

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/25/2025

General Information

Name: Stanley Rigaud

PID 312145

AGENCY INFORMATION

Organization	Suborganization	Title
Greater Miami Expressway Agency	Authority Members	GMX Board Member

Net Worth

My Net Worth as of December 31, 2024 was \$ 10,000.00.

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 \$ 10,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Bank of America	\$ 18,000.00
Chase	\$ 3,000.00
Cash	\$ 1,200.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2024 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2024 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

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

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

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

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you 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.

Stanley Rigaud

Digitally signed: 06/25/2025

Filed with COE: 06/25/2025

US 1040

Main Information Sheet

2024

PRINTED 04/23/2025

STANLEY RIGAUD
SOMARIAH SEEPERSAD RIGAUD
2100 SW 8TH STREET UNIT 424
Miami FL 33135-

	Taxpayer	Spouse
SSN		
Birth	09/24/1966	10/16/1967
Death		
Day Phone	954-868-2385	954-829-1249
Evening	954-868-2385	954-829-1249
Cell or Fax	954-868-2385	
PIN		

Email STANLEY.RIGAUD@GMAIL.COM
Taxpayer Occupation ECONOMIC DEVELOPPER Spouse Occupation MEDICAL STAFFING
Filing Status MARRIED FILING JOINT

Preparer ID: 111978 Preparation Fee: 410.00 Date: 04/14/2025

Preparer: KAROLL-ANN FANFAN Time in return min.

Recap of 2024 Income Tax Return

Earned Income	102,400	Federal Tax	9,549
Federal AGI	112,033	Withholding	13,813
Taxable Income	82,833	Refund/(Due)	4,264
EIC		Tax Bracket	12.0 %

State				
Tax				
Withholding				
Refund/Due				
State				
Tax				
Withholding				
Refund/Due				

TAX PREPARATION FEE INCLUDES: BANK FEES 34.95 SFS TECHNOLOGY FEE 15
TRANSMISSION FEE 35.05

Bank Product Information	Advance Only	Check	Direct Deposit	Debit Card	Walmart Direct2Cash
Qualifying refund					
Fees					
Net refund					
Advance					
Federal disbursement					
State disbursement					
Check one					

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

Your first name and middle initial STANLEY		Last name RIGAUD		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial SOMARIAH		Last name SEEPERSAD RIGAUD		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 2100 SW 8TH STREET UNIT 424				Apt. no. [REDACTED]	
City, town, or post office. If you have a foreign address, also complete spaces below. Miami				State FL	
				ZIP code 33125	
Foreign country name		Foreign province/state/county		Foreign postal code	
				☐ You ☐ Spouse	

Filing Status
Check only one box.

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

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

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

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1960 ☐ Are blind Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

If more than four dependents, see instructions and check here. ☐

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	148,365
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	148,365
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	11,102
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions)		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8	Additional income from Schedule 1, line 10	8	-45,965
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	113,506
10	Adjustments to income from Schedule 1, line 26	10	1,473
11	Subtract line 10 from line 9. This is your adjusted gross income	11	112,033
12	Standard deduction or itemized deductions (from Schedule A)	12	29,200
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	0
14	Add lines 12 and 13	14	29,200
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	82,833

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

Attach Sch. B if required.

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

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	9,475
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	9,475
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	9,475
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	74
24	Add lines 22 and 23. This is your total tax	24	9,549

Payments

25	Federal income tax withheld from:	25a	13,813	25d	13,813
a	Form(s) W-2	25b			
b	Form(s) 1099	25c			
c	Other forms (see instructions)				
d	Add lines 25a through 25c				
26	2024 estimated tax payments and amount applied from 2023 return	26			
27	Earned income credit (EIC) NO	27			
28	Additional child tax credit from Schedule 8812	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Reserved for future use	30			
31	Amount from Schedule 3, line 15	31			
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32			
33	Add lines 25d, 26, and 32. These are your total payments	33	13,813		

If you have a qualifying child, attach Sch. EIC.

RefundDirect deposit?
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,264
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	4,264
b	Routing number	c Type: ☐ Checking ☐ Savings	
d	Account number		
36	Amount of line 34 you want applied to your 2025 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS?

See instructions ☒ Yes. Complete below. ☐ No

Designee's name	Phone no.	Personal identification number (PIN)
TAXFIT LLC	754-423-4234	

Sign HereJoint return?
See instructions.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Your signature	Date
Spouse's signature. If a joint return, both must sign.	Date
Your occupation	Spouse's occupation
ECONOMIC DEVELOPPER	MEDICAL STAFFING
Phone no. 954-868-2385	Email address STANLEY.RIGAUD@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
KAROLL-ANN FANFAN		04/14/2025	P01574423	
Firm's name	Firm's address	Phone no.	Firm's EIN	
TAXFIT LLC	8910 MIRAMAR PKWY SUITE 110 MIRAMAR FL 33025	754-423-4234	47-3795777	

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name of proprietor

STANLEY RIGAUD

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

2024

Attachment
Sequence No. 09

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

TRANSLATION

B Enter code from instructions

9999

C Business name. If no separate business name, leave blank.

CJO TRANSLATION SERVICES LLC

D Employer ID number (EIN) (see instr.)

82-4297311

E Business address (including suite or room no.)

2100 SW 8TH STREET UNIT 424

City, town or post office, state, and ZIP code

Miami FL 33135-

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses.

☒ Yes ☐ No

H If you started or acquired this business during 2024, check here.

☐ Yes ☒ No

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions.

☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099?

☐ Yes ☒ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked.	☐	1	3,108
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	3,108
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	3,108
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	3,108

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	1,948	23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b.			26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7.			27a	Other expenses (from line 48)	27a	21,519
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.			b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.			28		28	23,467
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			29		29	-20,359
				30		30	
				31		31	-20,359
				32a	☒ All investment is at risk.		
				32b	☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

BCA

Schedule C (Form 1040) 2024

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. 09

Name of proprietor

SOMARIAH SEEPERSAD RIGAUD

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

CATERING

B Enter code from instructions

9999

C Business name, if no separate business name, leave blank.

SUSAN S CARIBBEAN KITCHEN LLC

D Employer ID number (EIN) (see instr.)

84-2401365

E Business address (including suite or room no.)

1460 FLAMINGO COURT

City, town or post office, state, and ZIP code

Hollywood FL 33026

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses.

☒ Yes ☐ No

H If you started or acquired this business during 2024, check here.

☐ Yes ☒ No

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions.

☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099?

☐ Yes ☒ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked.	☐	1	5,710
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	5,710
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	5,710
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	5,710

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	9,929
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	1,936	23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b.			26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7			27a	Other expenses (from line 48)	27a	19,451
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.			b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.			28		28	31,316
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			29		29	-25,606
				30		30	
				31		31	-25,606
				32a	☒ All investment is at risk.		
				32b	☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2024

BCA

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a ☐ Cost	b ☐ Lower of cost or market	c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No			
If "Yes," attach explanation				
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		

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

43	When did you place your vehicle in service for business purposes? (month/day/year)	
44	Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:	
	a Business	b Commuting (see instructions)
	c Other	
45	Was your vehicle available for personal use during off-duty hours?	☐ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes ☐ No
47a	Do you have evidence to support your deduction?	☐ Yes ☐ No
	b If "Yes," is the evidence written?	☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

REQUIRED PHONE	1,942
INTERNET	938
LEASE	18,639
48 Total other expenses. Enter here and on line 27a	21,519

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a ☐ Cost	b ☐ Lower of cost or market	c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No			
If "Yes," attach explanation				
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		

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

43	When did you place your vehicle in service for business purposes? (month/day/year)	
44	Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:	
	a Business	b Commuting (see instructions)
	c Other	
45	Was your vehicle available for personal use during off-duty hours?	☐ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes ☐ No
47a	Do you have evidence to support your deduction?	☐ Yes ☐ No
	b If "Yes," is the evidence written?	☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

LEASE	8,249
SUPPLIES	5,497
PHONE	2,953
STORAGE	2,752
48	Total other expenses. Enter here and on line 27a
48	19,451

W-2 DETAIL REPORT - 2024

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
MIAMI DADE COUNTY FINANC	59-6000573	X	20592	3333	1316	308					
PUBLIX SUPER MARKETS INC	59-0324412	X	3688	29	284	66					
THE MIAMI DADE BEACON	59-2603574	X	90863	7998	5600	1310					
	59-6001874	X	33222	2453	2060	482					
			148365	13813	9260	2166					

1099-R DETAIL REPORT - 2024

Payer	EIN	T Box S 7	IRA/SEP Simple	Fed. With.	State With.	Gross	1099R Taxable	Roll/ Exclude	Net	Cost	Cost Bal.
METROPOLITAN LIFE IN 13-5581829 T 2											
						11102	11106		11106		
						11102	11106		11106		

IRS e-file Signature Authorization

OMB No. 1545-0074

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name STANLEY RIGAUD	Social security number [REDACTED]
Spouse's name SOMARIAH SEEPERSAD RIGAUD	Spouse's social security number [REDACTED]

Part I Tax Return Information — Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	112,033
2	Total tax	2	9,549
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,813
4	Amount you want refunded to you	4	4,264
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize TAXFIT LLC to enter or generate my PIN

ERO firm name

as my signature on the income tax return (original or amended) I am now authorizing.

don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Date ▶ 04/14/2025

Spouse's PIN: check one box only

☒ I authorize TAXFIT LLC to enter or generate my PIN

ERO firm name

as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Date ▶ 04/14/2025

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Date ▶ 04/14/2025

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Form **8879** (Rev. 01-2021)

STANLEY RIGAUD & SOMARIAH SEEPERSAD

2100 SW 8TH STREET UNIT 424
Miami FL 33135-

INVOICE NO.:

INVOICE DATE: 04/23/2025

TELEPHONE: 954-868-2385

2024 INVOICE

Description

- 1 Form 1040
- 2 Schedule 1, Additional Income and Adjustments to Income
- 2 Schedule 2, Additional Taxes
- 2 Schedule C, Profit or Loss from Business
- 4 Form W-2 and W-2PR, Wage and Tax Statement
- 1 Form 1099R, Pension, Annuity, Profit Sharing Distributions
- 1 Form 4868, Automatic Extension of Time to File
- 1 Form 8995, Qualified Business Income Deduction Simplified
- 1 Student Loan Interest Worksheet
- 1 Electronic Filing Fee

Remarks:

Total Charges

410.00

Discount

Sales Tax

Payments

Amount Due

410.00

US

Preparer Use Form

2024

Name: STANLEY RIGAUD & SOMARIAH SEEPERSAD

SSN:



Preparer Use Fields

Question	Answer

Taxpayer Reminders

TAX REFUND DEPOSIT AND PAYMENT AUTHORIZATION

Taxpayer's Name STANLEY RIGAUD

Taxpayer's Name SOMARIAH SEEPERSAD RIGA

Social Security No. [REDACTED]

Social Security No. [REDACTED]

As used in this Tax Refund Deposit and Payment Authorization ("Agreement"), the terms "you" and "your" refer to the person signing below as the "Taxpayer" (or, if a joint return is being filed, both "Taxpayers"). The term "Bank" refers to Green Dot Bank located in Provo, Utah. The term "Servicer" refers to Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, which acts as a processor for your tax return(s). The terms "we", "our" and "us" refer to Bank and/or Servicer. The term "Tax Preparer" refers to the person who prepared your 2024 and/or prior year(s) tax return(s). You agree that the total fees charged by your Tax Preparer for preparing your 2024 and/or prior year(s) tax return(s) are correct as listed below. By signing below, you authorize Bank to establish a bank account at Green Dot Bank ("Bank"), which will remain open for six (6) months (or longer, at Bank's sole discretion), (the "Deposit Account") in your name for the purpose of receiving a direct deposit of your 2024 and/or prior year(s) federal and/or state refund(s) from the Internal Revenue Service ("IRS") or applicable state taxing authorities ("Refund Proceeds"). You authorize Servicer to pay the tax preparation fee from your Refund Proceeds and disburse the balance to you as described below. The tax preparation fee shown below will be owed to your Tax Preparer for preparing and filing your 2024 and/or prior year(s) tax return(s) even if your Refund Proceeds are delayed, not sufficient to cover the amount due or not received at all. In the event your Refund Proceeds are not sufficient to cover the fees due pursuant to this Agreement, those outstanding amounts may be deducted from refunds, from this filing or others, that you may receive up to 30 months after the date of this Agreement and process through the Servicer.

Amount paid for tax preparation services \$ 410.00

Your Refund Proceeds, if any, will be disbursed to you by the method you select below:

 Bank Issued Visa® Debit or Prepaid Card ("Green Dot Card"): You request Servicer to deposit your Refund Proceeds to the Green Dot Card you are obtaining. The Card is issued by Green Dot Bank, Member FDIC, pursuant to a license from Visa. You represent that you have received and reviewed the Deposit Account Agreement containing the terms and conditions applicable to the Green Dot Card, including the fees and charges that apply to the Green Dot Card. For joint filers, the debit card will not be a joint account; rather, it will be issued in the name of the individual who completes the card sign-up process.

 X **Direct Deposit:** You request Servicer to deposit your Refund Proceeds directly into your personal bank account or your existing prepaid debit card account. If you select this option, please enter your account information below. If you or your representative enters your account information incorrectly and your funds are returned to Bank, the funds will be disbursed to you by a cashier's check. Refund Proceeds that cannot be direct deposited because of financial institution refusal, erroneous account or routing transit numbers, closed accounts, bank mergers or any other reason, will be issued as a paper check to the physical address of record resulting in refund delays of up to ten weeks or longer. If your paper check is returned to us or has not been cashed within 180 days of issuance, we will return your remaining federal refund to the IRS and any remaining state refund will be sent to the applicable state in accordance with that state's escheatment laws.

By selecting this direct deposit method, you authorize Servicer to electronically debit your personal bank account noted below for the tax preparation fees noted herein ("Auto-Collect") in the event i) your tax preparation fees are not fully paid from your federal and/or state refund(s) for any reason or if we consider, in our sole discretion, your Refund Proceeds delayed based on applicable tax deadlines set by the IRS, and ii) your Tax Preparer has not opted out of the Auto-Collect program or has not opted you, specifically, out of the Auto-Collect program. You may also opt out of the Auto-Collect program by notifying Servicer at least three business days prior to the date that your account is scheduled to be debited per the notices sent to you by writing to us at: Santa Barbara Tax Products Group, LLC, PO Box 817, West Chester, OH 45071. We will e-mail or mail a notice to you stating the amount due and the date we will electronically debit your account at least 10 days before so you may have a chance to pay the outstanding balance. We may attempt to electronically debit your account multiple times if we receive a notice of non-sufficient funds, or until the balance is paid in full. Note that any outstanding amounts not collected pursuant to the Auto-Collect program may still be recovered pursuant to the first paragraph.

Routing No. (RTN): [REDACTED] Deposit Acct. No. (DAN): [REDACTED]

Neither Bank nor Servicer is responsible for the misapplication of funds that results from error, negligence or malfeasance on your part or on the part of the Tax Preparer. In cases where Bank has received your Refund Proceeds but is unable to deliver the Refund Proceeds directly to you for any reason, the funds will be returned to the IRS or the appropriate state taxing authority.

 FAST FORWARD by sbtpg™ ("FAST FORWARD"): You requested the Fast Forward service, which will, if eligible, enable you to receive your federal tax refund up to five (5) days early for an additional fee of \$25.00. You are eligible only if you

have selected a Refund Transfer and either direct deposit or a Green Dot Card as the disbursement method for your federal Refund Proceeds. The availability of Fast Forward is subject to: (a) your bank's participation in the Real-Time Payments (RTP) system, (b) availability of funds for this program at the time you receive your refund, and (c) your federal tax refund is not greater than \$10,000. **If you select Fast Forward and, based on the above-mentioned criteria, you are not eligible or Fast Forward is not available to you, you will not be charged the \$25 fee.** The \$25 fee shall not apply if you are depositing your refund onto a new Green Dot Card that is issued in your tax office. If you receive a Fast Cash Advance loan, the balance of your refund after repayment of the Fast Cash Advance loan is eligible for Fast Forward; however, the repayment of your Fast Cash Advance loan will take place on the standard funding date, not the Fast Forward payment date. If you elect to receive both a Fast Cash Advance loan and Fast Forward, any amounts owed for applicable interest or fees for the Fast Cash Advance loan, and any other outstanding fees will be deducted from the balance of your Refund Proceeds before the remaining balance is disbursed to you in accordance with the Fast Forward service. Fast Forward is subject to the IRS submitting refund information to us before the release date in which the IRS will release the funds to the Deposit Account. The IRS may not submit refund information early. Fast Forward may change or discontinue at any time.

You understand that none of Bank, Servicer or your Tax Preparer can guarantee the amount or timing of delivery of the Refund Proceeds that will be deposited by the IRS and/or state taxing authority.

Your Refund Proceeds may be held or returned to the IRS or applicable state taxing authority if fraud or identity theft is suspected. If your Refund Proceeds cannot be delivered as directed above for any reason you will be charged an additional fee of **\$30.00** (the "Return Item Fee") for the additional processing required and additional attempts to deliver the Refund Proceeds. You may also be charged an additional fee of \$30.00 (the "Account Research and Processing Fee") for the additional handling required to return your funds to the IRS or applicable state taxing authority due to (a) your bank not accepting your direct deposit of your refund or (b) your tax return being in dispute or being deemed by Processor, in its reasonable determination, to be fraudulent or suspicious. The Return Item Fee and the Account Research and Processing Fee will be deducted from the Refund Proceeds of the Deposit Account and retained by Servicer. Please refer to a complete description of fees in the Truth in Savings Disclosure section of this Agreement.

Texting Opt-In: If checked, you hereby verify that the cell phone number provided above is your mobile number and you consent to receive optional servicing, promotional and marketing text messages at this number from or on behalf of Servicer and Bank regarding the status or approval of products and services you requested pursuant to this Tax Refund Deposit and Payment Authorization Agreement and additional products or services that may be offered by Servicer or Bank. Your standard message and data rates may apply. You understand and agree that you do not need to sign up for text notifications in order to purchase or obtain any products or services from Servicer or Bank. You may text "STOP" to cancel at any time.

Emailing Opt-In: If checked, you hereby verify that the email address provided above is your email address and you consent to receiving optional promotional and marketing emails at this address from or on behalf of Servicer and Bank regarding additional products or services that may be offered by Servicer or Bank. You understand and agree that you do not need to sign up for promotional and marketing emails in order to purchase or obtain any products or services from Servicer or Bank. You may withdraw your consent to receiving promotional and marketing emails at any time in the future by using the link provided at the bottom of each promotional or marketing email.

FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products, Group, LLC, PO Box 817, West Chester, OH 45071 or telephone (800) 901-6663 and provide your name, a description or explanation of the error, when the error took place and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, Servicer will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, Servicer may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 days to investigate your complaint or question, and (ii) Servicer may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within 3 business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

BUSINESS DAYS: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

CONFIDENTIALITY: We will disclose information to third parties about your Deposit Account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your Deposit Account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

OUR LIABILITY: If we do not complete a transfer to your Deposit Account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of our liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (such as fire, flood, water damage, power failure, strike, labor dispute, pandemic, computer breakdown, telephone line disruption, or a natural disaster) prevent the transfer, despite reasonable precautions that we have taken.
- The funds in your Deposit Account are subject to legal process or other claim restricting such transfer.
- You, your representative or a third-party provide us with inaccurate or untimely information.

TAXPAYER IDENTITY VALIDATION DISCLOSURE: To help Bank, Servicer and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Servicer obtain, verify, and record information that identifies each taxpayer. This means that in order for Servicer to carry-out the services hereunder, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

SECURITY INTEREST AND ASSIGNMENT: You hereby assign to Servicer your Refund Proceeds and your Deposit Account, and all current and future funds deposited therein, to the extent necessary to facilitate collection by Servicer of any amounts authorized by this Agreement. You also grant Servicer a security interest in the same. You agree that Servicer may assign, sell or transfer its ownership of all or part of its rights arising under this Agreement to a third party or affiliate of Servicer. You may not revoke this security interest or any assignment.

TRUTH IN SAVINGS DISCLOSURE: The Deposit Account is being opened for the purpose of receiving your Refund Proceeds. No other deposits may be made into the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees set forth above. No interest will be paid on Deposit Account funds; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. Servicer will charge a Return Item Fee of **\$30.00** if the Refund Proceeds cannot be delivered as directed above. An Account Research and Processing fee of **\$30.00** may be charged if Servicer is required to provide additional processing to return the funds to the IRS or applicable state taxing authority due to (a) your bank not accepting your direct deposit of your refund or (b) your tax return being in dispute or being deemed by Processor, in its reasonable determination, to be fraudulent or suspicious. These fees will be deducted from the Deposit Account and retained by Servicer.

PRIVACY POLICY: Please see the Privacy Policy at the end of this Agreement.

SIGNATURES: By signing below, you represent that everything you have stated and attested to in this Agreement is true and correct. You represent that you have read and understand each of the terms and conditions herein and that you agree to each of these terms and conditions. You acknowledge receiving a completed copy of this Agreement and, among other things, consent to the granting of a security interest and assignment in the Section above titled "Security Interest and Assignment", and, if applicable, the automatic debiting of your personal bank account pursuant to the Auto-Collect program.

Taxpayer/Applicant

Date

Taxpayer/Applicant (if filing jointly)

Date

FACTS**WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?**

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: • Social Security number and account balances • account transactions and purchase history • transaction history and overdraft history When you are no longer our customer, we continue to share your information as described in this notice.
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Green Dot Bank share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	Yes	Yes

To limit our sharing	• Call 888-272-5047 — our menu will prompt you through your choice(s) or • Visit us online: www.greendot.com/privacy-settings Your choice(s) will apply to only the card number you enter when making your choice(s). If you have more than one card or account with us, you will need to make your choice(s) for each card or account separately. Please note: If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.
Questions?	Call (866) 795-7597 or go to www.greendot.com

What we do	
How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot Bank collect my personal information?	We collect your personal information, for example, when you • open an account or make deposits or withdrawals from your account • use your debit card or provide account information • give us your contact information We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only • sharing for affiliates' everyday business purposes—information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. • <i>Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation) and tax processing services companies, such as Santa Barbara Tax Products Group, LLC.</i>
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. • <i>Nonaffiliates we share with can include retail partners and other companies engaged in direct marketing and the selling of consumer products and services.</i>
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.
Other important information	
Depending on where you live, you may have additional privacy protections under state law. We will comply with applicable state laws before sharing nonpublic personal information about you. We may do this by sending a separate notice of those rights to you. For example, if you are a resident of California, Illinois, North Dakota, or Vermont, we will not share your personal information with nonaffiliates except for our everyday business purposes or our own marketing purposes or with your consent.	