code MIAMI DADE COUNTY 111 NW 1ST STREET SUITE 2620 MIAMI FL 33128-1995 • Employee's name, address, and ZP code KEVIN MARINO CABRERA 829 LORCA STREET CORAL GABLES FL 33144	or Local Income Ta		7 Social security tips 9 Allocated tips 9 . 10 Dependent care benefit 13 Statutory Resement pain 14 Employer Identification in 59-6000573	(3) The party set pay	45 No. 1545 0000 1 Wages, tips, other cor 9 Social security wages 5 Medicare wages and 6 11 Nonqualified plans 14 Other FRS 414 (h)	no. 254.91 271.52 lips 271.52	2 Federal inco 4 Social secur 0 Medicareta 12a 12b 12b 12c 5	t the Treasury - IRS 649.31 ity tax withheid 388.83 x withheid 90.94 1596.15
Copy 2 To Be Filed With Employee's State, City, Form W-2 Wage and Tax Statement C Employer's name, address, strid Zir outer MIAMI DADE COUNTY 111 NW 1ST STREET SUITE 2620 MIAMI FL 33128-1995 • Employee's name, address, and ZiP code KEVIN MARINO CABRERA 829 LORCA STREET CORAL GABLES FL 33144	or Local Income Ta	ax Return	7 Social security tips 9 Allocated tips 9 . 10 Dependent care benefit 13 Statutory Resement pain 14 Employer Identification in 59-6000573	CN CN CN CN CN CN CN CN CN CN CN CN CN C	45 No. 1545 0000 1 Wages, tips, other cor 9 Social security wages 5 Medicare wages and 6 11 Nonqualified plans 14 Other FRS 414 (h)	no. 254.91 271.52 lips 271.52	2 Federal inco 4 Social social 12a 5 DD 12b 12b 12b 12c 12d 5	the Tressury - IRS 649.31 ity tax withheid 388.83 x withheid 90.94
Copy 2 To Be Filed With Employee's State, City, Form W-2 Wage and Tax Statement C Employer's name, address, strid Zir outer MIAMI DADE COUNTY 111 NW 1ST STREET SUITE 2620 MIAMI FL 33128-1995 • Employee's name, address, and ZiP code KEVIN MARINO CABRERA 829 LORCA STREET CORAL GABLES FL 33144	or Local Income Ta t 2022	G.	7 Social security tips     Attocated tips     9     10 Dependent care benefit     13 Stattory Preforment     Sectory Preforment	CN CN CN CN CN CN CN CN CN CN CN CN CN C	48 No. 1545000a 1 Wages, tips, other con 5 3 Social security wages 5 Medicare wages and 6 11 Nonqualified plans 14 Other FRS 414 (h)	254.91 271.52 ups 271.52	2 Federal inco 4 Social setur 6 Medicareta: 12a 12b 12b 12b 12c 12d 12d 12d	t the Treasury - IRS 649.31 ity tax withheid 388.83 x withheid 90.94 1596.15

**Created With Tiny Scanner**