

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/23/2026

General Information

Name: Hon Ramiro Manalich

CONFIDENTIAL

PID 83225

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (20Th)	Elected Constitutional Officer	Circuit Judge

Net Worth

My Net Worth as of June 12, 2026 was \$ 1,719,201.58.

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 \$ 48,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
State of FL Def Comp Plan/Nationwide Charles Schwab	\$ 43,143.06
State of FL Drop Account	\$ 832,162.88
Primary Residence	\$ 1,100,000.00
Suncoast Credit Union	\$ 20,387.45
Spouse's {REDACTED}	\$ 55,777.20
Miami Dolphins - 2 seats plus parking	\$ 6,538.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Mortgage SunCoast Credit Union	P.O. Box 11904, Tampa, FL 33680	\$ 320,166.41
2nd home 1 year lease expiring 8/26 at \$4298 per month	{REDACTED}110 Jorie Blvd., Suite 300	\$ 8,596.00
Hyundai Tuscon Hybrid	Hyundai Motor Finance, P.O. Box 650805, Dallas, TX75265-0805	\$ 33,193.39

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
Venture Capital One Credit Card	P.O. Box 60519, City of Industry, CA 91716	\$ 16,566.31
Venture X Capital One Credit Card	P.O. Box 60519, City of Industry, CA 91716	\$ 8,784.91

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.

Ramiro Manalich

Digitally signed: 06/23/2026

Filed with COE: 06/23/2026

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

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

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name

RAMIRO**MANALICH**

Social security number

Spouse's name

MANALICH

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	354,389
2	Total tax	2	62,419
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	65,221
4	Amount you want refunded to you	4	2,802
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

- ☒ I authorize **U.S. TAX ACCOUNTING, LLC** to enter or generate my PIN **[REDACTED]** as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ **02/26/26**

Spouse's PIN: check one box only

- ☒ I authorize **U.S. TAX ACCOUNTING, LLC** to enter or generate my PIN **[REDACTED]** as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ **02/26/26****Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

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

Don't enter all zeros

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

ERO's signature ▶ **BARBARA GODZIK GOULET** Date ▶ **02/26/26**

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

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

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

Form **1040****Bank Account Verification****2025**

Name

Taxpayer Identification Number

RAMIRO MANALICH & [REDACTED] MANALICH

You have indicated that you would like to receive a refund via direct deposit or make a tax payment via electronic funds withdrawal (EFW) from your bank account(s). Note that electronic funds can only be withdrawn from the primary account. Make sure sufficient funds are available in the primary account. Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If there are any changes please make them on this form. Sign and date at the bottom to indicate upon your review and verification that all account(s) listed are correct and return it to our office.

Primary Account

Name of Financial Institution SUNCOAST CREDIT UNION
 Routing Transit Number [REDACTED]
 Account Number [REDACTED]
 Type of Account CHECKING
 Joint Account? NO

\$2,802 IS SCHEDULED TO BE DIRECT DEPOSITED TO THIS ACCOUNT

Secondary Account #1

Name of Financial Institution _____
 Routing Transit Number _____
 Account Number _____
 Type of Account _____
 Joint Account? _____

Secondary Account #2

Name of Financial Institution _____
 Routing Transit Number _____
 Account Number _____
 Type of Account _____
 Joint Account? _____

Taxpayer Signature **RAMIRO MANALICH**

Date

Spouse Signature **[REDACTED] MANALICH**

Date

DO NOT SUBMIT THIS DOCUMENT TO IRS

Form 1040 U.S. Individual Income Tax Return

2025

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning

2025, ending

20

See separate instructions.

Filed pursuant to section 301.9100-2

Combat zone

Deceased

Spouse

Other

Your first name and middle initial

RAMIRO

Last name

MANALICH

Your social security number

If joint return, spouse's first name and middle initial

Last name

MANALICH

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

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

Presidential Election Campaign
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.

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). 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

(see instructions)

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

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

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

b Household employee wages not reported on Form(s) W-2

c Tip income not reported on line 1a (see instructions)

d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)

e Taxable dependent care benefits from Form 2441, line 26

f Employer-provided adoption benefits from Form 8839, line 31

g Wages from Form 8919, line 6

h Other earned income (see instructions). Enter type and amount:

i Nontaxable combat pay election (see instructions)

1i

z Add lines 1a through 1h

2a Tax-exempt interest

2a

b Taxable interest

3a Qualified dividends

3a

b Ordinary dividends

c Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b

4a IRA distributions

4a

b Taxable amount

c Check if (see instructions)

1 ☐ Rollover2 ☐ QCD3 ☐

5a Pensions and annuities

5a

109,861

b Taxable amount

c Check if (see instructions)

1 ☒ Rollover2 ☐ PSO3 ☐

6a Soc. sec. ben.

6a

24,619

b Taxable amount

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

b Check if: ☐ Schedule D not required☐ Includes child's capital gain or (loss)

8 Additional income from Schedule 1, line 10

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income

10 Adjustments to income from Schedule 1, line 26

11a Subtract line 10 from line 9. This is your adjusted gross income

1a 226,535

1b

1c

1d

1e

1f

1g

1h

1i

1z 226,535

2a

2b 198

3b

4b

5b 106,948

6b

6b 20,926

7a

8 0

9 354,607

10 218

11a 354,389

Tax and Credits

- 11b** Amount from line 11a (adjusted gross income) **354,389**
- 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
- e** Standard deduction or itemized deductions (from Schedule A) **34,700**
- 13a** Qualified business income deduction from Form 8995 or Form 8995-A
- b** Additional deductions from Schedule 1-A, line 38
- 14** Add lines 12e, 13a, and 13b **34,700**
- 15** Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income** **319,689**
- 16** Tax (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972
- 3** ☐
- 17** Amount from Schedule 2, line 3
- 18** Add lines 16 and 17 **62,419**
- 19** Child tax credit or credit for other dependents from Schedule 8812
- 20** Amount from Schedule 3, line 8
- 21** Add lines 19 and 20
- 22** Subtract line 21 from line 18. If zero or less, enter -0- **62,419**
- 23** Other taxes, including self-employment tax, from Schedule 2, line 21
- 24** Add lines 22 and 23. This is your **total tax** **62,419**

Standard Deduction for

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see instr.

Payments and Refundable Credits

- 25** Federal income tax withheld from:
- a** Form(s) W-2 **25a** **46,704**
- b** Form(s) 1099 **25b** **18,517**
- c** Other forms (see instructions) **25c**
- d** Add lines 25a through 25c **25d** **65,221**
- 26** 2025 estimated tax payments and amount applied from 2024 return
- If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):
- 27a** Earned income credit (EIC) **27a**
- b** Clergy filing Schedule SE (see instructions)
- c** If you do not want to claim the EIC, check here ☐
- 28** Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ **28**
- 29** American opportunity credit from Form 8863, line 8 **29**
- 30** Refundable adoption credit from Form 8839, line 13 **30**
- 31** Amount from Schedule 3, line 15 **31**
- 32** Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits** **32**
- 33** Add lines 25d, 26, and 32. These are your **total payments** **33** **65,221**

Refund

- 34** If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid **34** **2,802**
- 35a** Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐ **35a** **2,802**
- b** Routing number **c** Type: **36**
- d** Account number **36**
- 36** Amount of line 34 you want applied to your 2026 estimated tax **36**

Amount You Owe

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

Third Party Designee

- Do you want to allow another person to discuss this return with the IRS? See instructions. ☒ **Yes. Complete below.** ☐ **No**
- Designee's name **BARBARA GODZIK GOULET** Phone no. **239-597-7009** Personal identification number (PIN)

Sign Here

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 **JUDGE** Date **RETIRE**

Spouse's signature. If a joint return, both must sign. Date **RETIRE**

Joint return? See instructions. Keep a copy for your records.

Phone no. Email address

Paid

Preparer's name **BARBARA GODZIK GOULET** Preparer's signature **BARBARA GODZIK GOULET** Date **02/26/26** Check if: ☐ Self-employed

Preparer Use Only

Firm's name **U.S. TAX ACCOUNTING, LLC** Phone no. **239-597-7009**

Firm's address **8985 FONTANA DEL SOL WAY NAPLES FL 34109**

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	218
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
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 8l 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	218

Form **1040****Standard Deduction & Dependent MAGI Worksheets****2025**

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

Standard Deduction Worksheet

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

- Single or Married filing separately - \$15,750
- Married filing jointly or qualifying widow(er) - \$31,500
- Head of household - \$23,625

1. 31,500

2. Can you (or your spouse if married, filing jointly) be claimed as a dependent?

- ☒ **No.** Skip line 3; enter the amount from line 1 on line 4.
☐ **Yes.** Go to line 3.

3. Is your **earned income** more than \$900?

- ☐ **Yes.** Add \$450 to your earned income. Enter the total.
☐ **No.** Enter \$1,350

3. _____

4. Enter the **smaller** of line 1 or line 3. If under 65 and not blind, continue to line 6. **Otherwise**, go to line 5.4. 31,5005. Check if: ☒ **You** were 65 or older, ☐ **Blind**; ☒ **Spouse** was 65 or older, ☐ **Blind**. **Total boxes checked** 2

If 65 or older or blind, multiply \$1,600 (\$2,000 if single or head of household) by the number in the box above

5. 3,200

6. Add lines 4 and 5. Enter the total here and on Form 1040 or 1040-SR, line 12

6. 34,700**Dependent Modified Adjusted Gross Income Worksheet**

1. Are you required to file a tax return?

- ☐ **No.** Do not include Dependent's modified adjusted gross income in Claiming Taxpayer's household income.
☐ **Yes.** Include Modified Adjusted Gross Income in claiming taxpayer's household income.

2. **Adjusted Gross Income.** Enter the amount from Form 1040, Line 11

2. _____

3. Enter tax-exempt interest from Form 1040, line 2a

3. _____

4. Enter any amounts from your Form 2555, lines 45 and 50

4. _____

5. **Subtotal.** Combine lines 2 through 4

5. _____

6. Enter the total Social Security benefits from Form 1040, line 6a

6. _____

7. Enter the taxable Social Security benefits from Form 1040, line 6b

7. _____

8. Nontaxable Social Security benefits. Subtract line 7 from line 6

8. _____

9. **Dependent Modified Adjusted Gross Income for Claiming Taxpayer's Form 8962.**

Add lines 5 and 8

9. _____

Form **1040****Social Security Worksheet****2025**

Name

Taxpayer Identification Number

RAMIRO MANALICH & [REDACTED] MANALICH

If you are married filing separately and you lived apart from your spouse for all of 2025:

- Form 1040/1040-SR: Enter "D" to the right of the word "benefits" on line 6a.

1. Enter the total amount from box 5 of all your Forms SSA-1099 and Forms RRB-1099 (if applicable) Also, enter this amount on Form 1040 or 1040-SR, line 6a. Tp: Sp: 24,619	1. <u>24,619</u>
2. Multiply line 1 by 50% (0.50).	2. <u>12,310</u>
3. Add the amounts on Form 1040 or 1040-SR, lines 1z, 2a, 2b, 3b, 4b, 5b, 7, and Schedule 1, line 10. Also, enter the total of any exclusion/adjustments for Qualified U.S. savings bond interest (Form 8815, line 14), adoption benefits (Form 8839, line 28), foreign earned income or housing (Form 2555, lines 45 and 50), certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico	3. <u>333,681</u>
4. Add lines 2 and 3	4. <u>345,991</u>
5. Enter the total of the amounts from Form 1040 or 1040-SR, Schedule 1, lines 11 through 20, 23, and 25.	5. <u>218</u>
6. Subtract line 5 from line 4	6. <u>345,773</u>
7. Enter \$25,000 (\$32,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time during 2025)	7. <u>32,000</u>
8. Subtract line 7 from line 6. If zero or less, enter -0- - If line 8 is zero, stop here. None of your benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you lived apart from your spouse for all of 2025, enter -0- on Form 1040 or 1040-SR, line 6b. - If line 8 is more than zero, go to line 9.	8. <u>313,773</u>
9. Enter \$9,000 (\$12,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time during 2025)	9. <u>12,000</u>
10. Subtract line 9 from line 8. If zero or less, enter -0-	10. <u>301,773</u>
11. Enter the smaller of line 8 or line 9	11. <u>12,000</u>
12. Enter one half of line 11	12. <u>6,000</u>
13. Enter the smaller of line 2 or line 12	13. <u>6,000</u>
14. Multiply line 10 by 85% (0.85). If line 10 is zero, enter -0-	14. <u>256,507</u>
15. Add lines 13 and 14	15. <u>262,507</u>
16. Multiply line 1 by 85% (0.85)	16. <u>20,926</u>
17. Taxable benefits. Enter the smaller of line 15 or line 16. Also, enter this amount on Form 1040 or 1040-SR, line 6b.	17. <u>20,926</u>
Percentage of total benefits received included as taxable income.	<u>85.0 %</u>

Note: If part of your benefits are taxable for 2025 and they include benefits paid in 2025 that were for an earlier year, you may be able to reduce the taxable amount shown on the worksheet. See Pub. 915 for details.

Federal Statements

Schedule 1 (1040), Line 18 - Penalty on Early Withdrawal of Savings

Description	Amount
TAXPAYER PENALTY ON EARLY WITHDRAWAL	\$ 218
TOTAL	\$ 218

Federal Statements

STATE OF FLORIDA

Form W-2, Box 12

Description	Amount
SECTION 457(B) CONTRIBUTIONS	\$ 3,600
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	24,582
TOTAL	<u>\$ 28,182</u>

STATE OF FLORIDA

Form W-2, Box 14 - Other

Description	Amount
IRC SECTION 125 FLEXIBLE BENEFITS PROGRAM	\$ 3,451
TOTAL	<u>\$ 3,451</u>

Form **1040****Pension/Annuity Report****2025**

Name

Taxpayer Identification Number

RAMIRO MANALICH & [REDACTED] MANALICH**Box 7****Code Gross Distribution Rollover Taxable Amount**

T/S	Payer	Code	Gross Distribution	Rollover	Taxable Amount
A S	CHARLES SCHWAB TRUST BANK	7	32,000		32,000
B S	FLORIDA RETIREMENT SYSTEM	7	59,948	-	59,948
C T	ANNUITY INVESTORS LIFE INS	7		-	
D T	NATIONWIDE RETIREMENT SOLUTIONS INC	7	15,000	-	15,000
E S	RELIANCE TRUST COMPANY	G	2,913	X	
F -		-		-	
G -		-		-	
H -		-		-	
I -		-		-	
J -		-		-	
K -		-		-	
L -		-		-	
M -		-		-	
N -		-		-	
O -		-		-	
		Taxpayer	15,000	-	15,000
		Spouse	94,861		91,948
		Total	109,861		106,948

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A	-			6,400		
B	-			9,117		
C	-					
D	-			3,000		
E	-					
F	-					
G	-					
H	-					
I	-					
J	-					
K	-					
L	-					
M	-					
N	-					
O	-					
Taxpayer				3,000		
Spouse				15,517		
Total				18,517		

Form **1040****Salaries & Wages Report****2025**

Name

Taxpayer Identification Number

RAMIRO MANALICH & [REDACTED] MANALICH

T/S	Employer	Federal Wages	Federal Withheld	% Federal W/H to Wages	Soc Sec Wages	Soc Sec Withheld
A T	STATE OF FLORIDA	191,816	39,059	20.360	176,100	10,918
B S	US RETIREMENT PARTNERS	34,719	7,645	22.020	34,719	2,153
C						
D						
E						
F						
G						
H						
	Taxpayer	191,816	39,059		176,100	10,918
	Spouse	34,719	7,645		34,719	2,153
	Totals	226,535	46,704		210,819	13,071

	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Qualified Tips	Qualified Overtime	Other, Box 14
A	195,416	2,834						3,451
B	34,719	503						
C								
D								
E								
F								
G								
H								
Taxpayer	195,416	2,834						3,451
Spouse	34,719	503						
Totals	230,135	3,337						3,451

	State	State Wages	State Withheld	% State W/H to Wages	Name of Locality	Local Wages	Local Withheld
A							
B							
C							
D							
E							
F							
G							
H							
Taxpayer							
Spouse							
Totals							

Name _____

Taxpayer Identification Number

RAMIRO MANALICH & [REDACTED] MANALICH

[illegible]

	Federal Withholding Amounts by Forms			State Withholding Amounts by Forms		
	Taxpayer	Spouse	Federal Total	Taxpayer	Spouse	State Total
Form(s) W2	39,059	7,645	46,704			
Form(s) 1099	3,000	15,517	18,517			
Other forms						
Form(s) 8805*						
Form(s) 8288-A*						
Form(s) 1042-S*						
Total	42,059	23,162	65,221			

*1040/SR included with other forms

Form **1040**

Two Year Comparison Report - Page 1

2024 & 2025

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

		2024	2025	Differences
Filing Status		MFJ	MFJ	
Dependents		0	0	
1.	Salaries and wages	260,885	226,535	-34,350
2.	Interest income	1,221	198	-1,023
3.	Tax exempt interest income			
4.	Dividend income			
5.	Qualified dividend income			
6.	Taxable state/local refunds			
7.	Alimony received			
8.	Business income/loss			
9.	Capital gain/loss			
10.	Other gains/losses			
11.	Taxable IRA distributions			
12.	Taxable pensions	128,021	106,948	-21,073
13.	Rent and royalty income including farm rental			
14.	Partnership/S corp income			
15.	Estate or trust income			
16.	Farm income/loss			
17.	Unemployment compensation			
18.	Taxable social security		20,926	20,926
19.	Other income			
20.	Total income	390,127	354,607	-35,520
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		218	218
26.	Alimony paid			
27.	IRA deductions			
28.	Student loan interest			
29.	Other adjustments			
30.	Adjusted gross income	390,127	354,389	-35,738
31.	Medical			
32.	Taxes	8,011	8,363	352
33.	Interest	8,630	6,775	-1,855
34.	Contributions			
35.	Casualty losses			
36.	Miscellaneous expenses			
37.	Allowable itemized deductions	16,641	15,138	-1,503
38.	Standard deduction	32,300	34,700	2,400
		STANDARD	STANDARD	
39.	Deduction taken	32,300	34,700	2,400
40.	Taxable income before qualified business inc ded (QBID)	357,827	319,689	-38,138
41.	Qualified business income deduction	0	0	
42.	Additional deductions (Sch 1-A)			
43.	Taxable income	357,827	319,689	-38,138

Form **1040****Two Year Comparison Report - Page 2****2024 & 2025**

Name

Taxpayer Identification Number

RAMIRO MANALICH & [REDACTED] MANALICH

		2024	2025	Differences
44.	Taxable income from 2YR page 1, line 43	357,827	319,689	-38,138
45.	Tax on taxable income	71,963	62,419	-9,544
46.	Alternative minimum tax			
47.	Excess advance premium tax credit & other advanced repayment			
48.	Child care credit			
49.	Education credits			
T 50.	Retirement savings credit			
a 51.	Child & other dependent tax credit			
x 52.	General business credit			
53.	Other credits			
C 54.	Total credits			
o 55.	Net tax liability	71,963	62,419	-9,544
m 56.	Self-employment taxes			
p 57.	Other taxes	177		-177
u 58.	Total tax	72,140	62,419	-9,721
t 59.	Income tax withheld	71,100	65,221	-5,879
a 60.	Estimated tax payments			
t 61.	Earned income credit			
i 62.	Additional Child tax credit			
o 63.	Other refundable tax credits	4,587		-4,587
n 64.	Other payments			
65.	Total payments	75,687	65,221	-10,466
66.	Tax due/-refund	-3,547	-2,802	745
67.	Penalties and interest			
68.	Net tax due/-refund	-3,547	-2,802	745
69.	Refund applied to estimated tax payments			
70.	Refund received	-3,547	-2,802	745
71.	Effective tax rate	20.0 %	20.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2024 Taxable Income	2024 Marginal Tax Rate	2025 Taxable Income	2025 Marginal Tax Rate
Ordinary income	357,827	24.0 %	319,689	24.0 %
Capital income		%		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form **1040****Federal Tax Projection Worksheet 1 - Tax Computation****2025 & 2026**

PROJECTION DATE: FEBRUARY 26, 2026

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

	Filing Status	2025	2026	Differences
		MFJ	MFJ	
Income	Dependents			
	1. Salaries and wages	226,535	191,816	-34,719
	2. Interest income	198	198	
	3. Dividend income			
	4. Taxable state/local refunds			
	5. Alimony received			
	6. Business income/loss			
	7. Capital gain/loss			
	8. Other gains/losses			
	9. Taxable IRA distributions			
	10. Taxable pensions and annuities	106,948	106,948	
	11. Schedule E income/loss			
	12. Farm income/loss			
	13. Unemployment benefits			
	14. Taxable social security benefits	20,926	31,389	10,463
	15. Other income			
	16. Total income	354,607	330,351	-24,256
Adjustments	17. Moving expenses			
	18. Deductible part of self-employment tax			
	19. SEP/SIMPLE/Qualified plans deductions			
	20. Self-employed health insurance deduction			
	21. Penalty on early withdrawal of savings	218	218	
	22. Alimony paid			
	23. IRA deductions			
	24. Student loan interest deduction			
	25. Other adjustments			
	26. Adjusted gross income	354,389	330,133	-24,256
Deductions	27. Medical			
	28. State/local income or sales taxes	1,810	1,810	
	29. Real estate taxes	6,553	6,553	
	30. Personal property taxes			
	31. Total State/Local taxes. Add lines 28 - 30	8,363	8,363	
	32. State/Local taxes allowed. (From Itemized Deductions State/Local Taxes Phaseout Worksheet, Line 6).	8,363	8,363	
	33. Other taxes			
	34. Interest	6,775	6,775	
	35. Contributions			
	36. Casualty losses from a federally declared disaster			
	37. Miscellaneous expenses (including qualified disaster loss)			
	38a. Itemized deductions before limitation		15,138	
	38b. Allowable itemized deductions	15,138	15,138	
	39a. Standard deduction	34,700	35,500	800
	39b. Charitable contributions if standard deduction			
		STANDARD	STANDARD	
	40a. Deduction taken	34,700	35,500	800
	40b. Sch 1 - A Deductions			
	41. Subtract line 40 from line 26	319,689	294,633	-25,056
	42. Qualified business income deduction			
	43. Taxable income	319,689	294,633	-25,056

Form **1040****Federal Tax Projection Worksheet 2 - Tax Computation****2025 & 2026**

PROJECTION DATE: FEBRUARY 26, 2026

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

[REDACTED]

	Filing Status		2025	2026	Differences
			MFJ	MFJ	
	44. Taxable income from TPW page 1, line 43	44.	319,689	294,633	-25,056
	45. Tax on taxable income	45.	62,419	55,908	-6,511
	46. Taxes from Forms 4972, 8814, and add'l taxes	46.			
	47. Alternative minimum tax	47.			
	48. Add lines 45, 46, and 47	48.	62,419	55,908	-6,511
	49. Foreign tax credit	49.			
T	50. Child and dependent care credit	50.			
a	51. Education credits	51.			
x	52. Retirement savings credit	52.			
	53. Credit for the elderly	53.			
C	54. Child tax credit/credit for other dependents	54.			
o	55. Energy Efficient Home Improvement Credit	55.			
m	56. Previously owned clean vehicles credit (Form 8936)	56.			
p	57. New clean vehicles credit (Form 8936)	57.			
u	58. Mortgage interest credit	58.			
t	59. D.C. first-time homebuyer credit	59.			
a	60. Residential Clean Energy Credit	60.			
t	61. Adoption credit	61.			
i	62. General business credit	62.			
o	63. Prior year minimum tax credit	63.			
n	64. Other credits	64.			
	65. Total credits	65.			
	66. Net tax liability	66.	62,419	55,908	-6,511
	67. Self-employment tax	67.			
	68. Tax on unreported tips	68.			
	69. Tax on IRA or qualified plans	69.			
	70. Household employment taxes	70.			
	71. Reserved	71.			
	72. Reserved	72.			
	73. Additional Medicare Tax	73.			
	74. Net Investment Income Tax	74.		8	8
	75. Other taxes	75.			
	76. Total tax	76.	62,419	55,916	-6,503
	77. Income tax withheld	77.	65,221	57,576	-7,645
	78. Estimated tax payments	78.			
	79. Earned income credit	79.			
	80. Additional child tax credit	80.			
	81. Reserved	81.			
	82. Reserved	82.			
	83. Other payments	83.			
	84. Total payments	84.	65,221	57,576	-7,645
	85. Net tax due/-refund	85.	-2,802	-1,660	1,142
	86. Marginal Tax Rate - Ordinary Income	86.	24.0%	24.0%	
	87. Marginal Tax Rate - Capital Income	87.	%	%	
	88. Effective Tax Rate	88.	20.0%	19.0%	

Form **1040****Tax Projection Worksheet - Itemized Deduction & Schedule 1-A****2026**PROJECTION DATE: **FEBRUARY 26, 2026**

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

2026 Itemized Deductions State/Local Taxes Phaseout Worksheet

1. Enter the amount from TPW, line 26 without any Sec. 911, 931, and 933 exclusions	1. <u>330,133</u>
2. Subtract \$505,000 (\$252,500 if MFS) from line 1.	2. <u>0</u>
3. Multiple line 2 by 30%.	3. <u></u>
4. Subtract line 3 from \$40,400. Enter the greater of the result or \$10,100 (half of the amount, if MFS).	4. <u>40,400</u>
5. Total State/Local Taxes from TPW, line 31	5. <u>8,363</u>
6. Enter the lesser of line 4 or line 5 here and on TPW, line 32.	6. <u>8,363</u>

2026 Deductions for working Americans and seniors

1. Enter the amount from TPW, line 26 without any Sec. 911, 931, and 933 exclusions	1. <u>330,133</u>
2. Subtract \$150,000 (\$300,000 if MFJ) from line 1. Round down to the nearest \$1,000	2. <u>30,000</u>
3. Multiple line 2 by 10%	3. <u>3,000</u>
4. Enter amount of qualified tips	4. <u></u>
5. If line 4 is greater than line 3, subtract line 3 from line 4. Otherwise, enter 0. This is the deduction for qualified tips.	5. <u>0</u>
6. Enter amount of qualified overtime	6. <u></u>
7. If line 6 is greater than line 3, subtract line 3 from line 6. Otherwise, enter 0. This is the deduction for qualified overtime.	7. <u>0</u>
8. Subtract \$100,000 (\$200,000 if MFJ) from line 1. Round up to the nearest \$1,000.	8. <u>131,000</u>
9. Multiple line 8 by 20%	9. <u>26,200</u>
10. Enter the amount of qualified car loan interest	10. <u></u>
11. If line 10 is greater than line 9, subtract line 9 from line 10. Otherwise, enter 0. This is the deduction for qualified car loan interest	11. <u>0</u>
12. Subtract \$75,000 (\$150,000 if MFJ) from line 1.	12. <u>180,133</u>
13. Multiple line 12 by 6%	13. <u>10,808</u>
14. Enter \$6,000 for each of taxpayer or spouse 65 or older	14. <u>12,000</u>
15. Subtract line 13 amount from line 14 for each qualified taxpayer. This is the deduction for seniors	15. <u>0</u>
16. Deduction for working Americans and seniors. Add lines 5, 7, 11, and 15. Enter the result on TPW, line 40b.	16. <u>0</u>

2026 Itemized Deductions Worksheet

1. Total itemized deductions before limit.	1. <u>15,138</u>
2. Taxable income before itemized deductions. Enter the amount from TPW, line 26 - line 42 - line 40b	2. <u>330,133</u>
3. Income Phaseout limit (Start of 37% bracket for filing status)	3. <u>768,700</u>
4. Excess income over limit. Subtract line 3 from line 2. If the result is zero, stop here; enter the amount from line 1 above on line 7.	4. <u></u>
5. Enter the lesser of line 1 or line 4.	5. <u></u>
6. Reduction amount. Line 5 multiplied by (2/37).	6. <u></u>
7. Allowable itemized deductions. Subtract line 6 from line 1. Enter the result here and on TPW, line 38b.	7. <u>15,138</u>

Form **1040****Federal Tax Projection - Add'l Medicare, Net Investment Income Tax****2026**

PROJECTION DATE: FEBRUARY 26, 2026

Name **RAMIRO MANALICH & [REDACTED] MANALICH** Taxpayer Identification Number **[REDACTED]**

Additional Medicare Tax (Form 8959)

1. Taxpayer medicare wages and tips from Form W-2, box 5	1.	<u>195,416</u>	
2. Spouse medicare wages and tips from Form W-2, box 5	2.		
3. Taxpayer self-employment income from Schedule SE, Part I, line 6	3.		
4. Spouse self-employment income from Schedule SE, Part I, line 6	4.		
5. Total earned income	5.		<u>195,416</u>
6. Enter \$200,000 (\$250,000 if married filing jointly, \$125,000 if married filing separately)	6.		<u>250,000</u>
7. Earned income subject to the Additional Medicare Tax. Subtract line 6 from line 5. If zero or less, enter -0-	7.		<u>0</u>
8. Additional Medicare Tax on Earned Income. Multiply line 7 by 0.9% (0.009) and enter on the Tax Projection Worksheet line 73	8.		

Additional Medicare Tax Withholding (From Form(s) W-2). Enter on the Tax Projection Worksheet, line 77, income tax withheld _____

Tax on Net Investment Income (Form 8960)

1. Taxable interest	1.	<u>198</u>
2. Ordinary dividends	2.	
3. Annuities	3.	
4. Rental real estate, royalties, partnerships, S Corps, trusts, trades or businesses	4.	
5. Net gains on disposition of property (other than property held in an active trade or business)	5.	
6. Reserved	6.	
7. Other modifications to investment income	7.	
8. Total investment income. Combine lines 1 through 7	8.	<u>198</u>
9. Adjusted gross income	9.	<u>330,133</u>
10. Foreign earned income exclusion	10.	
11. Deductions allocable to excluded income	11.	
12. Subtract line 11 from line 10	12.	
13. Modified adjusted gross income. Add lines 9 and 12	13.	<u>330,133</u>
14. Enter \$200,000 if single or head of household; \$250,000 if married filing jointly or qualifying surviving spouse; \$125,000 if married filing separately	14.	<u>250,000</u>
15. Subtract line 14 from line 13. If zero or less, enter -0-	15.	<u>80,133</u>
16. Enter the smaller of line 8 or line 15. If zero or less, enter -0-	16.	<u>198</u>
17. Net Investment Income Tax. Multiply line 16 by 3.8% (.038) and enter on the Tax Projection Worksheet line 74	17.	<u>8</u>

Form **1040**

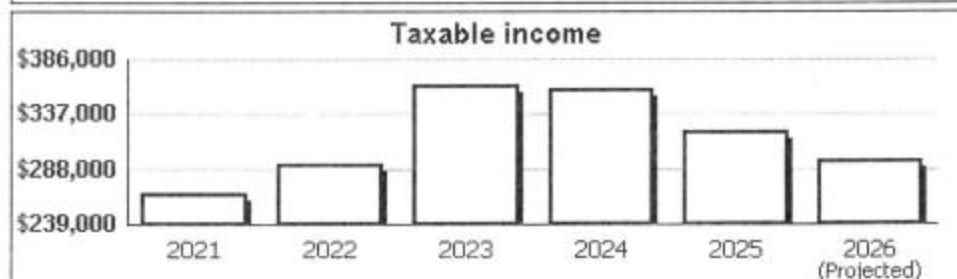
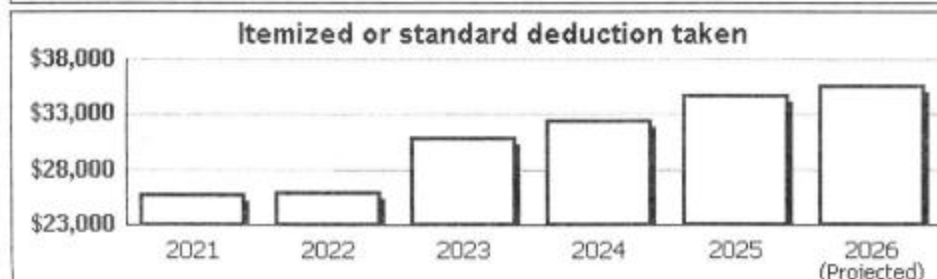
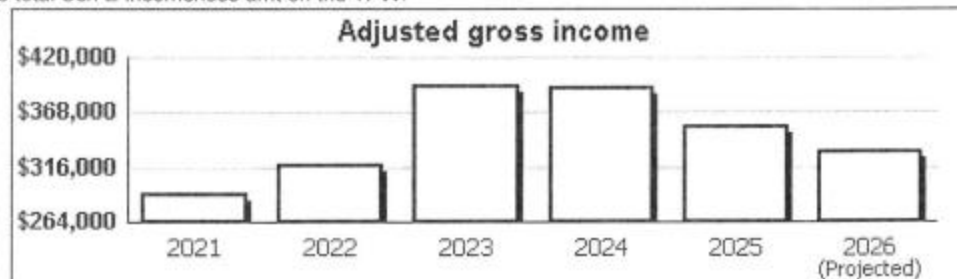
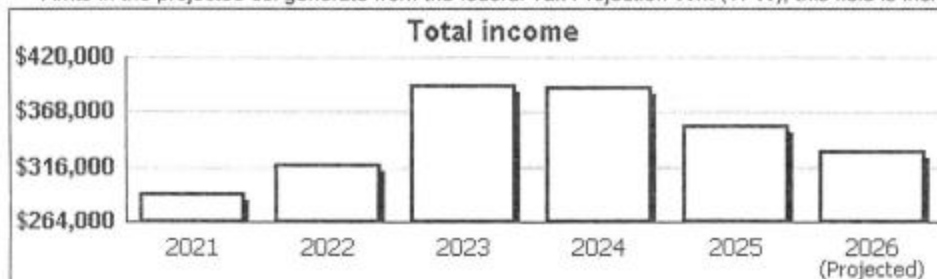
Tax Return History Report - Page 1

2025Name **RAMIRO MANALICH & [REDACTED] MANALICH**

Taxpayer Identification Number [REDACTED]

	2021	2022	2023	2024	2025	2026 PROJECTED
Filing Status	MFJ	MFJ	MFJ	MFJ	MFJ	MFJ
Salaries and wages	289,021	307,162	308,069	260,885	226,535	191,816
Interest income	801	323	1,043	1,221	198	198
Dividend income						
Business income/loss						
Capital gains/losses						
Other gains/losses						
IRA distributions, pensions, annuities		8,840	83,530	128,021	106,948	106,948
Rent, royalty, farm rental income						
Partnership/S corp income						*
Estate or trust income						*
Farm income/loss						
Other income/loss					20,926	31,389
Total income	289,822	316,325	392,642	390,127	354,607	330,351
Total adjustments					218	218
Adjusted gross income	289,822	316,325	392,642	390,127	354,389	330,133
Allowable itemized deductions	17,412	17,149	17,362	16,641	15,138	15,138
Standard deduction	25,700	25,900	30,700	32,300	34,700	35,500
Itemized or standard deduction taken	25,700	25,900	30,700	32,300	34,700	35,500
Taxable income before QBID and Sch 1-A	264,122	290,425	361,942	357,827	319,689	294,633
Qualified business income deduction						
Additional deductions (Schedule 1-A)						
Taxable income	264,122	290,425	361,942	357,827	319,689	294,633

* 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.



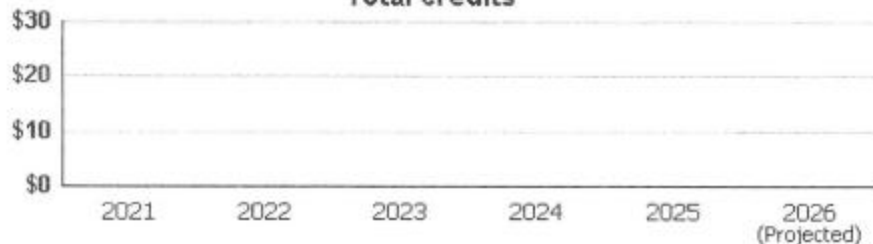
Form **1040**

Tax Return History Report - Page 2

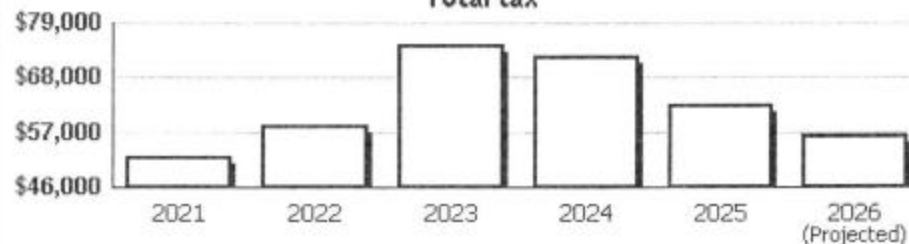
2025

Name	RAMIRO MANALICH & [REDACTED] MANALICH			Taxpayer Identification Number [REDACTED]		
	2021	2022	2023	2024	2025	2026 PROJECTED
Taxable income	264,122	290,425	361,942	357,827	319,689	294,633
Tax on taxable income and Form 8962	51,431	57,373	73,666	71,963	62,419	55,908
Alternative minimum tax						
Total credits						
Net tax liability	51,431	57,373	73,666	71,963	62,419	55,908
Self-employment taxes						
Other taxes	437	550	607	177		8
Total tax	51,868	57,923	74,273	72,140	62,419	55,916
Income tax withheld	59,018	64,364	74,954	71,100	65,221	57,576
Estimated tax payments						
Other payments			1,067	4,587		
Total payments	59,018	64,364	76,021	75,687	65,221	57,576
Total due/-refund	-7,150	-6,441	-1,748	-3,547	-2,802	-1,660
Penalties and interest						
Net tax due/-refund	-7,150	-6,441	-1,748	-3,547	-2,802	-1,660
Refund applied to estimated tax payments						
Refund received	-7,150	-6,441	-1,748	-3,547	-2,802	
Marginal tax rate	24.0%	24.0%	24.0%	24.0%	24.0%	24.0%
Effective tax rate	20.0%	20.0%	21.0%	20.0%	20.0%	19.0%

Total credits



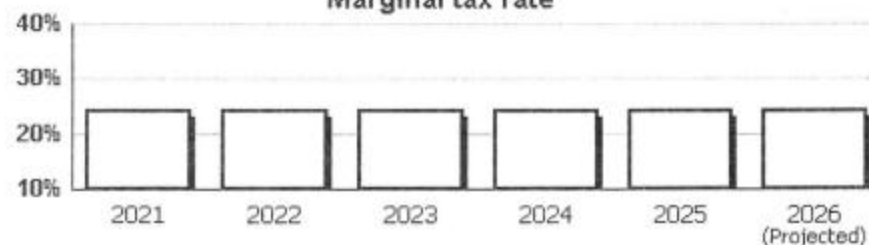
Total tax



Total payments



Marginal tax rate



Form **1040****Reconciliation Worksheet - Taxable Income & Tax****2025**

Name

RAMIRO MANALICH & [REDACTED] MANALICH

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 **TAX RATE SCHEDULE**

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	319,689	24.0 %	62,419	\$206,700 - \$394,600	74,911
Capital Income		%			
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: \$23,850	1a. 23,850	1b. 2,388
2. 12% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$73,100	2a. 73,100	2b. 8,775
3. 22% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$109,750	3a. 109,750	3b. 24,139
4. 24% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$187,900	4a. 112,989	4b. 27,117
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. 319,689	8b. 62,419

Income taxed at capital gains rates

	9a.	9b.
9. 0% capital gains rate		
10. 15% capital gains rate	10a.	10b.
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.	14b.

Total taxable income

15. Total ordinary taxable income. Enter the amount from line 8a.	15. 319,689
16. Total capital gains taxable income. Enter the amount from line 14a.	16.
17. Add lines 15 and 16.	17. 319,689
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. 319,689

Total tax

20. Total ordinary tax. Enter the amount from line 8b.	20. 62,419
21. Total capital gains tax. Enter the amount from line 14b.	21.
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. 62,419
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. 62,419

Form 1040	Reconciliation Worksheet - Projected Taxable Income & Tax	2026
Name RAMIRO MANALICH & [REDACTED] MANALICH		Taxpayer Identification Number [REDACTED]

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 projected 2026 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 24) divided by Total Taxable Income (In 19) **19.0 %**
 Tax Method **TAX RATE SCHEDULES**

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	Tax Rate Marginal	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	294,633	24.0 %	55,908	\$211,400 - \$403,550	108,917
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

	(a) Taxable Income	(b) Tax
Projected Income taxed at ordinary rates		
1. 10.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$24,800	1a. 24,800	1b. 2,480
2. 12.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$76,000	2a. 76,000	2b. 9,120
3. 22.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$110,600	3a. 110,600	3b. 24,332
4. 24.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$192,150	4a. 83,233	4b. 19,976
5. 32.0% rate	5a.	5b.
6. 35.0% rate	6a.	6b.
7. 37.0% rate	7a.	7b.
8. Total projected ordinary taxable income and ordinary tax. Add lines 1 through 7.	8a. 294,633	8b. 55,908

	(a) Taxable Income	(b) Tax
Projected Income taxed at capital gains rates		
9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate	10a.	10b.
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 projected taxable capital gains and capital gains tax. Add lines 9 through 13.	14a.	14b.

Total projected taxable income	
15. Total ordinary taxable income. Enter the amount from line 8a.	15. 294,633
16. Total capital gains taxable income. Enter the amount from line 14a.	16.
17. Add lines 15 and 16.	17. 294,633
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.
19. Projected taxable income reported on Federal Tax Projection Worksheet. Subtract line 18 from line 17.	19. 294,633

Total projected tax	
20. Total ordinary tax. Enter the amount from line 8b.	20. 55,908
21. Total capital gains tax. Enter the amount from line 14b.	21.
22. Add lines 20 and 21.	22. 55,908
23. Enter the tax allocated to the net exclusion amount from the Tax Projection Foreign Earned Income Tax Worksheet, line 5.	23.
24. Total projected 2026 tax reported on Federal Tax Projection Worksheet 2. Subtract line 23 from line 22	24. 55,908

Taxpayer Name RAMIRO MANALICH
 Spouse Name [REDACTED] MANALICH

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN [REDACTED]

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

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. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or 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 my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) 02/26/26

Taxpayer's PIN (enter five numbers, other than all zeroes) [REDACTED]

Spouse's PIN (enter five numbers, other than all zeroes) [REDACTED]

Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund

Date

