

General Information

Name: Hon Daniel Anthony Perez

PID 271464

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

Net WorthMy Net Worth as of December 31, 2025 was \$ 3,542,182.55.**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 \$ 200,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 07/13/2026

Description of Asset	Value of Asset
Personal Residence - 8720 SW 84th Street, Miami, FL 33173	\$ 1,356,284.67
50% Investment Property - 8760 SW 83rd Street, Miami, FL 33173	\$ 367,500.00
Chase Checking Account	\$ 1,704.02
IRA Retirement Account - Axa Advisors - Blackrock Global Alloc Investor CL A	\$ 15,717.03
5% Shares in UNNO Healthcare, LLC	\$ 1,100,000.00
5% Shares in UNNO Medical Centers, LLC	\$ 800,000.00
100% Shares in MALUP, LLC	\$ 2,500.00
50% Shares of Dover Tree, LLC	\$ 103,597.00
100% Shares in Daniel A Perez PA	\$ 63,093.00
939.0930 Shares in American Growth and Income Portfolio Class C	\$ 68,429.06
FRS Stable Value Fund (350)	\$ 2,524.37
FRS Inflation Sensitive Fund (300)	\$ 3,389.37
FRS U.S. Bond Enhanced Index Fund (80)	\$ 4,698.10
FRS U.S. Stock Market Index Fund (120)	\$ 13,731.34
FRS U.S. Stock Fund (340)	\$ 9,347.00
FRS Foreign Stock Index Fund (200)	\$ 8,581.61
Northwestern Mutual - Cash	\$ 4,100.90
Northwestern Mutual - Savings	\$ 5,804.93
IRA Retirement Account - Axa Advisors - Principal Large Cap S&P 500 Index CL A	\$ 8,274.32
City National Bank Checking Account	\$ 33,113.97
American Express Insured Deposit	\$ 2,432.60
401k Retirement Account - Regis HR - Vanguard Target Retirement 2050	\$ 70,100.97

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Banco Do Brasil Americas	1 Corporate Drive, Suite 360, Lake Zurich, IL 60047	\$ 670,480.89
Northwest Federal Credit Union	P.O. Box 1229, Herndon, VA 20172	\$ 65,493.59

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.

Daniel Anthony Perez

Digitally signed: 07/13/2026

Filed with COE: 07/13/2026

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							
Filed pursuant to section 301.9100-2		Combat zone		Deceased		Spouse	
Other							
Your first name and middle initial DANIEL A.				Last name PEREZ		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial STEPHANIE A.				Last name PEREZ		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]						Apt. no. [REDACTED]	
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]						State [REDACTED]	
ZIP code [REDACTED]						Foreign country name [REDACTED]	
Foreign province/state/county [REDACTED]						Foreign postal code [REDACTED]	
						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. ☒ Yes ☐ No	
						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 ☒ Married filing jointly (even if only one had income) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)							
Check only one box. ☐ 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)		Dependent 1		Dependent 2		Dependent 3	
(1) First name		[REDACTED]		[REDACTED]		[REDACTED]	
(2) Last name		[REDACTED]		[REDACTED]		[REDACTED]	
(3) SSN		[REDACTED]		[REDACTED]		[REDACTED]	
(4) Relationship		[REDACTED]		[REDACTED]		[REDACTED]	
(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.	
(6) Check if		☐ 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	
☐ 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)		1a 972,813					
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 972,813					
2a Tax-exempt interest		2a		b Taxable interest		2b 164	
3a Qualified dividends		3a 421		b Ordinary dividends		3b 1,535	
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 2,643					
b Check if: ☒ Schedule D not required ☐ Includes child's capital gain or (loss)							
8 Additional income from Schedule 1, line 10		8 104,186					
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income		9 1,081,341					
10 Adjustments to income from Schedule 1, line 26		10 0					
11a Subtract line 10 from line 9. This is your adjusted gross income		11a 1,081,341					

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

Form 1040 (2025)

Tax and Credits

- 11b** Amount from line 11a (adjusted gross income) **11b** **1,081,341**
- 12a** Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent
- b** ☐ Spouse itemizes on a separate return **c** ☐ You were a dual-status alien
- d You:** ☐ Were born before January 2, 1961 ☐ Are blind
- Spouse:** ☐ Was born before January 2, 1961 ☐ Is blind

Standard Deduction 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.

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** **1****b** Additional deductions from Schedule 1-A, line 38 **13b****14** Add lines 12e, 13a, and 13b **14** **31,501****15** Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income** **15** **1,049,840****16 Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972**3** ☐ **16** **311,983****17** Amount from Schedule 2, line 3 **17****18** Add lines 16 and 17 **18** **311,983****19** Child tax credit or credit for other dependents from Schedule 8812 **19****20** Amount from Schedule 3, line 8 **20** **7****21** Add lines 19 and 20 **21** **7****22** Subtract line 21 from line 18. If zero or less, enter -0- **22** **311,976****23** Other taxes, including self-employment tax, from Schedule 2, line 21 **23** **18,768****24** Add lines 22 and 23. This is your **total tax** **24** **330,744****Payments and Refundable Credits****25** Federal income tax withheld from:**a** Form(s) W-2 **25a** **306,830****b** Form(s) 1099 **25b****c** Other forms (see instructions) **25** **4,308****d** Add lines 25a through 25c **25d** **311,138****26** 2025 estimated tax payments and amount applied from 2024 return **26** **50,000**

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** **10,035****32** Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits** **32** **10,035****33** Add lines 25d, 26, and 32. These are your **total payments** **33** **371,173****Refund****34** If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** **34** **40,429****35a** Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐ **35a**Direct deposit?
See instructions.**b** Routing number**c** Type: ☐ Checking ☐ Savings**d** Account number**36** Amount of line 34 you want **applied to your 2026 estimated tax** **36** **40,429****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

Phone no.

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

Date

Your occupation

ATTORNEY

If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Joint return?
See instructions.
Keep a copy for your records.Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

PHARMACIST

If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

Phone no.

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

ANTHONY FIORE*Fiore CPA PA***04/28/26****P00964652**☐ Self-employedFirm's name **FIORE CPA, P.A.**Phone no. **305-438-6528****2100 SALZEDO ST STE 200**Firm's address **CORAL GABLES****FL 33134**Firm's EIN **83-3531544**

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

2025Attachment
Sequence No. **01**

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

DANIEL A. & STEPHANIE A. PEREZ

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.**Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	0
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	104,186
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	104,186

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

Schedule 1 (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

2025Attachment
Sequence No. **02**

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

DANIEL A. & STEPHANIE A. PEREZ

Your social security number

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	

Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if an exemption from (see instructions): 1 ☐ 4361 2 ☐ 4029 3 ☒	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	11,999
10	Reserved for future use	10	
11	Additional Medicare Tax. Attach Form 8959	11	6,604
12	Net investment income tax. Attach Form 8960	12	165
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)

DANIEL A. & STEPHANIE A. PEREZ

Schedule 2 (Form 1040) 2025

Page **2**

Other Taxes (continued)

17 Other additional taxes:

a Recapture of other credits. List type, form number, and amount:

17a

b Recapture of federal mortgage subsidy. If you sold your home, see instructions

17b

c Additional tax on HSA distributions. Attach Form 8889

17c

d Additional tax on an HSA because you didn't remain an eligible individual.
Attach Form 8889

17d

e Additional tax on Archer MSA distributions. Attach Form 8853

17e

f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853

17f

g Recapture of a charitable contribution deduction related to a fractional interest
in tangible personal property

17g

h Income you received from a nonqualified deferred compensation plan that fails
to meet the requirements of section 409A

17h

i Compensation you received from a nonqualified deferred compensation plan
described in section 457A

17i

j Section 72(m)(5) excess benefits tax

17j

k Golden parachute payments

17k

l Tax on accumulation distribution of trusts

17l

m Excise tax on insider stock compensation from an expatriated corporation

17m

n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866

17n

o Tax on non-effectively connected income for any part of the year you were a
nonresident alien from Form 1040-NR

17o

p Any interest from Form 8621, line 16f, relating to distributions from, and
dispositions of, stock of a section 1291 fund

17p

q Any interest from Form 8621, line 24

17q

z Any other taxes. List type and amount:

17z

18 Total additional taxes. Add lines 17a through 17z

18

19 Recapture of net EPE from Form 4255, line 1d, column (l)

19

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

20

21 Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040
or 1040-SR, line 23; or Form 1040-NR, line 23b

21

18,768

Schedule 2 (Form 1040) 2025

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. 03

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

DANIEL A. & STEPHANIE A. PEREZ

Your social security number

Nonrefundable Credits

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

Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	10,035
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions):		
		13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	10,035

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

Schedule 3 (Form 1040) 2025

SCHEDULE B
(Form 1040)**Interest and Ordinary Dividends**

OMB No. 1545-0074

2025Attachment
Sequence No. **08**Department of the Treasury
Internal Revenue ServiceAttach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleB for instructions and the latest information.

Name(s) shown on return

DANIEL A. & STEPHANIE A. PEREZ

Your social security number

Part I**Interest**(See instructions
and the
Instructions for
Form 1040,
line 2b.)**Note:** If you
received a
Form 1099-INT,
Form 1099-OID,
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1**
- List name of payer. If any interest is from a seller-financed mortgage and the
-
- buyer used the property as a personal residence, see the instructions and list this
-
- interest first. Also, show that buyer's social security number and address:

PERSHING LLC - ACCT [REDACTED]**PERSHING LLC - ACCT** [REDACTED]**Amount****136****28****1**

- 2**
- Add the amounts on line 1
-
- 3**
- Excludable interest on series EE and I U.S. savings bonds issued after 1989.
-
- Attach Form 8815
-
- 4**
- Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

2**164****3****4****164****Note:** If line 4 is over \$1,500, you must complete Part III.**Amount****Part II****Ordinary
Dividends**(See instructions
and the
Instructions for
Form 1040,
line 3b.)**Note:** If you
received a
Form 1099-DIV
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5**
- List name of payer:

PUBLIX SUPER MARKETS, INC.**PERSHING LLC - ACCT** [REDACTED]**3****931****604****5**

- 6**
- Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

6**1,535****Note:** If line 6 is over \$1,500, you must complete Part III.**Part III
Foreign
Accounts
and Trusts**You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign
account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.**Caution:** If
required, failure to
file FinCEN Form
114 may result in
substantial
penalties.Additionally, you
may be required
to file Form 8938,
Statement of
Specified Foreign
Financial Assets.
See instructions.

- 7a**
- At any time during 2025, did you have a financial interest in or signature authority over a financial
-
- account (such as a bank account, securities account, or brokerage account) located in a foreign
-
- country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial
Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114
and its instructions for filing requirements and exceptions to those requirements

- b**
- If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the
-
- financial account(s) is (are) located:

- 8**
- During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a
-
- foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
	X
	X

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

Schedule B (Form 1040) 2025

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2025Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **09**Go to www.irs.gov/ScheduleC for instructions and the latest information.

Name of proprietor

DANIEL A. PEREZ

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)**B** Enter code from instructions**LEGAL REFERRAL FEES****999000****C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN) (see instr.)**E** Business address (including suite or room no.)

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

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 lossesYes ☐ 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 instructionsYes ☐ No ☒**J** If "Yes," did you or will you file required Form(s) 1099?Yes ☐ No ☐**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	20,833
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	20,833
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	20,833
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	20,833

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Int. (see instr.):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
18				26	Wages (less employment credits)	26	
19				27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
20				b	Other expenses (from line 48)	27b	20,833
21				28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28	20,833
22				29	Tentative profit or (loss). Subtract line 28 from line 7	29	0
23				30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.	30	
24					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		
25				31	Net profit or (loss). Subtract line 30 from line 29.	31	0
26					• 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 .		
27					• If a loss, you must go to line 32.		
28				32	If you have a loss, check the box that describes your investment in this activity. See instructions.		
29					• 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 .	32a	☐ All investment is at risk.
30					• If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32b	☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2025

Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

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

43 When did you place your vehicle in service for business purposes? (month/day/year)

44 Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:

a Business **b** Commuting (see instructions) **c** Other

45 Was your vehicle available for personal use during off-duty hours? ☐ **Yes** ☐ **No**

46 Do you (or your spouse) have another vehicle available for personal use? ☐ **Yes** ☐ **No**

47a Do you have evidence to support your deduction? ☐ **Yes** ☐ **No**

b If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

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

REPORTED UNDER ID		20,833
-------------------	--	--------

48	Total other expenses. Enter here and on line 27b	48	20,833
-----------	---	-----------	---------------

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

Your social security number

DANIEL A. & STEPHANIE A. PEREZ**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Income or Loss From Partnerships and S Corporations**

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	MALUP LLC	S			☒	
B	DANIEL A. PEREZ, P.A.	S			☒	
C	DOVER TREE LLC	P				
D	DOVER TREE II LLC	P				

Passive Income and Loss			Nonpassive income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A			0		49,616
B			0		54,570
C	0				
D			0		
29a Totals					104,186
b Totals					
30	Add columns (h) and (k) of line 29a				30 104,186
31	Add columns (g), (i), and (j) of line 29b				31 (0)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 104,186

Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

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

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below**39****Summary**

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	104,186
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE H
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name of employer

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. 44

Social security number

Employer identification number (EIN)

DANIEL A. PEREZ

Calendar year taxpayers having no household employees in 2025 don't have to complete this form for 2025.

A Did you pay **any one** household employee cash wages of \$2,800 or more in 2025? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- ☒ **Yes.** Skip lines B and C and go to line 1.
☐ **No.** Go to line B.

B Did you withhold federal income tax during 2025 for any household employee?

- ☐ **Yes.** Skip line C and go to line 7.
☐ **No.** Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2024 or 2025 to **all** household employees? (**Don't** count cash wages paid in 2024 or 2025 to your spouse, your child under age 21, or your parent.)

- ☐ **No. Stop.** Don't file this schedule.
☐ **Yes.** Skip lines 1–9 and go to line 10.

Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security tax	1	48,926		
2	Social security tax. Multiply line 1 by 12.4% (0.124)			2	6,067
3	Total cash wages subject to Medicare tax	3	48,926		
4	Medicare tax. Multiply line 3 by 2.9% (0.029)			4	1,419
5	Total cash wages subject to Additional Medicare Tax withholding	5			
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)			6	
7	Federal income tax withheld, if any			7	4,093
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7			8	11,579

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2024 or 2025 to **all** household employees? (**Don't** count cash wages paid in 2024 or 2025 to your spouse, your child under age 21, or your parent.)

- ☐ **No. Stop.** Include the amount from line 8 above on Schedule 2 (Form 1040), line 9. If you're not required to file Form 1040, see the line 9 instructions.
☒ **Yes.** Go to line 10.

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

Schedule H (Form 1040) 2025

DANIEL A. PEREZ

Schedule H (Form 1040) 2025

Page 2

Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No"	10 X	
11 Did you pay all state unemployment contributions for 2025 by April 15, 2026? Fiscal year filers, see instructions	11	X
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12 X	

Next: If you checked the "Yes" box on **all** the lines above, complete Section A.If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions	
14 Contributions paid to your state unemployment fund	14
15 Total cash wages subject to FUTA tax	15
16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25	16

Section B

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund
		From	To					
18 Totals						18		
19 Add columns (g) and (h) of line 18						19		
20 Total cash wages subject to FUTA tax (see the line 15 instructions)						20		7,000
21 Multiply line 20 by 6.0% (0.06)						21		420
22 Multiply line 20 by 5.4% (0.054)						22		378
23 Enter the smaller of line 19 or line 22. (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here)						23		
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25						24		420

Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	11,579
26 Add line 16 (or line 24) and line 25	26	11,999
27 Are you required to file Form 1040? ☒ Yes. Stop. Include the amount from line 26 above on Schedule 2 (Form 1040), line 9. Don't complete Part IV below. ☐ No. You may have to complete Part IV. See instructions for details.		

Address and Signature – Complete this part only if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail isn't delivered to street address		Apt., room, or suite no.
City, town, or post office	State	ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature		Date	
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date
	Firm's name	Check ☐ if self-employed	PTIN
	Firm's address	Firm's EIN	
		Phone no.	

Schedule H (Form 1040) 2025

Form **8995-A****Qualified Business Income Deduction**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Your taxpayer identification number

DANIEL A. & STEPHANIE A. PEREZ

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is above \$197,300 (\$394,600 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Trade, Business, or Aggregation Information

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

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A		☐	☐		☐
B		☐	☐		☐
C		☐	☐		☐

Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$197,300 or less (\$394,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3		
4 Allocable share of W-2 wages from the trade, business, or aggregation	4		
5 Multiply line 4 by 50% (0.50)	5		
6 Multiply line 4 by 25% (0.25)	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7		
8 Multiply line 7 by 2.5% (0.025)	8		
9 Add lines 6 and 8	9		
10 Enter the greater of line 5 or line 9	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11		
12 Phased-in reduction. Enter the amount from line 26, if any	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15		
16 Total qualified business income component. Add all amounts reported on line 15	16		

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

Form **8995-A** (2025)

Phased-in Reduction

Complete Part III only if your taxable income is more than \$197,300 but not \$247,300 (\$394,600 and \$494,600 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

	A	B	C
17 Enter the amounts from line 3	17		
18 Enter the amounts from line 10	18		
19 Subtract line 18 from line 17	19		
20 Taxable income before qualified business income deduction	20		
21 Threshold. Enter \$197,300 (\$394,600 if married filing jointly)	21		
22 Subtract line 21 from line 20	22		
23 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24 Phase-in percentage. Divide line 22 by line 23	24	%	
25 Total phase-in reduction. Multiply line 19 by line 24	25		
26 Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Determine Your Qualified Business Income Deduction

27 Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27		
28 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28	4	
29 Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()	
30 Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	4	
31 REIT and PTP component. Multiply line 30 by 20% (0.20)	31	1	
32 Qualified business income deduction before the income limitation. Add lines 27 and 31	32		1
33 Taxable income before qualified business income deduction	33	1,049,841	
34 Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	3,064	
35 Subtract line 34 from line 33. If zero or less, enter -0-	35		1,046,777
36 Income limitation. Multiply line 35 by 20% (0.20)	36		209,355
37 Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		1
38 DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39 Total qualified business income deduction. Add lines 37 and 38	39		1
40 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	0

Form **8959**Department of the Treasury
Internal Revenue Service**Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2025Attachment
Sequence No. **71**

Name(s) shown on return

DANIEL A. & STEPHANIE A. PEREZ

Your social security number

Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	983,768		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	983,768		
5	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		733,768	
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		6,604	

Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8			
9	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000		
10	Enter the amount from line 4	10	983,768		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		0	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			

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

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

Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		6,604	
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Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	18,573		
20	Enter the amount from line 1	20	983,768		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	14,265		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		4,308	
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		4,308	

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

Form **8959** (2025)

Form **8960****Net Investment Income Tax—
Individuals, Estates, and Trusts**

Attach to your tax return.

OMB No. 1545-2227

2025Attachment
Sequence No. **72**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

DANIEL A. & STEPHANIE A. PEREZ**Investment Income**

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

1	Taxable interest (see instructions)	1	164
2	Ordinary dividends (see instructions)	2	1,535
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	104,186
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-104,186
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	2,643
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	2,643
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	4,342

Investment Expenses Allocable to Investment Income and Modifications

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

Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-	12	4,342
13	Modified adjusted gross income (see instructions)	13	1,081,341
14	Threshold based on filing status (see instructions)	14	250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	831,341
16	Enter the smaller of line 12 or line 15	16	4,342
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	165
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

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

Form **8960** (2025)

Form **7203**(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**S Corporation Shareholder Stock and
Debt Basis Limitations**

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name of shareholder

DANIEL A. PEREZ

Identifying number

A Name of S corporation

MALUP LLC

B Employer identification number

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gifted (5) ☐ Other:E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐**Shareholder Stock Basis**

1	Stock basis at the beginning of the corporation's tax year	1	275
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	49,616
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	49,616
5	Stock basis before distributions. Add lines 1, 2, and 4	5	49,891
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	47,391
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, skip lines 8 through 14, and enter -0- on line 15	7	2,500
8a	Nondeductible expenses	8a	
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	2,500
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	2,500

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

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

DANIEL A. PEREZ

Form 7203 (Rev. 12-2022)

Page 2

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

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

Section C—Gain on Loan Repayment

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

Shareholder Allowable Loss and Deduction Items

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

Form **7203** (Rev. 12-2022)

Form **7203**(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**S Corporation Shareholder Stock and
Debt Basis Limitations**

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name of shareholder

DANIEL A. PEREZ

Identifying number

A Name of S corporation

DANIEL A. PEREZ, P.A.

B Employer identification number

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gifted (5) ☐ Other:E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐**Shareholder Stock Basis**

1	Stock basis at the beginning of the corporation's tax year	1	30,478
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	54,570
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	54,570
5	Stock basis before distributions. Add lines 1, 2, and 4	5	85,048
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	19,608
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, skip lines 8 through 14, and enter -0- on line 15	7	65,440
8a	Nondeductible expenses	8a	2,347
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	2,347
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	63,093
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	63,093

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

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

DANIEL A. PEREZ

Form 7203 (Rev. 12-2022)

Page 2

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

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

Section C—Gain on Loan Repayment

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

Shareholder Allowable Loss and Deduction Items

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

Form **7203** (Rev. 12-2022)

Form **4868**

Department of the Treasury
Internal Revenue Service

(on bottom of page)

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

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

OMB No. 1545-0074

2025

**Mail To: Department of the Treasury
Internal Revenue Service
AUSTIN, TX 73301-0045**

EXTENSION REQUEST ORIGINALLY FILED ELECTRONICALLY

CUT HERE

Form **4868**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0074

2025

For calendar year 2025, or other tax year beginning

, and ending

1 Your name(s) (see instructions)

**DANIEL A. PEREZ
STEPHANIE A. PEREZ**

Address (see instructions)

City, town, or post office

State

ZIP code

2 Your social security number

3 Spouse's social security number

4 Estimate of total tax liability for 2025 \$ **356,829**

5 Total 2025 payments **356,829**

6 **Balance due.** Subtract line 5 from line 4.
See instructions **0**

7 Amount you're paying (see instructions) **0**

8 Check here if you're "out of the country" and a U.S. citizen or resident. See instructions ☐

9 Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding ☐

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

Form **4868** (2025)