

General Information

Name: Michael Redondo

PID 305699

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

CANDIDATE FOR

Position	Agency Name	Position sought or held
State Representative	House of Representatives	District 118

Net WorthMy Net Worth as of December 31, 2024 was \$ 3,102,840.79.**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 \$ 135,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 08/31/2025

Description of Asset	Value of Asset
14570 SW 19th Street Miami, FL 33175	\$ 1,030,000.00
2335 NW 34th Street Miami, FL 33142	\$ 731,000.00
460 NE 28th Street, Apt 2101, Miami, FL 33137	\$ 1,000,000.00
215 West College Avenue, Apt 801, Tallahassee, FL 32301	\$ 408,000.00
3056 Bird Ave, Apt D, Miami, FL 33133	\$ 805,000.00
Fund - VSTAX	\$ 63,717.21
Fund - VITAX	\$ 25,865.48
Fund - VSIAX	\$ 25,428.69
Fund - VGSIX	\$ 8,950.95
Fund - VTMGX	\$ 3,870.73
Ameriprise Insured Money Market	\$ 3,255.55
SPDR SERIES TRUST S&P DIVIDEND ETF	\$ 28,797.80
VANGUARD TOTAL STOCK MARKET ETF	\$ 37,095.68
Ameriprise Insured Money Market	\$ 2,925.16
Fund - COLUMBIA LTD DURATION CREDIT INSTL CL	\$ 10,848.16
Fund - FIRST EAGLE HIGH YIELD MUN CL I	\$ 4,439.61
Fund - MACQUARIE GLOBAL BOND CL I	\$ 4,312.64
Fund - JOHN HANCOCK ALTERNATIVE ASSET ALLOC CL I	\$ 2,175.56
Fund - JPMORGAN GOVT BOND CL I	\$ 19,779.19
Fund - JPMORGAN UNCONSTRAINED DEBT CL I	\$ 2,166.63
Fund - NYLI MACKAY TAX FREE BOND CL I	\$ 18,836.23
Fund - PUTNAM STRATEGIC INTERMEDIATE MUN CL Y	\$ 18,887.16
Fund - INVESCO GOVT & AGENCY INSTL CL	\$ 2,442.62
Fund - THORNBURG STRATEGIC INCOME CL I	\$ 10,849.26
Fund - CRISPR THERAPEUTICS AG	\$ 2,086.08
Stock - AT&T INC	\$ 1,753.29
Stock - ABBOTT LABORATORIES	\$ 2,488.42
Stock - ALPHABET INC CL A	\$ 5,679.00
Stock - AMAZON.COM INC	\$ 8,775.60

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 08/31/2025

Description of Asset	Value of Asset
Stock - AMERICAN TOWER CORP NEW	\$ 1,100.46
Stock - APPLE INC	\$ 10,267.22
Stock - ASTRAZENECA PLC SPONSORED ADR	\$ 1,179.36
Stock - BANK OF AMERICA CORP	\$ 3,252.30
Stock - BECTON DICKINSON & CO	\$ 1,361.22
Stock - BERKSHIRE HATHAWAY INC CL B	\$ 3,172.96
Stock - BLACKROCK FDG INC	\$ 4,100.44
Stock - CSX CORP	\$ 1,484.42
Stock - CATERPILLAR INC	\$ 2,902.08
Stock - CHEVRON CORP	\$ 1,593.24
Stock - CISCO SYSTEMS INC	\$ 3,433.60
Stock - COMCAST CORP CL A	\$ 1,351.08
Stock - CONSTELLATION BRANDS INC CL A	\$ 2,210.00
Stock - WALT DISNEY CO	\$ 1,781.60
Stock - DUKE ENERGY CORP	\$ 1,508.36
Stock - META PLATFORMS INC CL A	\$ 3,513.06
Stock - GE AEROSPACE	\$ 2,001.48
Stock - GOLDMAN SACHS GROUP INC	\$ 3,435.72
Stock - HOME DEPOT INC	\$ 1,555.96
Stock - JPMORGAN CHASE & CO	\$ 3,355.94
Stock - KRAFT HEINZ CO	\$ 2,057.57
Stock - ELI LILLY & CO	\$ 3,860.00
Stock - MCDONALDS CORP	\$ 1,449.45
Stock - MERCADOLIBRE INC	\$ 1,700.44
Stock - MICROSOFT CORP	\$ 10,537.50
Stock - NETFLIX INC	\$ 2,673.96
Stock - NEXTERA ENERGY INC	\$ 1,577.18
Stock - NVIDIA CORP	\$ 9,534.59
Stock - PROCTER & GAMBLE CO	\$ 2,514.75

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 08/31/2025

Description of Asset	Value of Asset
Stock - PROGRESSIVE CORP OH	\$ 2,875.32
Stock - RTX CORP	\$ 3,240.16
Stock - SHELL PLC SPONSORED ADR REPSTG ORD SHS	\$ 1,440.95
Stock - SONY GROUP CORP ADR	\$ 1,819.76
Stock - SOUTHERN COMPANY	\$ 1,564.08
Stock - TESLA INC	\$ 21,807.36
Stock - THERMO FISHER SCIENTIFIC INC	\$ 1,560.69
Stock - TOTALENERGIES SE SPON ADR	\$ 1,362.50
Stock - UNITEDHEALTH GROUP INC	\$ 2,529.30
Stock - VISA INC CL A	\$ 3,476.44
Stock - WALMART INC	\$ 4,698.20
ISHARES SEMICONDUCTOR ETF	\$ 9,050.58
ISHARES GLOBAL MATERIALS ETF	\$ 1,165.50
Fund - SPDR GOLD TRUST GOLD SHARES	\$ 2,179.17
VANGUARD MID CAP VALUE ETF	\$ 2,103.01
VANGUARD MID CAP GROWTH ETF	\$ 2,030.00
VANGUARD REAL ESTATE INDEX ETF	\$ 1,514.36
VANGUARD SMALL CAP GROWTH ETF	\$ 1,400.30
VANGUARD SMALL CAP VALUE ETF	\$ 1,387.26
Ameriprise Bank Insured Sweep Account	\$ 1,606.64
AVANTIS EMERGING MARKETS EQUITY ETF	\$ 10,817.36
AVANTIS INTL EQUITY ETF	\$ 28,414.31
VANGUARD MID CAP ETF	\$ 17,960.84
VANGUARD GROWTH ETF	\$ 22,574.20
VANGUARD VALUE ETF	\$ 19,808.10
VANGUARD SMALL CAP ETF	\$ 9,130.64
Life Insurance - RiverSource Variable Universal Life	\$ 85,063.65
Fund - Cohen + Steers Global Infrastruc	\$ 1,758.31
Fund - Fidelity 500 Index	\$ 14,783.76

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 08/31/2025

Description of Asset	Value of Asset
Fund - Fidelity Emerging Markets Idx	\$ 2,166.64
Fund - Fidelity Extended Market Index	\$ 5,202.15
Fund - Fidelity International Index	\$ 5,405.58
Fund - Matthews Pacific Tiger Instl	\$ 1,299.41
Fund - PIMCO Income Instl	\$ 2,630.33
Fund - VanEck CM Commodity Index I	\$ 1,769.77
Fund - Vanguard Total World Stock Index	\$ 7,880.10
Grove Bank and Trust Bank Accounts	\$ 304,575.11
Truist Bank Account	\$ 6,841.80
City National Bank Accounts	\$ 54,137.26
Redondo Law PA	\$ 71,735.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Shellpoint Mortgage Servicing	75 Beattie Pl # 300, Greenville, SC 29601	\$ 244,956.39
US Small Business Administration	2 North 20th Street, Suite 320 Birmingham, AL 35203	\$ 357,242.92
City National Bank	100 SE 2nd Street, 19th Floor Miami, FL 33131	\$ 713,714.05
PHH Mortgage Corporation	1661 Worthington Road, Suite 100 West Palm Beach, FL 33409	\$ 768,149.68

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

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.

Michael Redondo

Digitally signed: 08/31/2025

Filed with COE: 08/31/2025

1040

Federal Return Summary

2024

Name

MICHAEL D REDONDO & ALINA YERMOLOVA

Taxpayer Identification Number

Tax Form 1040

Tax Method Used QUAL DIV CAP GAIN WRK

Filing Status MFJ

Dependents

Income

Salaries & wages	272,242
Taxable interest income	14,762
Tax exempt interest	1,215
Dividend income	4,840
Qualified dividends	2,950
Taxable state/local refunds	
Alimony received	
Business income/-loss	
Capital gain/-loss	-3,000
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	
Rental, royalty, partnership, etc. income/-loss	161,246
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	
Other income	16
Total income	450,106

Adjustments

Moving expenses	
Deductible part of self-employment tax	
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	
Total adjustments	
Adjusted gross income	450,106

Deductions

Medical and Dental expenses	
Taxes paid	10,000
Interest paid	37,021
Charitable contributions	12,759
Other itemized deductions	
Total itemized deductions	59,780
or, Standard deduction	
Taxable income before Qual Bus Inc Ded (QBID)	390,326
QBID	24,593
Taxable income	365,733

Tax Computation

Regular tax	73,596
Excess advance premium tax credit	1,652
Repayment clean vehicle transfers and other	
Alternative minimum tax	
Total tax before credits	75,248
Child and dependent care credit	
Education credits	
Other credits	13
Total credits	13
Tax after credits	75,235
Self-employment tax	
Additional tax on IRAs, etc.	
Other taxes	1,029
Total tax	76,264

Payments

Federal income tax withheld	49,756
Estimated payments	
Other payments/credits	75,000
Total payments	124,756

Refund/Amount Due

Amount overpaid	48,492
Overpayment applied	47,541
Form 2210 penalty	951
Amount due/-refund	
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/-refund	

2025 Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total Estimates	

Tax Rates

Marginal tax rate - Ordinary income*	24.0 %
Marginal tax rate - Capital income*	15.0 %
Effective tax rate	21.0 %

* Marginal Tax Rate displayed may not reflect the true tax rate for Schedule J or Form 8615.

Form 1040	Return Carryover Summary	2024
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Name MICHAEL D REDONDO & ALINA YERMOLOVA	Taxpayer Identification Number
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Activity/Form	Unit	Description	Carryover to 2025
E	1	TOWNHOUSE: 3056 BIRD AVE, APT D	
		PASSIVE - OPERATING	4,789
		OPERATING AMT	4,789
E	4	215 WEST COLLEGE AVE #801	
		PASSIVE - OPERATING	12,004
		OPERATING AMT	12,004
D		LONG-TERM CAPITAL LOSS	9,532
D		LONG-TERM CAPITAL LOSS AMT	9,532
1040		OVERPAYMENT APPLIED TO NEXT YEAR'S ESTIMATES	47,541

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 MICHAEL D		Last name REDONDO		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial ALINA		Last name YERMOLOVA		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 14570 SW 19 ST				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. MIAMI				State FL	
				ZIP code 33175	
Foreign country name		Foreign province/state/county		Foreign postal code	
				☐ You ☐ Spouse	

Filing Status ☐ Single ☐ Head of household (HOH)

Check only one box. ☒ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)

☐ Married filing separately (MFS)

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

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 272,242
	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 272,242

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2a Tax-exempt interest	2a 1,215	b Taxable interest	2b 14,762
	3a Qualified dividends	3a 2,950	b Ordinary dividends	3b 4,840
	4a IRA distributions	4a 7,000	b Taxable amount	4b
	5a Pensions and annuities	5a	b Taxable amount	5b
	6a Soc. sec. ben.	6a	b Taxable amount	6b
	c If you elect to use the lump-sum election method, check here (see instructions)			
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		7 -3,000	
	8 Additional income from Schedule 1, line 10		8 161,262	
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9 450,106	
	10 Adjustments to income from Schedule 1, line 26		10 0	
Attach Sch. B if required.	11 Subtract line 10 from line 9. This is your adjusted gross income	11 450,106		
	12 Standard deduction or itemized deductions (from Schedule A)	12 59,780		
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13 24,593		
	14 Add lines 12 and 13	14 84,373		
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 365,733		

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	73,596
	17	Amount from Schedule 2, line 3	17	1,652
	18	Add lines 16 and 17	18	75,248
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	13
	21	Add lines 19 and 20	21	13
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	75,235
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,029
	24	Add lines 22 and 23. This is your total tax	24	76,264

Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a	49,305	
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c	451	
	d	Add lines 25a through 25c	25d	49,756	
	26	2024 estimated tax payments and amount applied from 2023 return	26		
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		

Refund	31	Amount from Schedule 3, line 15	31	75,000	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	75,000	
	33	Add lines 25d, 26, and 32. These are your total payments	33	124,756	
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	48,492	

Amount You Owe	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	
	b	Routing number	c	Type: ☐ Checking ☐ Savings

Third Party Designee	36	Amount of line 34 you want applied to your 2025 estimated tax	36	47,541	
	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	951	

Sign Here	Do you want to allow another person to discuss this return with the IRS? See instructions ☒ Yes. Complete below. ☐ No			
	Designee's name STEPHANIE BESTULICH, CPA		Phone no. 305-381-0825	Personal identification number (PIN) [REDACTED]
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature		Date	Your occupation ATTORNEY

Paid Preparer Use Only	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
	Phone no.		Email address		
	Preparer's name STEPHANIE BESTULICH, CPA		Preparer's signature <i>Stephanie Bestulich</i>		Date 08/26/25
	Firm's name CEBALLOS, CEBALLOS, BESTULICH & PADRON		Firm's address 890 S DIXIE HWY CORAL GABLES FL 33146-2603		PTIN P01588398

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **01**

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

Your social security number

MICHAEL D REDONDO & ALINA YERMOLOVA

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	161,246
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount: AMERICAN ENTERPRISE INVES	8z	16
9	Total other income. Add lines 8a through 8z	9	16
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	161,262

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

Schedule 1 (Form 1040) 2024

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **02**

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

Your social security number

MICHAEL D REDONDO & ALINA YERMOLOVA

Part I Tax

1 Additions to tax:	1a	1,652	
a Excess advance premium tax credit repayment. Attach Form 8962			
b Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b		
c Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c		
d Recapture of net EPE from Form 4255, line 2a, column (i)	1d		
e Excessive payments (EP) from Form 4255. Check applicable box and enter amount: (i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n) (iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n)	1e		
f 20% EP from Form 4255. Check applicable box and enter amount. See instructions: (i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o) (iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o)	1f		
y Other additions to tax (see instructions):	1y		
z Add lines 1a through 1y	1z	1,652	
2 Alternative minimum tax. Attach Form 6251	2		
3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	1,652	

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE	4	
5 Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6 Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7 Total additional social security and Medicare tax. Add lines 5 and 6	7	
8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	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	398
12 Net investment income tax. Attach Form 8960	12	631
13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14 Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16 Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2024

Part II Other Taxes (continued)

17 Other additional taxes:			
a Recapture of other credits. List type, form number, and amount:	17a		
b Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c Additional tax on HSA distributions. Attach Form 8889	17c		
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j Section 72(m)(5) excess benefits tax	17j		
k Golden parachute payments	17k		
l Tax on accumulation distribution of trusts	17l		
m Excise tax on insider stock compensation from an expatriated corporation	17m		
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q Any interest from Form 8621, line 24	17q		
z Any other taxes. List type and amount:	17z		
18 Total additional taxes. Add lines 17a through 17z		18	
19 Recapture of net EPE from Form 4255, line 1d, column (l)		19	
20 Section 965 net tax liability installment from Form 965-A	20		
21 Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	1,029

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **03**

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

Your social security number

MICHAEL D REDONDO & ALINA YERMOLOVA

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	13
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
5b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount:	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	13

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	75,000
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions):	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	75,000

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

Schedule 3 (Form 1040) 2024

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **07**

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

Your social security number

MICHAEL D REDONDO & ALINA YERMOLOVA

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1 Medical and dental expenses (see instructions)	1	5,496	
	2 Enter amount from Form 1040 or 1040-SR, line 11	2	450,106	
	3 Multiply line 2 by 7.5% (0.075)	3	33,758	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	0
Taxes You Paid	5 State and local taxes.			
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒	5a	2,080	
	b State and local real estate taxes (see instructions)	5b	8,634	
	c State and local personal property taxes	5c		
	d Add lines 5a through 5c	5d	10,714	
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000	
	6 Other taxes. List type and amount:	6		
	7 Add lines 5e and 6		7	10,000
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐			
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	37,021	
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b		
	c Points not reported to you on Form 1098. See instructions for special rules	8c		
	d Reserved for future use	8d		
	e Add lines 8a through 8c	8e	37,021	
	9 Investment interest. Attach Form 4952 if required. See instructions	9		
	10 Add lines 8e and 9		10	37,021
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	12,259	
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	500	
	13 Carryover from prior year	13		
	14 Add lines 11 through 13		14	12,759
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		15	
Other Itemized Deductions	16 Other—from list in instructions. List type and amount:		16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12		17	59,780
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐			

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2024

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

2024

Attachment
Sequence No. **08**

Name(s) shown on return

Your social security number

MICHAEL D REDONDO & ALINA YERMOLOVA

Part I

Interest

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

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

	Amount
1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: AMERICAN ENTERPRISE AMERICAN ENTERPRISE XXXXXXXXXX REDONDO LAW PA 83-3447367	8 7 14,747
2 Add the amounts on line 1	14,762
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	14,762

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

Part II

Ordinary Dividends

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

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

5 List name of payer: AMERICAN ENTERPRISE XXXXXXXXXX AMERICAN ENTERPRISE INVESTMENT XXXXXXXXXX	1,208 3,632
6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	4,840

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

Part III

Foreign Accounts and Trusts

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

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

- 7a** At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:
- 8** During 2024, 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

Yes	No
	X
	X

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

Schedule B (Form 1040) 2024

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. 12

Name(s) shown on return

MICHAEL D REDONDO & ALINA YERMOLOVA

Your social security number

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

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	46,972	46,847	12	137
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	137

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	26,451	24,145	108	2,414
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	217	183	0	34
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	15,117
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back			15	-12,669

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

Schedule D (Form 1040) 2024

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	-12,532
• 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 you are 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) Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	(3,000)
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.		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

MICHAEL D REDONDO & ALINA YERMOLOVA

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.

Part II 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).

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 a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	AMERICAN ENTERPRISE - VARIOUS	SEE ATTACHED VARIOUS	26,451	24,145	w		108	2,414
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)			26,451	24,145		108	2,414

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

MICHAEL D REDONDO & ALINA YERMOLOVA

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.

Part II 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).

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 a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	AMERICAN ENTERPRISE - VARIOUS	SEE ATTACHED VARIOUS	217	183				34
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)			217	183		0	34

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.

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **13**

Your social security number

MICHAEL D REDONDO & ALINA YERMOLOVA

Part I Income or Loss From Rental Real Estate and Royalties

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

A Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No
B If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

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

A 3056 BIRD AVE, APT D, MIAMI, FL 33133

B 2335 NW 34TH ST, MIAMI, FL 33142

C 215 WEST COLLEGE AVE #801, TALLAHASSEE, FL 32301

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1			A	366	
B	2			B	366	
C	1			C	366	

Type of Property:

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

		Properties:		
		A	B	C
Income:				
3 Rents received	3	45,100	61,525	12,000
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			4,500
8 Commissions	8			
9 Insurance	9	1,725	4,956	2,100
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	8,775		
13 Other interest	13			
14 Repairs	14	3,253		
15 Supplies	15			
16 Taxes	16	11,358	9,400	3,327
17 Utilities	17	568	9,051	
18 Depreciation expense or depletion	18	14,858	19,612	14,355
19 Other (list) SEE STATEMENT 1, 2, 3	19	4,800	2,100	11,449
20 Total expenses. Add lines 5 through 19	20	45,337	45,119	35,731
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-237	16,406	-23,731
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	4,679	0	11,727
23a Total of all amounts reported on line 3 for all rental properties	23a	118,625		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c	8,775		
d Total of all amounts reported on line 18 for all properties	23d	48,825		
e Total of all amounts reported on line 20 for all properties	23e	126,187		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		16,406	
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		16,406	
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		0	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2024

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

Your social security number

MICHAEL D REDONDO & ALINA YERMOLOVA**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	REDONDO LAW PA	S		83-3447367	X	
B						
C						
D						

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A		0		161,246	
B					
C					
D					
29a Totals				161,246	
b Totals					
30 Add columns (h) and (k) of line 29a			30	161,246	
31 Add columns (g), (i), and (j) of line 29b			31	0	
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31			32	161,246	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34a Totals		
b Totals		
35 Add columns (d) and (f) of line 34a		35
36 Add columns (c) and (e) of line 34b		36
37 Total estate and trust income or (loss). Combine lines 35 and 36		37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	161,246
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to www.irs.gov/Form1116 for instructions and the latest information.

2024

Attachment
Sequence No. 19

Name

Identifying number as shown on page 1 of your tax return

MICHAEL D REDONDO

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income c ☒ Passive category income e ☐ Section 901(j) income g ☐ Lump-sum distributions
b ☐ Foreign branch category income d ☐ General category income f ☐ Certain income re-sourced by treaty

h Resident of (name of country) **US UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. territory, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. territory, use a separate column and line for each country or territory.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

i Enter the name of the foreign country or U.S. territory	Foreign Country or U.S. Territory			Total (Add cols. A, B, and C.)
	A	OC	C	
OTHER COUNTRIES				
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
DIVIDENDS & INTEREST		92		1a 92
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions ☐				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)		10,000		
b Other dedts. (attach stmt.)				
c Add lines 3a and 3b		10,000		
d Gross foreign source income (see instructions)		92		
e Gross income from all sources (see instructions)		574,316		
f Divide line 3d by line 3e (see instructions)		0.0002		
g Multiply line 3c by line 3f		2		
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)		6		
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5		8		6 8
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 84

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) ☒ Paid (k) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties		
A 1099 TAX						13				13
B										
C										
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2									8	13

For Paperwork Reduction Act Notice, see instructions.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	13
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) ☐ (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	
11	Add lines 9 and 10	11	13
12	Reduction in foreign taxes (see instructions)	12	
13	Taxes reclassified under high tax kickout (see instructions)	13	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	13
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15	84
16	Adjustments to line 15 (see instructions)	16	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	84
18	Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	365,733
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	0.0002
20	Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z. Estates and trusts: See instructions	20	75,248
	Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.		
21	Multiply line 20 by line 19 (maximum amount of credit)	21	17
22	Increase in limitation (section 960 (c)) (see instructions)	22	
23	Add lines 21 and 22	23	17
24	Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV See instructions	24	13

Part IV Summary of Credits From Separate Parts III (see instructions)

25	Credit for taxes on section 951A category income	25	
26	Credit for taxes on foreign branch category income	26	
27	Credit for taxes on passive category income	27	
28	Credit for taxes on general category income	28	
29	Credit for taxes on section 901(j) income	29	
30	Credit for taxes on certain income re-sourced by treaty	30	
31	Credit for taxes on lump-sum distributions	31	
32	Add lines 25 through 31	32	
33	Enter the smaller of line 20 or line 32	33	13
34	Reduction of credit for international boycott operations. See instructions for line 12	34	
35	Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35	13

Nondeductible IRAs

Attach to 2024 Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8606 for instructions and the latest information.

2024

Attachment
Sequence No. **48**

Name. If married, file a separate form for each spouse required to file 2024 Form 8606. See instructions.

Your social security number

MICHAEL D REDONDO

**Fill in Your Address
Only if You Are
Filing This Form by
Itself and Not With
Your Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home)			Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).			
Foreign country name	Foreign province/state/county	Foreign postal code	

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, Traditional SEP, and Traditional SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2024.
- You took distributions from a traditional, traditional SEP, or traditional SIMPLE IRA in 2024 **and** you made nondeductible contributions to a traditional IRA in 2024 or an earlier year. For this purpose, "distributions" **does not** include rollovers (but does include certain 2024 retirement plan distribution repayments treated as rollovers (see instructions)). Also, it **does not** include qualified charitable distributions, one-time distributions to fund an HSA, conversions, recharacterizations, or return of certain contributions.
- You converted part, but not all, of your traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2024 **and** you made nondeductible contributions to a traditional IRA in 2024 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2024, including those made for 2024 from January 1, 2025, through April 15, 2025. See instructions	1	7,000
2	Enter your total basis in traditional IRAs. See instructions	2	
3	Add lines 1 and 2	3	7,000
In 2024, did you take a distribution from traditional, traditional SEP, or traditional SIMPLE IRAs, or make a Roth, Roth SEP or Roth SIMPLE IRA conversion? No Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Yes Go to line 4.			
4	Enter those contributions included on line 1 that were made from January 1, 2025, through April 15, 2025	4	
5	Subtract line 4 from line 3	5	7,000
6	Enter the value of all your traditional, traditional SEP, and traditional SIMPLE IRAs as of December 31, 2024, plus any outstanding rollovers. Subtract certain 2024 retirement plan distribution repayments treated as rollovers, if any (see instructions)	6	
7	Enter your distributions from traditional, traditional SEP, and traditional SIMPLE IRAs in 2024. Do not include rollovers (but do include certain 2024 retirement plan distribution repayments treated as rollovers (see instructions)). Also, do not include qualified charitable distributions; a one-time distribution to fund an HSA; conversions to a Roth, Roth SEP, or Roth SIMPLE IRA; certain returned contributions; or recharacterizations of traditional IRA contributions (see instructions)	7	
8	Enter the net amount you converted from traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2024. Also, enter this amount on line 16	8	
9	Add lines 6, 7, and 8	9	
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	x
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth, Roth SEP, or Roth SIMPLE IRAs. Also, enter this amount on line 17	11	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth, Roth SEP, or Roth SIMPLE IRA	12	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions *	13	7,000
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2024 and earlier years	14	0
15a	Subtract line 12 from line 7	15a	
b	Enter the amount on line 15a attributable to qualified disaster distributions, if any, from 2024 Form(s) 8915-F (see instructions). Also, enter this amount on 2024 Form(s) 8915-F, line 18, as applicable (see instructions)	15b	0
c	Taxable amount. Subtract line 15b from line 15a. Reduce that amount by certain 2024 retirement plan distribution repayments (other than those reported on Form 8915-F) that are treated as rollovers (see instructions). If more than zero, also include this amount on 2024 Form 1040, 1040-SR, or 1040-NR, line 4b *	15c	0
Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.			

MICHAEL D REDONDO & ALINA YERMOLOVA

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 \$191,950 (\$383,900 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

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

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	RENTAL: 2335 NW 34TH ST	☐	☐		☐
B	REDONDO LAW PA	☒	☐	83-3447367	☐
C		☐	☐		☐

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 12,051	110,828	
3 Multiply line 2 by 20% (0.20). If your taxable income is \$191,950 or less (\$383,900 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3 2,410	22,166	
4 Allocable share of W-2 wages from the trade, business, or aggregation	4 0	487,973	
5 Multiply line 4 by 50% (0.50)	5 0	243,987	
6 Multiply line 4 by 25% (0.25)	6 0	121,993	
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7 544,428	68,212	
8 Multiply line 7 by 2.5% (0.025)	8 13,611	1,705	
9 Add lines 6 and 8	9 13,611	123,698	
10 Enter the greater of line 5 or line 9	10 13,611	243,987	
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11 2,410	22,166	
12 Phased-in reduction. Enter the amount from line 26, if any	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13 2,410	22,166	
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15 2,410	22,166	
16 Total qualified business income component. Add all amounts reported on line 15	16 24,576		

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

Form **8995-A** (2024)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$191,950 but not \$241,950 (\$383,900 and \$483,900 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		
18 Enter the amounts from line 10	18		
19 Subtract line 18 from line 17	19		
20 Taxable income before qualified business income deduction	20		
21 Threshold. Enter \$191,950 (\$383,900 if married filing jointly)	21		
22 Subtract line 21 from line 20	22		
23 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24 Phase-in percentage. Divide line 22 by line 23	24	%	
25 Total phase-in reduction. Multiply line 19 by line 24	25		
26 Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27 Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	24,576	
28 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28	83	
29 Qualified REIT dividends and PTP (loss) carryforward from prior years	29		
30 Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	83	
31 REIT and PTP component. Multiply line 30 by 20% (0.20)	31	17	
32 Qualified business income deduction before the income limitation. Add lines 27 and 31	32		24,593
33 Taxable income before qualified business income deduction	33	390,326	
34 Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	2,950	
35 Subtract line 34 from line 33. If zero or less, enter -0-	35		387,376
36 Income limitation. Multiply line 35 by 20% (0.20)	36		77,475
37 Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		24,593
38 DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39 Total qualified business income deduction. Add lines 37 and 38	39		24,593
40 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40		0

Form 8995-A (2024)

**SCHEDULE A
(Form 8995-A)**Department of the Treasury
Internal Revenue Service**Specified Service Trades or Businesses**

Attach to Form 8995-A.

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

OMB No. 1545-2294

2024Attachment
Sequence No. **55B**

Name(s) shown on return

Your taxpayer identification number

MICHAEL D REDONDO & ALINA YERMOLOVA

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 \$191,950 but not \$241,950 (\$383,900 and \$483,900 if married filing jointly). If your taxable income isn't more than \$191,950 (\$383,900 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 \$241,950 (\$483,900 if married filing jointly), your specified service trade or business doesn't qualify for the deduction. If you have more than three trades or businesses, attach as many Schedules A as needed. See instructions.

Part I Other Than Publicly Traded Partnerships (PTP)

See instructions before completing Parts I and II.

		A	B	C
1a Trade or business name	1a	REDONDO LAW		
b Taxpayer identification number	1b	83-3447367		
2 Qualified business income or (loss) from the trade or business	2	161,246		
3 Allocable share of W-2 wages from the trade or business	3	521,484		
4 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	4	72,896		
5 Taxable income before qualified business income deduction	5	390,326		
6 Threshold. Enter \$191,950 (\$383,900 if married filing jointly)	6	383,900		
7 Subtract line 6 from line 5	7	6,426		
8 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	8	100,000		
9 Divide line 7 by line 8	9	6.4260		
10 Applicable percentage. Subtract line 9 from 100%	10	93.5740 %		
11 Applicable percentage of qualified business income or (loss). Multiply line 2 by line 10. Enter this amount on Schedule C (Form 8995-A) or on Form 8995-A, line 2, for the corresponding trade or business, as appropriate	11	150,884		
12 Applicable percentage of W-2 wages. Multiply line 3 by line 10. Enter this amount on Form 8995-A, line 4, for the corresponding trade or business, as appropriate	12	487,973		
13 Applicable percentage of the UBIA of qualified property. Multiply line 4 by line 10. Enter this amount on Form 8995-A, line 7, for the corresponding trade or business, as appropriate	13	68,212		

Part II Publicly Traded Partnership

	A	B	C
14 Trade or business name	14		
15 Taxpayer identification number	15		
16 Qualified PTP income or (loss)	16		
17 Total PTP specified service trade or business (SSTB) income or (loss). Combine all amounts on line 16	17		
18 Taxable income before qualified business income deduction	18		
19 Threshold. Enter \$191,950 (\$383,900 if married filing jointly)	19		
20 Subtract line 19 from line 18	20		
21 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	21		
22 Divide line 20 by line 21	22		
23 Applicable percentage. Subtract line 22 from 100%	23		%
24 Applicable percentage of qualified PTP income or (loss). Multiply line 17 by line 23. Include this amount on Form 8995-A, line 28	24		

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

Schedule A (Form 8995-A) 2024

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

Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

Attach to Form 8995-A.

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

OMB No. 1545-2294

Attachment
Sequence No. **55D**

Name(s) shown on return

Your taxpayer identification number

MICHAEL D REDONDO & ALINA YERMOLOVA

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

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	RENTAL: 2335 NW 34TH ST	16,406	4,355	12,051
	215 WEST COLLEGE AVE #801	-11,727		
	REDONDO LAW PA	150,884	40,056	110,828
2	Qualified business net (loss) carryforward from prior years. See instructions		2	32,684
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations		3	44,411
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations		4	167,290
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b).		5	44,411
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-		6	

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

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

Name(s) shown on return

MICHAEL D REDONDO & ALINA YERMOLOVA

Your social security number

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	294,190	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	294,190	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		44,190
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		398

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000	
10	Enter the amount from line 4	10	294,190	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		0
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15	250,000	
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		0
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		398
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	4,717	
20	Enter the amount from line 1	20	294,190	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,266	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		451
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		451

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

Form **8959** (2024)

Net Investment Income Tax—
Individuals, Estates, and Trusts

Attach to your tax return.

OMB No. 1545-2227

2024

Attachment
Sequence No. 72Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

MICHAEL D REDONDO & ALINA YERMOLOVA

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	14,762
2	Ordinary dividends (see instructions)	2	4,840
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	161,246
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-161,246
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	-3,000
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	-3,000
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	16,602

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-	12	16,602
Individuals:			
13	Modified adjusted gross income (see instructions)	13	450,106
14	Threshold based on filing status (see instructions)	14	250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	200,106
16	Enter the smaller of line 12 or line 15	16	16,602
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	631
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

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

Form 8960 (2024)

Premium Tax Credit (PTC)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form8962 for instructions and the latest information.**2024**
Attachment
Sequence No. **73**

Name shown on your return

MICHAEL D REDONDO

Your social security number

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

1 Tax family size. Enter your tax family size. See instructions	1	2
2a Modified AGI. Enter your modified AGI. See instructions	2a	451,321
b Enter the total of your dependents' modified AGI. See instructions	2b	
3 Household income. Add the amounts on lines 2a and 2b. See instructions	3	451,321
4 Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a ☐ Alaska b ☐ Hawaii c ☒ Other 48 states and DC	4	19,720
5 Household income as a percentage of federal poverty line (see instructions)	5	401 %
6 Reserved for future use		
7 Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0850
8a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	38,362
8b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	3,197

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
☒ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual PTC allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly PTC allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	458	425	3,197	0	0	277
13 February	458	425	3,197	0	0	125
14 March	458	425	3,197	0	0	125
15 April	458	425	3,197	0	0	125
16 May	458	425	3,197	0	0	125
17 June	458	425	3,197	0	0	125
18 July	458	425	3,197	0	0	125
19 August	458	425	3,197	0	0	125
20 September	458	425	3,197	0	0	125
21 October	458	425	3,197	0	0	125
22 November	458	425	3,197	0	0	125
23 December	458	425	3,197	0	0	125
24 Total PTC. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	0				
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	1,652				
26 Net PTC. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26					

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	1,652
28 Repayment limitation (see instructions)	28	
29 Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a	29	1,652

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

Form **8962** (2024)

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9.

To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)
Attach to your tax return.Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024Attachment
Sequence No. **179**

Name(s) shown on return

Identifying number

MICHAEL D REDONDO & ALINA YERMOLOVA

Business or activity to which this form relates

RENTAL: 2335 NW 34TH ST**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	19,454
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	07/01/24	9,450	27.5 yrs.	MM	S/L	158
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	19,612
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2024)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)
Attach to your tax return.Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024Attachment
Sequence No. **179**

Name(s) shown on return

Identifying number

MICHAEL D REDONDO & ALINA YERMOLOVA

Business or activity to which this form relates

215 WEST COLLEGE AVE #801**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	01/31/24	411,936	27.5 yrs.	MM	S/L	14,355
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	14,355
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2024)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

**S Corporation Shareholder Stock and
Debt Basis Limitations**

OMB No. 1545-2302

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.Attachment
Sequence No. **203**

Name of shareholder MICHAEL D REDONDO		Identifying number [REDACTED]
A Name of S corporation REDONDO LAW PA		B Employer identification number 83-3447367
C Stock block (see instructions):		
D Check applicable box(es) to indicate how stock was acquired: (1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gifted (5) ☐ Other:		
E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐		

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year	1	852,966
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	161,246
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	14,747
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	175,993
5	Stock basis before distributions. Add lines 1, 2, and 4	5	1,028,959
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	920,179
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	108,780
8a	Nondeductible expenses	8a	19,391
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	19,391
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	89,389
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	11,759
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	11,759
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	77,630

Part II Shareholder Debt Basis**Section A—Amount of Debt** (If more than three debts, see instructions.)

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

Part II Shareholder Debt Basis (continued)**Section B—Adjustments to Debt Basis**

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

Section C—Gain on Loan Repayment

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

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	11,759		11,759		
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	11,759		11,759		

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.

2024

Attachment
Sequence No. 858

Name(s) shown on return

Identifying number

MICHAEL D REDONDO & ALINA YERMOLOVA

Part I 2024 Passive Activity Loss

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

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

1a	Activities with net income (enter the amount from Part IV, column (a))	1a	16,406	
1b	Activities with net loss (enter the amount from Part IV, column (b))	1b	23,968	
1c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	9,231	
1d	Combine lines 1a, 1b, and 1c	1d	-16,793	

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	2a		
2b	Activities with net loss (enter the amount from Part V, column (b))	2b		
2c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c		
2d	Combine lines 2a, 2b, and 2c	2d		

3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-16,793	
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- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

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

Part II Special Allowance for Rental Real Estate Activities With Active Participation

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

4	Enter the smaller of the loss on line 1d or the loss on line 3	4	16,793	
5	Enter \$150,000. If married filing separately, see instructions	5	150,000	
6	Enter modified adjusted gross income, but not less than zero. See instructions	6	450,106	
7	Subtract line 6 from line 5	7		
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8		
9	Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	0	

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	16,406	
11	Total losses allowed from all passive activities for 2024. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	16,406	

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE STATEMENT 4					
Total. Enter on Part I, lines 1a, 1b, and 1c	16,406	23,968	9,231		

For Paperwork Reduction Act Notice, see instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c					

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
TOWNHOUSE: 3056 BIRD AVE, APT D	SCH E1	9,468	0.2852	4,789
215 WEST COLLEGE AVE #801	SCH E1	23,731	0.7148	12,004
Total		33,199	1.00	16,793

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
TOWNHOUSE: 3056 BIRD AVE, APT D	SCH E1	9,468	4,789	4,679
215 WEST COLLEGE AVE #801	SCH E1	23,731	12,004	11,727
Total		33,199	16,793	16,406

Filing Status: ☐ 1 Single ☒ 2 Married filing jointly ☐ 3 Married filing separately ☐ 4 Head of household* ☐ 5 Qualifying widow(er)*
MFS spouse name: _____ *Qualifying person that is a child but not a dependent:

Taxpayer first name and initial MICHAEL D		Last name REDONDO	Taxpayer social security number [REDACTED]
If a joint return, spouse's first name and initial ALINA		Last name YERMOLOVA	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 14570 SW 19 ST			Apt. no. _____
City, town or post office, state, and ZIP code. MIAMI FL 33175			Presidential Election Campaign Taxpayer ☐ Spouse ☐
Foreign country name _____		Foreign province/state/county _____	Foreign postal code _____

At anytime during 2024, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? ☒ Yes ☐ No

6a ☒ Taxpayer. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b Children on 6c who lived with you Children on 6c who did not live with you Dependents on 6c not entered above Total. Add lines above	2 _____ _____ _____ _____ 2
6b ☒ Spouse		

6c Dependents:			(4) ☒ if qualifies for		If more than four dependents, ☐ here
(1) First name	Last name	(2) Social security number	(3) Relationship to you	Child tax credit	

Income (Schedule 1)	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	272,242		
	8a	Taxable interest. Attach Schedule B if required	8a	14,762		
	b	Tax-exempt interest. Do not include on line 8a	8b	1,215		
	9a	Ordinary dividends. Attach Schedule B if required	9a	4,840		
	b	Qualified dividends	9b	2,950		
	10	Taxable refunds, credits, or offsets of state and local income taxes	10			
	11	Alimony received	11			
	12	Business income or (loss). Attach Schedule C or C-EZ	12			
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	13	-3,000		
	14	Other gains or (losses). Attach Form 4797	14			
15a	IRA distributions	15a	7,000	b Taxable amount	15b	
16a	Pensions and annuities	16a		b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	161,246			
18	Farm income or (loss). Attach Schedule F	18				
19	Unemployment compensation	19				
20a	Social security benefits	20a		b Taxable amount	20b	
21	Other income. List type and amount AMERICAN ENTERPRISE INVES	21	16			
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	450,106			

Adjusted Gross Income (Schedule 1)	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Reserved for future use	34	
	35	Reserved for future use	35	
	36	Add lines 23 through 35	36	
	37	Subtract line 36 from line 22. This is your adjusted gross income	37	450,106

Form	1040	Tax Return Reconciliation Worksheet, Page 2		2024		
Name		MICHAEL D REDONDO & ALINA YERMOLOVA		Tp TIN		
38		Amount from line 37 (adjusted gross income)		38	450,106	
Tax and Credits (Schedules 2, 3)	39a	Check ☐ You were born before January 2, 1960, ☐ Blind. ☐ Spouse was born before January 2, 1960, ☐ Blind. Total boxes checked ▶ 39a				
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b				
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$14,600 Married filing jointly or Qualifying widow(er), \$29,200 Head of household, \$21,900	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	59,780	
	41	Subtract line 40 and 40b from line 38		41	390,326	
	42	Qualified business income deduction (see instructions)		42	24,593	
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	365,733	
	44	Tax (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐		44	73,596	
	45	Alternative minimum tax (see instructions). Attach Form 6251		45		
	46	Additions to tax (Excess advance premium tax credit repayment and clean vehicle repayment)		46	1,652	
	47	Add lines 44, 45, and 46 ▶		47	75,248	
	48	Foreign tax credit. Attach Form 1116 if required		48	13	
	49	Credit for child and dependent care expenses. Attach Form 2441		49		
Other Taxes (Schedule 2)	50	Education credits from Form 8863, line 19		50		
	51	Retirement savings contributions credit. Attach Form 8880		51		
	52	Child tax credit/credit for other dependents		52		
	53	Residential energy credits. Attach Form 5695		53		
	54	Other credits from Form a ☐ 3800 b ☐ 8801 c ☐		54		
	55	Add lines 48 through 54. These are your total credits		55	13	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56	75,235	
	57	Self-employment tax. Attach Schedule SE		57		
	58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919		58		
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59		
Payments (Schedule 3)	60a	Household employment taxes from Schedule H		60a		
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b		
	61	Taxes from: a ☒ Form 8959 b ☒ Form 8960 c ☐ Instructions; enter code(s) SEE STATEMENT		61	1,029	
	62	Section 965 net tax liability installment from Form 965-A		62		
	63	Add lines 56 through 61. This is your total tax ▶		63	76,264	
	64	Federal income tax withheld from:				
	a	Form(s) W-2		64a	49,305	
	b	Form(s) 1099		64b		
	c	Other forms		64c	451	
	65	2024 estimated tax payments and amount applied from 2023 return		65		
Refund	66	Earned income credit (EIC)		66		
	67	Additional child tax credit. Attach Schedule 8812		67		
	68	American opportunity credit from Form 8863, line 8		68		
	69	Recovery rebate credit		69		
	70	Net premium tax credit. Attach Form 8962		70		
	71	Amount paid with request for extension to file		71	75,000	
	72	Excess social security and tier 1 RRTA tax withheld		72		
	73	Credit for federal tax on fuels. Attach Form 4136		73		
	74	Other payments and refundable credits		74		
	75	Total pymts. Add lines 64 - 74.		75	124,756	
Amount You Owe	76	If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you overpaid		76	48,492	
	77a	Amount of line 76 you want refunded to you. If Form 8888 is attached, check here ▶ ☐		77a		
	b	Routing number ▶ c Type: ☐ Checking ☐ Savings				
Third Party Designee	d	Account number				
	78	Amount of line 76 you want applied to your 2025 estimated tax ▶ 78		47,541		
Other Info	79	Amount you owe. Subtract line 75 from line 63. For details on how to pay, see instructions ▶ 79				
	80	Estimated tax penalty (see instructions)		80	951	
Int/Pen		Date filed	Int	Fail to file	Fail to pay	Total
Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No		Personal identification no. (PIN) ▶				
Designee's Name ▶ STEPHANIE BESTULICH, CPA		Phone no. ▶ 305-381-0825				
Taxpayer Daytime phone number		Taxpayer: Occupation ATTORNEY		IRS Identity Protection PIN		
Spouse: Occupation		IRS Identity Protection PIN				
☐ Taxpayer ☐ Spouse		Email address				

Federal Statements

TOWNHOUSE: 3056 BIRD AVE, APT D

Statement 1 - Schedule E, Line 19 - Other Expenses

Description	Gross Amount	Business Use Percentage	Net Amount
HOA FEES	\$ 4,800		\$ 4,800
TOTAL	\$ 4,800		\$ 4,800

RENTAL: 2335 NW 34TH ST

Statement 2 - Schedule E, Line 19 - Other Expenses

Description	Gross Amount	Business Use Percentage	Net Amount
HOME WARRANTY	\$ 900		\$ 900
LANDSCAPING	1,200		1,200
TOTAL	\$ 2,100		\$ 2,100

215 West College Ave #801

Statement 3 - Schedule E, Line 19 - Other Expenses

Description	Gross Amount	Business Use Percentage	Net Amount
HOA FEES	\$ 11,449		\$ 11,449
TOTAL	\$ 11,449		\$ 11,449

Federal Statements

Statement 4 - Form 8582, Part IV - Lines 1a, 1b, and 1c

Description	Current Year Net Income	Current Year Net Loss	Prior Year Unallowed Loss	Overall Gain	Overall Loss
TOWNHOUSE: 3056 BIRD AVE, APT D	\$	\$ 237	\$ 9,231	\$	\$ 9,468
RENTAL: 2335 NW 34TH ST	16,406			16,406	
215 WEST COLLEGE AVE #801		23,731			23,731
TOTAL	\$ 16,406	\$ 23,968	\$ 9,231		

Form 1040	Shareholder's Basis Worksheet Page 1	2024
Name MICHAEL D REDONDO		Taxpayer Identification Number [REDACTED]
Name of Entity REDONDO LAW PA		EIN 83-3447367
Passive Activity Type NOT PASSIVE		K1 Unit 3

Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	852,966
Increases to stock basis		
2. Capital contributions made or additional stock acquired	2.	
3. Ordinary business income	3.	161,246
4. Net rental real estate income	4.	
5. Other net rental income	5.	
6. Interest, dividends and royalties	6.	14,747
7. Net capital gains	7.	
8. Net section 1231 gain and ordinary business gain	8.	
9. Tax-exempt interest, other tax-exempt income and recapture credits	9.	
10. Other income	10.	
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12. Other increases to stock basis	12.	
13. Total increases to stock basis. Combine lines 2 through 12	13.	175,993
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here	14.	1,028,959
Decreases to stock basis		
15. Distributions allowed	15.	920,179
16. Stock basis after distributions and before items of loss or deductions. Subtract line 15 from line 14. If zero or less, enter - 0	16.	108,780
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	31,150
18. Other decreases to stock basis	18.	
19. Amount used to restore loan basis	19.	
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	31,150
21. Stock basis at the end of year. (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero	21.	77,630

Shareholder Debt Basis

22. Debt basis at the beginning of corporation's tax year	22.	
23. Additional loans	23.	
24. Debt basis restoration	24.	
25. Nontaxable debt repayment	25.	
26. Debt basis before losses and deductions. Combine lines 22 through 25	26.	
27. Losses and deductions applied against debt basis. (See Shareholder Basis Worksheet Page 3)	27.	
28. Debt basis at the end of year (Subtract line 27 from line 26)	28.	0
29. Stock and debt basis at the end of the year (Add lines 21 and line 28)	29.	77,630

Gain Recognized on Excess Distributions

30. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	30.	920,179
31. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18	31.	1,028,959
32. Total gain recognized on excess distributions. (Subtract line 31 from line 30)	32.	0

- ☐ Sch D/8949, short-term capital gain
 ☐ Sch D/8949, long-term capital gain

Form 1040	Shareholder's Basis Worksheet Page 3	2024
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Name MICHAEL D REDONDO	Id No. XXXXXXXXXX
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Entity Name REDONDO LAW PA	EIN 83-3447367 Passive Activity Type NOT PASSIVE	K1 Unit 3
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BASIS REDUCED BY NONDEDUCTIBLE ITEMS BEFORE LOSS AND DEDUCTION ITEMS

Loss Allocated to Shareholder Stock and Debt Basis										
	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Disallowed Loss Carryforward	Total Allowed Loss
Nondeductible expenses		19,391	19,391	1.0000	19,391					19,391
Depletion for oil and gas										
Losses and deductions:										
Ordinary business loss										
Net rental real estate loss										
Other net rental loss										
Short-term capital loss										
Long-term capital loss										
28% capital loss										
Section 1231 loss										
4797 - Ordinary loss										
Other portfolio loss										
1256 contracts and straddles										
Other losses - Schedule E										
Other losses - 1040 Sch 1										
Section 179 expense										
Cash contributions		11,759	11,759	1.0000	11,759					11,759
Cash contributions (30%)										
Noncash contributions (50%)										
Noncash contributions (30%)										
Cap gain prop 50% org (30%)										
Cap gain prop (20%)										
Portfolio deductions (other)										
Investment interest expense										
Deductions-royalty income										
Section 59(e)(2) expenditures										
Preproductive period exp.										
Reforestation expense ded.										
Other deductions										
Foreign taxes										
Total losses and deductions		11,759	11,759	1.0000	11,759					11,759
Total nonded and deductible items		31,150	31,150		31,150					31,150

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Form **4868**

Department of the Treasury
Internal Revenue Service

(on bottom of page)

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

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

OMB No. 1545-0074

2024

CUT HERE

Form **4868**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2024, or other tax year beginning

, and ending

OMB No. 1545-0074

2024

Part I Identification		Part II Individual Income Tax	
1 Your name(s) (see instructions)		4 Estimate of total tax liability for 2024 \$ 0	
MICHAEL D REDONDO		5 Total 2024 payments 0	
ALINA YERMOLOVA		6 Balance due. Subtract line 5 from line 4.	
Address (see instructions)		See instructions 0	
14570 SW 19 ST		7 Amount you're paying (see instructions) 0	
City, town, or post office	State	ZIP code	8 Check here if you're "out of the country" and a U.S. citizen or resident. See instructions ☐
MIAMI	FL	33175	9 Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding ☐
2 Your social security number	3 Spouse's social security number		

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

Form **4868** (2024)

Form 1040	Capital Loss Carryover Worksheets	2024
Name MICHAEL D REDONDO & ALINA YERMOLOVA		Taxpayer Identification Number

2024 to 2025 Capital Loss Carryover Worksheet

Use this worksheet to figure your capital loss carryovers from 2024 to 2025 if Schedule D, Line 21, is a loss and (a) that loss is a smaller loss than the loss on Schedule D, line 16, or (b) Form 1040, line 15, is less than zero. Otherwise, you do not have any carryovers.

1. Enter the amount from Form 1040, line 15. If a loss, enclose the amount in parentheses	1.	365,733
2. Enter the loss from Schedule D, line 21, as a positive amount	2.	3,000
3. Combine lines 1 and 2. If zero or less, enter -0-	3.	368,733
4. Enter the smaller of line 2 or line 3	4.	3,000
If line 7 of Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5. Enter the loss from Schedule D, line 7, as a positive amount	5.	0
6. Enter any gain from Schedule D, line 15. If a loss, enter -0-	6.	
7. Add lines 4 and 6	7.	
8. Short-term capital loss carryover to 2025. Subtract line 7 from line 5. If zero or less, enter -0-	8.	
If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9. Enter the loss from Schedule D, line 15, as a positive amount	9.	12,669
10. Enter any gain from Schedule D, line 7	10.	137
11. Subtract line 5 from line 4. If zero or less, enter -0-	11.	3,000
12. Add lines 10 and 11	12.	3,137
13. Long-term capital loss carryover to 2025. Subtract line 12 from line 9. If zero or less, enter -0-	13.	9,532

2024 to 2025 Capital Loss Carryover Worksheet, AMT

Use this worksheet to figure AMT capital loss carryovers from 2024 to 2025 if AMT Schedule D, Line 21, is a loss and (a) that loss is a smaller loss than the loss on AMT Schedule D, line 16 or (b) Form 6251, line 4 is a loss. Otherwise, you do not have any carryovers.

1. Enter the amount from Form 6251, line 4. If a loss, enclose the amount in parentheses	1.	375,915
2. Enter the loss from AMT Schedule D, line 21 as a positive amount	2.	3,000
3. Combine lines 1 and 2. If zero or less, enter -0-	3.	378,915
4. Enter the smaller of line 2 or line 3	4.	3,000
If line 7 of AMT Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5. Enter the loss from AMT Schedule D, line 7 as a positive amount	5.	
6. Enter the gain, if any, from AMT Schedule D, line 15	6.	
7. Add lines 4 and 6	7.	
8. AMT Short-term capital loss carryover to 2025. Subtract line 7 from line 5. If zero or less, enter -0-	8.	
If line 15 of AMT Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9. Enter the loss from AMT Schedule D, line 15, as a positive amount	9.	12,669
10. Enter the gain, if any, from AMT Schedule D, line 7	10.	137
11. Subtract line 5 from line 4. If zero or less, enter -0-	11.	3,000
12. Add lines 10 and 11	12.	3,137
13. AMT Long-term capital loss carryover to 2025. Subtract line 12 from line 9. If zero or less, enter -0-	13.	9,532

Form 982 Reduction of Capital Loss Carryovers to 2025

	Regular	AMT
1. Subtract 2024 to 2025 Capital Loss Carryover Worksheet, line 7 from line 5	1.	
2. Form 982 line 9 reduction of tax attributes applied to short-term capital loss carryover	2.	
3. Adjusted Short-term capital loss carryover to 2025. Subtract line 2 from line 1. Enter this amount on line 8 in the 2024 to 2025 Capital Loss Carryover Worksheet	3.	
4. Subtract 2024 to 2025 Capital Loss Carryover Worksheet, line 12 from line 9	4.	
5. Form 982 line 9 reduction of tax attributes applied to long-term capital loss carryover	5.	
6. Adjusted Long-term capital loss carryover to 2025. Subtract line 5 from line 4. Enter this amount on line 13 in the 2024 to 2025 Capital Loss Carryover Worksheet	6.	

Name

Taxpayer Identification Number

MICHAEL D REDONDO & ALINA YERMOLOVA

1. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	365,733	
2. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 3a*	2.	2,950	
3. Are you filing Schedule D?*			
☒ Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is a loss, enter -0-			
☐ No. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 7	3.		
4. Add lines 2 and 3	4.	2,950	
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	362,783	
6. Enter:			
\$47,025 if single or married filing separately,			
\$94,050 if married filing jointly or qualifying surviving spouse,	6.	94,050	
\$63,000 if head of household.			
7. Enter the smaller of line 1 or line 6	7.	94,050	
8. Enter the smaller of line 5 or line 7	8.	94,050	
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	0	
10. Enter the smaller of line 1 or line 4	10.	2,950	
11. Enter the amount from line 9	11.	0	
12. Subtract line 11 from line 10	12.	2,950	
13. Enter:			
\$518,900 if single,			
\$291,850 if married filing separately,			
\$583,750 if married filing jointly or qualifying surviving spouse,	13.	583,750	
\$551,350 if head of household.			
14. Enter the smaller of line 1 or line 13	14.	365,733	
15. Add lines 5 and 9	15.	362,783	
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	2,950	
17. Enter the smaller of line 12 or line 16	17.	2,950	
18. Multiply line 17 by 15% (0.15)	18.	443	
19. Add lines 9 and 17	19.	2,950	
20. Subtract line 19 from line 10	20.	0	
21. Multiply line 20 by 20% (0.20)	21.	0	
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	73,153	
23. Add lines 18, 21, and 22	23.	73,596	
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	73,861	
25. Tax on all taxable income. Enter the smaller of line 23 or line 24. Also include this amount on the entry space on Form 1040, 1040-SR, or 1040-NR, line 16. If you are filing Form 2555, do not enter this amount on the entry space on 1040, 1040-SR, or 1040-NR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	73,596	

*If you are filing Form 2555, these lines may be reduced (but not below zero) by your capital gain excess. Please refer to Foreign Earned Income Tax Worksheets - Excess Capital Gain for detail if the lines have been reduced.

Form **1040****General Sales Tax Deduction Worksheet****2024**

Name as shown on return

MICHAEL D REDONDO & ALINA YERMOLOVA

Taxpayer Identification Number

State of
FLORIDALocality of
MIAMI-DADE**General Sales Tax from IRS Tables**

1. Enter the amount of adjusted gross income (AGI) from Form 1040 or 1040-SR, Line 11 **1. 450,106**
2. Add the nontaxable amounts from Form 1040 or 1040-SR, lines 2b, 4a, 5a, 6a (Exclude rollovers and tax-free Sec. 1035 exchanges) **2. 8,215**
3. Add the following nontaxable items: nontaxable combat pay, public assistance, veteran's benefits, and workers' compensation.
Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits
received in 2024 **3.**
4. Add lines 1 through 3, this is income for general sales tax table purposes **4. 458,321**
5. Enter the amount from the sales tax table in the Schedule A instructions. **5. 1,782**
Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8
and enter the amount from line 5 on line 9
6. Enter the number of days of residence in state **6.**
7. Total days in year **7. 366**
8. Divide line 6 by line 7 (rounded to at least 3 decimal places) **8.**
9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table. **9. 1,782**

Local Sales Tax Using IRS Tables

10. Enter the amount from the sales tax table in the Schedule A instructions. **10. 1,782**
11. If you are a resident of Alabama, Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Kansas, Louisiana, Mississippi,
Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia, enter
the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions. **11.**
12. Enter the local general sales tax rate (exclude statewide local sales tax rate) **12. 1.00000**
13. Enter the state general sales tax rate (include statewide local sales tax rate) **13. 6.0000**
14. Divide line 12 by line 13 (rounded to at least 3 decimal places) **14. 0.167**
15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax
using the optional local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18
and enter the amount from line 15 on line 19
If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax
using the optional state and certain local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18
and enter the amount from line 15 on line 19 **15. 298**
16. Enter the number of days of residence in locality **16.**
17. Total days in year **17. 366**
18. Divide line 16 by line 17 (rounded to at least 3 decimal places) **18.**
19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables. **19. 298**

General Sales Tax Summary

20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets **20. 1,782**
21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets **21. 298**
22. Add lines 20 and 21, this is the total General Sales taxes using the tables **22. 2,080**
23. Enter the actual state and local general sales taxes paid **23.**
24. Enter the greater of line 22 or line 23 **24. 2,080**
25. Enter the state and local taxes paid on specified items (major purchases) **25.**
26. Add lines 24 and 25, this is the deductible General Sales tax **26. 2,080**
27. Enter total state and local income taxes paid **27.**

Enter the greater of line 26 or 27 on Schedule A, line 5a. If line 26 is greater, mark the Schedule A, line 5a box.

Form 1040	Foreign Tax Credit Carryover Worksheet	2024
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Name MICHAEL D REDONDO & ALINA YERMOLOVA	Taxpayer Identification Number
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Foreign Income Category PASSIVE INCOME

Regular					
Foreign Taxes Available	Maximum Credit Allowable	Unused (+) or Excess (-)	Carryback Applied from CY	Carryforward Applied to CY	* CY Unused (+) or Excess (-)
2014					
2015					
2016					
2017					
2018					
2019					
2020					
2021					
2022					
2023	16	703			
2024	13	17			-4

* Amounts flow to the Foreign Tax Credit Carryover Report

Alternative Minimum Tax					
Foreign Taxes Available	Maximum Credit Allowable	Unused (+) or Excess (-)	Carryback Applied from CY	Carryforward Applied to CY	* CY Unused (+) or Excess (-)
2014					
2015					
2016					
2017					
2018					
2019					
2020					
2021					
2022					
2023	16	675	5		-645
2024	13	8	5		

* Amounts flow to the Foreign Tax Credit Carryover Report

Form 1040	Home Mortgage Limit Worksheet A	2024
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Name MICHAEL D REDONDO & ALINA YERMOLOVA	Taxpayer Identification Number
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Part I Qualified Loan Limit

1. Enter the average balance of all your grandfathered debt. See the line 1 instructions	1.	
2. Enter the average balance of all your home acquisition debt incurred prior to December 16, 2017. See the line 2 instructions	2.	
3. Enter \$1,000,000 (\$500,000 if married filing separately)	3.	1,000,000
4. Enter the larger of the amount on line 1 or the amount on line 3	4.	1,000,000
5. Add the amounts on lines 1 and 2. Enter the total here	5.	
6. Enter the smaller of the amount on line 4 or the amount on line 5	6.	
• If you have no home acquisition debt incurred after December 15, 2017, line 6 is your qualified loan limit. Enter this amount on line 11 and go to Part II, line 12. • If you have home acquisition debt incurred after December 15, 2017, go to line 7.		
7. Enter the average balance of all your home acquisition debt incurred after December 15, 2017. See the line 7 instructions	7.	1,488,535
8. Enter \$750,000 (\$375,000 if married filing separately)	8.	750,000
9. Enter the larger of the amount on line 6 or the amount on line 8	9.	750,000
10. Add the amounts on lines 6 and 7. Enter the total here	10.	1,488,535
11. Enter the smaller of line 9 or line 10. This is your qualified loan limit	11.	750,000

Part II Deductible Home Mortgage Interest

12. Enter the total of the average balances of all mortgages on all qualified homes. See the line 12 instructions	12.	1,488,535
• If line 11 is less than line 12, go on to line 13. • If line 11 is equal to or more than line 12, stop here. All of your interest on all the mortgages included on line 12 is deductible as home mortgage interest on Schedule A (Form 1040 or 1040-SR), line 8a or 8b, whichever applies.		
13. Enter the total amount of interest that you paid. See the line 13 instructions	13.	71,955
14. Divide the amount on line 11 by the amount on line 12. Enter the result as a decimal amount (rounded to three places)	14.	0.504
15. Multiply the amount on line 13 by the decimal amount on line 14. Enter the result. This is your deductible home mortgage interest. Enter this amount on Schedule A (Form 1040 or 1040-SR), line 8a or 8b, whichever applies	15.	36,265
16. Subtract the amount on line 15 from the amount on line 13. Enter the result. This is not home mortgage interest. See line 16 instructions	16.	35,690

Deductible Points

		Points reported on Form 1098			Points not reported on Form 1098
17. Points paid during current year	17.	1,500	17.		
18. Decimal amount from Part II, line 14	18.	0.504	18.		0.504
19. Points deductible as home mortgage interest	19.	756	19.		
20. Points not deductible as home mortgage interest	20.	744	20.		

Form	1040	Mixed Use Mortgage Worksheets	2024
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Name	Taxpayer Identification Number
MICHAEL D REDONDO & ALINA YERMOLOVA	

Description of loan/property	Loan Origination Date	Unit No.
PRIMARY HOME	05/07/24	1

1. Enter the total principal amount paid in 2024	1.	4,350
2. Number of months loan was outstanding in 2024	2.	12
3. Home equity debt NOT used to buy/build/improve home on 12/31/23 (or the first day mortgage was outstanding)	3.	
4. Home equity debt NOT used to buy/build/improve home on 12/31/24 (or the last day mortgage was outstanding)	4.	
5. Grandfather debt balance on 12/31/23 (or the first day the mortgage was outstanding)	5.	
6. Grandfather debt balance on 12/31/24 (or the last day the mortgage was outstanding)	6.	
7. Average balance for 2024 of grandfather debt	7.	
8. Pre-12/16/17 home acquisition/improvement debt balance on 12/31/23 (or the first day mortgage was outstanding)	8.	
9. Pre-12/16/17 home acquisition/improvement debt balance on 12/31/24 (or the last day mortgage was outstanding)	9.	
10. Average balance for 2024 of pre-12/16/17 home acquisition debt	10.	
11. Post-12/15/17 home acquisition/improvement debt balance on 12/31/23 (or the first day mortgage was outstanding)	11.	772,500
12. Post-12/15/17 home acquisition/improvement debt balance on 12/31/24 (or the last day mortgage was outstanding)	12.	768,150
13. Average balance for 2024 of post-12/15/17 home acquisition debt	13.	770,325
14. Average balance for 2024 of all types of debt	14.	770,325

Mixed Use Mortgage Summary

Average balance grandfather debt for 2024; enter the result on Home Mortgage Limit Worksheet A, line 1	
Average balance pre-12/16/17 home acquisition/improvement debt for 2024; enter the result on Home Mortgage Limit Wrk A, line 2	
Average balance post-12/15/17 home acquisition/improvement debt for 2024; enter the result on Home Mortgage Limit Wrk A, line 7	
Average balance of all debt types for 2024; enter the result on Home Mortgage Limit Worksheet A, line 12	

Form	1040	Mixed Use Mortgage Worksheets	2024
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Name	Taxpayer Identification Number
MICHAEL D REDONDO & ALINA YERMOLOVA	

Description of loan/property	Loan Origination Date	Unit No.
SECOND HOME	05/30/23	2

1. Enter the total principal amount paid in 2024	1.	8,992
2. Number of months loan was outstanding in 2024	2.	12
3. Home equity debt NOT used to buy/build/improve home on 12/31/23 (or the first day mortgage was outstanding)	3.	
4. Home equity debt NOT used to buy/build/improve home on 12/31/24 (or the last day mortgage was outstanding)	4.	
5. Grandfather debt balance on 12/31/23 (or the first day the mortgage was outstanding)	5.	
6. Grandfather debt balance on 12/31/24 (or the last day the mortgage was outstanding)	6.	
7. Average balance for 2024 of grandfather debt	7.	
8. Pre-12/16/17 home acquisition/improvement debt balance on 12/31/23 (or the first day mortgage was outstanding)	8.	
9. Pre-12/16/17 home acquisition/improvement debt balance on 12/31/24 (or the last day mortgage was outstanding)	9.	
10. Average balance for 2024 of pre-12/16/17 home acquisition debt	10.	
11. Post-12/15/17 home acquisition/improvement debt balance on 12/31/23 (or the first day mortgage was outstanding)	11.	722,706
12. Post-12/15/17 home acquisition/improvement debt balance on 12/31/24 (or the last day mortgage was outstanding)	12.	713,714
13. Average balance for 2024 of post-12/15/17 home acquisition debt	13.	718,210
14. Average balance for 2024 of all types of debt	14.	718,210

Mixed Use Mortgage Summary

Average balance grandfather debt for 2024; enter the result on Home Mortgage Limit Worksheet A, line 1	
Average balance pre-12/16/17 home acquisition/improvement debt for 2024; enter the result on Home Mortgage Limit Wrk A, line 2	
Average balance post-12/15/17 home acquisition/improvement debt for 2024; enter the result on Home Mortgage Limit Wrk A, line 7	1,488,535
Average balance of all debt types for 2024; enter the result on Home Mortgage Limit Worksheet A, line 12	1,488,535

Name

MICHAEL D REDONDO & ALINA YERMOLOVA

Taxpayer Identification Number

Taxpayer IRA

Spouse's IRA

- 1a. Were you covered by a retirement plan? 1a. ☒ Yes ☐ No
- 1b. If married filing jointly, or married filing separately and you lived with your spouse at any time in 2024, was your spouse covered by a retirement plan? 1b. ☐ Yes ☒ No

Next: If you checked "No" on line 1a, and "No" on line 1b for married filing joint or married filing separate when required, skip lines 2-6, enter \$7,000 (\$8,000 if 50 or older) on line 7a (and 7b if applicable) and go to line 8. Otherwise, go to line 2.

2. Enter the amount shown below for your filing status.

- Single, head of household, or married filing separately and you **lived apart** from your spouse for all of 2024, enter \$87,000
- Qualifying surviving spouse, enter \$143,000
- Married filing jointly, enter \$143,000 in both columns. But if you checked "No" on either line 1a or 1b, enter \$240,000 for the person who was not covered by a plan
- Married filing separately and you lived with your spouse at any time in 2024, enter \$10,000

2a. 143,000 2b. _____

3. Add the amounts on Form 1040 or 1040-SR lines 1, 2b, 3b, and 4b or the taxable IRA distribution from the IRA with IRA worksheet from Pub.590-B if applicable, or Schedule 1, line 10. Do not include any foreign earned income exclusion, foreign housing exclusion, exclusion of qualified bond interest shown on Form 8815, or exclusion of employer-paid adoption expenses shown on Form 8839 3. 450,106

4. Add amounts on Form 1040 or 1040-SR, Schedule 1, lines 11 through 25. 4. _____

5. Subtract line 4 from line 3. Enter the result in both columns. If this amount is equal to or more than the amount on line 2, none of your IRA contributions are deductible. 5a. 450,106 5b. _____

6. Subtract line 5 from line 2 in each column. **If the result is \$10,000 or more (\$20,000 if MFJ or QSS and covered by employer plan) enter \$7,000 (\$8,000 if 50 or older) on line 7 and go to line 8 for that column** 6a. _____ 6b. _____

7. Multiply line 6a and 6b by the percentage that applies. If the result is not a multiple of \$10, increase it to the next multiple of \$10 (for example, round \$490.30 to \$500). If the result is \$200 or more, enter the result. But if it is less than \$200, enter \$200.
- MFJ or QSS and covered by emp plan, multiply line 6 by .35 (.40 if 50 or older)
 - All others, multiply line 6 by .70 (.80 if 50 or older)
- 7a. _____ 7b. _____

8. Enter your wages, and your spouse's if filing jointly, and other earned income for Form 1040, minus any deductions on Form 1040, Schedule 1, lines 15 and 16. Do not reduce wages by any loss from self-employment. 8a. 228,111 8b. _____

9. Enter traditional IRA contributions made, or that will be made by 4/15/25, for 2024 to your IRA on line 9a and to your spouse's IRA on line 9b 9a. 7,000 9b. _____

10. On line 10a, enter the **smallest** of line 7a, line 8a, or line 9a. On line 10b, enter the **smallest** of line 7b, line 8b, or line 9b. This is the most you can deduct. Add the amounts on lines 10a and 10b and enter the total on Form 1040, Schedule 1, line 20. If line 9 is more than line 10, go to line 11. **(If you are the higher income spouse, use the portion of line 8 that represents your compensation. If you are the lower income spouse, line 8 is reduced by your spouse's traditional and Roth IRA contributions.)** 10a. 0 10b. _____

Nondeductible IRA contributions

11. Subtract line 10 from the **smaller** of line 8 or 9. Enter on line 1 of your Form 8606 the amount from line 11 you choose to make nondeductible 11a. 7,000 11b. _____

Form 1040	Taxable IRA Distributions with IRA Contributions	2024
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Name of recipient	Taxpayer Identification Number
MICHAEL D REDONDO	

1. Enter the basis in your traditional IRA(s) as of 12/31/23	1. <u>0</u>
2. Enter the total of all traditional IRA contributions made for 2024, whether or not deductible . Include contributions made during 2025 for 2024 year, but not rollover contributions properly rolled over into the IRAs. Also, do not include certain returned contributions described in the instructions for line 7, Part I, of Form 8606	2. <u>7,000</u>
3. Add lines 1 and 2	3. <u>7,000</u>
4. Enter the value of ALL your traditional IRA(s) as of 12/31/2024 (including any outstanding rollovers from traditional IRAs to other traditional IRAs). Subtract any repayments of qualified disaster recovery assistance or recovery assistance distributions	4. _____
5. Enter the total distributions from traditional IRAs (including amounts converted to Roth IRAs shown on line 16 of Form 8606) received in 2024. (Do not include outstanding rollovers included on line 4 or any rollovers between traditional IRAs completed by 12/31/2024. Also, do not include certain returned contributions described in the instructions for line 7, Part I, of Form 8606.) Do include repayments of qualified disaster recovery assistance or recovery assistance distributions	5. <u>7,000</u>
6. Add lines 4 and 5	6. <u>7,000</u>
7. Divide line 3 by line 6. Enter the result as a decimal. Do not enter more than 1.0000	7. <u>1.0000</u>
8. Nontaxable portion of the distribution. Multiply line 5 by line 7. Enter the result here and on line 13 and 17 of Form 8606	8. <u>7,000</u>
9. Taxable portion of the distribution (before adjustment for conversions) . Subtract line 8 from line 5. Enter the result here and if there are no amounts converted to Roth IRAs, STOP HERE and enter the result on line 15a of Form 8606	9. <u>0</u>
10. Enter the amount included on line 9 that is allocable to amounts converted to Roth IRAs by 12/31/2024. (See footnote 1 at the end of this worksheet.) Enter here and on line 18 of Form 8606	10. _____
11. Taxable portion of the distribution (after adjustment for conversions) . Subtract line 10 from line 9. Enter the result here and on line 15a of Form 8606	11. _____

1 If the amount on line 5 of this worksheet includes an amount converted to a Roth IRA by 12/31/2024, you must determine the percentage of the distribution allocable to the conversion. To figure the percentage, divide the amount converted (from line 16 of Form 8606) by the total distributions shown on line 5. To figure the amounts to include on line 10 of this worksheet and on line 18, Part II of Form 8606, multiply line 9 of the worksheet by the percentage you figured.

2 If you have Social Security benefits do not report the amount on line 9 or line 11 on Form 8606, Line 15a. Instead use the taxable portion of the distribution in calculating line 3 of Worksheet 1 For Social Security Recipients Who Contribute to an IRA.

Name

MICHAEL D REDONDO & ALINA YERMOLOVA

Taxpayer Identification Number

Total Income with adjustments for calculating MAGI

1. Wages	1.	272,242
2. Taxable interest	2.	14,762
3. Ordinary dividends	3.	4,840
4. State and local tax refunds	4.	
5. Alimony received	5.	
6. Business income/loss	6.	
7. Capital gain/loss	7.	-3,000
8. Other gains/losses	8.	
9. Taxable IRA distributions	9.	
10. Taxable IRA distributions calculated using the IRA with IRA worksheet from Pub. 590-B	10.	
11. Pensions and annuities	11.	
12. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	12.	161,246
13. Farm income/loss	13.	
14. Unemployment compensation	14.	
15. Taxable social security benefits	15.	
16. Other income/loss	16.	16
17. Add: Foreign earned income exclusion	17.	
18. Foreign housing exclusion	18.	
19. Exclusion of qualified bond interest shown on Form 8815	19.	
20. Exclusion of employer-paid adoption expenses shown on Form 8839	20.	
21. Total income for MAGI calculation, combine lines 1 through 20 (Traditional IRA Deduction Worksheet line 3)	21.	450,106

Adjustments for calculating MAGI

22. Educator expenses	22.	
23. Certain business expenses from Form 2106	23.	
24. Health savings account deduction	24.	
25. Moving expenses	25.	
26. Deductible part of self-employment tax	26.	
27. Self-employed SEP, SIMPLE, and qualified plans	27.	
28. Self-employed health insurance deduction	28.	
29. Penalty on early withdrawal of savings	29.	
30. Alimony paid	30.	
31. Other deductions	31.	
32. Less: Foreign housing deduction	32.	
33. Total deductions for MAGI calculation, add lines 22 through 31 and subtract line 32 (Trad IRA Deduction Worksheet line 4)	33.	
34. Modified Adjusted Gross Income MAGI, subtract line 33 from line 21	34.	450,106
35. Adjustment to modified adjusted gross income from Screen IRA	35.	
36. Modified Adjusted Gross Income MAGI, combine line 34 and 35 (Traditional IRA Deduction Worksheet line 5)	36.	450,106

Name

Taxpayer Identification Number

MICHAEL D REDONDO & ALINA YERMOLOVA

Taxpayer

Spouse

Wages	228,111	44,131
Scholarship, fellowship payments, and grants		
Difficulty of care payments		
Alimony received		
Combat pay		
Child non-Self-employment income		
Household income		
Foreign employee compensation		
Ordinary incentive stock option		
Excess utility allowance		
Excess rent allowance		
Foreign noncash allowance		
2106 excess reimbursement		
Excess moving reimbursement		
Workfare	()	()
Reserved for future use	()	()
Allowable foreign exclusion	()	()

Self-Employment income**Farm income**

Schedule F and Farm Partnership income	()	()
Auto expense from farm partnerships	()	()
Section 179 from farm partnerships	()	()
Depletion from farm partnerships	()	()
Other expenses from farm partnerships	()	()
Home office expenses from farm partnerships	()	()
Unreimbursed partnership expenses from farm partnerships	()	()
Farm income	0	0

Nonfarm income

Schedule C and Nonfarm Partnership income	()	()
Auto expense from nonfarm partnerships	()	()
Section 179 from nonfarm partnerships	()	()
Depletion from nonfarm partnerships	()	()
Other expenses from nonfarm partnerships	()	()
Home office expenses from nonfarm partnerships	()	()
Unreimbursed partnership expenses from nonfarm partnerships	()	()
Nonfarm income	0	0

Self-employment tax deduction	()	()
Self-employed SEP, SIMPLE, and qualified plans deduction	()	()

Adjustment from screen IRA		
Total compensation	228,111	44,131

Additional Calculation of Compensation for the Lower Compensated Spouse for IRA Purposes

Compensation for lower compensated spouse from above	44,131
Add: Compensation for higher compensated spouse from above	228,111
Less: IRA contribution for higher compensated spouse	(7,000)
Compensation for lower compensated spouse for IRA purposes	265,242

SPOUSE IS THE LOWER COMPENSATED SPOUSE.

Name **MICHAEL D REDONDO**

Taxpayer Identification Number **[REDACTED]**

Entity Name **REDONDO LAW PA**

EIN **83-3447367**

Entity Type **S CORPORATION**

Screen **K1**

K1 Unit **3**

Activity

Passive Activity Type **NOT PASSIVE**

Entire disposition of activity

	Current Year Amount	PY Suspended Basis Loss	Disallowed Basis Limitation	PY Suspended At-risk Loss	Disallowed At-risk Limitation	PY Suspended Passive Loss	Disallowed Loss Limitation	Tax Return
Schedule E page 2								
Ordinary business income/-loss	161,246							161,246
Net rental real estate income/-loss								
Other net rental income/-loss								
Guaranteed payments								
Section 179 expense								
Disallowed Section 179 expense								
Depletion								
Section 59(e)(2) expenditures								
Preproductive period expense								
Reforestation expense deduct								
Other deductions								
Unreimbursed expenses								
Other inc/loss - Schedule E								
Debt financed acquisition								
Dependent care benefits								
Total Schedule E page 2	161,246							161,246
Schedule E page 1								
Royalties								
Deductions-royalty income								
Depletion								
Total Schedule E page 1								
Schedule B								
Interest Income	14,747							14,747
Tax-exempt interest income								
Dividend Income								
Qualified dividends (1040, Page 2)								
Schedule D/8949/6781								
Short-term capital gain/-loss								
Long-term capital gain/-loss								
28% capital gain/-loss								
1256 contracts and straddles								
Form 4797								
4797 Part I								
4797 Part II								
Section 179/280F recapture								

Form 1040	K-1 Reconciliation Worksheet - Form 1040, Sch A, Form 4952	2024
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Name MICHAEL D REDONDO	Taxpayer Identification Number XXXXXXXXXX
Entity Name REDONDO LAW PA	EIN 83-3447367 Entity Type S CORPORATION Screen K1 K1 Unit 3

Activity	Passive Activity Type NOT PASSIVE						Entire disposition of activity	
	Current Year Amount	PY Suspended Basis Loss	Disallowed Basis Limitation	PY Suspended At-risk Loss	Disallowed At-risk Limitation	PY Suspended Passive Loss	Disallowed Loss Limitation	Tax Return
Form 1040 Schedule 1								
Other portfolio income/-loss								
Cancellation of debt								
Other income/-loss								
Penalty on early withdrawal								
1040 Page 2 and Schedule 3								
Federal income tax withheld								
Undistributed capital gains credit								
Recapture of low-income housing cr								
Recapture of indian employment cr								
Recapture of employ child care cr								
Recapture of new markets cr								
Recapture of alt motor vehicle cr								
Recapture of alt fuel veh refueling cr								
Schedule A								
Cash contributions	11,759							11,759
Cash contributions (30%)								
Noncash contributions (50%)								
Noncash contributions (30%)								
Cap gain prop 50% org (30%)								
Cap gain prop (20%)								
Portfolio deductions (other)								
Real estate taxes								
State and local tax withheld paid								
Foreign taxes								
Investment int from 4952								
Form 4952								
Investment interest expense								
Investment income adjustment								
Investment expenses								

[illegible]

Form 1040	Form 8960 - Net Investment Income Worksheet 1	2024
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Name MICHAEL D REDONDO & ALINA YERMOLOVA	Taxpayer Identification Number
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Form 8960, Line 4b, Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business

Activity	Profit or loss on Sch C / Net Rental Income(Loss) on Sch E	Net Royalty Income(Loss) on Sch E	Net K-1 Nonpassive Income(Loss) on Sch E	Net K-1 Passive Income(Loss) on Sch E	Non-section 1411 Adjustment
REDONDO LAW PA			161,246		-161,246
Totals			161,246		
Additional adjustment					
Total adjustment. Enter on Form 8960, line 4b					-161,246

Form 8960, Line 5b, Net gain or loss from disposition of property not subject to net investment income tax

Description	Schedule D Short Term Gain(Loss)	Schedule D Long Term Gain(Loss)	Form 4797 Short Term Gain(Loss)	Form 4797 Long Term Gains (Losses)	Non-section 1411 Adjustment
Totals					
Adjustment for capital loss carryforward from 2023					
Total capital gain/(loss)			Total ordinary gain/(loss)		
Additional adjustment					
Total net gain or loss from disposition of property not subject to net investment income tax					
Adjustment for capital loss carryover to 2025. Lesser of line 3 or 4 from worksheet below, entered as a negative number					0
Total adjustment. Enter on Form 8960, line 5b					

Adjustment for capital loss carryover to 2025

Complete this worksheet if there is a capital loss carryover to next year

1. Enter the Total capital gain/(loss) excluded. If a gain, enter as a positive. If a loss, enter as a negative.	1.	
2. Enter the Total adjustment from disposition of partnership interest or S corporation stock from Net Investment Income Worksheet 3	2.	
3. Combine lines 1 and 2. If zero or less, enter -0-	3.	0
4. Enter the amount of capital loss carried over to the following year, as a positive number	4.	9,532

Form 1040	Passive Activity Deduction Worksheet	2024
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Name MICHAEL D REDONDO		Taxpayer Identification Number 	
Activity	TOWNHOUSE: 3056 BIRD AVE, APT D	Form	SCH E
Type	RENTAL REAL ESTATE W/ACTIVE PARTICIPATION	Unit	1
		Entire Disposition of Activity	

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating	9,231	237	4,679	4,789
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 Schedule 1				

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating	9,231	237	4,679	4,789
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 Schedule 1				

Form 1040	Passive Activity Deduction Worksheet	2024
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Name MICHAEL D REDONDO		Taxpayer Identification Number 	
Activity	215 WEST COLLEGE AVE #801	Form	SCH E Unit 4
Type	RENTAL REAL ESTATE W/ACTIVE PARTICIPATION		Entire Disposition of Activity

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating		23,731	11,727	12,004
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 Schedule 1				

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating		23,731	11,727	12,004
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 Schedule 1				

Name

MICHAEL D REDONDO & ALINA YERMOLOVA

Taxpayer Identification Number

1

Adjusted gross income

1

450,106

2

Subtractions:

2(a)

Passive activity income

2(a)

16,406

2(b)

Taxable social security income

2(b)

2(c)

Other

2(c)

2(d)

Total subtractions

2(d)

16,406

3

Additions:

3(a)

Allowed passive activity losses

3(a)

16,406

3(b)

Rental real estate loss allowed to real estate professionals

3(b)

3(c)

Overall loss from a PTP

3(c)

3(d)

Taxpayer's IRA deduction

3(d)

3(e)

Spouse's IRA deduction

3(e)

3(f)

One-half self-employment tax

3(f)

3(g)

Series EE & I Bond Interest

3(g)

3(h)

Employer's adoption assistance program exclusion amount

3(h)

3(i)

Student loan interest deduction

3(i)

3(j)

Reserved

3(j)

3(k)

Other

3(k)

3(m)

Total additions

3(m)

16,406

4

Modified adjusted gross income

4

450,106

Schedule E	Qualified Business Income Calculation Worksheet	2024
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Name MICHAEL D REDONDO & ALINA YERMOLOVA	Taxpayer Identification Number [REDACTED]
Property Description RENTAL: 2335 NW 34TH ST	Form/Schedule Unit E 3

1. Schedule E, Page 1, Net rental real estate income or (loss)	1. 16,406
Additions for qualified business income:	
2. Form 4797, Ordinary income	2.
Prior year suspended losses utilized this year:	
3. Passive suspended losses	3.
4. At-Risk suspended losses	4.
5. Section 179 expense	5.
6. Total additions to net profit or (loss). Add lines 2 through 5.	6.
Subtractions for qualified business income	
7. Form 4797, Ordinary loss (includes share of net 1231 loss)	7.
8. Reserved	8.
9. Reserved	9.
10. Total subtraction to net profit or (loss). Add lines 7 through 9.	10.
11. Qualified business income for this activity. Line 1 plus line 6 less line 10.	11. 16,406

	Beginning of Year			End of Year		
Carryovers:	Pre -2018	After 2017	Allowed loss	Pre -2018	After 2017	QBI Portion of
Passive activity:	(A)	(B)	(C)	(D)	(E)	Allowed Losses
Operating						
Form 4797, Part II						
Section 1231 loss						
At-Risk:						
Operating						
Form 4797, Part II						
Section 1231 loss						
Section 179 expense						
Other:						
Section 179 expense						

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward _____

Name **MICHAEL D REDONDO**

Taxpayer Identification Number **[REDACTED]**

Entity Name **REDONDO LAW PA**

EIN **83-3447367**

Entity Type **S CORPORATION**

Screen **K1**

K1 Unit **3**

Activity		Passive Activity Type		NOT PASSIVE			Entire disposition of activity		
Qualified Business Income		Screen K1QBI Amount	QBI Items from Schedule K-1	Basis Limit Adjustment	At-risk Limit Adjustment	Passive Limitation	Qualified Business Income	Prior Year Suspended QBI Losses Allowed	
								Passive / 179	Basis
Ordinary business inc/-loss		161,246	161,246				161,246		
Net rental real estate inc/-loss									
Other net rental income/-loss									
Royalties									
Section 1231 gain (loss)									
Section 179 expense									
Disallowed Section 179 exp									
Other income (loss)									
Other income/-loss Form 1040									
Reserved									
Other deductions									
4797 ordinary income / -loss									
Depletion									
UPE + Debt financed acquisit									
Deductible part of SE tax									
Self-employed health insurance									
Self-employed qualified plans									
Ordinary gains on distribution									
Total Qualified Business Income							161,246		

Form 8995 or 8995-A

Qualified business net (loss) carryforward from prior years
Form 8995, line 3 or Form 8995-A (Schedule C), line 2

Suspended Loss Carryforwards	Pre -TCJA Passive	Post- TCJA Passive	Pre -TCJA Basis	Post - TCJA Basis	Pre -TCJA At-Risk	Post- TCJA At-Risk	Other carryovers	
Ordinary business loss								
Net rental real estate loss								
Other net rental loss								
Section 179 expense								
Depletion								
Section 59(e)(2) expenditure								
Preproductive period exp								
Reforestation expense ded								
Other deductions								
Other losses - Schedule E								
Dependent care expense								
4797 - Ordinary loss								
Other losses - 1040 Sch 1								
Section 1231 loss								

Taxpayer identification number

Unit	<u>1</u>	Ownership Percentage	_____
T, S, J	<u>T</u>	Business Use Percentage	_____
State	FL	Personal Use Percentage	_____

State **FL** Personal Use Percentage _____

2. Property Use Information:

Fair Rental Days **366**

Personal Use Days

QJV

	Column A	Column B	Column C (Column A - B - C)
	Total Income/Expense	Nonbusiness Expenses	Vacation Home / Personal Use Expenses Income / Expenses Reported on Schedule E
Income:			
3. Rents received	45,100		45,100
4. Royalties received			
Expenses:			
5. Advertising			
Auto			
Travel			
6. Auto and travel (total)			
7. Cleaning and maintenance			
8. Commissions			
9. Insurance	1,725		1,725
10. Legal and other professional fees			
11. Management fees			
Mortgage interest from 1098	8,775		
Refinancing points on 1098			
12. Mortgage interest paid to banks, etc.	8,775		8,775
Other mortgage interest			
Other interest			
Refinancing points			
Qualified mortgage insurance			
13. Other interest (total)			
14. Repairs	3,253		3,253
15. Supplies			
Real estate taxes	11,358		
All other taxes			
16. Taxes (total)	11,358		11,358
17. Utilities	568		568
18. Depreciation expense or depletion	14,858		14,858
19. Other (list)			
HOA FEES	4,800		4,800
20. Total expenses. Add lines 5 through 19	45,337		45,337
21. Income or (loss) from rental or royalty properties.			-237

Taxpayer identification number

Unit 3 Ownership Percentage _____
T, S, J - Business Use Percentage _____
State **FL** Personal Use Percentage _____

State **FL** Personal Use Percentage _____

2. Property Use Information:

Fair Rental Days **366**
 Personal Use Days
 QJV

	Column A	Column B	Column C	(Column A - B - C)
	Total Income/Expense	Nonbusiness Expenses	Vacation Home / Personal Use Expenses	Income / Expenses Reported on Schedule E
Income:				
3. Rents received	61,525			61,525
4. Royalties received				
Expenses:				
5. Advertising				
Auto				
Travel				
6. Auto and travel (total)				
7. Cleaning and maintenance				
8. Commissions				
9. Insurance	4,956			4,956
10. Legal and other professional fees				
11. Management fees				
Mortgage interest from 1098				
Refinancing points on 1098				
12. Mortgage interest paid to banks, etc.				
Other mortgage interest				
Other interest				
Refinancing points				
Qualified mortgage insurance				
13. Other interest (total)				
14. Repairs				
15. Supplies				
Real estate taxes				
All other taxes	9,400			
16. Taxes (total)	9,400			9,400
17. Utilities	9,051			9,051
18. Depreciation expense or depletion	19,612			19,612
19. Other (list)				
HOME WARRANTY	900			900
LANDSCAPING	1,200			1,200
20. Total expenses. Add lines 5 through 19	45,119			45,119
21. Income or (loss) from rental or royalty properties.				16,406

Taxpayer identification number

State	Personal Use Percentage
-------	-------------------------

QJV

	Column A	Column B	Column C Vacation Home / Personal Use Expenses	(Column A - B - C)
	Total Income/Expense	Nonbusiness Expenses		Income / Expenses Reported on Schedule E
Income:				
3. Rents received	12 ,000			12 ,000
4. Royalties received				
Expenses:				
5. Advertising				
Auto				
Travel				
6. Auto and travel (total)				
7. Cleaning and maintenance	4 ,500			4 ,500
8. Commissions				
9. Insurance	2 ,100			2 ,100
10. Legal and other professional fees				
11. Management fees				
Mortgage interest from 1098				
Refinancing points on 1098				
12. Mortgage interest paid to banks, etc.				
Other mortgage interest				
Other interest				
Refinancing points				
Qualified mortgage insurance				
13. Other interest (total)				
14. Repairs				
15. Supplies				
Real estate taxes				
All other taxes	3 ,327			
16. Taxes (total)	3 ,327			3 ,327
17. Utilities				
18. Depreciation expense or depletion	14 ,355			14 ,355
19. Other (list)				
HOA FEES	11 ,449			11 ,449
20. Total expenses. Add lines 5 through 19	35 ,731			35 ,731
21. Income or (loss) from rental or royalty properties.				-23 ,731

Federal Statements

Form 1040, Line 2a - Tax-exempt Interest

Payer	Amount
AMERICAN ENTERPRISE INVESTMENT [REDACTED]	\$ 1,215
TOTAL	<u>\$ 1,215</u>

Form 1040, Dividend Income

Payer	Ordinary Dividends	Qualified Dividends	Section 199A Dividends
AMERICAN ENTERPRISE [REDACTED]	\$ 1,208	\$ 1,113	\$ 29
AMERICAN ENTERPRISE INVESTMENT [REDACTED]	<u>3,632</u>	<u>1,837</u>	<u>54</u>
TOTAL	<u>\$ 4,840</u>	<u>\$ 2,950</u>	<u>\$ 83</u>

Federal Statements

Schedule A, Line 1 - Medical and Dental Expenses

Description	Amount
NET MARKETPLACE PREMIUMS	\$ 5,496
TOTAL	\$ 5,496

Schedule A, Line 1 - Net Marketplace Premiums

Description	Amount
TOTAL ENROLLMENT PREMIUMS - FORM 1095-A	5,496
LESS: NET PREMIUM TAX CREDIT (FORM 8962, LINE 26)	0
LESS: ADVANCE PAYMENT OF PTC (FORM 8962, LINE 25)	-1,652
LESS: SE HEALTH INSURANCE DEDUCTION FOR SPECIFIED PREMIUMS	0
PLUS: EXCESS ADVANCE PTC REPAYMENT (FORM 8962, LINE 29)	1,652
NET MARKETPLACE PREMIUMS INCLUDED ON SCHEDULE A, LINE 1	\$ 5,496

Schedule A, Line 5a - State and Local General Sales Taxes

Description	Amount
GENERAL SALES TAX	\$ 2,080
TOTAL	\$ 2,080

Schedule A, Line 8a - Home Mortgage Interest & Points From Form 1098

Description	Amount
MORTGAGE INT - WORKSHEET A	\$ 36,265
DEDUCT POINTS ON 1098-HM WRKA	756
TOTAL	\$ 37,021

Schedule A, Line 11 - Charitable Contributions by Cash or Check

Description	Amount
VARIOUS CHARITIES	\$ 500
CASH CONT FROM K-1 - REDONDO LAW PA	11,759
TOTAL	\$ 12,259

Schedule A, Line 12 - Charitable Contributions Other Than Cash or Check

Description	Amount
GOODWILL	\$ 500
TOTAL	\$ 500

Federal Statements

TOWNHOUSE: 3056 BIRD AVE, APT D

Schedule E, Line 9 - Insurance

Description	Gross Amount	Business Use Percentage	Net Amount
INSURANCE (RENT, 1)	\$ 1,725		\$ 1,725
TOTAL	\$ 1,725		\$ 1,725

TOWNHOUSE: 3056 BIRD AVE, APT D

Schedule E, Line 12 - Mortgage Interest Paid to Banks

Description	Gross Amount	Business Use Percentage	Net Amount
NEWREZ LLC	\$ 8,775		\$ 8,775
TOTAL	\$ 8,775		\$ 8,775

TOWNHOUSE: 3056 BIRD AVE, APT D

Schedule E, Line 16 - Taxes

Description	Gross Amount	Business Use Percentage	Net Amount
REAL ESTATE TAXES	\$ 11,358		\$ 11,358
TOTAL	\$ 11,358		\$ 11,358

RENTAL: 2335 NW 34TH ST

Schedule E, Line 9 - Insurance

Description	Gross Amount	Business Use Percentage	Net Amount
INSURANCE (RENT, 3)	\$ 4,956		\$ 4,956
TOTAL	\$ 4,956		\$ 4,956

215 West College Ave #801

Schedule E, Line 9 - Insurance

Description	Gross Amount	Business Use Percentage	Net Amount
INSURANCE (RENT, 4)	\$ 2,100		\$ 2,100
TOTAL	\$ 2,100		\$ 2,100

Federal Statements

Passive Income from B&D

Form 1116 line 1a - Gross Income From Sources Within Country

Description	A	B	C
FOREIGN QUALIFIED DIVIDENDS	\$	\$	\$
FRGN QUALIFIED DIVS - NO ADJUSTMENT	92		
OTHER FOREIGN GROSS INCOME			
1116 FOREIGN GROSS INCOME	92		
- 1116 FOREIGN QUALIFIED DIVIDENDS	92		
	0		
TOTAL	92		

Passive Income from B&D

Form 1116 line 3e - Gross Income from All Sources

Description	Amount
1040 LN 1/2B-5B SCH 1 LN 1/2A/7/8	\$ 291,860
GROSS SCH D CAPITAL GAINS	2,585
GROSS SCH E RENTAL INCOME	118,625
SHARE PS/S-CORP GROSS INCOME	161,246
TOTAL	\$ 574,316

Passive Income from B&D

Form 1116 line 4a - Apportioned Home Mortgage Interest

Description	A	B	C
1116 LINE 3D GROSS FRGN SOURCE INCOME	\$ 92	\$	\$
LESS APPORTIONED 2555 INCOME, IF ANY			
GROSS FOREIGN SOURCE INCOME	92		
1116 LINE 3E ALL SOURCES GROSS INCOME	574,316		
LESS FORM 2555 EXCLUDED INCOME, IF ANY			
GROSS INCOME FROM ALL SOURCES	574,316		
GROSS FOREIGN INC/GROSS INC ALL SOURCES			
GROSS INC APPORTION FACTOR A 0.0002			
SCHEDULE A HOME MORTGAGE INTEREST	37,021		
1116 LINE 4A HOME MORTGAGE INTEREST	6		
(MORT INT X APPORTIONMENT FACTOR)			

Federal Statements

Taxpayer and Spouse Value of Roth IRAs on 12/31/24

	Trustee	Taxpayer	Spouse
AMERIPRISE		\$ 110,312	\$
TOTAL		\$ 110,312	\$ 0

Federal Statements

Schedule C (Form 8995-A), Line 5 - Allocation of Losses to Each Trade or Business

Trade or Business	Qualified Business Income	Ratio	Allocated QBI Loss
RENTAL: 2335 NW 34TH ST	\$ 16,406	0.0981	\$ 4,355
REDONDO LAW PA	150,884	0.9019	40,056
TOTAL	<u>\$ 167,290</u>	<u>1.0000</u>	<u>\$ 44,411</u>

Federal Statements

Form 8582, Passive Activity Income and Allowed Losses

Activity Name			Current Year	Current Year	Prior Year	Unallowed	Allowed	Form
	Screen	Unit #	Net Income	Net Loss	Unallowed Loss	Loss	Loss	Location
TOWNHOUSE: 3056 BIRD AVE, APT D	E	1	\$	\$ 237	\$ 9,231	\$ 4,789	\$ 4,679	SCH E PART I
RENTAL: 2335 NW 34TH ST	E	3	16,406					SCH E PART I
215 WEST COLLEGE AVE #801	E	4		23,731		12,004	11,727	SCH E PART I
TOTAL			\$ 16,406	\$ 23,968	\$ 9,231	\$ 16,793	\$ 16,406	

Federal Statements

Form 1040 Reconciliation Worksheet, Line 61 - Other Taxes

Description	Amount
FORM 8959	\$ 398
FORM 8960	631
TOTAL	<u>\$ 1,029</u>

Federal Statements

Form 8606, Line 6 - Taxpayer and Spouse traditional IRA Value as of 12/31/24

Trustee	Taxpayer	Spouse
TRADITIONAL IRA	\$ 0	\$
TOTAL	\$ 0	\$ 0

Federal Statements

REDONDO LAW PA

Form W-2, Box 12

Description	Amount
COST OF GROUP TERM LIFE INSURANCE COVERAGE OVER 50,000	\$ 60
SECTION 401(K) CONTRIBUTIONS	22,560
TOTAL	<u>\$ 22,620</u>

Federal Asset Report
TOWNHOUSE: 3056 BIRD AVE, APT D

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:										
1	TOWNHOUSE: 3056 BIRD AVE	4/03/15	404,582				404,582	27 MMS/L	128,118	14,712
2	NEW FLOORS	9/01/17	4,000				4,000	27 MMS/L	915	146
3	REFRIGERATOR	7/01/20	880			X	0	5 HY 200DB	880	0
			<u>409,462</u>				<u>408,582</u>		<u>129,913</u>	<u>14,858</u>
Grand Totals			409,462				408,582		129,913	14,858
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>409,462</u>				<u>408,582</u>		<u>129,913</u>	<u>14,858</u>

Federal Asset Report
RENTAL: 2335 NW 34TH ST

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<u>Residential Real Property:</u>									
2	NEW AC	7/01/24	9,450			9,450	27 MMS/L	0	158
			<u>9,450</u>			<u>9,450</u>		<u>0</u>	<u>158</u>
<u>Prior MACRS:</u>									
1	RENTAL: 2335 NW 34 ST	12/17/21	534,978			534,978	27 MMS/L	39,718	19,454
			<u>534,978</u>			<u>534,978</u>		<u>39,718</u>	<u>19,454</u>
Grand Totals			544,428			544,428		39,718	19,612
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>544,428</u>			<u>544,428</u>		<u>39,718</u>	<u>19,612</u>

Federal Asset Report
215 West College Ave #801

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Residential Real Property:									
1	RENTAL: TALLAHASSEE #801	1/31/24	411,936			411,936	27 MMS/L	0	14,355
			411,936			411,936		0	14,355
Grand Totals			411,936			411,936		0	14,355
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			411,936			411,936		0	14,355

Bonus Depreciation Report
TOWNHOUSE: 3056 BIRD AVE, APT D

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
3	REFRIGERATOR	7/01/20	880		0	0	880	0
Grand Total			880		0	0	880	0

AMT Asset Report
TOWNHOUSE: 3056 BIRD AVE, APT D

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:										
1	TOWNHOUSE: 3056 BIRD AVE	4/03/15	404,582				404,582	27 MMS/L	128,118	14,712
2	NEW FLOORS	9/01/17	4,000				4,000	27 MMS/L	915	146
3	REFRIGERATOR	7/01/20	880			X	0	5 HY 200DB	880	0
			<u>409,462</u>				<u>408,582</u>		<u>129,913</u>	<u>14,858</u>
Grand Totals			409,462				408,582		129,913	14,858
Less: Dispositions and Transfers			0				0		0	0
Net Grand Totals			<u>409,462</u>				<u>408,582</u>		<u>129,913</u>	<u>14,858</u>

AMT Asset Report
RENTAL: 2335 NW 34TH ST

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Residential Real Property:									
2	NEW AC	7/01/24	9,450			9,450	27 MMS/L	0	158
			<u>9,450</u>			<u>9,450</u>		<u>0</u>	<u>158</u>
Prior MACRS:									
1	RENTAL: 2335 NW 34 ST	12/17/21	534,978			534,978	27 MMS/L	39,718	19,454
			<u>534,978</u>			<u>534,978</u>		<u>39,718</u>	<u>19,454</u>
Grand Totals			544,428			544,428		39,718	19,612
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>544,428</u>			<u>544,428</u>		<u>39,718</u>	<u>19,612</u>

AMT Asset Report
215 West College Ave #801

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Residential Real Property:									
1	RENTAL: TALLAHASSEE #801	1/31/24	411,936			411,936	27 MMS/L	0	14,355
			411,936			411,936		0	14,355
Grand Totals			411,936			411,936		0	14,355
Less: Dispositions and Transfers			0			0		0	0
Net Grand Totals			411,936			411,936		0	14,355

Depreciation Adjustment Report
All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
E	1	1	TOWNHOUSE: 3056 BIRD AVE	14,712	14,712	0
E	1	2	NEW FLOORS	146	146	0
E	1	3	REFRIGERATOR	0	0	0
E	3	1	RENTAL: 2335 NW 34 ST	19,454	19,454	0
E	3	2	NEW AC	158	158	0
E	4	1	RENTAL: TALLAHASSEE #801	14,355	14,355	0
				<u>48,825</u>	<u>48,825</u>	<u>0</u>

Future Depreciation Report FYE: 12/31/25
TOWNHOUSE: 3056 BIRD AVE, APT D

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	TOWNHOUSE: 3056 BIRD AVE	4/03/15	404,582	14,712	14,712
2	NEW FLOORS	9/01/17	4,000	145	145
3	REFRIGERATOR	7/01/20	880	0	0
			<u>409,462</u>	<u>14,857</u>	<u>14,857</u>
Grand Totals			<u>409,462</u>	<u>14,857</u>	<u>14,857</u>

Future Depreciation Report FYE: 12/31/25
RENTAL: 2335 NW 34TH ST

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	RENTAL: 2335 NW 34 ST	12/17/21	534,978	19,454	19,454
2	NEW AC	7/01/24	9,450	343	343
			<u>544,428</u>	<u>19,797</u>	<u>19,797</u>
Grand Totals			<u>544,428</u>	<u>19,797</u>	<u>19,797</u>

Future Depreciation Report FYE: 12/31/25
215 West College Ave #801

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	RENTAL: TALLAHASSEE #801	1/31/24	411,936	14,980	14,980
			<u>411,936</u>	<u>14,980</u>	<u>14,980</u>
Grand Totals			<u>411,936</u>	<u>14,980</u>	<u>14,980</u>

Name
MICHAEL D REDONDO & ALINA YERMOLOVA

Taxpayer Identification Number

Carryover Item	Available to 2024	2024 Amounts		Carryover to 2025
Minimum tax credit				
Investment interest				
Investment interest - AMT				
Short-term capital loss				
Short-term capital loss - AMT				
Long-term capital loss	15,117	UTILIZED	-5,585	9,532
Long-term capital loss - AMT	15,117	UTILIZED	-5,585	9,532
Residential energy efficient property				
D.C. first-time homebuyer credit				
Tax credit bonds				
Qualified business income loss	28,005	UTILIZED	-28,005	0
Qualified REIT income and PTP loss				
Excess business loss portion of NOL				

Nonrecaptured Section 1231 Losses - Line 8, Form 4797			AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797		
2019 Amounts			2019 Amounts		
2020 Amounts			2020 Amounts		
2021 Amounts			2021 Amounts		
2022 Amounts			2022 Amounts		
2023 Amounts			2023 Amounts		
Available to 2024			Available to 2024		
2024 Amounts			2024 Amounts		
Carryover to 2025			Carryover to 2025		

Taxpayer Identification Number

10/1/2011

T/S		Payer	Box 7 Code	Gross Distribution 1099-R Box 1	Taxable Amount 1099-R Box 2a (less rollover amount)	Qualified Charitable Distribution
A	T	AMERIPRISE TRUST COMPANY	2	7,000	7,000	
B	-		-			
C	-		-			
D	-		-			
E	-		-			
F	-		-			
G	-		-			
H	-		-			
I	-		-			
J	-		-			
K	-		-			
L	-		-			
M	-		-			
N	-		-			
O	-		-			
		Taxpayer		7,000	7,000	
		Spouse				
		Total		7,000	7,000	

0

	Amount Of Rollover	Federal Withholding	State Withholding	Local Withholding	Traditional IRA Converted to Roth IRA	Original Conversion or Recharacterization	Qualified Roth IRA Distribution
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
Tp							
Sp							
Total							

Name

MICHAEL D REDONDO & ALINA YERMOLOVA

Taxpayer Identification Number

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A T	REDONDO LAW PA	228,111	45,991	168,600
B S	MIKES CIGARS INC	44,131	3,314	44,131
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		228,111	45,991	168,600
Spouse		44,131	3,314	44,131
Totals		272,242	49,305	212,731

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	10,453	250,059	4,077				
B	2,736	44,131	640				
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	10,453	250,059	4,077				
Spouse	2,736	44,131	640				
Totals	13,189	294,190	4,717				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals						

Name _____

Taxpayer Identification Number

MICHAEL D REDONDO & ALINA YERMOLOVA

[illegible]

	Federal Withholding Amounts by Forms			State Withholding Amounts by Forms		
	Taxpayer	Spouse	Federal Total	Taxpayer	Spouse	State Total
Form(s) W2	45,991	3,314	49,305			
Form(s) 1099						
Other forms	451		451			
Form(s) 8805*						
Form(s) 8288-A*						
Form(s) 1042-S*						
Total	46,442	3,314	49,756			

*1040/SR included with other forms

Name

MICHAEL D REDONDO & ALINA YERMOLOVA

Taxpayer Identification Number

		2023	2024	Differences
Filing Status		SGL	MFJ	
Dependents		0	0	
I n c o m e	1. Salaries and wages	237,292	272,242	34,950
	2. Interest income	16,516	14,762	-1,754
	3. Tax exempt interest income		1,215	1,215
	4. Dividend income	2,897	4,840	1,943
	5. Qualified dividend income	1,586	2,950	1,364
	6. Taxable state/local refunds			
	7. Alimony received			
	8. Business income/loss			
	9. Capital gain/loss	-3,000	-3,000	
	10. Other gains/losses			
	11. Taxable IRA distributions	6,000		-6,000
	12. Taxable pensions			
	13. Rent and royalty income including farm rental			
	14. Partnership/S corp income	935,107	161,246	-773,861
	15. Estate or trust income			
	16. Farm income/loss			
	17. Unemployment compensation			
	18. Taxable social security			
	19. Other income		16	16
	20. Total income	1,194,812	450,106	-744,706
A d j u s t m e n t s	21. Moving expenses			
	22. Deductible part of self-employment tax			
	23. SEP/SIMPLE/Qualified plans deductions			
	24. SE health insurance			
	25. Penalty on early withdrawal of savings			
	26. Alimony paid			
	27. IRA deductions			
	28. Student loan interest			
	29. Other adjustments			
	30. Adjusted gross income	1,194,812	450,106	-744,706
D e d u c t i o n s	31. Medical			
	32. Taxes	10,000	10,000	
	33. Interest	22,457	37,021	14,564
	34. Contributions	16,568	12,759	-3,809
	35. Casualty losses			
	36. Miscellaneous expenses			
	37. Allowable itemized deductions	49,025	59,780	10,755
	38. Standard deduction	13,850	29,200	15,350
		ITEMIZED	ITEMIZED	
	39. Deduction taken	49,025	59,780	10,755
	40. Taxable income before Qual Bus Inc Ded (QBID)	1,145,787	390,326	-755,461
	41. QBID	22	24,593	24,571
	42. Taxable income	1,145,765	365,733	-780,032

Name MICHAEL D REDONDO & ALINA YERMOLOVA	Taxpayer Identification Number
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		2023	2024	Differences
	43. Taxable income from 2YR page 1, line 42	43. 1,145,765	365,733	-780,032
	44. Tax on taxable income	44. 383,995	73,596	-310,399
	45. Alternative minimum tax	45.		
	46. Excess advance premium tax credit & other advanced repayments	46.	1,652	1,652
	47. Child care credit	47.		
	48. Education credits	48.		
T	49. Retirement savings credit	49.		
a	50. Child & other dependent tax credit	50.		
x	51. General business credit	51.		
	52. Other credits	52. 29	13	-16
C	53. Total credits	53. 29	13	-16
o	54. Net tax liability	54. 383,966	75,235	-308,731
m	55. Self-employment taxes	55.		
p	56. Other taxes	56. 1,057	1,029	-28
u	57. Total tax	57. 385,023	76,264	-308,759
t	58. Income tax withheld	58. 50,792	49,756	-1,036
a	59. Estimated tax payments	59.		
t	60. Earned income credit	60.		
i	61. Additional Child tax credit	61.		
o	62. Other refundable tax credits	62.		
n	63. Other payments	63. 160,000	75,000	-85,000
	64. Total payments	64. 210,792	124,756	-86,036
	65. Tax due/-refund	65. 174,231	-48,492	-222,723
	66. Penalties and interest	66. 16,853	951	-15,902
	67. Net tax due/-refund	67. 191,084	-47,541	-238,625
	68. Refund applied to estimated tax payments	68.	47,541	47,541
	69. Refund received	69.		
	70. Effective tax rate	70. 34.0 %	21.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2023	2023 Marginal	2024	2024 Marginal
	Taxable Income	Tax Rate	Taxable Income	Tax Rate
Ordinary income	1,144,179	37.0 %	362,783	24.0 %
Capital income	1,586	20.0 %	2,950	15.0 %
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form 1040	Two Year Comparison Report - Schedule E Page 1	2023 & 2024
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Name MICHAEL D REDONDO	Taxpayer identification number [REDACTED]
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Property description TOWNHOUSE: 3056 BIRD AVE, APT D	Unit 1
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Income		2023	2024	Differences
1. Total rents and royalties received	1.	43,931	45,100	1,169
Expenses				
2. Advertising	2.			
3. Auto and travel	3.			
4. Cleaning and maintenance	4.	2,744		-2,744
5. Commissions	5.			
6. Insurance	6.	1,719	1,725	6
7. Legal and other professional fees	7.			
8. Management fees	8.			
9. Mortgage interest paid to banks, etc.	9.	9,138	8,775	-363
10. Other interest	10.			
11. Repairs	11.	950	3,253	2,303
12. Supplies	12.			
13. Taxes	13.	10,429	11,358	929
14. Utilities	14.	2,255	568	-1,687
15. Depreciation expense or depletion	15.	14,858	14,858	
16. Other expenses	16.	4,800	4,800	
17. Total expenses	17.	46,893	45,337	-1,556
Profit/(loss)				
18. Income or (loss) from rental real estate or royalty properties	18.	-2,962	-237	2,725
19. Deductible rental real estate loss	19.	-16,719	-4,679	12,040
Carryover				
20. Vacation home operating expenses carryover to next year	20.			
21. Vacation home excess casualty & depreciation carryover to next year	21.			

Form 1040	Two Year Comparison Report - Schedule E Page 1		2023 & 2024
Name MICHAEL D REDONDO		Taxpayer identification number 	
Property description RENTAL: 2335 NW 34TH ST		Unit 3	

		2023	2024	Differences
Income				
1. Total rents and royalties received	1.	64,200	61,525	-2,675
Expenses				
2. Advertising	2.			
3. Auto and travel	3.			
4. Cleaning and maintenance	4.	1,500		-1,500
5. Commissions	5.			
6. Insurance	6.	4,435	4,956	521
7. Legal and other professional fees	7.			
8. Management fees	8.			
9. Mortgage interest paid to banks, etc.	9.			
10. Other interest	10.			
11. Repairs	11.	8,690		-8,690
12. Supplies	12.			
13. Taxes	13.	9,320	9,400	80
14. Utilities	14.	3,182	9,051	5,869
15. Depreciation expense or depletion	15.	19,454	19,612	158
16. Other expenses	16.	900	2,100	1,200
17. Total expenses	17.	47,481	45,119	-2,362
Profit/(loss)				
18. Income or (loss) from rental real estate or royalty properties	18.	16,719	16,406	-313
19. Deductible rental real estate loss	19.			
Carryover				
20. Vacation home operating expenses carryover to next year	20.			
21. Vacation home excess casualty & depreciation carryover to next year	21.			

Form **1040**

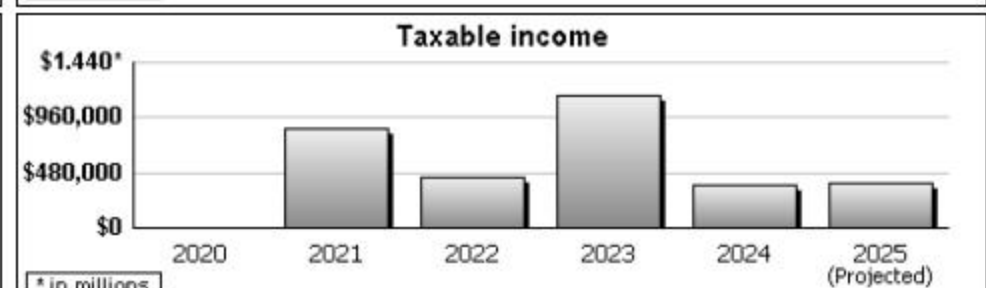
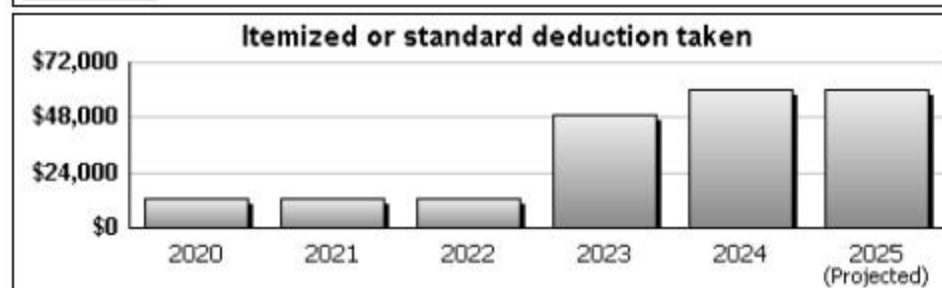
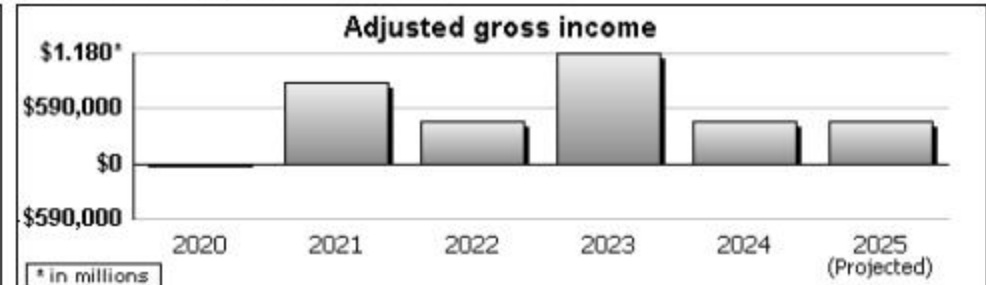
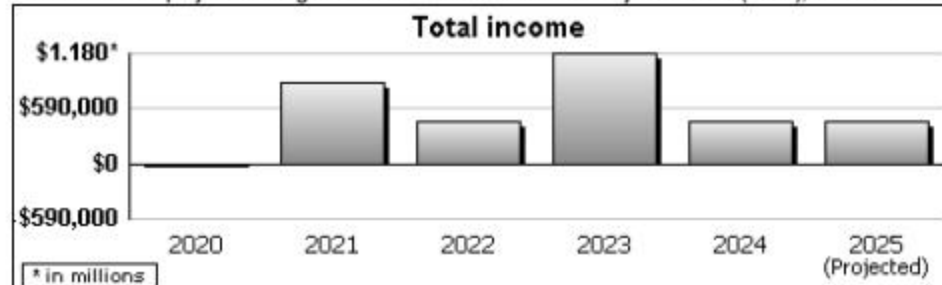
Tax Return History Report - Page 1

2024Name **MICHAEL D REDONDO & ALINA YERMOLOVA**

Taxpayer Identification Number

	2020	2021	2022	2023	2024	2025 PROJECTED
Filing Status	SGL	SGL	SGL	SGL	MFJ	MFJ
Salaries and wages	18,923	84,163	168,074	237,292	272,242	272,242
Interest income	437			16,516	14,762	14,762
Dividend income	836	1,117	3,534	2,897	4,840	4,840
Business income/loss						
Capital gains/losses	286	2,802	3,732	-3,000	-3,000	-3,000
Other gains/losses						
IRA distributions, pensions, annuities				6,000		
Rent, royalty, farm rental income	-25,000	-55,314				161,246
Partnership/S corp income	-10,840	856,236	274,197	935,107	161,246	*
Estate or trust income						*
Farm income/loss						
Other income/loss		-16,917			16	16
Total income	-15,358	872,087	449,537	1,194,812	450,106	450,106
Total adjustments	300					
Adjusted gross income	-15,658	872,087	449,537	1,194,812	450,106	450,106
Allowable itemized deductions		4,613	3,017	49,025	59,780	60,494
Standard deduction	12,400	12,850	12,950	13,850	29,200	31,500
Itemized or standard deduction taken	12,400	12,850	12,950	49,025	59,780	60,494
Exemptions						
Taxable income before Qual Bus Inc Ded		859,237	436,587	1,145,787	390,326	389,612
Qual Bus Inc Ded		5	23	22	24,593	
Taxable income		859,232	436,564	1,145,765	365,733	389,612

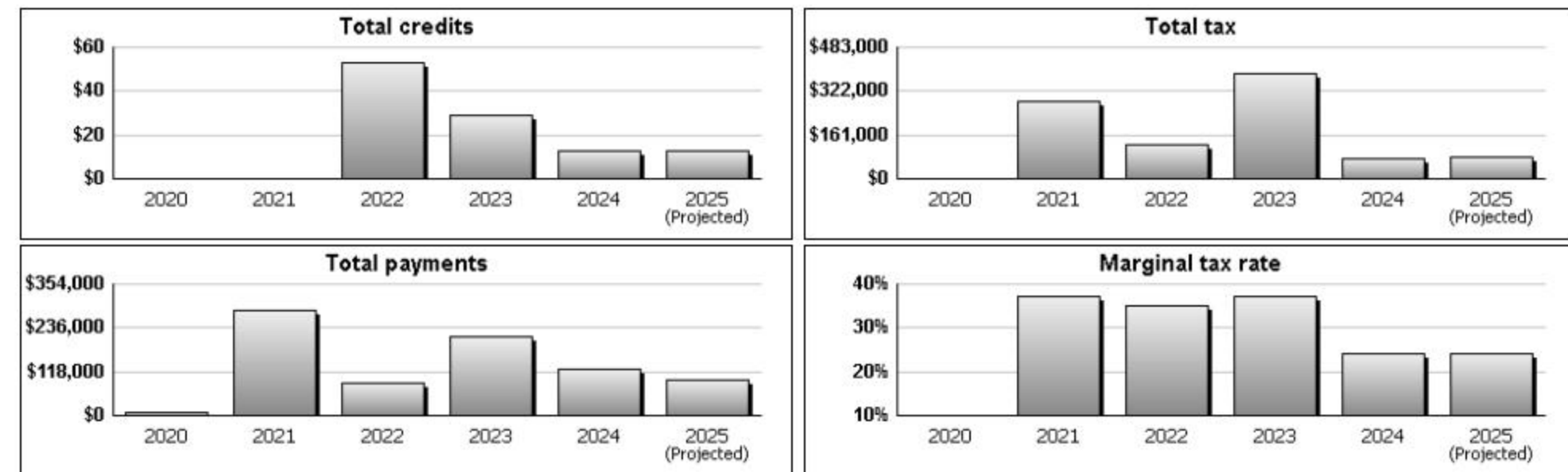
* Amts in the projected col generate from the federal Tax Projection Wrk (TPW); this field is incl in the total Sch E income/loss amt on the TPW.



Name **MICHAEL D REDONDO & ALINA YERMOLOVA**

Taxpayer Identification Number [REDACTED]

	2020	2021	2022	2023	2024	2025 PROJECTED
Taxable income		859,232	436,564	1,145,765	365,733	389,612
Tax on taxable income and Form 8962		281,380	125,875	383,995	75,248	80,588
Alternative minimum tax						
Total credits			53	29	13	13
Net tax liability		281,380	125,822	383,966	75,235	80,575
Self-employment taxes						
Other taxes			276	1,057	1,029	1,143
Total tax		281,380	126,098	385,023	76,264	81,718
Income tax withheld	7,472	20,449	32,038	50,792	49,756	49,756
Estimated tax payments		9,272	3,341			47,541
Other payments	1,800	255,000	50,000	160,000	75,000	
Total payments	9,272	284,721	85,379	210,792	124,756	97,297
Total due/-refund	-9,272	-3,341	40,719	174,231	-48,492	-15,579
Penalties and interest			4,791	16,853	951	
Net tax due/-refund	-9,272	-3,341	45,510	191,084	-47,541	-15,579
Refund applied to estimated tax payments	9,272	3,341			47,541	
Refund received						
Marginal tax rate	%	37.0 %	35.0 %	37.0 %	24.0 %	24.0 %
Effective tax rate	%	33.0 %	29.0 %	34.0 %	21.0 %	21.0 %



Form 1040	Reconciliation Worksheet - Taxable Income & Tax	2024
Name MICHAEL D REDONDO & ALINA YERMOLOVA		Taxpayer Identification Number

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **MARRIED FILING JOINTLY** Tax Pct Total Tax (In 27) divided Total Taxable Income (In 19) **20.0 %**
 Tax Method **QUALIFIED DIVIDENDS & CAPITAL GAIN TAX WORKSHEET**

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:		
Tax using capital gains rates	Tax using Ordinary rates	Tax savings

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	362,783	24.0 %	73,153	\$201,050 - \$383,900	21,117
Capital Income	2,950	15.0 %	443	\$94,300 - \$731,200	728,250
Capital Income - 1250		%			
Capital Income - 1202		%			

*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates		(a) Taxable Income	(b) Tax*
1. 10% rate	MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$23,200	1a. 23,200	1b. 2,323
2. 12% rate	MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$71,100	2a. 71,100	2b. 8,535
3. 22% rate	MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$106,750	3a. 106,750	3b. 23,479
4. 24% rate	MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$182,850	4a. 161,733	4b. 38,816
5. 32% rate		5a.	5b.
6. 35% rate		6a.	6b.
7. 37% rate		7a.	7b.
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7		8a. 362,783	8b. 73,153

Income taxed at capital gains rates		(a) Taxable Income	(b) Tax*
9. 0% capital gains rate		9a.	9b.
10. 15% capital gains rate	MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$489,700	10a. 2,950	10b. 443
11. 20% capital gains rate		11a.	11b.
12. 25% capital gains rate	Unrecaptured Section 1250 Gain	12a.	12b.
13. 28% capital gains rate	Small business stock, collectibles	13a.	13b.
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13		14a. 2,950	14b. 443

Total taxable income		
15. Total ordinary taxable income. Enter the amount from line 8a.		15. 362,783
16. Total capital gains taxable income. Enter the amount from line 14a.		16. 2,950
17. Add lines 15 and 16.		17. 365,733
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.		18.
19. Taxable income reported on 1040/1040SR, line 15, (1040NR, line 15). Subtract line 18 from line 17.		19. 365,733

Total tax		
20. Total ordinary tax. Enter the amount from line 8b.		20. 73,153
21. Total capital gains tax. Enter the amount from line 14b.		21. 443
22. Tax on child's interest and dividend.		22.
23. Tax on lump-sum distribution.		23.
24. Other taxes.		24.
25. Add lines 20 through 24.		25. 73,596
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.		26.
27. Total tax reported on 1040/1040SR, line 16, (1040NR, line 16). Subtract line 26 from line 25.		27. 73,596

		a Employee's social security number 		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile			
b Employer identification number (EIN) 83-3447367				1 Wages, tips, other compensation 228111.44		2 Federal income tax withheld 45991.12					
c Employer's name, address, and ZIP code Redondo Law PA 2828 Coral Way, Suite 303 Miami FL 33145				3 Social security wages 168599.68		4 Social security tax withheld 10453.20					
				5 Medicare wages and tips 250059.45		6 Medicare tax withheld 4076.40					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial Michael		Last name Redondo		Suff.		11 Nonqualified plans		12a See instructions for box 12 Code C 59.57			
14570 SW 19th St Miami FL 33175		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐ S Corp Medical: 576.88 S Corp Dental: 35.56		12b Code D 22560.45							
				12c							
				12d							
f Employee's address and ZIP code											
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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

2024

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to www.irs.gov/FormW2.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2024 and more than \$10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

(See also *Instructions for Employee* on the back of Copy C.)