

General Information

Name: Hon Jose Manuel Rodriguez

PID 24598

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (11Th)	Elected Constitutional Officer	Circuit Court Judge

Net Worth

My Net Worth as of December 31, 2025 was \$ 866,805.00.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effect is \$ 10,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Cape Coral Unit 51, BK 3729 PB 19/PG 4 Lots 42 & 43	\$ 45,000.00
Anchorage Resort & Yacht Club Condominium - Timeshare 107800 Overseas Highway, Key Largo, FL 33037	\$ 8,000.00
Bank Account (Chase)	\$ 200,473.00
Voya	\$ 530,208.00
IRA	\$ 26,010.00
Florida International University 401K	\$ 59,627.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Costco Anywhere Card	P.O. Box 9001016, Louisville, KY 40290-1016	\$ 11,285.00
Lexus Financial Services	P.O. Box 17187, Baltimore, MD 21297-0511	\$ 1,228.00

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 2025 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 2025 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

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

Signature of Reporting Official or Candidate

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

Jose Manuel Rodriguez

Digitally signed: 02/24/2026

Filed with COE: 02/24/2026

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ▶

Taxpayer's name JOSE M RODRIGUEZ	Social security number [REDACTED]
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2025 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	233,000.
2	Total tax	2	46,430.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	44,030.
4	Amount you want refunded to you	4	
5	Amount you owe	5	1,997.

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

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

Taxpayer's PIN: check one box only

- ☒ I authorize CONTADURIA VIDAL to enter or generate my PIN [REDACTED] as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.
☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only**
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III
below.

Your signature ▶ [Signature] Date ▶ 2-24-26

Spouse's PIN: check one box only

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

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

ERO's signature ▶ [Signature] Date ▶ 2/24/2026

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

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning 2025, ending 2025, 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased ☐ Spouse
☐ Other

Your first name and middle initial JOSE M Last name RODRIGUEZ Your social security number [REDACTED]

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 6711 NORTH KENDALL DRIVE Apt. no. 503 Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐

City, town, or post office. If you have a foreign address, also complete spaces below. State FL ZIP code 33156 Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status ☒ Single ☐ Head of household (HOH) ☐ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS) ☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: 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 2025, 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

Dependents	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	241,073.
	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 31	1f	
	g	Wages from Form 8919, line 6	1g	
	h	Other earned income (see instructions). Enter type and amount: _____	1h	0.
	i	Nontaxable combat pay election (see instructions)	1i	
	z	Add lines 1a through 1h	1z	241,073.

Attach Sch. B if required.	2a Tax-exempt interest	2a	b Taxable interest	2b	860.
	3a Qualified dividends	3a	b Ordinary dividends	3b	
c Check if your child's dividends are included in: 1 ☐ Line 3a 2 ☐ Line 3b					
	4a IRA distributions	4a	b Taxable amount	4b	
c Check if (see instructions): 1 ☐ Rollover 2 ☐ QCD 3 ☐ _____					
	5a Pensions and annuities	5a	b Taxable amount	5b	
c Check if (see instructions): 1 ☐ Rollover 2 ☐ PSO 3 ☐ _____					
	6a Social security benefits	6a 57,662.	b Taxable amount	6b	49,013.
c If you elect to use the lump-sum election method, check here (see instructions) ☐					
d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐					
	7a Capital gain or (loss). Attach Schedule D if required		7a		
b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss) _____					
	8 Additional income from Schedule 1, line 10		8		-2,746.
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income		9		288,200.
	10 Adjustments to income from Schedule 1, line 26		10		55,200.
	11a Subtract line 10 from line 9. This is your adjusted gross income		11a		233,000.
Tax and Credits	b Amount from line 11a (adjusted gross income)		11b		233,000.
	12a Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent b ☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien d You: ☒ Were born before January 2, 1961 ☐ Are blind Spouse: ☐ Was born before January 2, 1961 ☐ Is blind				
Standard Deduction See <i>Standard Deduction Chart</i> on the last page of this form.	e Standard deduction or itemized deductions (from Schedule A)		12e		17,750.
	13a Qualified business income deduction from Form 8995 or Form 8995-A		13a		0.
	b Additional deductions from Schedule 1-A, line 38		13b		
	14 Add lines 12e, 13a, and 13b		14		17,750.
	15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income		15		215,250.
	16 Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐ _____		16		45,943.
	17 Amount from Schedule 2, line 3		17		
	18 Add lines 16 and 17		18		45,943.
	19 Child tax credit or credit for other dependents from Schedule 8812		19		
	20 Amount from Schedule 3, line 8		20		
21 Add lines 19 and 20		21			
22 Subtract line 21 from line 18. If zero or less, enter -0-		22		45,943.	
23 Other taxes, including self-employment tax, from Schedule 2, line 21		23		487.	
24 Add lines 22 and 23. This is your total tax		24		46,430.	

Standard Deduction Chart*

Add the number of boxes checked on line 12d on page 2 _____

IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...
Single	1	\$17,750
	2	19,750
Married filing jointly	1	\$33,100
	2	34,700
	3	36,300
	4	37,900
Qualifying surviving spouse	1	\$33,100
	2	34,700
Head of household	1	\$25,625
	2	27,625
Married filing separately**	1	\$17,350
	2	18,950
	3	20,550
	4	22,150

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

**You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

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

2025

Attachment
Sequence No. 01

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

JOSE M RODRIGUEZ

Your social security number

For 2025, 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/1099k.

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	-2,746.
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	0.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:	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:	8z	
9	Total other income. Add lines 8a through 8z	9	
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	-2,746.

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	55,200.
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): 01/2006		
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8i from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:		
		24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	55,200.

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

2025
Attachment
Sequence No. **02**

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

JOSE M RODRIGUEZ

Your social security number

Part I Tax

1 Additions to tax:

a Excess advance premium tax credit repayment. Attach Form 8962

1a

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 (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions.

(i) ☐ Line 1a

(ii) ☐ Line 1c

(iii) ☐ Line 1d

(iv) ☐ Line 2a

1e

f 20% EP from Form 4255. Check applicable box and enter amount. See instructions.

(i) ☐ Line 1a

(ii) ☐ Line 1c

(iii) ☐ Line 1d

(iv) ☐ Line 2a

1f

y Other additions to tax (see instructions):

1y

z Add lines 1a through 1y

1z

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

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions):

1 ☐ 4361

2 ☐ 4029

3 ☐

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 Reserved for future use

10

11 Additional Medicare Tax. Attach Form 8959

11

454.

12 Net investment income tax. Attach Form 8960

12

33.

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)

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 (I)	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	487.

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

2025
Attachment
Sequence No. **03**

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

JOSE M RODRIGUEZ

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	
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	
b	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	

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	
11	Excess social security and tier 1 RRTA tax withheld		11	403.
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	403.

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

BAA REV 02/05/25 PRO

Schedule 3 (Form 1040) 2025 Created 11/17/25

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **09**

Name of proprietor JOSE M RODRIGUEZ		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) AUTHOR / LEGAL		B Enter code from instructions 513000
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.) [REDACTED]
E Business address (including suite or room no.) 6711 NORTH KENDALL DRIVE, Apt. 503 City, town or post office, state, and ZIP code PINECREST, FL 33156		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2025, check here ☐		
I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No		
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	13,741.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	13,741.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	13,741.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	13,741.

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	6,291.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0.	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	4,760.
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	16,487.	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-2,746.	27a Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	0.	b Other expenses (from line 48)	27b	5,436.
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	-2,746.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a ☒ All investment is at risk.		
			32b ☐ Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) <u>01/01/2020</u>
44	Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:
a	Business <u>8,987</u> b Commuting (see instructions) _____ c Other <u>5,500</u>
45	Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No
47a	Do you have evidence to support your deduction? ☒ Yes ☐ No
b	If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-27a, or line 30.

DUES AND SUBSCRIPTIONS	1,200.
TELEPHONE AND INTERNET	2,100.
UNIFORM / DRYCLEANING	615.
SUPPLIES	1,521.
48 Total other expenses. Enter here and on line 27b	5,436.

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

JOSE M RODRIGUEZ

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

2025
Attachment
Sequence No. 13

Your social security number

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 2025 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	ANCHORAGE YACHT CLUB KEY LARGO FL 33037
B	
C	

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A 3		30	0	☐
B				☐
C				☐

Type of Property:

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

Income:		Properties:		
		A	B	C
3	Rents received	3		
4	Royalties received	4		
Expenses:				
5	Advertising	5		
6	Auto and travel (see instructions)	6		
7	Cleaning and maintenance	7		
8	Commissions	8		
9	Insurance	9		
10	Legal and other professional fees	10		
11	Management fees	11		
12	Mortgage interest paid to banks, etc. (see instructions)	12		
13	Other interest	13		
14	Repairs	14		
15	Supplies	15		
16	Taxes	16		
17	Utilities	17		
18	Depreciation expense or depletion	18		
19	Other (list <u>MAINTENANCE AND TAXES</u>)	19	3,226.	
20	Total expenses. Add lines 5 through 19	20	3,226.	
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	-3,226.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(0.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		
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		
d	Total of all amounts reported on line 18 for all properties	23d		
e	Total of all amounts reported on line 20 for all properties	23e	3,226.	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24		
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(0.)	
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.	

Qualified Business Income Deduction

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.**2025**Attachment
Sequence No. **55A**

Name(s) shown on return

JOSE M RODRIGUEZ

Your taxpayer identification number

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 a 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 \$197,300 (\$394,600 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	N/A	☐	☐		☐
B	JOSE M RODRIGUEZ	☒	☐		☐
C	JOSE M RODRIGUEZ	☐	☐		☐

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 0.	0.	0.
3 Multiply line 2 by 20% (0.20). If your taxable income is \$197,300 or less (\$394,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3 0.	0.	0.
4 Allocable share of W-2 wages from the trade, business, or aggregation	4 0.	0.	0.
5 Multiply line 4 by 50% (0.50)	5 0.	0.	0.
6 Multiply line 4 by 25% (0.25)	6 0.	0.	0.
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7 0.	3,750.	0.
8 Multiply line 7 by 2.5% (0.025)	8 0.	94.	0.
9 Add lines 6 and 8	9 0.	94.	0.
10 Enter the greater of line 5 or line 9	10 0.	94.	0.
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11 0.	0.	0.
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 0.	0.	0.
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 0.	0.	0.
16 Total qualified business income component. Add all amounts reported on line 15	16 0.		

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

BAA

REV 02/05/26 PRO

Form **8995-A** (2025) Created 9/12/25

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$197,300 but not \$247,300 (\$394,600 and \$494,600 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 \$197,300 (\$394,600 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	0.	
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()	
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		0.
33	Taxable income before qualified business income deduction	33	215,250.	
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	0.	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		215,250.
36	Income limitation. Multiply line 35 by 20% (0.20)	36		43,050.
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		0.
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		0.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	0.)

SCHEDULE A
(Form 8995-A)

1

Specified Service Trades or Businesses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue ServiceAttach to Form 8995-A.
Go to www.irs.gov/Form8995A for instructions and the latest information.**2025**
Attachment
Sequence No. **55B**

Name(s) shown on return

JOSE M RODRIGUEZ

Your taxpayer identification number

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 \$197,300 but not \$247,300 (\$394,600 and \$494,600 if married filing jointly). If your taxable income isn't more than \$197,300 (\$394,600 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 \$247,300 (\$494,600 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	JOSE M RODRIGUEZ		
b Taxpayer identification number	1b			
2 Qualified business income or (loss) from the trade or business	2		-2,746.	
3 Allocable share of W-2 wages from the trade or business	3		0.	
4 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	4		5,850.	
5 Taxable income before qualified business income deduction	5	215,250.		
6 Threshold. Enter \$197,300 (\$394,600 if married filing jointly)	6	197,300.		
7 Subtract line 6 from line 5	7	17,950.		
8 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	8	50,000.		
9 Divide line 7 by line 8	9	0.35900		
10 Applicable percentage. Subtract line 9 from 100%	10	64.100 %		
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		-1,760.	
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		0.	
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		3,750.	

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 \$197,300 (\$394,600 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			

SCHEDULE C
(Form 8995-A)

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

1

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

JOSE M RODRIGUEZ

Your taxpayer identification number

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-.)
	N/A	0.	()	0.
	JOSE M RODRIGUEZ	-1,760.	()	0.
	JOSE M RODRIGUEZ	0.	()	0.
2	Qualified business net (loss) carryforward from prior years. See instructions		2	(16,473.)
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	(18,233.)
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	
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	(0.)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-		6	(18,233.)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. BAA REV 02/05/25 PRO Schedule C (Form 8995-A) (Rev. 12-2022)

Additional Medicare Tax
If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **71**

Name(s) shown on return

JOSE M RODRIGUEZ

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	250,466.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	250,466.	
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	200,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		50,466.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		454.

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		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
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		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
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		454.
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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	3,633.	
20	Enter the amount from line 1	20	250,466.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,632.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		1.
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		1.

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

Attach to your tax return.

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

Name(s) shown on your tax return

JOSE M RODRIGUEZ

or EIN

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	860.
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a -2,746.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b 2,746.		
c	Combine lines 4a and 4b		4c	0.
5a	Net gain or loss from disposition of property (see instructions)	5a		
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	
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	860.

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	860.
Individuals:				
13	Modified adjusted gross income (see instructions)	13 233,000.		
14	Threshold based on filing status (see instructions)	14 200,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 33,000.		
16	Enter the smaller of line 12 or line 15		16	860.
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	33.
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	

Expenses for Business Use of Your Home

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

2025
Attachment
Sequence No. **176**Go to www.irs.gov/Form8829 for instructions and the latest information.

Name(s) of proprietor(s)

JOSE M RODRIGUEZ

Your social security number

Part I Part of Your Home Used for Business AUTHOR / LEGAL

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	450
2	Total area of home	2	2,337
3	Divide line 1 by line 2. Enter the result as a percentage	3	19.26 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	19.26 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8	-2,746.
See instructions for columns (a) and (b) before completing lines 9-22.			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	0.
16	Excess mortgage interest (see instructions)	16	
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	
19	Rent	19	23,520.
20	Repairs and maintenance	20	
21	Utilities	21	3,250.
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	26,770.
24	Multiply line 23, column (b), by line 7	24	
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	26,770.
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	0.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	0.
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	
34	Add lines 14, 27, and 33	34	0.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684. See instructions	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	0.

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	

Part IV Carryover of Unallowed Expenses to 2026

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	26,770.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2025
Attachment
Sequence No. **858**

Name(s) shown on return
JOSE M RODRIGUEZ

Identifying number
[REDACTED]

Part I 2025 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	
b Activities with net loss (enter the amount from Part IV, column (b))	1b	()
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()
d Combine lines 1a, 1b, and 1c	1d	

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a	0.
b Activities with net loss (enter the amount from Part V, column (b))	2b	(-3,226.)
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	(-279.)
d Combine lines 2a, 2b, and 2c	2d	-3,505.

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	-3,505.
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	
5 Enter \$150,000. If married filing separately, see instructions	5	
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	
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	0.
11 Total losses allowed from all passive activities for 2025. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	0.

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

For Paperwork Reduction Act Notice, see instructions.

BAA

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Form **8582** (2025) Created 5/8/25

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
ANCHORAGE YACHT CLUB	0.	3,226.	279.		3,505.
Total. Enter on Part I, lines 2a, 2b, and 2c	0.	3,226.	279.		

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

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

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
ANCHORAGE YACHT CLUB	E Ln 22	3,505.	1.00000000	3,505.
Total		3,505.	1.00	3,505.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
ANCHORAGE YACHT CLUB	E Ln 22	3,505.	3,505.	0.
Total		3,505.	3,505.	0.

Smart Worksheets From 2025 Federal Tax Return

Schedule C (AUTHOR / LEGAL): Profit or Loss from Business -- Smart Worksheet

Business Address Information Smart Worksheet		
Business street address . . . <u>6711 NORTH KENDALL DRIVE, Apt. 503</u>		
City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)		
<u>PINECREST</u>	<u>FL</u>	<u>33156</u>
Or, foreign country information:		

Schedule C (AUTHOR / LEGAL): Profit or Loss from Business -- Smart Worksheet

Qualified Tips Smart Worksheet for Schedule 1-A, Part II		
Quickzoom to Schedule 1-A ▶ _____		
a Name of business	<u>JOSE M RODRIGUEZ</u>	
b 1 Net profit for this business (initial)	_____	
2 Other deductions related to this business	_____	
3 Net income for this business after related deductions	_____	
c Qualified tips from linked Form(s) 1099	Linked form:	Tips:
	(e) _____	_____
	(f) _____	_____
	(g) _____	_____
	(h) _____	_____
d Total tips from linked Form(s) 1099	_____	
e Tips related to income below 1099-NEC, 1099-MISC, or 1099-K threshold**	_____	
f All other tips (such as cash) from individuals not subject to 1099 thresholds**	_____	
g Total qualified tips for Schedule 1-A	* ☐ _____	
*If the box is checked, the tip amount is limited to net profit		
**These tips are not currently eligible, but may be in the future		

Schedule C (AUTHOR / LEGAL): Profit or Loss from Business -- Smart Worksheet

Pension Plan Startup Costs Smart Worksheet

Your total qualified pension plan startup costs should be entered here. Do **not** include these in another expense category on Schedule C. The net of the amounts listed in the Smart Worksheet will be included in line 48, Other Expenses, below.

QuickZoom to Form 8881, Credit for Employer Pension Plan Startup Costs, to link the credit to this activity ▶

- A** Enter your **qualified** pension plan startup costs _____
B Less: Allowed credit from Form 8881 _____
C Net qualified pension plan startup costs _____

- D** Enter the number of employees who received at least \$5,000 of compensation during the tax year before the first credit year that applies to the pension plan startup costs credit _____
E Enter the number of employees eligible to participate in the pension plan. _____

Small Employer Pension Contributions

- F** Total **qualified** employer pension costs _____
G Less: Allowed employer pension credit from Form 8881, line 6g _____
H Net qualified employer pension costs 0.

- I** Enter the number of employees in the year before you first claimed small employer pension plan startup credit. _____
J Enter employer contributions made to the plan, don't include (i) elective deferrals, (ii) contributions made to employees whose wages paid to the employees were in excess of \$100,000 and (iii) any amount of contribution to an employee to whom made contributions of more than \$1,000 _____
K Enter employer contributions made to employees for whom you made more than \$1,000. If this is the first or second year of the plan, do not include contributions of more than \$1,000 per employee. If this is the third year of the plan, do not include contributions of more than \$1,333 per employee. If this is the fourth year of the plan, do not include contributions of more than \$2,000 per employees. If this is the fifth year of the plan, do not include contributions of more than \$4,000 per employee. _____

L Plan year. Check one:

- 1st or 2nd plan year ☐
 3rd plan year ☐
 4th plan year ☐
 5th plan year ☐
 6th or over plan year ☐

Auto-Enrollment Credit

- M** Did you provide an auto-enrollment option for retirement savings this year and was 2022, 2023 or 2024 the first year you began the auto-enrollment feature for employees? ☐ Yes ☐ No

Military Spouse Participation Credit

- N** Enter the number of military spouse employees participating in an eligible plan _____
O Enter the total amount of contributions made to eligible military spouse employees. Do not enter more than \$300 per employee _____

Schedule C (AUTHOR / LEGAL): Profit or Loss from Business -- Smart Worksheet

Allocable Deductions Smart Worksheet	
<i>For purposes of the IRC Section 199A (Qualified Business Income deduction) and Section 224 (tips deduction), other deductions allocable to this trade or business must be subtracted from net income.</i>	
A Self employed health insurance for this business	0.
B Total deduction for 1/2 self employment tax	
C Deduction for 1/2 S.E. tax connected to this business	0.
D Total deduction for S.E. retirement contributions	
E S.E. retirement deduction connected to this business	0.
F Total other deductions allocable to this business	0.

Schedule C (AUTHOR / LEGAL): Profit or Loss from Business -- Smart Worksheet

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is generally only necessary if Form 8995A must be filed (i.e., taxable income is above threshold amounts or qualified coop payments are present).</i>	
A	QBI worksheet to report (double-click to link) JOSE M RODRIGUEZ
B	Trade or Business Name JOSE M RODRIGUEZ
C	Trade or Business ID Number
D 1	Is this a Specified Service Trade or Business (SSTB)? ☒ Yes ☐ No
2	If No, is income attributable to a SSTB? (see Help) . . . ☐ Yes ☒ No
3	QBI worksheet for SSTB income (this will auto-populate if Yes)
4	Percentage of qualified income attributable to SSTB 0
E 1	Tentative Sch C profit (loss) from this business -2,746.
2	Reserved
	Total adjustments to qualified business income
3	Tentative Sch C profit (loss) from qualified business -2,746.
4 a	Calculated QBI allowed after passive/at-risk limits -2,746.
b	Adjustments to allowed QBI
c	Allowable QBI after loss limits -2,746.
5 a	Total self employed deductions connected to this business 0.
b	Sch C profit (loss) after S.E. deductions -2,746.
6	Deductible tips allocated to this business
7	Additional deductions related to this business reported on separate schedules
8	Net profit (loss) after adjustments, limitations, and deductions -2,746.
9	Allowable Sch C profit (loss) allocated to SSTB 0.
10	Allowable Sch C profit (loss) from this business -2,746.
F 1	Ordinary gain (loss) from business assets 0.
2	Ordinary gain (loss) adjustments
3	Qualified ordinary gain (loss) 0.
4 a	Calculated QBI allowed after passive/at-risk limits 0.
b	Adjustments to allowed QBI
c	Allowable short-term qualified gain (loss) after passive/at-risk limits 0.
5	Allowable ordinary gain (loss) allocated to SSTB 0.
6	Allowable ordinary gain (loss)/recapture from this business 0.
G 1	Section 1231 gain (loss) from business assets 0.
2	Section 1231 gain (loss) adjustments
3	Section 1231 gain (loss) from qualified business 0.
4 a	Calculated QBI allowed after passive/at-risk limits 0.
b	Adjustments to allowed QBI
c	Allowable ordinary 1231 qualified gain (loss) 0.
5	Allowable ordinary 1231 gain (loss) allocated to SSTB 0.
6	Allowable ordinary 1231 gain (loss) from this business 0.

Schedule C (AUTHOR / LEGAL): Profit or Loss from Business -- Smart Worksheet

Qualified Business Income Deduction Smart Worksheet, Continued	
H 1 Allowable QBI (E10 plus F6 plus G6)	-2,746.
2 Qualified business income allocated to SSTB	0.
3 a Previously disallowed losses freed up in current year	
b Adjustments to previously disallowed losses	
c Previously disallowed QBI losses to be reported as separate business	0.
d QBI wksht for previously disallowed losses, if present	
I 1 Tentative wages	0.
2 Adjustments	
3 Qualified wages	0.
4 Qualified wages allocated to SSTB	0.
J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA)	5,850.
2 Adjustments	
3 Qualified UBIA	5,850.
4 Qualified UBIA allocated to SSTB	0.
K 1 Net income allocable to qualified payments from agricultural or horticultural coop	
2 Wages allocable to qualified payments from coop	
3 Form 1099PATR line 6 (DPAD) from coop(s)	

Schedule C (AUTHOR / LEGAL): Profit or Loss from Business -- Smart Worksheet

Carryovers to 2025 Smart Worksheet*Enter carryovers from prior year below.*

	Regular Tax	QBI	Alternative Minimum Tax
A Section 179 carryover <i>(enter as positive amount)</i> . . .			
At-Risk Loss Carryovers <i>(enter as negative amts)</i>			
B Schedule C suspended loss			
C Schedule D short-term suspended loss			
D Schedule D long-term suspended loss			
E Form 4797 ordinary suspended loss			
F Form 4797 long-term suspended loss			
Passive Loss Carryovers <i>(enter as negative amts)</i>			
G Schedule C suspended loss			
H Schedule D short-term suspended loss			
I Schedule D long-term suspended loss			
J Form 4797 ordinary suspended loss			
K Form 4797 long-term suspended loss			

Carryovers to 2025 Additional Info for Section 199A Deduction

Section 199A (QBI deduction) requires first-in-first-out use of previously disallowed losses. Businesses qualified under Section 199A must complete this section for any previously disallowed losses.

Percentage of SSTB income (by category)

Enter 100 for businesses that were SSTBs in the year in question. If non-SSTB with income attributable to SSTB, enter the % attributable to SSTB. Otherwise, enter 0. (Not required if applicable % is 100%.)

	Applicable %	Operating %	Form 4797 ord	Form 4797 l/t
2018	100.00	0.00	0.00	0.00
2019	100.00	0.00	0.00	0.00
2020	100.00	0.00	0.00	0.00
2021	100.00	0.00	0.00	0.00
2022	100.00	0.00	0.00	0.00
2023	100.00	0.00	0.00	0.00
2024	52.84	100.00	100.00	100.00

Schedule C (AUTHOR / LEGAL): Profit or Loss from Business -- Smart Worksheet

Carryovers to 2025 Smart Worksheet, Continued			Regular Tax	QBI
Disallowed Section 179 Deduction by Year				
Before 2018 . . .	A	Section 179 carryover		0.
2018	B	Section 179 carryover		
2019	C	Section 179 carryover		
2020	D	Section 179 carryover		
2021	E	Section 179 carryover		
2022	F	Section 179 carryover		
2023	G	Section 179 carryover		
2024	H	Section 179 carryover		
Disallowed At-Risk Losses by Year and Type				
Before 2018 . . .	A	Operating loss		0.
	B	Form 4797 ordinary loss		0.
	C	Form 4797 long-term loss		0.
2018	D	Operating loss		
	E	Form 4797 ordinary loss		
	F	Form 4797 long-term loss		
2019	G	Operating loss		
	H	Form 4797 ordinary loss		
	I	Form 4797 long-term loss		
2020	J	Operating loss		
	K	Form 4797 ordinary loss		
	L	Form 4797 long-term loss		
2021	M	Operating loss		
	N	Form 4797 ordinary loss		
	O	Form 4797 long-term loss		
2022	P	Operating loss		
	Q	Form 4797 ordinary loss		
	R	Form 4797 long-term loss		
2023	S	Operating loss		
	T	Form 4797 ordinary loss		
	U	Form 4797 long-term loss		
2024	V	Operating loss		
	W	Form 4797 ordinary loss		
	X	Form 4797 long-term loss		
Disallowed Passive Losses by Year and Type				
Before 2018 . . .	A	Operating loss		0.
	B	Form 4797 ordinary loss		0.
	C	Form 4797 long-term loss		0.
2018	D	Operating loss		
	E	Form 4797 ordinary loss		
	F	Form 4797 long-term loss		
2019	G	Operating loss		
	H	Form 4797 ordinary loss		
	I	Form 4797 long-term loss		
2020	J	Operating loss		
	K	Form 4797 ordinary loss		
	L	Form 4797 long-term loss		
2021	M	Operating loss		
	N	Form 4797 ordinary loss		
	O	Form 4797 long-term loss		
2022	P	Operating loss		
	Q	Form 4797 ordinary loss		
	R	Form 4797 long-term loss		
2023	S	Operating loss		
	T	Form 4797 ordinary loss		
	U	Form 4797 long-term loss		
2024	V	Operating loss		
	W	Form 4797 ordinary loss		
	X	Form 4797 long-term loss		

2023	S	Operating loss		
	T	Form 4797 ordinary loss		
	U	Form 4797 long-term loss		
2024	V	Operating loss		
	W	Form 4797 ordinary loss		
	X	Form 4797 long-term loss		

Schedule C (AUTHOR / LEGAL): Profit or Loss from Business -- Smart Worksheet

Activity Summary Smart Worksheet			
Supporting information provided by program. NO ENTRIES ARE NEEDED.			
		Regular Tax	QBI
			Alternative Minimum Tax
A	Ownership	Taxpayer	
B	At risk status	All	
C	Passive status	Nonpassive	
Schedule C			
D	Tentative profit (loss)	-2,746.	-2,746.
E	Other adjustments		
F	At risk disallowed loss		
G	Passive carryover loss		
H	Passive disallowed loss		
I	Net profit (loss) allowed	-2,746.	-2,746.
Related Dispositions			
J	Tentative profit (loss)		0.
K	At risk disallowed loss		
L	Passive carryover loss		
M	Passive disallowed loss		
N	Net profit (loss) allowed		0.

Schedule C (AUTHOR / LEGAL): Profit or Loss from Business — Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)		
	Regular Tax	QBI
At-risk loss carryforwards to 2026		
Before 2018		
A Operating loss		0.
B Form 4797 ordinary loss		0.
C Form 4797 long-term loss		0.
2018		
D Operating loss		
E Form 4797 ordinary loss		
F Form 4797 long-term loss		
2019		
G Operating loss		
H Form 4797 ordinary loss		
I Form 4797 long-term loss		
2020		
J Operating loss		
K Form 4797 ordinary loss		
L Form 4797 long-term loss		
2021		
M Operating loss		
N Form 4797 ordinary loss		
O Form 4797 long-term loss		
2022		
P Operating loss		
Q Form 4797 ordinary loss		
R Form 4797 long-term loss		
2023		
S Operating loss		
T Form 4797 ordinary loss		
U Form 4797 long-term loss		
2024		
V Operating loss		
W Form 4797 ordinary loss		
X Form 4797 long-term loss		
2025		
Y Operating loss		
Z Form 4797 ordinary loss		
a Form 4797 long-term loss		

Schedule C (AUTHOR / LEGAL): Profit or Loss from Business -- Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)			
Passive losses		Regular Tax	QBI
Passive loss carryforwards to 2026			
Before 2018	A Operating Loss		0.
	B Form 4797 ordinary loss		0.
	C Form 4797 long-term loss		0.
2018	D Operating Loss		
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	G Operating loss		
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	J Operating loss		
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	M Operating loss		
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		
2022	P Operating loss		
	Q Form 4797 ordinary loss		
	R Form 4797 long-term loss		
2023	S Operating loss		
	T Form 4797 ordinary loss		
	U Form 4797 long-term loss		
2024	V Operating loss		
	W Form 4797 ordinary loss		
	X Form 4797 long-term loss		
2025	Y Operating loss		
	Z Form 4797 ordinary loss		
	a Form 4797 long-term loss		

Form 8995A: QBI Deduction -- Smart Worksheet

Form 8995A Schedule A Smart Worksheet			
Schedule A -- Specified Service Trades or Businesses (SSTB)			
Complete Schedule A only if your trade or business is a specified service trade or business (SSTB -- see instructions) and your taxable income is more than \$197,300 but not \$247,300 (\$394,600 - \$494,600 if filing jointly (MFJ)). If your taxable income isn't above the applicable lower threshold, and you aren't a patron of an agricultural or horticultural coop, don't use this worksheet. Instead use the QBI Deduction Simplified Computation. Otherwise, complete Sch D before beginning Part I. If your taxable income is more than \$247,300 (\$494,600 if MFJ), your SSTB doesn't qualify for the deduction.			
Part I: Other Than Publicly Traded Partnerships			
	SSTB 1	SSTB 2	SSTB 3
1 a Trade or business name		JOSE M RODRIGUEZ	
1 b Taxpayer identification number			
2 QBI or (loss) from the trade or business		-2,746.	
3 Allocable share of W2 wages from the business		0.	
4 Allocable share of UBIA of all qualified property		5,850.	
5 Taxable income before QBI deduction	215,250.		
6 Threshold. Enter \$197,300 (\$394,600 if MFJ)	197,300.		
7 Subtract line 6 from line 5	17,950.		
8 Phase-in range. Enter \$50,000 (\$100,000 if MFJ)	50,000.		
9 Divide line 7 by line 8	0.3590		
10 Applicable percentage. Subtract line 9 from 100%	0.6410		
11 Applicable percentage of QBI or (loss). Multiply line 2 by line 10. Enter this amount on Sch C or on page 1, Part II, line 2, for the corresponding trade or business, as appropriate		-1,760.	
12 Applicable percentage of W2 wages. Multiply line 3 by line 10. Enter this amount on page 1, Part II, line 4, for the corresponding trade or business, as appropriate		0.	
13 Applicable percentage of the UBIA of qualified property. Multiply line 4 by line 10. Enter this amount on page 1, Part II, line 7, for the corresponding trade or business, as appropriate		3,750.	

Form 8995A: QBI Deduction -- Smart Worksheet

Form 8995A Schedule C Smart Worksheet					
Schedule C -- Loss Netting and Carryforward					
1	Trade, business or aggregation name	Taxpayer ID number	a) Qualified income/(loss)	b) Reduction for loss netting	c) Adjusted QBI a) plus b)
	N/A		0.		0.
	JOSE M RODRIGUEZ		-1,760.		0.
	JOSE M RODRIGUEZ		0.		0.
2	Qualified business net (loss) carryforward from prior years				(-16,473.)
3	Total business losses. Combine negative amounts on lines 1, column a), and 2, for all trades or businesses.				(-18,233.)
4	Total business income. Add the positive amounts on line 1, column a) for all rows				
5	Losses netted with income of other businesses. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each business on line 1, column b).				(0.)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-				(-18,233.)

Schedule C (AUTHOR / LEGAL): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (6711 NORTH KENDALL DRIVE) -- Smart Worksheet

Simplified Method Smart Worksheet	
Simplified method election for Home Office expenses:	
Do you elect to use the simplified method in 2025?	☐ Yes ☒ No
Do you elect to use the simplified method in 2024?	☐ Yes ☒ No
A	Gross income limitation
B	Enter the square footage of your office
C	The lesser of the square footage of your office or 300
D	Number of months in 2025 this home office was used at least 15 days during the month
E	Business percentage for daycare facilities (if applicable, or 100.00 if not) %
F	Line C times line D divided by 12 times \$5.00 times line E
G	Allowable Simple Method deduction. Enter the lesser of line A or line F

Schedule C (AUTHOR / LEGAL): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (6711 NORTH KENDALL DRIVE) -- Smart Worksheet

Line 8 Calculation Smart Worksheet	
A	Enter the date you began using this home office for this business. 01/01/2018
B	Enter the percent of gross income on line 7 of Schedule C that is from the business use of this home 100.00 %
C 1	Calculated gain from business use of this home on Schedule D or Form 4797.
2	Adjustments to calculated gain
3	Net gain
D 1	Calculated loss from this business not derived from business use of home and shown on Schedule D or Form 4797
2	Adjustments to calculated loss (enter additional losses as a negative number)
3	Net loss

Schedule C (AUTHOR / LEGAL): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (6711 NORTH KENDALL DRIVE) -- Smart Worksheet

Important: This form calculates a "temporary" tax provision. This credit will be calculated for eligible payees prior to the expiration date shown below. If the expiration date shows "Expired", this information will not be used in any calculations or included in your return. Expired temporary provisions are sometimes renewed retroactively, so completing info for expired provisions will allow this return to automatically be updated if/when this provision is renewed.

Temporary tax provision	Expiration Date
Mortgage Insurance Premium Deduction (sec. 163(h)(3))	Expired

PAYER's name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Carolina Academic Press, LLC 700 Kent St Durham NC 27701 US - Phone: 9194897486		1 Rents	OMB No. 1545-0115		Miscellaneous Information
		\$	Form 1099-MISC		
		2 Royalties	(Rev. April 2025)		
		\$ 860.14	For calendar year 2025		
		3 Other income	4 Federal income tax withheld		
		\$	\$		
PAYERS TIN 45-4577054	RECIPIENT'S TIN [REDACTED]	5 Fishing boat proceeds	6 Medical and health care payments		
		\$	\$		
RECIPIENT'S name, street address(including apt. no.), City or town, state or province, country, and ZIP or foreign postal code JOSE RODRIGUEZ 11TH JUDICIAL CIR, DADE COUNTY 73 W. FLAGLER ST, RM 400 MIAMI FL 33130 US		7. Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐	8 Substitute payments in lieu of dividends or interest		
		\$	\$		
		9 Crop insurance proceeds	10 Gross proceeds paid to an attorney		
		\$	\$		
		11 Fish purchased for resale	12 Section 409A deferrals		
		\$	\$		
		13 FATCA filing requirement ☐	14	15 Nonqualified deferred compensation	
			\$	\$	
Account number (see instructions)	2nd TIN not. ☐	16 State tax withheld	17 State/Payer's state no.	18 State Income	
[REDACTED]		\$		\$	
		\$		\$	

Copy C

For Payer

For Privacy Act and Paperwork Reduction Act Notice, see the

current General Instructions for Certain Information Returns.

Form 1099-MISC (Rev. 4-2025)

www.tax1099.com -IRS Approved e File Provider

www.irs.gov/Form1099MISC

Instructions for Payer

To complete Form 1099-MISC, use:

- The current General Instructions for Certain Information Returns, and
 - The current General Instructions for Certain Information Returns, and
- To complete corrected Forms 1099-MISC, see the current General Instructions for Certain Information Returns.

To order these instructions and additional forms, go to www.irs.gov/EmployerForms

Caution: Because paper forms are scanned during processing, you cannot file certain Forms 1096, 1097, 1098, 1099, 3921, or 5498 that you print from the IRS website.

Filing and furnishing: For filing and furnishing instructions, including due dates, and to request filing or furnishing extensions, see the current General Instructions for Certain Information Returns.

Need help? If you have questions about reporting on Form 1099-MISC, call the information reporting customer service site toll free at 866-455-7438 or 304-263-8700 (not toll free). Persons with a hearing or speech disability with access to TTY/TDD equipment can call 304-579-4827 (not toll free).

a Employee's social security number [REDACTED]		Payroll organization code 22-20-11-00-110		Intradepartment number 0000000175	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 192,301.02		2 Federal income tax withheld 28,372.26	
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 176,100.00		4 Social security tax withheld 10,918.20	
		5 Medicare wages and tips 198,267.06		6 Medicare tax withheld 2,874.87	
		7 Social security tips		10 Dependent care benefits	
d Control number 016080 01/07		11 Nonqualified plans		12a See instructions for box 12 DD 10,818.37	
e Employee's first name, mi, and last name JOSE M RODRIGUEZ 11124 S.W. 128 COURT MIAMI, FL 33186-0000		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b	
		14 Other 125 600.00		12c	
				12d	
				12e	
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 **2025**

OMB No. 1545-0048

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

a Employee's social security number [REDACTED]		Payroll organization code 22-20-11-00-110		Intradepartment number 0000000175	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 192,301.02		2 Federal income tax withheld 28,372.26	
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e Employee's first name, mi, and last name JOSE M RODRIGUEZ 11124 S.W. 128 COURT MIAMI, FL 33186-0000		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b	
		14 Other 125 600.00		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.	
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				18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

FORM **W-2** WAGE AND TAX STATEMENT **2025**

OMB No. 1545-0048

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA527W REV. 06/18/2025

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement 2025		7 Social security tips		1 Wages, tips, other comp. 42271.90		2 Federal income tax withheld 3200.46	
c Employer's name, address, and ZIP code FLORIDA INTERNATIONAL UNIV 11200 SW 8 ST PC 224 MIAMI FL 33199		8 Allocated tips		3 Social security wages		4 Social security tax withheld	
		9		5 Medicare wages and tips 45699.33		6 Medicare tax withheld 662.64	
		10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12	
e Employee's name, address, and ZIP code JOSE M RODRIGUEZ 11124 S.W. 128 COURT MIAMI FL 33186		13 Statutory employee Retirement plan Third-party sick pay		14 Other FAP : 3427.43		12b	
		b Employer identification number (EIN) 65-0177616				12c	
		a Employee's social security no.				12d	
15 State Employer's state ID no.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
				19 Local income tax		20 Locality name	
Copy B To Be Filed With Employee's FEDERAL Tax Return				This information is being furnished to the Internal Revenue Service. OMB No. 1545-0028			
				Dept. of the Treasury - IRS Visit the IRS Web Site at www.irs.gov/efile			

Form W-2 Wage and Tax Statement 2025		7 Social security tips		1 Wages, tips, other comp. 42271.90		2 Federal income tax withheld 3200.46	
c Employer's name, address, and ZIP code FLORIDA INTERNATIONAL UNIV 11200 SW 8 ST PC 224 MIAMI FL 33199		8 Allocated tips		3 Social security wages		4 Social security tax withheld	
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Copy C For EMPLOYEE'S RECORDS				OMB No. 1545-0028			
				Dept. of the Treasury - IRS			

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return				OMB No. 1545-0028			
				Dept. of the Treasury - IRS			

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15 State Employer's state ID no.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
				19 Local income tax		20 Locality name	
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return				OMB No. 1545-0028			
				5308			
				Dept. of the Treasury - IRS			

Form **W-2 Wage and Tax Statement** 2025

c Employer's name, address, and ZIP code
INDIANA UNIVERSITY
1024 E 3RD ST
BLOOMINGTON IN 47405

e Employee's name, address, and ZIP code

JOSE MANUEL RODRIGUEZ JR
11124 S.W. 128 COURT
MIAMI FL 33186

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IN	0003123294900	5500.00	165.00	5500.00	117.70	C 53

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
OMB No. 1545-0029

Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov/efile

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W-2 Wage and Tax Statement** 2025

c Employer's name, address, and ZIP code
INDIANA UNIVERSITY
1024 E 3RD ST
BLOOMINGTON IN 47405

e Employee's name, address, and ZIP code

JOSE MANUEL RODRIGUEZ JR
11124 S.W. 128 COURT
MIAMI FL 33186

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IN	0003123294900	5500.00	165.00	5500.00	117.70	C 53

Copy C For EMPLOYEE'S RECORDS

OMB No. 1545-0029

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2025

c Employer's name, address, and ZIP code
INDIANA UNIVERSITY
1024 E 3RD ST
BLOOMINGTON IN 47405

e Employee's name, address, and ZIP code

JOSE MANUEL RODRIGUEZ JR
11124 S.W. 128 COURT
MIAMI FL 33186

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0029

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2025

c Employer's name, address, and ZIP code
INDIANA UNIVERSITY
1024 E 3RD ST
BLOOMINGTON IN 47405

e Employee's name, address, and ZIP code

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11124 S.W. 128 COURT
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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0029

5206

Dept. of the Treasury - IRS

Employee Reference Copy			
W-2 Wage and Tax Statement		2025	
Copy C for employee's records. OMB No. 1545-0029			
d Control number	Dept.	Corp.	Employer use only
0000087029 TLO		UQZ5	C S 14197
c Employer's name, address, and ZIP code			
UNIVERSITY OF MIAMI 6200 SAN AMARO DRIVE STE 230 CORAL GABLES, FL 33146			
e/f Employee's name, address, and ZIP code			
JOSE RODRIGUEZ 6711 NORTH KENDALL DRIVE APT 503 MIAMI, FL 33156			
b Employer's FED ID number	a Employer's SSA number		
59-0624458			
1 Wages, tips, other comp.	2 Federal income tax withheld		
1000.00			
3 Social security wages	4 Social security tax withheld		
1000.00	62.00		
5 Medicare wages and tips	6 Medicare tax withheld		
1000.00	14.50		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

JOSE RODRIGUEZ
6711 NORTH KENDALL DRIVE
APT 503
MIAMI, FL 33156

Social Security Number: XXX-XX-XXXX

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PAGE 1 OF 1

1 Wages, tips, other comp.	2 Federal income tax withheld		
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1000.00	62.00		
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