General Information

Name: Hon Kevin Marino CABRERA

PID 273231

AGENCY INFORMATION

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

Net Worth

My Net Worth as of June 3, 2024 was \$ 553,247.79.

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
Residence - 829 Lorca St Coral Gables, FL 33134	\$ 789,275.00
Charles Schwab Checking Account	\$ 19,288.51
KDP Group, LLC	\$ 94,769.21
401A FIDELITY FREEDOM INDEX 2055	\$ 77,540.26

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Property Mortgage - United Wholesale Mortgage	P.O. Box 77404 Ewing, NJ 08628	\$ 452,625.19

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

n	CO	m	\mathbf{a}
ш	LU	ш	_

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☑ I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

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

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

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

Interests in Specified Businesses						
Business Entity # 1						
ousiness circly # 1						
I/A						

Training

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

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

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

Signature of Reporting Official or Candidate

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

Kevin Marino Cabrera

Digitally signed: 06/03/2024

Filed with COE: 06/03/2024

<u></u> 104	U.S. Individual Inco			20	23	OMB No. 1545-0	074 RS Use	Only-Do	not write or staple	in this space.
For the year J	an. 1-Dec. 31, 2023, or other tax yea	r beginning ຸ		, 2023, er					e separate instr	
Your first nam	e and middle initial	Last name	ist name				You	Your social security number		
•	spouse's first name and middle initial						· · · · · · · · · · · · · · · · · · ·	Spo	use's social sec	urity number
DEMI T		BUSA	·····					4		
	s (number and street)If you have a F PRCA STREET	P.O box, see in	structions.				Apt. no.		Presidential Elec Check here if you spouse if filing i	ou, or your
City, town or p	oost office. If you have a foreign addre	ess, also comp	olete spaces belo	1		ZIP code			to go to this fun	d.Checking a
-	GABLES			FL		3314			box below will not change your tax or refund.	
Foreign count	ry name Foreign	province/state	/county			Foreign po	ostal code		You	Spouse
Filing Status	Single				П	Head of househo	N (HUH)			
Check only	X Married filing jointly (even if or	nly one had inc	come)			ricad or riouscrio	id (i iOi i)			
one box.	Married filing separately (MFS	-	•			Qualifying survivi	ng spouse (0	SS)		
	If you checked the MFS box, enter	•	our spouse. If vo	u checked		· -		•	he	
	qualifying person is a child but not		,				虫			
Digital	At any time during 2023, did you	ı: (a) receive	(as a reward, a	award, or	payment	for property or	services); o	r (b) sell	<u> </u>	-
Assets	exchange, or otherwise dispose	of a digital a	isset (or a finan	icial intere	est in a di	igital asset)? (S	ee instructio	ons.)	Yes	X No
Standard		ou as a depe				dependent				
Deduction	Spouse itemizes on a sepa									
Age/Blindness		anuary 2, 19			ouse:	Was born be	i			
-	(see instructions):		(2) Social s	-	(3) R lationship to you	1		if qualifies for (see	•
If more (1) F	irst name Last nam	ie	Tiulilo.	GI	Mos	JiO you	Child	tax credi	t Credit for other	er dependents
dependents,					Gallery.				-	
see instr.			Á	7 %	0.0000000000000000000000000000000000000					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
and check										
Income 1	a Total amount from Form(s) W	I-2 box 1 (se	ee instructions)		<u> </u>			1a	1 2	96,014
	b Household employee wages									, , , , , ,
W-2 here. Also	c Tip income not reported on lin							4.	1	
attach Forms W-2G and	d Medicaid waiver payments no	ot reported or								
1099-R if tax was withheld.	e Taxable dependent care bene									
If you did not	f Employer-provided adoption	benefi s from	Form 8839, lin	e 29				1f		
•	g Wages from Form 8919, line	6	**************************************					1g		
W-2, see	h Other earned income (see not expense)	structions)						1h		
instructions.	 Nontaxable combat pay elect 	ion (see inst	ructions)			1i			_	
I L	z Add lines 1a through 1h								29	96,014
I	2a Tax-exempt interest 2a			b Taxab	le interes	st		2b	<u> </u>	9,347
1 -	Ba Qualified dividends 3a	1		b Ordina	iry divide	ends		3b	-	· · · · · · · · · · · · · · · · · · ·
	1a IRA distributions 4a 5a Pensions and annuities 5a	 		b Tayob	le amour	nt		. 4b		
Deduction for -	5a Pensions and annuities 5a 5a Soc. sec. ben. 5a	1		h Tavah	ie amour	nt		5b 6b		
Single or Married fiting	c If you elect to use the lump-s	um election r	method check	here (see	instructi	nt ons)	[-	1 00		
separately, \$13,850	7 Capital gain or (loss). Attach Schedu			-1-4			-	7		106
Married filing	8 Other income from Schedule								1:	11,903
jointly or Qualifying	9 Add lines 1z, 2b, 3b, 4b, 5b, (17,370
surviving spouse \$27,700	10 Adjustments to income from									0
a blood of	11 Subtract line 10 from line 9. 7								4:	17,370
	12 Standard deduction or iten	nized deduc	tions (from Sc	hedule A)			- · · · · · · · · · · · · · · ·	. 12		28,397
any box under	Qualified business income de							13		20,280
Deduction, see instructions.	14 Add lines 12 and 13							14		48,677
	Subtract line 14 from line 11. If zero or le						<u></u>	15		68,693
For Disclosu	re, Privacy Act, and Paperwork	Reduction	Act Notice, se	e separa	te instru	ıctions.			Form 1	1040 (2023)

Form 1040 (20	23) KF	VIN CABRERA & DEMI T BUSATTA	alise (Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972			
Credits		3 🗍	16	75	,628
	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	75	, 628
	19	Child tax credit or credit for other dependents from Schedule 8812	19		
	20	Amount from Schedule 3, line 8	20		
	21	Add lines 19 and 20	21		
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	75	,628
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23		779
	24	Add lines 22 and 23. This is your total tax	24	76	,407
Payments		Federal income tax withheld from:			<u>/ 10 · </u>
•	a	Form(s) W-2 25a 35,582			
	b				
	c	Form(s) 1099 Other forms (see instructions) 25b 25c			
	ď	Add lines 25a through 25a	25d	35	592
	ີ 26	Add lines 25a through 25c 2023 estimated tax payments and amount applied from 2022 return	26	28	<u>,582</u> ,300
If you have a qualifying child,	27		20		,300
attach Sch. EIC	28	Earned income credit (EIC) Additional child tax credit from Schedule 8812 28			
	J 26 29	• • • • • • • • • • • • • • • • • • • •			
	30				

	31	• • • • • • • • • • • • • • • • • • • •	1 1		570
	32	Add lines 27, 28, 29 and 31. These are your total other payments and refundable credits	32	61	$\frac{578}{,460}$
Refund	33	Add lines 25d, 26, and 32. These are your total payments	33	04	,400
Reluliu	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	<u> </u>	
Disease describe	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a		
Direct deposit? See instructions.	b	, , , , , , , , , , , , , , , , , , ,			
See ilsuucions.	d				
	36	Amount of line 34 you want applied to your 2024 estimat d tax 36			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .		10	24
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	12	<u>, 314</u>
Th:! D	38	Estimated tax penalty (see instructions) 38 367		<u> </u>	
Third Par	•	you want to allow another person to discuss this return with the IRS? See		(REF)	
Designee		structions Yes. Comple	te belo	ow. X No	
	De	signee's Phone		Personal identification	
		me no.		number (PIN)	
Sign		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t they are true, correct, and complete. Decla ation of preparer (other than taxpayer) is based on all information of wh			
Here		gnature Date Your occupation	icii pic		
Joint return?	i Oui Si			If the IRS sent you an ide Protection PIN, enter it he	re
See instructions Keep a copy for	Cnaun	COUNTY COMMISSIONER 's signature. If a joint re urn, both must sign. Date Spouse's occupation		(see instr.)	20.20
your records.	Spouse			If the IRS sent your spous identity Protection PIN, er	iter it here
_		STATE REPRESENTATIVE		(see instr.)	
	Phone		T		
	Prepar	er's name Preparer's signature Date	PTIN		
		TY FIORE Fiore CPA, P.A. 04/08/24		3307032 L.J.	elf-employed
Preparer _	Firm's		one no	<u>. 305–438–</u>	6528
Use Only		2100 SALZEDO STREET STE 200			
			m's Elf		
Go to www.ii	s.gov/F	form1040 for instructions and the latest information.		Form 104	U (2023)

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 Attachment

Your social security number

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

KE	VIN CABRERA & DEMI T BUSATTA				
	Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			0-	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797				
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sched	ule E		5	111,903
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a	k)	
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	()	
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
I	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
ı	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see inst uctions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	l ar	1		

8s

8t

8u

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

Nontaxable amount of Medicaid waiver payments included on Form

Pension or annuity from a nonqualified deferred compensation plan or

a nongovernmental section 457 plan

Wages earned while incarcerated

Total other income. Add lines 8a through 8z

Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form

1040, line 1a or 1d

1040, 1040-SR, or 1040-NR, line 8

Other income. List type and amount:

111,903 Schedule 1 (Form 1040) 2023

9

Z

9

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SCHEDULE 2 (Form 1040)

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. OMB No. 1545-0074

	ment of the Treasury Revenue Service Attach to Form 1040, 1040-SR, or 1040-SR. Go to www.irs.gov/Form1040 for instructions and the latest information	ion.	Attachment Sequence No. 02
-	e(s) shown on Form 1040, 1040-SR, or 1040-NR		curity number
	EVIN CABRERA & DEMI T BUSATTA		
	Tax		<u> </u>
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962		
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17		
	Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.		
	Attach Form 4137 5		
6	Uncollected social security and Medicare tax on wages. Attach		
	Form 8919 6		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	424
12	Net investment income tax. Attach Form 8960	12	355
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life		
	insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots		
	and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price		
	over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

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

Schedule 2 (Form 1040) 2023

(continued on page 2)

	Other Taxes (continued)				
17	Other additional taxes:				
а	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]	
	Additional tax on an HSA because you didn't remain an eligible			<u> </u>	
	individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853	17e			
	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			
ĺ	Compensation you received from a nonqualified deferred				
	compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated	j j			
	corporation	17m) ·		
n	Look-back interest under section 167(g) or 460(b) from Form				
	8697 or 8866	17n]	
0	Tax on non-effectively connected income for any part of the	Thomas 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		4	
-	Any interest from Form 8621, line 24	17q		↓	
Z	Any other taxes. List type and amount:				
		17z	l	.	
18	Total additional taxes. Add lines 17a through 17z			18	
19	Reserved for future use	,	1	19	
20	Section 965 net tax liability installment from Form 965 A	20		↓	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes. Enter here and				
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	779

21 779 Schedule 2 (Form 1040) 2023

	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10	
11	Excess social security and tier 1 RRTA tax withheld		11	578
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier			
	years	13b		
С	Elective payment election amount from Form 3800, Part III, line			
	6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, o	r 1040-NR,	15	579

Schedule 3 (Form 1040) 2023

SCHEDULE A (Form 1040)

Itemized Deductions

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

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16. Sequence No.

Name(s) shown on	Form 1040 or 1040-SR		Your socia	al security number
KEVIN CA	BRERA & DEMI T BUSATTA			
Medical	Caution: Do not include expenses reimbursed or paid by others.		1	
and	1 Medical and dental expenses (see instructions)	1		
Dental	2 Enter amount from Form 1040 or			
Expenses	1040-SR, line 11 2			
•	3 Multiply line 2 by 7.5% (0.075)	7 3		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<u> </u>	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			
	of income taxes, check this box	5a 2	597	
	b State and local real estate taxes (see instructions)	5b 7	782	
		5c 7	702	
	c State and local personal property taxes		379	
	d Add lines 5a through 5c	50 10	319	
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing	s 4	000	
	separately)	5e 10	.000	
	6 Other taxes. List type and amount:		l.	
		6		10.000
Interest	7 Add lines 5e and 6	<u> </u>	7	10,000
	8 Home mortgage interest and points. If you didn't use all of your		l	
You Paid	home mortgage loan(s) to buy, build, or improve your home see		ŀ	
Caution: Your	instructions and check this box	, 📗 📗		
mortgage interest deduction may be	a Home mortgage interest and points reported to you on Form 1098	1 1	coal	
limited. See instructions.	See instructions if limited	8a 17	603	
iibuuciois.	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the			
	home, see instructions and show that person's name, identifying no.,			
	and address	8b		
	<u> </u>			
	c Points not reported to you on Form 1098. See instructions for		ľ	
	special rules	8c		
	d Reserved for future use	8d		
	e Add lines 8a through 8c	8e 17	603	
	9 Investment interest. Attach Form 4952 if required. See			
	instructions	9		
	10 Add lines 8e and 9		10	17,603
Gifts to	11 Gifts by cash or check. If you made any gift of \$250 or more,			
Charity	see instructions	11	794	
Caution; If you	12 Other than by cash or check. If you made any gift of \$250 or more	,		
made a gift and	see instructions. You must attach Form 8283 if over \$500	12		
got a benefit for it, see instructions.	13 Carryover from prior year	13		
	14 Add lines 11 through 13		14	794
Casualty and	15 Casualty and theft loss(es) from a federally declared disaster (oth-	er than net qualified		
Theft Losses	disaster losses). Attach Form 4684 and enter the amount from line	e 18 of that form. See		
	in American		15	
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. Als	o, enter this amount on		
Itemized	Form 1040 or 1040-SR, line 12		17	28,397
Deductions	18 If you elect to itemize deductions even though they are less than y			
	check this box			

SCHEDULE B (Form 1040)

Department of the Treasury

Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

chment uence No. 0

Your social security number Name(s) shown on return KEVIN CABRERA & DEMI T BUSATTA Amount Part I List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address: GOLDMAN SACHS # 9,347 (See instructions and the Instructions for Form 1040. line 2b.) Note: If you 1 received a Form 1099-INT, Form 1099-OID. or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. 2 Add the amounts on line 1 2 9.347 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b Note: If line 4 is over \$1,500, you must complete Part III. **Amount** Part II List name of payer: **Ordinary** Dividends (See instructions and the Instructions for Form 1040, 5 line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b dividends shown 6 Note: If line 6 is over \$1,500, you must complete Part III. on that form. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign Part III account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Foreign Yes No Accounts and Trusts7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign Caution: If country? See instructions X required, failure to file FinCEN Form If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial 114 may result in substantial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 penalties. and its instructions for filing requirements and exceptions to those requirements Additionally, you may be required If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the to file Form 8938. financial account(s) is (are) located: Statement of Specified Foreign Financial Assets. See instructions. 8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a

foreign trust? If "Yes," you may have to file Form 3520. See instructions.....

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Your social security number KEVIN CABRERA & DEMI T BUSATTA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 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) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (a) lines below Adjustments Subtract column (e) **Proceeds** Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b ... 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Worksheet in the instructions Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (a) (e) Adjustments Subtract column (e) (d) lines below to gain or loss from from column (d) and Proceeds Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result line 2, column (g) with column (g) whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS a d for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 106 0 Box F checked 106 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 Capital gain distributions. See the instructions 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III Schedule D (Form 1040) 2023

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

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	u	111	111	•	ıv

	-			
16	Combine lines 7 and 15 and enter the result	16		106
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	 If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. 			
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.			
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	***************************************		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR or 1040-NR, line 7, the smaller of:			
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	[()
	Note: When figuring which amount is smiller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.			
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

Schedule D (Form 1040) 2023

Social security number or taxpayer identification number

KEVIN CABRERA & DEMI T BUSATTA

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

You must check Box D, E, or F below. Check only one box, if more than one box applies for your long-term transactions, complete

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

a separate Form 8949, more of the boxes, com					han will fit on th	nis page for one or	
(D) Long-term to	ransactions rep	orted on Form(s) 1099-B showing ba	sis was reported to th	e IRS (see Not	te above)	
	-		_	sis wasn't reported to	•	•	
X (F) Long-term tr	ansactions not	reported to you	on Form 1099-B				
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)		disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
LT GAIN ON EXC	CESS DIST	RIBUTION:	106	0			106
				<u> </u>			
		.@===					
	Ą						
	I	I	i	1		1	1

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

106

Form 8949 (2023)

106

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

above is checked), or line 10 (if Box F above is checked)

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Attachment Sequence No 13

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

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

Your social security number

KEVIN CABRERA & DEMI T BUSATTA

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.

		555 Homi Citil 4000 Cit page 2,								, ,
Α		s in 2023 that would require you	to file Forn	n(s) 1099?	See instructions	s			es	X No
В	If "Yes," did you or will you f							Y	es	No
<u>1a</u>	1	ch property (street, city, state, ZIF	code)		***************************************					
_ <u>A</u>	21 MADEIRA AVE 14,	CORAL GABLES, FL 33134								
<u>B</u>					**************************************					
<u>C</u>	T	T		4 · 1: - 1 - J				T	T	
1b	,, ,	2 For each rental real of above, report the number 1			4		Fair Rental Days	Personal Use Days	(VLÇ
	(from list below)	personal use days. C					<u> </u>	Days	-	
<u> </u>	1	if you meet the requi	irements to	file as a	•	<u>A</u>	365	 		
<u>B</u>		qualified joint venture	e. See inst	ructions.		В			 	
C	n of Cunnaulus	L				Ca.	Page 3		<u> </u>	<u> </u>
	e of Property:	Vacation/Short-Term Rental	E Lond	. 7	Self-Rental		***			
	Single Family Residence 3		5 Land		. 100					
2 N	Multi-Family Residence 4	Commercial	6 Roya	ilties 8	Other (descri	<i>Je)</i>	D			
l					A	ig I	Properties: B	1	С	
inco			3	 	6,900		B		<u> </u>	
		• • • • • • • • • • • • • • • • • • • •	4	 	0,500					
	Royalties received	<u> </u>	4	and the same		 -				
	enses:		_	I Contract						
		ons)		1		 				
						 				
				+						
			300	 	3,067	<u> </u>				
					3,001					
		fees	<i>a</i> · · ·							
					6 267	├—				
		etc. (see instructions)		 	6,367	 				
				-		<u> </u>				
14 1	repairs		14							
10 3	Supplies		10	-	1 110			_		
10	exes		16		4,440	├				
		etion	· · · •	-	15,235	├				
			19		7,326					
	Other (list)				36,435					
	otal expenses. And lines 5 through 19 Subtract line 20 from line 3 (re	onto) and/or A (revelling). If	20	 	30,433	 		_		
	esult is a (loss), see instruction	· · · · · · · · · · · · · · · · · · ·								
	, ,,		21		-29,535					
	Deductible rental real estate l			<u> </u>	23,333	 				
		ns)	22		17,219	Į.		. ↓.		,
		on line 3 for all rental properties	***************************************			^	6,90	<u></u>		
		on line 4 for all royalty properties				 	- 0,00	~		
		on line 12 for all properties					6,36	. 7		
		on line 18 for all properties				 	15,23			
		on line 20 for all properties				 	36,43			
		ts shown on line 21. Do not inclu				L	30,43			Λ
	-	rom line 21 and rental real estate	-		Enter total locce	e har			17	,219)
		royalty income or (loss). Com					~ ······ ~			,
		e 40 on page 2 do not apply to yo								
	• • • •	5. Otherwise, include this amour	•				2	6	-17	,219
	somedate i troitii itaati, iiite	o. outormoo, moidub una amuul		WI OH 1816 4	rr urr paye z		<u></u>	<u>~ 1</u>		,

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

Your social security number

KEVIN CABRERA & DEMI T BUSATTA

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

Income or Loss From Partnerships and S Corporations

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

	passive ac	porting any loss not allowed in tivity (if that loss was not repositions before completing this s	orted on Form 8582), or u	nreimbursed p	artner				f "Yes,"		No	
28	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Name		(b) Enter partnersh for S corp	P for	(c) Ch	ion	identification number	(e) C	Theck if Imputation equired	(f) Che any am	ount is
Α	SOUT	HERNMOST STRATEG	IES, LLC	S			T			X		
В	KDP	GROUP LLC		S						X		
С	LEON	E PROVISION LLC		S								
D												
		Passive Income and	l Loss				No	onpassive ncome a	nd Los	ss		
		Passive loss allowed h Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpass (see Sc			1	(j) S. ction 179 expen deduction from Form 4		1	onpassive ir n Schedule	
Α							0					
В							0				111	,903
С		0	17,21	9								
D												
29a	Totals		17,21	9	8000	<u>.</u>					111	,903
b	Totals			, shift	ten.	The last	Ø.					
30	Add colu	mns (h) and (k) of line 29a	,		Ž.,				30		129	,122
31	Add colu	ımns (g), (i), and (j) of line 29l	b			; 			31	<u>k </u>		<u>0</u>)
32	Total pa	rtnership and S corporatio	on income or (loss). Con	nbine lines 30	and 3	l			32		129	,122
		Income or Loss Fron	n Estates and Trus	ts 🧹 🧷								
33			(a) Name								Employer ation numbe	er
Α			\	T								
В									L			
		Passive Incon	ne and Loss					Nonpassive Inco	ome ar	nd Loss		
		ve deduction or loss allowed th Form 8582 if required)	(d) Passive incor from Schedule K					eduction or loss Schedule K-1		• •	income fro edule K-1	m
Α												
В												
34a	Totals	7 %	<u></u>									
b	Totals											
35	Add colu	ımns (d) and (f) of line 34a							35			
36	Add colu	ımns (c) and (e) of line 34b							36	<u> </u>		
<u>37</u>	Total est	ate and trust income or (loss)							37			
		Income or Loss Fron	n Real Estate Morto				ndı		Resid	<u>lual Ho</u>	lder	
38		(a) Name	(b) Employer identification number	(c) Excess incli Schedules Q (see instruc	, line 2d			(d) Taxable income (net loss) from Schedules Q, line 1b			come from les Q, line 3	Sb .
	0		atou the result been and the	alvela in H 1-1	ni c- '	ino 44	h = 1		39	1		
39		e columns (d) and (e) only. Er Summary										
40		rental income or (loss) from							40			
41		come or (loss). Combine line	es 26, 32, 37, 39, and 40.	Enter the resu	ilt her	and	on S	chedule				
42	Reconc farming (Form 10 AN; and	1040), line 5 iliation of farming and fish and fishing income reported o 065), box 14, code B; Schedu Schedule K-1 (Form 1041), b	on Form 4835, line 7; Scho lle K-1 (Form 1120-S), bo oox 14, code F. See instru	edule K-1 x 17, code ictions		4:	2		41		111	,903
43	profession	liation for real estate professional (see instructions), enter the nearlywhere on Form 1040, Form 10	et income or (loss) you		•							•

8995-A

Qualified Business Income Deduction

OMB No. 1545-2294

2023

Department of the Treasury Internal Revenue Service

Attach to your tax return.

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

Attachment Sequence No. **55A**

Your taxpayer identification number

Name(s) shown on return

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 \$182,100 (\$364,200 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

jointiy),	or you're a patron or an agricultural or norticultural cooperative.	·:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<u> </u>	Trade, Business, or Aggregation Informat		-ftt	in a David I A4	and addition	anl senules b	tob	nooded
	ete Schedules A, B, and/or C (Form 8995-A), as applicat structions.	oie, D	erore start	ing Part I. Ati	acn addition	iai worksne	ets when	neeaea.
<u> </u>	Structions.			(b) Check if	(c) Check if	(d) Tax	rnaver	(e) Check if
1	(a) Trade, business, or aggregation name			specified service	aggregation	identificatio	• •	patron
				opeomod carried	-53, -3	744111411		
Α	KDP GROUP LLC			X	П			
	IDI OROGI IIIO							
В	LEONE PROVISION LLC							
							entral de la composición del composición de la composición de la composición del composición de la com	
С				LJ 4,	<i>, </i>			
	Determine Your Adjusted Qualified Busin	ess	Income		*			
				Α .	В	:		С
2	Qualified business income from the trade, business, or aggregation.				······			
	See instructions	2	artista.	84,181		17,219		
3	Multiply line 2 by 20% (0.20). If your taxable income is \$182,100		1					
	or less (\$364,200 if married filing jointly), skip lines 4 through 12	d		*				
	and enter the amount from line 3 on line 13	3		16,836		3,444		
4	Allocable share of W-2 wages from the trade, business, or							
	aggregation	4		67,704		6,528		
5	Multiply line 4 by 50% (0.50)	5		33,852		3,264	,	
6	Multiply line 4 by 25% (0.25)	6	ļ	16,926		1,632		
7	Allocable share of the unadjusted basis immediately after							
	acquisition (UBIA) of all qualified property	7	<u> </u>	0		94,095		
8	Multiply line 7 by 2.5% (0.025)	8		0		2,352		
9	Add lines 6 and 8 Enter the greater of line 5 or line 9	9		16,926		3,984		
10	Enter the greater of mile of mile of	10		33,852		3,984		
11	W-2 wage and UBIA of qualified property limitation. Enter the	۱.,		16 026		2 444		
40	smaller of line 3 or line 10	11		16,836		3,444		
12	Phased-in reduction. Enter the amount from line 26, if any	12						
13	Qualified business income deduction before patron reduction.	13		16,836		3,444		
14	Enter the greater of line 11 or line 12 Patron reduction. Enter the amount from Schedule D (Form 8995-A),	13		10,030		J, 444	 	
14	line 6, if any. See instructions	14						
15	Qualified business income component. Subtract line 14 from line 13	15		16,836		3,444		
16	Total qualified business income component. Add all amounts	''						
	reported on line 15	16		20,280				
	Toported on the Control of the Contr		 		<u> </u>			DOOF A mana

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

Form 8995-A (2023)

Form 8995-A (2023)

Phased-in Reduction

Complete Part III only if your taxable income is more than \$182,100 but not \$232,100 (\$364,200 and \$464,200 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III

A B C 17 Enter the amounts from line 3 17	and	ine 10 is less than line 3. Otherwise, skip Part III.							
18				А		В		С	
18	17	Enter the amounts from line 3	17						_
19 Subtract line 18 from line 17	18	Fit will be a second from the 40	40						
income deduction 20	19	0.11 (1) 40.6 11 47							
21 Threshold. Enter \$182,100 (\$364,200 if married filing jointly) 22 Subtract line 21 from line 20 23 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) 23 Phase-in percentage. Divide line 22 by line 23 24 Phase-in percentage. Divide line 22 by line 23	20	Taxable income before qualified business							
married filing jointly) 21 22		income deduction 20							
22 Subtract line 21 from line 20 23 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) 24 Phase-in percentage. Divide line 22 by line 23 24 %	21	Threshold. Enter \$182,100 (\$364,200 if							
22 Subtract line 21 from line 20 23 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) 24 Phase-in percentage. Divide line 22 by line 23 24 %		married filing jointly) 21							
married filing jointly) 23 24 Phase-in percentage. Divide line 22 by line 23 24 %	22								
24 Phase-in percentage. Divide line 22 by line 23 24 %	23	Phase-in range. Enter \$50,000 (\$100,000 if	l						
24 Phase-in percentage. Divide line 22 by line 23 24 %		married filing jointly) 23							
25 Total phase-in reduction. Multiply line 19 by line 24 25	24		%	<u> </u>					
	25	Total phase-in reduction. Multiply line 19 by line 24	25						
26 Qualified business income after phase-in reduction. Subtract line	26	Qualified business income after phase-in reduction. Subtract line							
25 from line 17. Enter this amount here and on line 12, for the		25 from line 17. Enter this amount here and on line 12, for the							
corresponding trade or business 26				1					
Determine Your Qualified Business Income Deduction				Deduction	lusi-	<u> </u>		1	
27 Total qualified business income component from all qualified trades,	27	· · · · · · · · · · · · · · · · · · ·							
businesses, or aggregations. Enter the amount from line 16 27 20,280					27	<u>3 20,280</u>			
28 Qualified REIT dividends and publicly traded partnership (PTP) income or	28		² TP) incor	me or					
(loss). See instructions									
29 Qualified REIT dividends and PTP (loss) carryforward from prior years 29 (120 PP (20)	29 (
30 Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If	30	•	lines 28 ar	nd 29. If		^			
less than zero, enter -0-						0			
31 REIT and PTP component. Multiply line 30 by 20% (0.20)								20.20	^
			308	dd lines 27 and		200 072	32	20,28	<u></u>
Taxable income before qualified business income deduction 33 388,973					33	300,913			
34 Enter your net capital gain, if any, increased by any qualified dividends (see instructions) 34 Inter your net capital gain, if any, increased by any qualified dividends (see instructions)	34		a divident	us (see	24	106			
200 00	0.5	0.11 (0.046	<i>A.</i>				25	388,86	. 7
26 Income limitation #4.4tiphy line 25 by 2004 (0.20)		Income limitation, Multiply line 25 by 2007 (0.20)	F					77.77	4
37 Qualified business income deduction before the domestic production activities deduction (DPAD)		* * * * * * * * * * * * * * * * * * * *				ADADA	30	,,,,,	
	37		•		•	·	37	20,28	'n
under section 199A(g). Enter the smaller of line 32 or line 36 37 20 , 28 38 DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter	32	All the second s					31	20,20	<u>~</u>
N	56	W F 00 : F 07 A		•			38		
20 30	30		100					20,28	0
1 otal qualified business income deduction. Add lines 37 and 38 39 20, 20 40 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or		*					┝▔		
greater, enter -0- 40 (, , , , , , , , , , , , , , , , , , , ,					40		,

Form **8995-A** (2023)

SCHEDULE A (Form 8995-A)

Specified Service Trades or Businesses

Attach to Form 8995-A.

2023
Attachment

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

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

Your taxpayer identification number

KEVIN CABRERA & DEMI T BUSATTA

Complete Schedule A only if your trade or business is a specified service trade or business (see instructions) and your taxable income is more than \$182,100 but not \$232,100 (\$364,200 and \$464,200 if married filing jointly). If your taxable income isn't more than \$182,100 (\$364,200 if married filing jointly) and you're not a patron of an agricultural or horticultural cooperative, don't file this form; instead, file Form 8995, Qualified Business Income Deduction Simplified Computation. Otherwise, complete Schedule D (Form 8995-A) before beginning Schedule A. If your taxable income is more than \$232,100 (\$464,200 if married filing jointly), your specified service trade or business doesn't qualify for the deduction. If you have more than three trades or businesses, attach as many Schedules A as needed. See instructions.

	Other Than Public	ly Tr	aded Partnerships	(PT	P)					
See in	structions before completing Parts					Α	В		С	
1a	Trade or business name		******	1a	KDP	GROUP LI				
b	Taxpayer identification number.			1b	32-	-0703125				
2	Qualified business income or (lo	ss) fro	m the trade or business	2		111,903				
3	Allocable share of W-2 wages from the trade or business					90,000	ģ			
4	Allocable share of the unadjuste	s immediately after				N. C.				
	acquisition (UBIA) of all qualified	-	4							
5	Taxable income before qualified business	· 1	,		<u> </u>	4	- J			
	income deduction	5	388,973			**				
6	Threshold. Enter \$182,100 (\$364,200 if						***	1		
	married filing jointly)	6	364,200							
7	Subtract line 6 from line 5	7	24,773					\top		
8	Phase-in range, Enter \$50,000 (\$100,000 if				<u> </u>	·		+		
	married filing jointly)	8	100,000							
9	Divide line 7 by line 8	9	24.7730	 	†			\dashv		
10	Applicable percentage. Subtract line 9	-	23.7750		<u> </u>			\dashv		
10	from 100%	10	75.2270 %	4				1		
44	Applicable percentage of qualified but							+	***************************************	
11				A.				1		
	Multiply line 2 by line 10. Enter this a		* ************************************	7%						
	8995-A) or on Form 8995-A, line 2, for					04 101				
4.00	business, as appropriate		.27 21 %	11		84,181		-		
12	Applicable percentage of W-2 wages									
	Enter this amount on Form 8995-A, I		-96	l		C7 704				
	trade or business, as appropriate		28	12	<u> </u>	67,704				
13	Applicable percentage of the UBIA of	- 33	7885an, 17							
	4 by line 10. Enter this amount on Fo	26.	188							
	corresponding trade or business, as			13	<u> </u>					
	Publicly Traded P	artne	rsnip		1	A	В		C	
				$\overline{}$				\dashv		
14	Trade or business name			14						
15	Taxpayer identification number			15				\top		
16	Qualified PTP income or (loss)		******************	16				\dashv		
17	Total PTP specified service trad	e or bu	isiness (SSTB) încome c		s). Comb	ine all amounts o	n line 16 1	7		
18	Taxable income before qualified									************************
19	Threshold. Enter \$182,100 (\$36	4,200 i	f married filing jointly)			******	1		ATTACA CONTRACTOR OF THE PARTY	
20										
21	***************************************									
22							2			
23	Applicable percentage. Subtract line 22 from 100%						2	3		%
24	Applicable percentage of qualific	ed PTP	' income or (loss). Multip	ly line	17 by lin	e 23. Include this				
	amount on Form 8995-A, line 28		*******************			<u> </u>	2	4		

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

Schedule A (Form 8995-A) 2023

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

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

Attachment Sequence No.

Your social security number

Additional Medicare Tax on Medicare Wages I Medicare veges and tips from Form W-2, box 5 1 2.97, 0.85 Form W-2, enter the total of the amounts from box 5 1 2.97, 0.85 Unreported tips from Form 417, line 6 2 3 Additional Transport of the total of the amounts from box 5 1 2.97, 0.85 For the fire following amount for your filing status: Married filing jointly Separalely \$250,000 8 250,000 Merried filing jointly Separalely \$250,000 8 250,000 Subtract filine 5 from line 4. If zoro or less, enter -0-	K	EVIN CABRERA & DEMI T BUSATTA				
Form W-2, enter the total of the amounts from box 5		Additional Medicare Tax on Medicare Wages		<u> </u>		
2 Unreported tips from Form 4137, line 6	1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
3 Weges from Form 8919, line 6		Form W-2, enter the total of the amounts from box 5	1	297,085		
3 Weges from Form 8919, line 6	2	Unreported tips from Form 4137, line 6	2			
5 Enter the following amount for your filing status: Married filing jointly Married filing spenately Single, Nead of household, or Qualifying surviving spouse S200,000 6 Subtract line 5 from line 4. If zero or less, enter -0- Part II. Additional Medicare Tax on Nedicare wages, Maliply line 6 by 0.9% (0.000). Enter hero and go to Part II. Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- Enter the following amount for your filing status: Married filing separately Single, Nead of household, or Qualifying surviving spouse S200,000 10 Enter the following amount for your filing status: Married filing separately Single, Nead of household, or Qualifying surviving spouse S200,000 10 Enter the amount from line 9. If zero or less, enter -0- Subtract line 11 from line 8. If zero or less, enter -0- Subtract line 11 from line 8. If zero or less, enter -0- Subtract line 11 from line 9. If zero or less, enter -0- Subtract line 11 from line 9. If zero or less, enter -0- Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation Relinear teritement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) Single, Head of household, or Qualifying surviving spouse S200,000 Single, Head of household, or Qualifying surviving spouse S200,000 Single, Head of household, or Qualifying surviving spouse S200,000 Single, Head of household, or Surviving spouse S200,000 Single, Head of household, or Surviving spouse S200,000 Single, Head of household, or Qualifying surviving spouse S200,000 Single, Head of household, or Surviving spouse S200,000 Single, Head of househol	3	144 / - 0040 / 0	3			
Married filing jointly	4	Add lines 1 through 3	4	297,085		
Married filing separately Single, Head of household, or Qualifying surviving spoise \$200,000 Subtract line 16 from line 4. If zero or less, enter -0- Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II Additional Medicare Tax on Self-Employment Income Self-employment income Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- Bert II of the following amount for your filing status: Married filing pintly Married filing pintly Married filing pintly Single, Head of household, or Qualifying surviving spouse Solour 10 2.97 , 0.00 Subtract line 10 from line 9. If zero or less, enter -0- Subtract line 11 from line 9. If zero or less, enter -0- Subtract line 11 from line 9. If zero or less, enter -0- Subtract line 11 from line 8. If zero or less, enter -0- Married filing separately Subtract line 10 from line 9. If zero or less, enter -0- Subtract line 10 from line 9. If zero or less, enter -0- Married filing separately Subtract line 10 from line 9. If zero or less, enter -0- Married filing separately Married filing separately Married filing pintly Additional Medicare Tax on Railroad Retirement, Tax Act (RRTA) Compensation Relinear element (RRTA) compensation and lips from Form(s), W.2, box 14 (see instructions) Married filing pintly Married filing separately Single, Head of household, or Qualifying surviving spouse S200,000 Married filing separately Single, Head of household, or Qualifying surviving spouse S200,000 Married filing separately Single, Head of household, or Qualifying surviving spouse S200,000 Married filing separately Married filing separately Single, Head of household, or Qualifying surviving spouse S200,000 Married filing separately Married filing separately Single, Head of household, or Qualifying surviving spouse S200,000 Married filing separately Single, Head of household, or Qualifying surviving spouse S200,000 Married filing separately Single, Head of household, or Qualifying surviving spouse S200,000 Married filing separatel	5					
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6 Subtract line 5 from line 4. If zero or less, enter -0- 7 Additional Medicare Tax on Medicare Wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II. 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- 9 Enter the following amount for your filing slatus: Married filing separately 5 Single, Head of household, or Qualifying surviving spouse \$200,000 10 Enter the amount from line 4. 11 Subtract line 10 from line 9. If zero or less, enter -0- 12 Subtract line 11 from line 8. If zero or less, enter -0- 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part II. 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) and filing soparately \$125,000 Married filing jointly Married filing soparately 5 Enter the Glowing amount for your filing status: Married filing soparately 5 Enter the following amount for your filing status: Married filing soparately 5 Enter the following amount for your filing status: Married filing soparately 5 Enter the following amount for your filing status: Married filing soparately 5 Enter the following amount for your filing status: Married filing soparately 5 Enter the following amount for your filing status: Married filing soparately 5 Enter the add on the form on the 1. Zero or less, enter -0- 16 0 17 Additional Medicare Tax on reliroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter the enter and go to Part V Total Additional Medicare Tax on the form on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions) and go to Part V Withholding Reconciliation 19 Medicare tax withholding on form box 6 Enter the amount from line 1. Zero or less, enter -0- This is your Additional Medicare Tax withholding on Medicare Tax withholding on form 1040, 1040-SR, or 1040-NR, line 256 (Form 1040-SS filers). 20 2977, 085 21 Total Additional Medicare Tax withholding on Form 1040, 1			5	250,000		
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Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation Railroad retirement (RRTA) compensation and tips from Form(s).W-2, box 14 (see instructions) Enter the following amount for your filing status: Married filing jointly Married filing separately Single, Head of household, or Qualifying surviving spouse \$250,000 Single, Head of household, or Qualifying surviving spouse \$200,000 15 250,000 16 Subtract line 15 from line 14. If zero or less, enter -0- 17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV Total Additional Medicare Tax 18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V Withholding Reconciliation 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 Enter the amount from line 1 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages 21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages 22 0 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) 23 Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)					13	
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## Filers, see instructions), and go to Part V ## Withholding Reconciliation ## Wedicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 ## Enter the amount from line 1 ## Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages ## A J 308 ## A J 307 ## A J	18		1 (Form	1040-SS		
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federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) 24	24		ie amo	unt with	<u> </u>	
see instructions) 24	4 4					
					24	
	Ec.				L <u>~</u>	Form 8959 (2023)

Form 8960

Net Investment Income Tax—Individuals, Estates, and Trusts

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return

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

2023 Attachment, 73

Your social security number or EIN

KEVIN CABRERA & DEMI T BUSATTA **Investment Income** Section 6013(g) election (see instructions) Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions) Taxable interest (see instructions) 9.347 1 Ordinary dividends (see instructions) 2 2 3 Annuities (see instructions) 3 Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions) 4a Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b c Combine lines 4a and 4b Net gain or loss from disposition of property (see instructions) 106 Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) -106 5b Adjustment from disposition of partnership interest or S corporation stock (see instructions) Combine lines 5a through 5c Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 6 Other modifications to investment income (see instructions) 7 7 9,347 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 8 8 Investment Expenses Allocable to Investment Income and Modifications Investment interest expenses (see instructions) 9a State, local, and foreign income tax (see instructions) 9b b Miscellaneous investment expenses (see instructions) C Add lines 9a, 9b, and 9c 9d Additional modifications (see instructions) 10 11 Total deductions and modifications. Add lines 9d and 10 Tax Computation Net investment income. Subtract Part II, line 11, from Part I line 8. Individuals, complete lines 13-17. 12 Estates and trusts, complete lines 18a-21. If zero r less, enter -0-9,347 12 Modified adjusted gross income (see instructions) 417,370 13 Threshold based on filing status (see instructions) 250,000 14 Subtract line 14 from line 13. If ze o or less, enter -0-15 15 9,347 16 Enter the smaller of line 12 or line 15 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 355 on your tax return (see instructions) 17 **Estates and Trusts:** 18a Net investment income (line 12 above) Deductions for distributions of net investment income and charitable deductions (see instructions) 18b Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-18c 19a Adjusted gross income (see instructions) 19a Highest tax bracket for estates and trusts for the year (see instructions) 19b Subtract line 19b from line 19a. If zero or less, enter -0-19c Enter the smaller of line 18c or line 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions) 21 Form 8960 (2023) For Paperwork Reduction Act Notice, see your tax return instructions.

Form **7203**

(Rev. December 2022)
Department of the Treasury
Internal Revenue Service
Name of shareholder

S Corporation Shareholder Stock and Debt Basis Limitations

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

OMB No. 1545-2302

Attachment Sequence No. 203

	e of shareholder			Identifyin	g number
	EVIN CABRERA			A Visite of	
	lame of S corporation			o Empi	oyer identification number
	SOUTHERNMOST STRATEGIES, LLC				
D (Check applicable box(es) to indicate how stock was acquired:				
	(1) Original shareholder (2) Purchased (3)				
E	Check if you have a Regulations section 1.1367-1(g) election in	effect during the tax y	ear for this S corporation	<u> </u>	
	Shareholder Stock Basis				
1	Stock basis at the beginning of the corporation's tax year				1 0
2	Basis from any capital contributions made or additional stoo				2
3			3a		
ļ	******		3b		
•	* *************************************				
•	1 Interest income		3d		
•	Ordinary dividends		3e		
1	*		3f		
9	Net capital gains (enter losses in Part III)		3g		
- 1	Net section 1231 gain (enter losses in Part III)		3h		
i	, , , , , , , , , , , , , , , , , , , ,		3i		
j	Excess depletion adjustment		3j		
1	C Tax-exempt income		3k		
ı	Recapture of business credits		31		
1	m Other items that increase stock basis		3m		
4	Add lines 3a through 3m				4 0
5	Stock basis before distributions. Add lines 1, 2, and 4				5 0
6	Distributions (excluding dividend distributions)	4.3.4			6 106
	Note: If line 6 is larger than line 5, subtract line 5 from line	6 and report the result	as a capital gain on	ļ	
	Form 8949 and Schedule D. See instructions.			ĺ	
7	Stock basis after distributions. Subtract line 6 from line 5. If	the result is zero or le	ss, enter -0-, skip		
	lines 8 through 14, and enter -0- on line 15	····			7 0
8	Nondeductible expenses		8a		:
ı	Depletion for oil and gas		8b		
	Business credits (sections 50(c)(1) and (5))		8c		
9	Add lines 8a through 8c			<u>L</u> !	9
10	Stock basis before loss and deduction items. Subtract line 9	9 from line 7. If the res	ult is zero or less,		
	enter -0-, skip lines 11 through 14 and enter -0- on line 15				10
11	Allowable loss and deduction items. Enter the amount from				11
12	Debt basis restoration (see net increase in instructions for I	ine 23)		1	12
13	Other items that decrease stock basis				13
14	Add lines 11, 12, and 13			···· [1	4
15	Stock basis at the end of the corporation's tax year. So	ubtract line 14 from lin	e 10. If the result is		
	zero or less, enter -0-				15
	Shareholder Debt Basis				
	Section A—Amount of Deb	t (If more than the	ree debts, see instru	uctions.)	
	ACTION AND A STATE OF THE STATE	(a) Debt 1	(b) Debt 2	(c) Debt	3
	Description	Formal note	Formal note	Formal r	note (d) Total
	·	X Open account	Open account	Open ac	
16	Loan balance at the beginning of the corporation's				
	tax year				
17	Additional loans (see instructions)			***************************************	
18	Loan balance before repayment. Add lines 16 and 17				
19	Principal portion of debt repayment (this line doesn't				
	include interest)				
20	Loan balance at the end of the corporation's tax year.				
	Subtract lines 19 from line 18				

Form 7203 (Rev. 12-2022)

	Shareholder Debt Basis		***************************************	······································		
		Section B—	Adjustments to l	Debt Basis		
	Description		(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the con	ooration's tax				
	year					
22	Enter the amount, if any, from line 17					
23	Debt basis restoration (see instruction	s)				
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	ine 25 by line 19				
27	Debt basis before nondeductible expe	nses and				
	losses. Subtract line 26 from line 24		0			
28	Nondeductible expenses and oil and g	as depletion			·	
	deductions in excess of stock basis					
29	Debt basis before losses and deduction	ons. Subtract line				
	28 from line 27. If the result is zero or	less, enter -0-	0			
30	Allowable losses in excess of stock ba	sis. Enter the				
	amount from line 47, column (d)					
31	Debt basis at the end of the corpor	ation'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					
33	Nontaxable repayments. Enter the arr	ount from line 26		·		
34	Reportable gain. Subtract line 33 fro	m line 32	0			
	Shareholder Allowable	Loss and Deduc	tion Items			ş
		(a) Current	(b) Carryover	(c) Allowable	(d) Allowable	(e) Carryover
		year losses	amounts	loss from	loss from	amounts
	Description	and	(olumn (e))	stock basis	debt basis	
		deductions	fr in the			
			previous year			
35	Ordinary business loss	<u> </u>	***			
36	Net rental real estate loss	\	<u> </u>			
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense	*				
44	Section 59(e)(2) expenditures	>				
45	Other deductions					
46	Foreign taxes paid or accrued					
47	Total loss. Add lines 35 through 46 for each					
	column. Enter the total loss in column (c) on				-	
	on line 11 and enter the total loss in column (d)		l			1

Form **7203** (Rev. 12-2022)

on line 30

Form **7203**

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

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. 203

	of shareholder				Identif	ying num	ber
	KEVIN CABRERA A Name of S corporation				Employer identification number		
	ame of S corporation CDP GROUP LLC				D E	прюуетта	enuncauon number
	tank black (ean instructions):					8 P 224 -	
	heck applicable box(es) to indicate how stock was acquired:						
	(1) Original shareholder (2) Purchased (3)	Inherited (4)	Gifted	i (5)	Other		
	heck if you have a Regulations section 1.1367-1(g) election in						
	Shareholder Stock Basis	enect during the tax	year tor in	is o corporati	JII		
1	Stock basis at the beginning of the corporation's tax year					1	46,350
2	Basis from any capital contributions made or additional stoo					2	
_ 3a					1,903		
Ŀ							
c			3c				
c			3d				
ε	~ P * * * *		1				
f	Royalties		1 25	All and the second	š		
ç	N. S						
ŀ			3h				
i	Other income (enter losses in Part III)		3i	-	'		
ì	Excess depletion adjustment		3i				
ŀ			3k				
1	Recapture of business credits		1 0 1				
r	n Other items that increase stock basis		3m				
4	Add lines 3a through 3m					4	111,903
5	Stock basis before distributions. Add lines 1, 2, and 4	·····				5	158,253
6	Distributions (excluding dividend distributions)	4			* * * * * * * * * * * * * * * * * * * *	6	51,476
	Note: If line 6 is larger than line 5, subtract line 5 from line						
	Form 8949 and Schedule D. See instructions.						
7	Stock basis after distributions. Subtract line 6 from line 5. If	the result is zero or le	ess, enter	-0-, skip			
	lines 8 through 14, and enter -0- on line 15	7				7	106,777
88	Nondeductible expenses		8a	1	2,956		
k			1				
C			8c				
9	Add lines 8a through 8c					9	12,956
10	Stock basis before loss and deduction items. Subtract line 9	9 from line 7. If the res	sult is zero	or less,			
	enter -0-, skip lines 11 through 14 and enter -0- on line 15					10	93,821
11	Allowable loss and deduction items. Enter the amount from					11	794
12	Debt basis restoration (see net increase in instructions for I	ine 23)				12	
13	Other items that decrease stock basis					13	
14	Add lines 11, 12, and 13					14	794
15	Stock basis at the end of the corporation's tax year. So	ubtract line 14 from lin	e 10. If th	e result is			
	zero or less, enter -0-		<u></u>		*******	15	93,027
	Shareholder Debt Basis						
	Section A—Amount of Deb		T				7
		(a) Debt 1	1 —	Debt 2	(c) De		
	Description	Formal note		mal note	H	al note	(d) Total
		X Open account		en account	Open	account	
16	Loan balance at the beginning of the corporation's						
	tax year		-				
17	Additional loans (see instructions)						+
18	Loan balance before repayment. Add lines 16 and 17		-				
19	Principal portion of debt repayment (this line doesn't	***************************************					
	include interest)						
20	Loan balance at the end of the corporation's tax year.	# ************************************					
	Subtract lines 19 from line 18	<u></u>	L	L			<u> </u>

	Shareholder Debt Basis	(continued)				
		Section B-	Adjustments to I	Debt Basis		
	Description		(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the con	poration's tax				
	year					
22	Enter the amount, if any, from line 17					
23	Debt basis restoration (see instruction	s)				
24	Debt basis before repayment. Add line					
25	Divide line 24 by line 18					
26	Nontaxable debt repayment. Multiply I	ine 25 by line 19				
27	Debt basis before nondeductible expe				· · · · · · · · · · · · · · · · · · ·	
	losses. Subtract line 26 from line 24		ol			
28	Nondeductible expenses and oil and g		· · · · · · · · · · · · · · · · · · ·		·	
	deductions in excess of stock basis	,				
29	Debt basis before losses and deduction	ons. Subtract line			. ' '	
	28 from line 27. If the result is zero or		o			
30	Allowable losses in excess of stock ba	••••			· · · · · · · · · · · · · · · · · · ·	
31	Debt basis at the end of the corpor			A1673000		
	year. Subtract line 30 from line 29. If t					
	or less, enter -0-		o		,	
	1	Section C-	-Gain on Loan R	epayment		
32	Repayment. Enter the amount from lin	ne 19				
33	Nontaxable repayments. Enter the arr					
34	Reportable gain. Subtract line 33 fro	•	0			
	Shareholder Allowable	Loss and Deduc	tion Items	A constant		
		(a) Current	(b) Carryover	(c) Allowable	(d) Allowable	(e) Carryover
		year losses	amounts	loss from	loss from	amounts
	Description	and	(olumn (e))	stock basis	debt basis	
		deductions	fr m the			
		k	previous year			
35	Ordinary business loss	100m.				
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss	All Comments				
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions	794		794		
43	Investment interest expense	*				
44	Section 59(e)(2) expenditures	>				
45	Other deductions				:	
46	Foreign taxes paid or accrued					
47	Total loss. Add lines 35 through 46 for each					
	column. Enter the total loss in column (c) on					
	on line 11 and enter the total loss in column (d)					

Form 7203 (Rev. 12-2022)

on line 30

Passive Activity Loss Limitations

See separate instructions.

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

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

OMB No. 1545-1008 Attachment Sequence No.

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

Identifying number

KE	VIN CABRERA & DEMI	T BUSATTA					
	2023 Passive Activity	Loss					
	Caution: Complete Parts IV a	and V before completin	ng Part I.				
Renta	I Real Estate Activities With Active F	Participation (For the	definition of active par	rticipation, see <i>Spe</i>	cial		
Allow	ance for Rental Real Estate Activitie	s in the instructions.)					
1a /	Activities with net income (enter the am	ount from Part IV, colu	ımn (a))	1a			
b /	Activities with net loss (enter the amour	nt from Part IV, column	ı (b))	1b (29,535	1	
c l	Prior years' unallowed losses (enter the	amount from Part IV,	column (c))	1c (16,810		
	Combine lines 1a, 1b, and 1c		, , , , , , , , , , , , , , , , , , , ,		<u> </u>	1d	-46,345
All Ot	her Passive Activities			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·		
2a /	Activities with net income (enter the am	ount from Part V. colu	mn (a))	2a	17,219		
	Activities with net loss (enter the amour			2b (1	
	Prior years' unallowed losses (enter the			2c /		1	
	Combine lines to the and to					2d	17,219
4	Combine lines 1d and 2d and subtract a	nv prior vear unallowe		ons If this line is			
	zero or more, stop here and include this				T.		
	prior year unallowed losses entered on	-		- Later - Control			
-	normally used	iino 10 oi 26. Neport u	ne losses on the form	and schedules		3	-29,126
		loss, go to Part II.					-23,120
		· -	ra or mara) akin Daw	U and so to line 10			
		,	ro or more), skip Part				
	on: If your filing status is married filing s	separately and you live	a with your spouse at	any time during the	year, ao no t	complet	е
Part II.	. Instead, go to line 10.	Dantal Daal Cat		th Antico Desti	-11		
	Special Allowance for		AST 1800		cipation		
	Note: Enter all numbers in Pa		nts. See instructions to	or an example.			00 100
	Enter the smaller of the loss on line 1d	• •				4	29,126
	Enter \$150,000. If married filing separa				150,000		
	Enter modified adjusted gross income,	75 ****	· · · ·	6 4	<u>417,370</u>		
	Note: If line 6 is greater than or equal to	o line 5, skip lines 7 ar	nd 8 and enter -0-				
•	on line 9. Otherwise, go to line 7.						
-	Subtract line 6 from line 5		• • • • • • • • • • • • • • • • • • • •	7		1 1	
8	Multiply line 7 by 50% (0.50). Do not er	nter more than \$25,00	0. If married filing sepa	arately, see instructi	ions	8	
9	Enter the smaller of line 4 or line 8. If lir	ne 3 includes any CRD), see instructions			9	C
	Total Losses Allowed						
	Add the income, if any, on lines 1a and	200				10	17,219
11	Total losses allowed from all passiv	e activities for 2023.	Add lines 9 and 10. S	ee instructions to fir	nd		
	out how to report the losses on your tax					11	17,219
	Complete This Part Bo	efore Part I, Line	s 1a, 1b, and 1c.	See instruction	ıs.		
		Curre	nt year	Prior years		Overall	gain or loss
	Name of activity		·				
		(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) G	Bain	(e) Loss
21	MADEIRA	(11.10 .43)	(mio 12)	1000 (11110 10)			
21	MADEIKA		29,535	16,81	ما		16 215
			29,535	10,01			46,345
							-
	AV-11 USBN WAR-14-		<u> </u>				
			 				

29,535

16,810

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (20.	Complete This Part Be	efore Part I, Lines	2a, 2b, and 2c.	See instructions.		Page Z
	Name of a Book	Currer	nt year	Prior years	Overall ga	n or loss
	Name of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
LEONE	PROVISION LLC	17,219			17,219	
Total. Enter of	on Part I, lines 2a, 2b, and 2c	17,219				
	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)	(a) Loss	(b) Rati	(c) Special allowance	(d) Subtract column (c) from column (a).
4						
-				***************************************		
tendrian har sellih mit atau sel						
V 2000-2000 2 TV 10 TV 		.4				
Total				1.00		
	Allocation of Unallow	ed Losses See ir	nstructions			
	Name of activity		Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
21 MADI		*	SCH E1	46,345	1.0000	29,126

<u> </u>						00.404
Total	Allowed Losses. See i	instructions		46,345	1.00	29,126
TOTAL SECTION STATE OF THE SECTION SEC	Name of activity		Form or schedule and line number to be reported on (see instructions)	(a) 1 nee	(b) Unallowed loss	(c) Allowed loss
21 MADI	EIRA		SCH E1	46,345	29,126	17,219
Total			· · · · · · · · · · · · · · · · · · ·	46,345	29,126	17,219 Form 8582 (2023)

Federal Statements

21 MADEIRA

Statement 1 - Schedule E, Line 19 - Other Expenses

Description	Gross Amount				Net \mount
ASSOCIATION FEES	\$	7,326		\$	7,326
TOTAL	\$	7,326		\$	7,326

			7- Social security flos		1 Wages, lips; other D	79343.	03	10109
trm W-2 Wage and Tax Statement	<u> </u>		& Allocated Nos		4 Daciel seriety WID	13	4 Bock	of security text withheld 4930.
ATAMI DADE COUNTY			1		A LE SCALA WASHA ACC	193221	# Medi	care tax withheld
III NW IST STREET			en.	<u> </u>		79522.	12a Set	instructions for box 12
SUITE 2620 MIAMI FL 33128-1995			10 Dependent care benefits		11 Nonquelited plans		DD_	14115.
a Employee's name; address, and ZIP code		Suit.	13 parties planame III	in the same	14 Other	179,9	12	<u> </u>
KEVIN MARINO CABRERA			à Employer Identification numb	ber (EIN)	FR5 414(h)	2.37.	120	1
829 LORCA STREET			59-6000573 • Employee's social security in				12d	1
CORAL GABLES FL 33144			Employee				ļ	L
			17 State income tax	18 100	I wages, tips, elc.	19 Local	income lex	20 Localty name
18 Busts Employer's state 10 no.	\$ State yages, flos, etc.		It distribution and					
Copy B To Be Filed With Employee's FEDERAL Ta	v Dahim	<u>_</u>	This information is being furnished	to the fr	Namel Revenue Service.		Di Di	ept of the Transury - MS Web Sile of when the government
and a to be used with Euthologie LEDELOCT IN	TE L'AVOIT			Ci-AB	WATERCHIE THE			
•			_:		The industration is being furthing repliqued panelly in other sent	toy with pe subs	Reverse Berrice & and on you I Pre b	you are required to the a last reform. Come in texable and you half to repo
131 431	7077		7 Social security flos		1 Wages, tips, other corr. 7.1	р. 9343.03		income tax withheld 101091
Form W-2 Wage and Tax Statement	5053		Alocaled tips		3 Sociel security wages		4 Social se	curity tex withheld 4930 . 42
MIAMI DADE COUNTY					S Madicare wages and Il	9522.95 ps	8 Medicare	tax withheld
111 NW 1ST STREET SUITE 2620		•	11		79	522.95	12. San ba	1153,08 tructions for box 12
MIAMI FL 33128-1995			10 Dependent care benefits		11. Nonqualified plans		00	14115.36
e Employee's name, address, and ZIP code VENTAL MAD TAYA, CADDEDA		Sulf.	13 father fathers fire	-,	14 Other FRS 414 (h)	179.92	126	
KEVIN MARINO CABRERA 829 LORCA STREET			b Employer Identification numb		117/11	,,,,	120	
CORAL GABLES FL 33144			a. Employee's social security no				12d	
								20 Locality name
Copy C For EMPLOYEE'S RECORDS (See Notice I		1	ру В.Ј	OH48 P	90 1545-000E		Dept	of the Treesury + IRS:
Copy C For EMPLOYEE'S RECORDS (See Notice I	lo Employee on back	of Col	py B.J 7 Social security bps		Wages, Nos, other comp			oona tux withhâld
· · · · · · · · · · · · · · · · · · ·		of Co		1	Wages, Kps, other comp. 79. Social security wages	343.03	2 Federal inc	come tax withheld 10109.10 urity tax withheld
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Copy C For EMPLOYEE'S RECORDS (See Notice is from W-2 Wage and Tax Statement of Employers name, address and Tax Dade MIAMI DADE COUNTY 111 NW 1ST STREET SUITE 2620	lo Employee on back	of Col	7 Social lecumy ups	3	Wages, fips, other comp 79 Social security wages 79 Medicare wages and lips	, 343.03 522.95	2 Federal inc	2000 Lax withheld 10109.10 urity tax withheld 4930.42
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From W-2 Wage and Tax Statement a Employer's name, address, and 2P code MIAMI DADE COUNTY 111 NW 1ST STREET SUITE 2620 MIAMI FL 33128-1995 a Employer's name, address, and 2P code KEVIN MARINO CABRERA	to Employee on back	sof Co	7 Social security bps 8 Allocated tips 9 10 Dependent care benefits 10 September Park Derikor Park of September Park of	1 3 5 5 11 14 FF	Wages, Rips, other comp 79. Social security wages 79. Medicare wages and tips 79: Nonqualified plans	343.03 522.95 522.95	2 Federal inc 4 Social sec 6 Medicare t 12a DD	come tax withhold 10109.10 ufty tax withhold 4930.42 ax withhold 1153.08
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Form W-2 Wage and Tax Statement a Employer name accrete and TP code MIAMI DADE COUNTY 111 NW 1ST STREET SUITE 2620 MIAMI FL 33128-1995 a Employee's name, accrete, and ZP code KEVIN MARINO CABRERA	to Employee on back	Sulf.	7 Social security tips 8 Allocated tips 9 1 10 Dependent care benefits 13 Support Rehimmer Ports becape to Employer Identification number	1 3 5 5 11 14 FF	Wages, Rips, other comp 79. Social security wages 79. Medicare wages and tips 79: Nonqualified plans	343.03 522.95	2 Federal inc 4 Social sec 6 Medicare t 12a DD	come tax withhold 10109.10 ufly tax withhold 4930.42 ax withhold 1153.08
Form W-2 Wage and Tax Statement of Emphysical Arms accrets and ZP code MIAMI DADE COUNTY 111 NW 1ST STREET SUITE 2620 MIAMI FL 33128-1995 of Emphysical Arms, accrets, and ZP code KEVIN MARINO CABRERA 829 LORCA STREET CORAL GABLES FL 33144	to Employee on back	Suff.	7 Social security tips 8 Alocated tips 9 1- 10 Dependent care benefits 13 Subsequent Port Description Proposed	11 3 5 11 11 11 11 11 11 11 11 11 11 11 11 1	Wages, Rps, other comp. 79. Social security wages 79: Medicare wages and they 79: I Nonqualified plans Other RS 41/4 (h) 3	343.03 522.95 522.95	2 Federal inc 4 Social social social 5 Medicare t 12e 12b 12c 12c	20me tax withheid 10109.10 urity tax withheid 4930.42 ax withheid 1153.08
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Form W-2 Wage and Tax Statement of Employer's name, address, and ZP code mIAMI DADE COUNTY 111 NW 1ST STREET SUITE 2620 MIAMI FL 33128-1995 e Employer's name, address, and ZP code KEVIN MARINO CABRERA 829 LORCA STREET CORAL GABLES FL 33144 16 State Employer's state to no. 16 Topy 2 To Be Filed With Employee's State, City, or the code of the c	to Employee on back 2023 State weges, tips, etc.	Suff.	7 Social security tips 8 Allocated tips 9 1- 10 Dependent care benefits 13 Suscept Research Despendent plan plan plan plan plan plan plan plan	11 3 3 5 5 5 5 5 5 5 5	Wages, Nos, other comp. 79. Social security wages 79. Medicare wages and tips. 79. Nonqualified plans Other RS 41/4 (h) signs, tips, stc	343.03 522.95 522.95 79.92 9 Local Inco	2 Federal inc 4 Social sec 6 Medicare (12a 12b 12c 12c 12d Tad Cept. 2 Federal inc 4 Social sec 6 Medicare	20 Locality name 21 153.08
Form W-2 Wage and Tax Statement a Employer's name, address, and ZP code MIAMI DADE COUNTY 111 NW 1ST STREET SUITE 2620 MIAMI FL 33128-1995 a Employee's name, address, and ZP code KEVIN MARINO CABRERA 829 LORCA STREET CORAL GABLES FL 33144 16 State Employee's state 10 no. 16 Copy 2 To Be Filed With Employee's State, City, or 16 The W-2 Wage and Tax Statement mologe's name, address, and ZP code AMI DADE COUNTY 1 NW 1ST STREET TE 2620 MI FL 33128-1995	to Employee on back 2023 State weges, tips, etc.	Sulf.	3 Allocated tips 3 Allocated tips 9 1 10 Dependent care benefits 13 Sukroy Research Division between the person of the pers	11 1 3 5 5 5 5 5 5 5 5 11	Wages, fips, other comp. 79. Social security wages 79. Medicare wages and tips. 79. Nonqualified plans Other RS 41/4 (h) 1 a 14/4-0006 Wages, tips, etc. 11 Wages, tips, other comp. 79. Social security wages and tips. 79. Medicare wages and tips. 79.	343.03 522.95 522.95 79.92 9 Local Inco	2 Federal inc 4 Social sec 6 Medicare t 12a 12b 12c 12c 12c 12c 4 Social sec 6 Medicare 8 Medicare	20 Locality name 21 153.08
Form W-2 Wage and Tax Statement of Employer's name, address, and ZP code MIAMI DADE COUNTY 111 NW 1ST STREET SUITE 2620 MIAMI FL 33128-1995 of Employer's name, address, and ZP code KEVIN MARINO CABRERA 829 LORCA STREET CORAL GABLES FL 33144 16 State Employer's state to no. 16 Copy 2 To Be Filed With Employee's State, City, or Leading to the Code MIAMI TAX Statement mologies's name, address, and ZP code AMI DADE COUNTY 1 NW 1ST STREET TE 2620 MI FL 33128-1995 Stoyes's name, address, and ZIP code	to Employee on back 2023 State weges, tips, etc.	Suff.	7 Social security tips 8 Allocated tips 9 1 10 Depandent care benefits 13 Seatory Resement Division and security on Employee identification number 9—60 00 5 7.3 8 Employee's social security no. 7 State income tax 18 Social security tipe Affociated tips Dependent care benefits Saxony Aptimized Travelenty networks Saxony Aptimized Travelenty protections Saxony Aptimized Travelenty protections Saxony Aptimized Travelenty protections	1 1 3 3 5 5 5 5 5 5 5 5 5 5 5 7 14 FFR	Wages, lips, other comp. 79. Social security wages 79. Medicare wages and tips 79. Nonqualified plans Other 35 41/4 (h) 3. seges, tips, etc. 11. Social security wages and tips 79. Social security wages 79. Vedicare wages and tips 79. Nonqualified plans Other	343.03 522.95 522.95 79.92 9 Local Inco	2 Federal inc 4 Social sec 6 Medicare t 12s 12c 12c 12c 12d 2 Federal inc 4 Social sec 6 Medicare 12a 12b 12b 12c 12c 12c 12d	20 Locality name 21 153.08
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Form W-2 Wage and Tax Statement a Employer's name, address, and ZP code MIAMI DADE COUNTY 111 NW 1ST STREET SUITE 2620 MIAMI FL 33128-1995 a Employer's name, address, and ZP code KEVIN MARINO CABRERA 829 LORCA STREET CORAL GABLES FL 33144 16 State Employer's state to no. 16 Copy 2 To Be Filed With Employee's State, City, or Leading name, address, and ZP code AMI DADE COUNTY 1 NW 1ST STREET TE 2620 MI FL 33128-1995 NOYER'S name, address, and ZP code IN MARINO CABRERA LORCA STREET	to Employee on back 2023 State weges, tips, etc.	Sulf.	7 Social security tips 8 Allocated tips 9 1 10 Dependent care benefits 13 Supplyer Identification number (Social security tips 7 State Income 1ax 18 Social security tips Allocated tips Dependent care benefits 18 Social security tips Allocated tips Dependent care benefits Sisseov Agentum Thousen the protection of the prot	1 1 3 3 5 5 5 5 5 5 5 5 5 5 5 7 14 FFR	Wages, fips, other comp. 79. Social security wages 79. Medicare wages and tips 79. Nonqualified plans Other RS 41/4 (h) A 1645-0006 Wages, tips, ether comp. 79. Social security wages and tips 79. Vedicare wages and tips 79. Nonqualified plans Other S 41/4 (h).	343.03 522.95 522.95 179.92 343.03 522.95	2 Federal inc 4 Social sec 6 Medicare t 12s 12c 12c 12d 12c 12d 2 Federal inc 4 Social sec 12a 12b 12c 12c 12c 12d	20 Locality name 21 Locality name 22 Locality name 23 Locality name 24 Locality name 25 Locality name 26 Locality name 27 Locality name 28 Locality name 29 Locality name 20 Locality name 21 Locality name 21 Locality name 22 Locality name 23 Locality name 24 Locality name 25 Locality name 26 Locality name 27 Locality name 28 Locality name 29 Locality name 20 Locality name 21 Locality name 21 Locality name 21 Locality name 22 Locality name 23 Locality name 24 Locality name 25 Locality name 26 Locality name 27 Locality name 27 Locality name 28 Locality name 29 Locality name 29 Locality name 20 Locality name 20 Locality name 20 Locality name 21 Locality name 21 Locality name 22 Locality name 23 Locality name 24 Locality name 25 Locality name 26 Locality name 27 Locality name 27 Locality name 28 Locality name 29 Locality name 20 Locality name 21 Locality name 22 Locality name 23 Locality name 24 Locality name 25 Locality name 26 Locality name 27 Locality name 28 Locality name 29 Locality name 20 Locality name 21 Locality name 22 Locality name 23 Locality name 24 Locality name 25 Locality name 26 Locality name 27 Locality name 27 Locality name 28 Locality name 28 Locality name 29 Locality name 20 Locality name 21 Locality name 22 Locality name 23 Locality name 24 Locality name 25 Locality name 26 Locality name 27 Locality name 27 Locality name 28 Locality name 28 Locality name 28 Locality name 29 Locality name 20 Locality name 20 Locality name 20 Locality name 20 Locality name 21 Locality name 26 Locality name 27 Locality name 28 Locality
Form W-2 Wage and Tax Statement a Employer's name, address, and ZP code MIAMI DADE COUNTY 111 NW 1ST STREET SUITE 2620 MIAMI FL 33128-1995 a Employer's name, address, and ZP code KEVIN MARINO CABRERA 829 LORCA STREET CORAL GABLES FL 33144 16 State Employer's state to no. 16 Copy 2 To Be Filed With Employee's State, City, or Leading name, address, and ZP code AMI DADE COUNTY 1 NW 1ST STREET TE 2620 MI FL 33128-1995 NOYER'S name, address, and ZP code IN MARINO CABRERA LORCA STREET	State wages, tips atc. Local income Tax Re	Sulf.	7 Social security tips 8 Allocated tips 9 1 10 Dependent care benefits 13 Supplyer Identification number (Social security tips 7 State Income 1ax 18 Social security tips Allocated tips Dependent care benefits 18 Social security tips Allocated tips Dependent care benefits Sisseov Agentum Thousen the protection of the prot	1 1 3 3 5 5 5 5 5 5 5 5 5 5 5 7 14 FFR	Wages, fips, other comp. 79. Social security wages 79. Medicare wages and tips 79. Nonqualified plans Other RS 41/4 (h) A 1645-0006 Wages, tips, ether comp. 79. Social security wages and tips 79. Vedicare wages and tips 79. Nonqualified plans Other S 41/4 (h).	343.03 522.95 522.95 79.92 9 Local Inco	2 Federal inc 4 Social sec 6 Medicare t 12s 12c 12c 12d 12c 12d 2 Federal inc 4 Social sec 12a 12b 12c 12c 12c 12d	20 Locality name 21 153.08

2023 W-2 and EARNINGS SUMMARY

Employee Reference Wage and Tax Statement

Copy

lopy C for employee's records.							
Control	number	Dept.	Co				
100001	TR/DET						

Employer use only

Employer's name, address, and ZIP code KDP GROUP LLC 829 LORCA ST CORAL GABLES, FL 33134

Batch #90509

Vf Employee's name, address, and ZIP code **(EVIN MARINO CABRERA**

329 LORCA STREET CORAL GABLES, FL 33134

Employer's FED ID number 32-0703125	a Employee's SSA number
Wages, tips, other comp.	2 Federal income tax withheld
90000.00	12060.48
Social security wages	4 Social security tax withheld
90000.00	5580.00
Medicare wages and tips	6 Medicare tax withheld
90000.00	1305.00
Social security tips	8 Allocated tips
	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12
4 Other	12ь
4 Other	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay
5 State Employer's state ID no	o. 16 State wages, tips, etc.
7 State Income tax	18 Local wages, tips, etc.
19 Local Income tax	20 Locality name

Wages, tips, other o	omp. 00.00	2 Federa	I income tax withheld 12060.48
Social security wage	.s 00.00	4 Social	security tax withheld 5580.00
Medicare wages and 900	tips 00.00	6 Medica	re tax withheld 1305.00
Control number Dept.		Corp.	Employer use only
)00001 LB/D6L			A 1

Employer's name, address, and ZIP code

KDP GROUP LLC 829 LORCA ST CORAL GABLES, FL 33134

Employer's FED ID number 32-0703125	a Employee's SSA number
Social security tips	8 Allocated tips
	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12
4 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay
vf Employee's name, address a	and ZIP code

(EVIN MARINO CABRERA 329 LORCA STREET CORAL GABLES, FL 33134

5	State	Employer's state ID no.	16 State wages, tlps, etc.
7	State	Income tax	18 Local wages, tips, etc.
9	Local	Income tax	20 Locality name
	100000 0000	Federal Fil	ing Copy

Wage and Tax Statement

15 State Employer's state ID no. 16 State wages, tips, etc. 17 State Income tax 18 Local wages, tips, etc. 19 Local Income tax State Reference Copy Wage and Tax Statement

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

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

Wages, Tips, other Compensation Box 1 of W-2

Social Security Wages Box 3 of W-2

Medicare Wages Box 5 of W-2

Gross Pay

90,000.00

90,000.00 90,000.00

90,000.00

Reported W-2 Wages

90,000.00

90,000.00

2. Employee Name and Address.

KEVIN MARINO CABRERA 829 LORCA STREET CORAL GABLES, FL 33134

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1	Wages, tips, other c	omp. 00.00	2 Fee	ederal income tax withheld 12060.48
3	Social security wag	98 00.00	4 So	oclal security tax withheld 5580.00
5	Medicare wages and 900	tlps 00.00	6 Me	edicare tax withheld 1305.00
d	Control number	Dept.	Соп	rp. Employer use only
00	00001 LB/D6L			A 1

Employer's name, address, and ZIP code

KDP GROUP LLC 829 LORCA ST CORAL GABLES, FL 33134

1	Wages, tips, other c	omp. 3 0.00	2	Federal	Income		with 060	
3	Social security wages 90000.00			4 Social security tax withheld 5580.00				
5	Medicare wages and	1 tips 00.00	6	Medicar	re tax w		305	.00
d	Control number	Dept.	Т	Corp.	Emple	oyer	use	only
00	00001 LB/D6L				Α			1

c Employer's name, address, and ZIP code

KDP GROUP LLC 829 LORCA ST CORAL GABLES, FL 33134

b	Employer's FED ID number 32-0703125	a Employee's SSA number
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
		12c
		12d
		13 Stat emp Ret. plan 3rd party sick pay
e/f	Employee's name, address ar	nd ZIP code

KEVIN MARINO CABRERA 829 LORCA STREET CORAL GABLES, FL 33134

b	Employer's FED ID number 32-0703125	a Employee's SSA number
7	Social security tips	8 Allocated tips
g		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
		12c
		12d
		13 Stat emp Ret. plan 3rd party sick p

e/f Employee's name, address and ZIP code

KEVIN MARINO CABRERA 829 LORCA STREET CORAL GABLES, FL 33134

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

City or Local Reference Wage and Tax Statement