

General Information

Name: Hon Susan Lopez Valdes

PID 200093

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

Net WorthMy Net Worth as of June 30, 2026 was \$ 143,500.00.**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 \$ 380,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence	\$ 300,000.00
Auto	\$ 25,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Rushmore	8950 Cypress Waters Blvd Dallas, TX	\$ 69,000.00
Aidvantage	P.O. Box 300001 Greenville, TX	\$ 137,000.00
General Motors	P.O. Box 183834 Arlington TX	\$ 49,000.00
Suncoast Credit Union	P.O. Box 11857	\$ 23,000.00
Navy Federal Credit Union	P.O. Box 3000 Merrifield, VA	\$ 6,000.00
Credit One	P.O. Box 98873 Las Vegas, NV	\$ 1,900.00
Mercury Bank	P.O. Box 84064 Columbus, GA	\$ 4,600.00

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

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

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

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

Susan Lopez Valdes

Digitally signed: 07/10/2026

Filed with COE: 07/10/2026

Form **1040** Department of the Treasury—Internal Revenue Service
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

Your first name and middle initial

GERARDO A

Last name

VALDES JR.

Your social security number

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

SUSAN L

Last name

VALDES

Spouse's social security number

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

City, town, or post office. If you have a foreign address, also complete spaces below.

TAMPA

State

FL

ZIP code

33614

Foreign postal code

Foreign country name

Foreign province/state/county

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.

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.

☐ You ☐ Spouse

Filing Status

☐ Single

Check only one box.

☒

Married filing jointly (even if only one had income)

☐

Married filing separately (MFS). Enter spouse's SSN above and full name here:

☐ Head of household (HOH)

☐ Qualifying surviving spouse (QSS)

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

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 **26,646**

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

i Nontaxable combat pay election (see instructions)

1i

z Add lines 1a through 1h

1z **26,646**

Attach Sch. B if required.

2a Tax-exempt interest

2a

b Taxable interest

2b

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 Soc. sec. ben.

6a

b Taxable amount

6b

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 **6,132**

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

9 **32,778**

10 Adjustments to income from Schedule 1, line 26

10 **509**

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

11a **32,269**

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

Form **1040** (2025)

DAA

Tax and Credits	11b Amount from line 11a (adjusted gross income)	11b 32,269
	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)	12e 31,500
	13a Qualified business income deduction from Form 8995 or Form 8995-A	13a
	b Additional deductions from Schedule 1-A, line 38	13b 5,159
	14 Add lines 12e, 13a, and 13b	14 36,659
	15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15 0
	16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972	16 0
	3 ☐	17 0
	17 Amount from Schedule 2, line 3	17
	18 Add lines 16 and 17	18 0
	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 0
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23 1,018
	24 Add lines 22 and 23. This is your total tax	24 1,018

Payments and Refundable Credits

25 Federal income tax withheld from:		
a Form(s) W-2	25a	955
b Form(s) 1099	25b	
c Other forms (see instructions)	25c	
d Add lines 25a through 25c	25d	955
26 2025 estimated tax payments and amount applied from 2024 return	26	
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	955

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a Amount of line 34 that you want refunded to you. If Form 8888 is attached, check here ☐	35a	
b Routing number	c Type: ☐ Checking ☐ Savings	
d Account number		
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	63
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	Phone no.	Personal identification number (PIN)
LUCIANO PRIDA, JR.	813-226-6091	

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	Date
Spouse's signature. If a joint return, both must sign.	Date
Phone no.	Email address
Your occupation	
SELF EMPLOYED	
Spouse's occupation	
LEGISLATOR	

Paid	Preparer's name	Preparer's signature	Date	PTIN	Check if:
	LUCIANO PRIDA, JR.	LUCIANO PRIDA, JR.	03/31/26	P00154844	☐ Self-employed
Preparer Use Only	Firm's name	Firm's address		Phone no.	Firm's EIN
	PRIDA, GUIDA & PEREZ, P.A.	2504 WEST KATHLEEN ST TAMPA FL 33607		813-226-6091	59-1978917

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

GERARDO A VALDES JR. & SUSAN L VALDES

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	6,132
3	Business income or (loss). Attach Schedule C	4	
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	5	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	6	
6	Farm income or (loss). Attach Schedule F	7	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:		
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	6,132

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

Schedule 1 (Form 1040) 2025

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	509
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	
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 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	509

SCHEDULE 1-A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Deductions

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. **1A**

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

GERARDO A VALDES JR. & SUSAN L VALDES

Your social security number

Part I Modified Adjusted Gross Income (MAGI) Amount

1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b	1	32,269
2a	Enter any income from Puerto Rico that you excluded	2a	
b	Enter the amount from Form 2555, line 45	2b	
c	Enter the amount from Form 2555, line 50	2c	
d	Enter the amount from Form 4563, line 15	2d	
e	Add lines 2a, 2b, 2c, and 2d	2e	
3	Add lines 1 and 2e	3	32,269

Part II No Tax on Tips

Caution: Fill out Part II only if you received qualified tips. These tips must have been received in an occupation listed at IRS.gov/TippedOccupations. You and/or your spouse who received qualified tips must have a valid social security number to claim the deduction. If married, you must file jointly to claim this deduction. See instructions.

4	Qualified tips received as an employee. If you received tips as an employee with respect to employment with more than one employer, enter -0- on lines 4a and 4b and see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions.		
a	Enter qualified tips included on Form W-2, box 7, but see the instructions if Form W-2, box 5 is more than \$176,100 or you received tips that are not subject to social security and Medicare taxes	4a	0
b	Qualified tips included on Form 4137, line 1, row A, column (c). If Form 4137 is not filed, enter -0-	4b	0
c	If you only received qualified tips as an employee with respect to employment with one employer, enter the larger of line 4a or line 4b. Otherwise, see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions	4c	
5	Qualified tips received in the course of a trade or business. Qualified tip amount included in Form 1099-NEC, box 1; Form 1099-MISC, box 3; or Form 1099-K, box 1a. Do not enter more than the net profit from the trade or business. If you received qualified tips in the course of more than one trade or business or in more than one occupation, see instructions	5	5,159
6	Add lines 4c and 5	6	5,159
7	Enter the smaller of the amount on line 6 or \$25,000	7	5,159
8	Enter the amount from line 3	8	32,269
9	Enter \$150,000 (\$300,000 if married filing jointly)	9	300,000
10	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13	10	
11	Divide line 10 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)	11	
12	Multiply line 11 by \$100	12	
13	Qualified tips deduction. Subtract line 12 from line 7. If zero or less, enter -0-	13	5,159

Part III No Tax on Overtime

Caution: Fill out Part III only if you received qualified overtime compensation. You and/or your spouse who received the qualified overtime compensation must have a valid social security number to claim this deduction. If married, you must file jointly to claim this deduction. See instructions.

14a	Qualified overtime compensation included in Form W-2, box 1. If you received qualified overtime compensation not reported on Form W-2, box 1, see instructions	14a	
b	Qualified overtime compensation included in Form 1099-NEC, box 1, or Form 1099-MISC, box 3 (see instructions)	14b	
c	Add lines 14a and 14b	14c	
15	Enter the smaller of the amount on line 14c or \$12,500 (\$25,000 if married filing jointly)	15	
16	Enter the amount from line 3	16	
17	Enter \$150,000 (\$300,000 if married filing jointly)	17	
18	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21	18	
19	Divide line 18 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)	19	
20	Multiply line 19 by \$100	20	
21	Qualified overtime compensation deduction. Subtract line 20 from line 15. If zero or less, enter -0-	21	

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

Schedule 1-A (Form 1040) 2025

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

Your social security number

GERARDO A VALDES JR. & SUSAN L VALDES

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	1,018
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	
12	Net investment income tax. Attach Form 8960	12	
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:**b** Recapture of federal mortgage subsidy. If you sold your home, see instructions**c** Additional tax on HSA distributions. Attach Form 8889**d** Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889**e** Additional tax on Archer MSA distributions. Attach Form 8853**f** Additional tax on Medicare Advantage MSA distributions. Attach Form 8853**g** Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property**h** Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A**i** Compensation you received from a nonqualified deferred compensation plan described in section 457A**j** Section 72(m)(5) excess benefits tax**k** Golden parachute payments**l** Tax on accumulation distribution of trusts**m** Excise tax on insider stock compensation from an expatriated corporation**n** Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866**o** Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR**p** Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund**q** Any interest from Form 8621, line 24**z** Any other taxes. List type and amount:

17a

17b

17c

17d

17e

17f

17g

17h

17i

17j

17k

17l

17m

17n

17o

17p

17q

17r

17s

17t

17u

17v

17w

17x

17y

17z

18 Total additional taxes. Add lines 17a through 17z**19** Recapture of net EPE from Form 4255, line 1d, column (i)**20** Section 965 net tax liability installment from Form 965-A**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

18

19

20

21

1,018

Schedule 2 (Form 1040) 2025

SCHEDULE C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2025

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service

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.

Name of proprietor

GERARDO A VALDES JR.

Social security number (SSN)

B Enter code from instructions

485300

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

TAXI & LIMOUSINE SERVICE

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

GERARDO A VALDES JR

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

E Business address (including suite or room no.)

6622 N CLARKE AV

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

TAMPA

FL 33614

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

63,812

2 Returns and allowances

2

3 Subtract line 2 from line 1

3

63,812

4 Cost of goods sold (from line 42)

4

5 Gross profit. Subtract line 4 from line 3

5

63,812

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

63,812

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

8 Advertising

8

9 Car and truck expenses

9

28,534

(see instructions)

10 Commissions and fees

10

11 Contract labor (see instructions)

11

12 Depletion

12

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)

13

1,077

14 Employee benefit programs (other than on line 19)

14

15 Insurance (other than health)

15

16 Int. (see instr.):

16

a Mortgage (paid to banks, etc.)

16a

b Other

16b

17 Legal and professional services

17

18 Office expense (see instructions)

18

19 Pension and profit-sharing plans

19

20 Rent or lease (see instructions):

20

a Vehicles, machinery, and equipment

20a

b Other business property

20b

21 Repairs and maintenance

21

22 Supplies (not included in Part III)

22

23 Taxes and licenses

23

24 Travel and meals:

24

a Travel

24a

b Deductible meals (see instructions)

24b

25 Utilities

25

26 Wages (less employment credits)

26

27a Energy efficient commercial bldgs deduction (attach Form 7205)

27a

b Other expenses (from line 48)

27b

26,995

28 Total expenses before expenses for business use of home. Add lines 8 through 27b

28

56,606

29 Tentative profit or (loss). Subtract line 28 from line 7

29

7,206

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

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

7,206

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 II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$10,860, or (b) your net farm profits² were less than \$7,840.

14 Maximum income for optional methods

14 7,240

15 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross farm income¹ (not less than zero) or \$7,240. Also, include this amount on line 4b above

15

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$7,840 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14

16

17 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above

17

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Filing Status: ☐ 1 Single ☒ 2 Married filing jointly ☐ 3 Married filing separately ☐ 4 Head of household ☐ 5 Qualifying widow(er)*

MFS spouse name:

*Qualifying person that is a child but not a dependent

Taxpayer first name and initial
GERARDO A Last name
VALDES JR. Taxpayer social security number
[REDACTED]If a joint return, spouse's first name and initial
SUSAN L Last name
VALDES Spouse's social security number
[REDACTED]

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

Apt. no.

Presidential Election Campaign

Taxpayer ☐ Spouse ☐

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

TAMPA**FL 33614**

Foreign country name

Foreign province/state/country

Foreign postal code

At anytime during 2025, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes ☐ No ☒6a ☒ Taxpayer. If someone can claim you as a dependent, do not check box 6a

Boxes checked on 6a and 6b

2

Children on 6c who lived with you

Children on 6c who did not live with you

Dependents on 6c not entered above

Total. Add lines above

2

6c Dependents:

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

Income (Schedule 1)	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	26,646
	8a	Taxable interest. Attach Schedule B if required	8a	
	b	Tax-exempt interest. Do not include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	
	b	Qualified dividends	9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	6,132
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	13	
	14	Other gains or (losses). Attach Form 4797	14	
Adjusted Gross Income (Schedule 1)	15a	IRA distributions	15a	
	b	Taxable amount	15b	
	16a	Pensions and annuities	16a	
	b	Taxable amount	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	
	b	Taxable amount	20b	
	21	Other income. List type and amount	21	
	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	32,778
	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	509
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Reserved for future use	34	
	35	Reserved for future use	35	
	36	Add lines 23 through 35	36	509
	37	Subtract line 36 from line 22. This is your adjusted gross income	37	32,269

Name GERARDO A VALDES JR. & SUSAN L VALDES

Tp TIN

32,269

Tax and Credits
(Schedules 2, 3)

38 Amount from line 37 (adjusted gross income)

38

32,269

39a Check ☐ You were born before January 2, 1961, ☐ Blind. ☐ Spouse was born before January 2, 1961, ☐ Blind. Total boxes checked ▶ 39ab If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$15,750

Married filing jointly or Qualifying widow(er), \$31,500

Head of household, \$23,625

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)

40

31,500

a 41 Subtract line 40 and 40b from line 38

40b

769

42 Qualified business income deduction (see instructions) Sch 1-A

5,159

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-

43

0

44 Tax (see instr.). Check if any from: a ☐ Form(s) 9814 b ☐ Form 9872 c ☐

44

0

45 Alternative minimum tax (see instructions). Attach Form 6251

45

46 Additions to tax (Excess advance premium tax credit repayment and clean vehicle repayment)

46

47 Add lines 44, 45, and 46 ▶

47

48 Foreign tax credit. Attach Form 1116 if required

48

49 Credit for child and dependent care expenses. Attach Form 2441

49

50 Education credits from Form 8863, line 19

50

51 Retirement savings contributions credit. Attach Form 8880

51

52 Child tax credit/credit for other dependents

52

53 Residential energy credits. Attach Form 5695

53

54 Other credits from Form(s) a ☐ 3800 b ☐ 8801 c ☐

54

55 Add lines 48 through 54. These are your total credits

55

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶

56

0

Other Taxes
(Schedule 2)

57 Self-employment tax. Attach Schedule SE

57

1,018

58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919

58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required

59

60a Household employment taxes from Schedule H

60a

b Reserved for future use

60b

61 Taxes from: a ☐ Form 9959 b ☐ Form 9960 c ☐ instructions; enter code(s)

61

62 Section 965 net tax liability installment from Form 965-A

62

63 Add lines 56 through 61. This is your total tax ▶

63

1,018

Payments
(Schedule 3)

64 Federal income tax withheld from:

a Form(s) W-2

64a

955

b Form(s) 1099

64b

c Other forms

64c

65 2025 estimated tax payments and amount applied from 2024 return

65

66 Earned income credit (EIC)

66

67 Additional child tax credit. Attach Schedule 8812

67

68 American opportunity credit from Form 8863, line 8

68

69 Recovery rebate credit

69

70 Net premium tax credit. Attach Form 8962

70

71 Amount paid with request for extension to file

71

72 Excess social security and tier 1 RRTA tax withheld

72

73 Credit for federal tax on fuels. Attach Form 4136

73

74 Other payments and refundable credits

74

75 Total pymts. Add lines 64 - 74.

75

955

Refund

76 If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you overpaid

76

77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here ▶ ☐

77a

▶ b Routing number ▶ c Type: ☐ Checking ☐ Savings▶ d Account number

78 Amount of line 76 you want applied to your 2026 estimated tax ▶ 78

Amount You Owe

79 Amount you owe. Subtract line 75 from line 63. For details on how to pay, see instructions ▶

79

63

80 Estimated tax penalty (see instructions)

80

Int/Pen

Date filed

Int

Fail to file

Fail to pay

Total

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Personal identification no. (PIN) ▶

Designee's Name ▶ LUCIANO PRIDA, JR.

Phone no. ▶ 813-226-6091

Other Info

Taxpayer Daytime phone number

Taxpayer Occupation

SELF EMPLOYED

IRS Identity Protection PIN

Spouse Occupation

LEGISLATOR

IRS Identity Protection PIN

☐ Taxpayer☐ Spouse

Email address

Federal Statements**Taxi & Limousine Service****Schedule C. Line 1 - Gross Receipts or Sales**

<u>Description</u>	<u>Amount</u>
UBER TECHNOLOGIES INC	\$ 8,512
UBER TECHNOLOGIES INC	55,300
TOTAL	<u>\$ 63,812</u>

Valdes Jr., Gerardo A & Susan L

Federal Asset Report **Taxi & Limousine Service**

FYE: 12/31/2025

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<u>5-year GDS Property:</u>									
2	electric recharger	8/05/2025	1,077		X	0	5 HY 200DB	0	1,077
			<u>1,077</u>			<u>0</u>		<u>0</u>	<u>1,077</u>
<u>Listed Property:</u>									
1	auto	7/17/2024	52,835	50.60		26,735	5 MO200DB	19,902	Std. Mileage
			<u>52,835</u>			<u>26,735</u>		<u>19,902</u>	<u>0</u>
Grand Totals			53,912			26,735		19,902	1,077
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Less: Domestic R & E Expense			0			0		0	0
Net Grand Totals			<u>53,912</u>			<u>26,735</u>		<u>19,902</u>	<u>1,077</u>

Valdes Jr., Gerardo A & Susan L

Federal Asset Report

consulting

FYE: 12/31/2025

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Office	1/01/2025	0	6.86		0	0 HY	0	0
	Total Other Depreciation		0			0		0	0
	Total ACRS and Other Depreciation		0			0		0	0
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Less: Domestic R & E Expense		0			0		0	0
	Net Grand Totals		0			0		0	0