

## 2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/26/2023

### General Information

Name: Hon Kevin Marino CABRERA

Address: 111 NW 1st Street, Suite 220, Miami, FL 33128

PID 273231

County: Miami-Dade

### AGENCY INFORMATION

| Organization                                          | Suborganization                | Title            |
|-------------------------------------------------------|--------------------------------|------------------|
| Miami-Dade County                                     | Elected Constitutional Officer | Commissioner     |
| Miami-Dade County                                     | Elected Constitutional Officer | TPO Board Member |
| Miami-Dade County                                     | Miami International Airport    | TPO Board Member |
| Miami-Dade Transportation Planning Organization (TPO) | Governing Board                | TPO Board Member |

### Net Worth

My Net Worth as of December 31, 2022 was \$ 648,639.67.

**Assets**

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

The aggregate value of my household goods and personal effect is \$ 25,000.00.

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

| Description of Asset                                         | Value of Asset |
|--------------------------------------------------------------|----------------|
| Rental Property - 21 Madeira Ave, #14 Coral Gables, FL 33134 | \$ 300,000.00  |
| Residence - 829 Lorca St Coral Gables, FL 33134              | \$ 620,201.00  |
| Goldman Sachs Bank USA Joint Savings Account                 | \$ 219,905.28  |
| Charles Schwab Joint Checking Account                        | \$ 11,521.14   |
| 2020 Jeep Wrangler                                           | \$ 53,455.83   |
| 2021 Jeep Grand Cherokee                                     | \$ 55,599.41   |
| Carnival Corp Stock (CCL)                                    | \$ 1,511.76    |
| American Airlines (AAL)                                      | \$ 2,873.00    |
| Rocket Companies, Inc. (RKT)                                 | \$ 1,073.60    |
| KDP Group, LLC                                               | \$ 48,544.36   |

## 2022 Form 6 - Full and Public Disclosure of Financial Interests

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### Liabilities

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor                                          | Address of Creditor                               | Amount of Liability |
|-----------------------------------------------------------|---------------------------------------------------|---------------------|
| Property Mortgage -<br>Nationstar Mortgage /<br>Mr.Cooper | 8950 Cyprss Waters Blvd. Coppell, TX 75019        | \$ 136,404.95       |
| Property Mortgage - United<br>Wholesale Mortgage          | P.O. Box 77404 Ewing, NJ 08628                    | \$ 465,296.02       |
| Auto Loan - Capital One<br>Auto Finance (Auto Loan)       | P.O. Box 60511 City of Industry, California 91716 | \$ 40,811.51        |
| Auto Loan - South State<br>Bank                           | P.O. Box 118068 Charleston, SC 29423              | \$ 48,533.23        |

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.

☒ I elect to file a copy of my 2022 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):

| Business Entity | Major Sources of Business Income | Address | Principal Business Activity of Source |
|-----------------|----------------------------------|---------|---------------------------------------|
|                 |                                  |         |                                       |

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

N/A

**Training**

☒ 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.

***Kevin Marino CABRERA***

Digitally signed: 06/26/2023

Filed with COE: 06/26/2023

Form **1040** Department of the Treasury—Internal Revenue Service **2022** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

**Filing Status** ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

|                                                                                                              |  |                               |  |                                                              |  |
|--------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|--------------------------------------------------------------|--|
| Your first name and middle initial<br><b>KEVIN</b>                                                           |  | Last name<br><b>CABRERA</b>   |  | Your social security number<br>[REDACTED]                    |  |
| If joint return, spouse's first name and middle initial<br><b>DEMI T</b>                                     |  | Last name<br><b>BUSATTA</b>   |  | Spouse's social security number<br>[REDACTED]                |  |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>829 LORCA STREET</b>       |  |                               |  | Apt. no.                                                     |  |
| City, town or post office. If you have a foreign address, also complete spaces below.<br><b>CORAL GABLES</b> |  |                               |  | State<br><b>FL</b>                                           |  |
|                                                                                                              |  |                               |  | ZIP code<br><b>33144</b>                                     |  |
| Foreign country name                                                                                         |  | Foreign province/state/county |  | Foreign postal code                                          |  |
|                                                                                                              |  |                               |  | <input type="checkbox"/> You <input type="checkbox"/> Spouse |  |

**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.

**Digital Assets** At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You: ☐ Were born before January 2, 1958 ☐ Are blind Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

| <b>Dependents</b> (see instructions):                                            |                          | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): |                             |
|----------------------------------------------------------------------------------|--------------------------|----------------------------|-------------------------|--------------------------------------------------------|-----------------------------|
| If more than four dependents, see instr. and check here <input type="checkbox"/> | (1) First name Last name |                            |                         | Child tax credit                                       | Credit for other dependents |
|                                                                                  |                          |                            |                         |                                                        |                             |
|                                                                                  |                          |                            |                         |                                                        |                             |
|                                                                                  |                          |                            |                         |                                                        |                             |
|                                                                                  |                          |                            |                         |                                                        |                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             |                                                                               |                |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------|----------------|
| <b>Income</b> 1a Total amount from Form(s) W-2, box 1 (see instructions) .....<br>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.<br>If you did not get a Form W-2, see instructions.<br>Attach Sch. B if required.<br><b>Standard Deduction for –</b><br>• Single or Married filing separately, \$12,950<br>• Married filing jointly or Qualifying surviving spouse \$25,900<br>• Head of household, \$19,400<br>• If you checked any box under Standard Deduction, see instructions. | <b>1a</b>                                                                                                   | Total amount from Form(s) W-2, box 1 (see instructions) .....                 | <b>1a</b>      | <b>313,729</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>b</b>                                                                                                    | Household employee wages not reported on Form(s) W-2 .....                    | <b>1b</b>      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>c</b>                                                                                                    | Tip income not reported on line 1a (see instructions) ....                    | <b>1c</b>      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>d</b>                                                                                                    | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) ..... | <b>1d</b>      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>e</b>                                                                                                    | Taxable dependent care benefits from Form 2441, line 26 .....                 | <b>1e</b>      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>f</b>                                                                                                    | Employer-provided adoption benefits from Form 8839, line 29 .....             | <b>1f</b>      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>g</b>                                                                                                    | Wages from Form 8919, line 6 .....                                            | <b>1g</b>      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>h</b>                                                                                                    | Other earned income (see instructions) .....                                  | <b>1h</b>      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>i</b>                                                                                                    | Nontaxable combat pay election (see instructions) ..... <b>1i</b>             |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>z</b>                                                                                                    | Add lines 1a through 1h .....                                                 | <b>1z</b>      | <b>313,729</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>2a</b>                                                                                                   | Tax-exempt interest .....                                                     | <b>2a</b>      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>3a</b>                                                                                                   | Qualified dividends ..... <b>13</b>                                           | <b>2b</b>      | <b>2,864</b>   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>4a</b>                                                                                                   | IRA distributions .....                                                       | <b>3b</b>      | <b>13</b>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>5a</b>                                                                                                   | Pensions and annuities .....                                                  | <b>4b</b>      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>6a</b>                                                                                                   | Soc. sec. ben. ....                                                           | <b>5b</b>      |                |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>    | <b>6b</b>                                                                     |                |                |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | <b>7</b>                                                                      | <b>796</b>     |                |
| <b>8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other income from Schedule 1, line 10 .....                                                                 | <b>8</b>                                                                      | <b>58,075</b>  |                |
| <b>9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> .....                          | <b>9</b>                                                                      | <b>375,477</b> |                |
| <b>10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Adjustments to income from Schedule 1, line 26 .....                                                        | <b>10</b>                                                                     | <b>0</b>       |                |
| <b>11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Subtract line 10 from line 9. This is your <b>adjusted gross income</b> .....                               | <b>11</b>                                                                     | <b>375,477</b> |                |
| <b>12</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Standard deduction or itemized deductions</b> (from Schedule A) .....                                    | <b>12</b>                                                                     | <b>30,964</b>  |                |
| <b>13</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Qualified business income deduction from Form 8995 or Form 8995-A .....                                     | <b>13</b>                                                                     | <b>7,697</b>   |                |
| <b>14</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Add lines 12 and 13 .....                                                                                   | <b>14</b>                                                                     | <b>38,661</b>  |                |
| <b>15</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> .....         | <b>15</b>                                                                     | <b>336,816</b> |                |

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

Form **1040** (2022)

**Tax and Credits**

|           |                                                                                                                           |           |               |
|-----------|---------------------------------------------------------------------------------------------------------------------------|-----------|---------------|
| <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 | <b>16</b> | <b>68,506</b> |
| <b>3</b>  | <input type="checkbox"/>                                                                                                  | <b>17</b> |               |
| <b>17</b> | Amount from Schedule 2, line 3                                                                                            | <b>18</b> | <b>68,506</b> |
| <b>18</b> | Add lines 16 and 17                                                                                                       | <b>19</b> |               |
| <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812                                                        | <b>20</b> |               |
| <b>20</b> | Amount from Schedule 3, line 8                                                                                            | <b>21</b> |               |
| <b>21</b> | Add lines 19 and 20                                                                                                       | <b>22</b> | <b>68,506</b> |
| <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-                                                                 | <b>23</b> | <b>722</b>    |
| <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21                                                      | <b>24</b> | <b>69,228</b> |
| <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>                                                                        |           |               |

**Payments**

|           |                                                                                                |            |               |
|-----------|------------------------------------------------------------------------------------------------|------------|---------------|
| <b>25</b> | Federal income tax withheld from:                                                              |            |               |
| <b>a</b>  | Form(s) W-2                                                                                    | <b>25a</b> | <b>37,348</b> |
| <b>b</b>  | Form(s) 1099                                                                                   | <b>25b</b> |               |
| <b>c</b>  | Other forms (see instructions)                                                                 | <b>25c</b> |               |
| <b>d</b>  | Add lines 25a through 25c                                                                      | <b>25d</b> | <b>37,348</b> |
| <b>26</b> | 2022 estimated tax payments and amount applied from 2021 return                                | <b>26</b>  | <b>15,000</b> |
| <b>27</b> | Earned income credit (EIC)                                                                     | <b>27</b>  |               |
| <b>28</b> | Additional child tax credit from Schedule 8812                                                 | <b>28</b>  |               |
| <b>29</b> | American opportunity credit from Form 8863, line 8                                             | <b>29</b>  |               |
| <b>30</b> | Reserved for future use                                                                        | <b>30</b>  |               |
| <b>31</b> | Amount from Schedule 3, line 15                                                                | <b>31</b>  | <b>17,198</b> |
| <b>32</b> | Add lines 27, 28, 29 and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  | <b>17,198</b> |
| <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                | <b>33</b>  | <b>69,546</b> |

**Refund**

|            |                                                                                                                   |            |                                                                                     |
|------------|-------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------|
| <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | <b>34</b>  | <b>318</b>                                                                          |
| <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b> | <b>59</b>                                                                           |
| <b>b</b>   | Routing number                                                                                                    | <b>c</b>   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <b>d</b>   | Account number                                                                                                    |            |                                                                                     |
| <b>36</b>  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>                                              | <b>36</b>  |                                                                                     |

**Amount You Owe**

|           |                                                                                                                                                                                           |           |            |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |            |
| <b>38</b> | Estimated tax penalty (see instructions)                                                                                                                                                  | <b>38</b> | <b>259</b> |

**Third Party Designee**

|                                                                                                                                                                                |           |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------|
| Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> 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             | If the RS sent you an Identity Protection PIN, enter it here (see instr.)         |
|                                                        |      | <b>COUNTY COMMISSIONER</b>  |                                                                                   |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation         | If the RS sent your spouse an Identity Protection PIN, enter it here (see instr.) |
|                                                        |      | <b>STATE REPRESENTATIVE</b> |                                                                                   |

|                                                  |                        |
|--------------------------------------------------|------------------------|
| Phone no.                                        | Email address          |
| Preparer's name                                  | Preparer's signature   |
| <b>ANTHONY FIORE</b>                             | <i>Fiore CPA, P.A.</i> |
| Date                                             | PTIN                   |
| <b>04/17/23</b>                                  | <b>P00964652</b>       |
| Check if: <input type="checkbox"/> Self-employed |                        |

**Paid****Preparer Use Only**

|                |                              |            |                     |
|----------------|------------------------------|------------|---------------------|
| Firm's name    | 2100 SALZEDO STREET STE 200  | Phone no.  | <b>305-438-6528</b> |
| Firm's address | <b>CORAL GABLES FL 33134</b> | Firm's EIN | <b>83-3531544</b>   |

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.Form **1040** (2022)

**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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**Attachment  
Sequence No. **01**

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

**KEVIN CABRERA & DEMI T BUSATTA**

Your social security number

**Part I Additional Income**

|           |                                                                                                                                                 |           |               |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes .....                                                                      | <b>1</b>  |               |
| <b>2a</b> | Alimony received .....                                                                                                                          | <b>2a</b> |               |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): .....                                                                      |           |               |
| <b>3</b>  | Business income or (loss). Attach Schedule C .....                                                                                              | <b>3</b>  |               |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 .....                                                                                                 | <b>4</b>  |               |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .....                                               | <b>5</b>  | <b>58,075</b> |
| <b>6</b>  | Farm income or (loss). Attach Schedule F .....                                                                                                  | <b>6</b>  |               |
| <b>7</b>  | Unemployment compensation .....                                                                                                                 | <b>7</b>  |               |
| <b>8</b>  | Other income:                                                                                                                                   |           |               |
| <b>a</b>  | Net operating loss .....                                                                                                                        | <b>8a</b> | ( )           |
| <b>b</b>  | Gambling .....                                                                                                                                  | <b>8b</b> |               |
| <b>c</b>  | Cancellation of debt .....                                                                                                                      | <b>8c</b> |               |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 .....                                                                                            | <b>8d</b> | ( )           |
| <b>e</b>  | Income from Form 8853 .....                                                                                                                     | <b>8e</b> |               |
| <b>f</b>  | Income from Form 8889 .....                                                                                                                     | <b>8f</b> |               |
| <b>g</b>  | Alaska Permanent Fund dividends .....                                                                                                           | <b>8g</b> |               |
| <b>h</b>  | Jury duty pay .....                                                                                                                             | <b>8h</b> |               |
| <b>i</b>  | Prizes and awards .....                                                                                                                         | <b>8i</b> |               |
| <b>j</b>  | Activity not engaged in for profit income .....                                                                                                 | <b>8j</b> |               |
| <b>k</b>  | Stock options .....                                                                                                                             | <b>8k</b> |               |
| <b>l</b>  | 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 ..... | <b>8l</b> |               |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) .....                                                                     | <b>8m</b> |               |
| <b>n</b>  | Section 951(a) inclusion (see instructions) .....                                                                                               | <b>8n</b> |               |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) .....                                                                                              | <b>8o</b> |               |
| <b>p</b>  | Section 461(l) excess business loss adjustment .....                                                                                            | <b>8p</b> |               |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions) .....                                                                             | <b>8q</b> |               |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 .....                                                                                | <b>8r</b> |               |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d .....                                                        | <b>8s</b> | ( )           |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan .....                                   | <b>8t</b> |               |
| <b>u</b>  | Wages earned while incarcerated .....                                                                                                           | <b>8u</b> |               |
| <b>z</b>  | Other income. List type and amount: .....                                                                                                       | <b>8z</b> |               |
| <b>9</b>  | Total other income. Add lines 8a through 8z .....                                                                                               | <b>9</b>  |               |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 .....                                                 | <b>10</b> | <b>58,075</b> |

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

Schedule 1 (Form 1040) 2022

**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](https://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**Attachment  
Sequence No. **02**

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

**KEVIN CABRERA & DEMI T BUSATTA**

Your social security number

[REDACTED]

**Part I Tax**

|                                                                                             |          |  |
|---------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Alternative minimum tax. Attach Form 6251 .....                                    | <b>1</b> |  |
| <b>2</b> Excess advance premium tax credit repayment. Attach Form 8962 .....                | <b>2</b> |  |
| <b>3</b> Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 ..... | <b>3</b> |  |

**Part II Other Taxes**

|                                                                                                                                                            |           |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>4</b> Self-employment tax. Attach Schedule SE .....                                                                                                     | <b>4</b>  |            |
| <b>5</b> Social security and Medicare tax on unreported tip income.<br>Attach Form 4137 .....                                                              | <b>5</b>  |            |
| <b>6</b> Uncollected social security and Medicare tax on wages. Attach<br>Form 8919 .....                                                                  | <b>6</b>  |            |
| <b>7</b> Total additional social security and Medicare tax. Add lines 5 and 6 .....                                                                        | <b>7</b>  |            |
| <b>8</b> Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.<br>If not required, check here <input type="checkbox"/> ..... | <b>8</b>  |            |
| <b>9</b> Household employment taxes. Attach Schedule H .....                                                                                               | <b>9</b>  |            |
| <b>10</b> Repayment of first-time homebuyer credit. Attach Form 5405 if required .....                                                                     | <b>10</b> |            |
| <b>11</b> Additional Medicare Tax. Attach Form 8959 .....                                                                                                  | <b>11</b> | <b>582</b> |
| <b>12</b> Net investment income tax. Attach Form 8960 .....                                                                                                | <b>12</b> | <b>140</b> |
| <b>13</b> Uncollected social security and Medicare or RRTA tax on tips or group-term life<br>insurance from Form W-2, box 12 .....                         | <b>13</b> |            |
| <b>14</b> Interest on tax due on installment income from the sale of certain residential lots<br>and timeshares .....                                      | <b>14</b> |            |
| <b>15</b> Interest on the deferred tax on gain from certain installment sales with a sales price<br>over \$150,000 .....                                   | <b>15</b> |            |
| <b>16</b> Recapture of low-income housing credit. Attach Form 8611 .....                                                                                   | <b>16</b> |            |

*(continued on page 2)*

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

Schedule 2 (Form 1040) 2022

**KEVIN CABRERA & DEMI T BUSATTA**

Schedule 2 (Form 1040) 2022

Page **2****Part II Other Taxes (continued)**

|                                                                                                                                                                         |            |           |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|
| <b>17</b> Other additional taxes:                                                                                                                                       |            |           |            |
| <b>a</b> Recapture of other credits. List type, form number, and amount: _____                                                                                          | <b>17a</b> |           |            |
| <b>b</b> Recapture of federal mortgage subsidy, if you sold your home see instructions .....                                                                            | <b>17b</b> |           |            |
| <b>c</b> Additional tax on HSA distributions. Attach Form 8889 .....                                                                                                    | <b>17c</b> |           |            |
| <b>d</b> Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 .....                                                              | <b>17d</b> |           |            |
| <b>e</b> Additional tax on Archer MSA distributions. Attach Form 8853 .....                                                                                             | <b>17e</b> |           |            |
| <b>f</b> Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 .....                                                                                 | <b>17f</b> |           |            |
| <b>g</b> Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property .....                                          | <b>17g</b> |           |            |
| <b>h</b> Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A .....                                   | <b>17h</b> |           |            |
| <b>i</b> Compensation you received from a nonqualified deferred compensation plan described in section 457A .....                                                       | <b>17i</b> |           |            |
| <b>j</b> Section 72(m)(5) excess benefits tax .....                                                                                                                     | <b>17j</b> |           |            |
| <b>k</b> Golden parachute payments .....                                                                                                                                | <b>17k</b> |           |            |
| <b>l</b> Tax on accumulation distribution of trusts .....                                                                                                               | <b>17l</b> |           |            |
| <b>m</b> Excise tax on insider stock compensation from an expatriated corporation .....                                                                                 | <b>17m</b> |           |            |
| <b>n</b> Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 .....                                                                                 | <b>17n</b> |           |            |
| <b>o</b> Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR .....                                          | <b>17o</b> |           |            |
| <b>p</b> Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund .....                                 | <b>17p</b> |           |            |
| <b>q</b> Any interest from Form 8621, line 24 .....                                                                                                                     | <b>17q</b> |           |            |
| <b>z</b> Any other taxes. List type and amount: _____                                                                                                                   | <b>17z</b> |           |            |
| <b>18</b> Total additional taxes. Add lines 17a through 17z ..                                                                                                          |            | <b>18</b> |            |
| <b>19</b> Reserved for future use .....                                                                                                                                 |            | <b>19</b> |            |
| <b>20</b> Section 965 net tax liability installment from Form 965-A .....                                                                                               | <b>20</b>  |           |            |
| <b>21</b> Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b ..... |            | <b>21</b> | <b>722</b> |

Schedule 2 (Form 1040) 2022

**KEVIN CABRERA & DEMI T BUSATTA**

Schedule 3 (Form 1040) 2022

Page **2****Part II Other Payments and Refundable Credits**

|           |                                                                                                                                                               |            |               |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 .....                                                                                                                | <b>9</b>   |               |
| <b>10</b> | Amount paid with request for extension to file (see instructions) .....                                                                                       | <b>10</b>  | <b>16,809</b> |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld .....                                                                                                     | <b>11</b>  | <b>389</b>    |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 .....                                                                                                       | <b>12</b>  |               |
| <b>13</b> | Other payments or refundable credits:                                                                                                                         |            |               |
| <b>a</b>  | Form 2439 .....                                                                                                                                               | <b>13a</b> |               |
| <b>b</b>  | Credit for qualified sick and family leave wages paid in 2022 from<br>Schedule(s) H for leave taken before April 1, 2021 .....                                | <b>13b</b> |               |
| <b>c</b>  | Reserved for future use .....                                                                                                                                 | <b>13c</b> |               |
| <b>d</b>  | Credit for repayment of amounts included in income from earlier<br>years .....                                                                                | <b>13d</b> |               |
| <b>e</b>  | Reserved for future use .....                                                                                                                                 | <b>13e</b> |               |
| <b>f</b>  | Deferred amount of net 965 tax liability (see instructions) .....                                                                                             | <b>13f</b> |               |
| <b>g</b>  | Reserved for future use .....                                                                                                                                 | <b>13g</b> |               |
| <b>h</b>  | Credit for qualified sick and family leave wages paid in 2022<br>from Schedule(s) H for leave taken after March 31, 2021, and<br>before October 1, 2021 ..... | <b>13h</b> |               |
| <b>z</b>  | Other payments or refundable credits. List type and amount: .....                                                                                             | <b>13z</b> |               |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z .....                                                                                   | <b>14</b>  |               |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR,<br>line 31 .....                                                             | <b>15</b>  | <b>17,198</b> |

Schedule 3 (Form 1040) 2022

**SCHEDULE A  
(Form 1040)**Department of the Treasury  
Internal Revenue Service**Itemized Deductions**Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2022**Attachment  
Sequence No **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Your social security number

**KEVIN CABRERA & DEMI T BUSATTA****Medical****and  
Dental  
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) ..... **1** **5,665**
- 2 Enter amount from Form 1040 or 1040-SR, line 11 ..... **2** **375,477**
- 3 Multiply line 2 by 7.5% (0.075) ..... **3** **28,161**
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- ..... **4** **0**

**Taxes You  
Paid**

- 5 State and local taxes.
- a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒ **5a** **2,216**
- b State and local real estate taxes (see instructions) ..... **5b** **7,529**
- c State and local personal property taxes ..... **5c**
- d Add lines 5a through 5c ..... **5d** **9,745**
- e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) ..... **5e** **9,745**
- 6 Other taxes. List type and amount: ..... **6**
- 7 Add lines 5e and 6 ..... **7** **9,745**

**Interest  
You Paid****Caution:** Your mortgage interest deduction may be limited. See instructions.

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐
- a Home mortgage interest and points reported to you on Form 1098. See instructions if limited ..... **8a** **21,219**
- b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ..... **8b**
- c Points not reported to you on Form 1098. See instructions for special rules ..... **8c**
- d Reserved for future use ..... **8d**
- e Add lines 8a through 8c ..... **8e** **21,219**
- 9 Investment interest. Attach Form 4952 if required. See instructions ..... **9**
- 10 Add lines 8e and 9 ..... **10** **21,219**

**Gifts to  
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions ..... **11**
- 12 Other than by cash or check. If you made any gift of \$250 or more see instructions. You **must** attach Form 8283 if over \$500 ..... **12**
- 13 Carryover from prior year ..... **13**
- 14 Add lines 11 through 13 ..... **14**

**Casualty and  
Theft Losses**

- 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions ..... **15**

**Other  
Itemized  
Deductions**

- 16 Other—from list in instructions. List type and amount: ..... **16**

**Total  
Itemized  
Deductions**

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 ..... **17** **30,964**
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐ ..... **18**

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

Schedule A (Form 1040) 2022

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

OMB No. 1545-0074

**2022**Attachment  
Sequence No. **08**Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

Name(s) shown on return

**KEVIN CABRERA & DEMI T BUSATTA**

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

**GOLDMAN SACHS** [REDACTED]**Amount****2,864****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****2,864****3****4****2,864****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:
- CHARLES SCHWAB & CO INC - ACCT** [REDACTED]

**13****5**

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

**6****13****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 2022, 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

**Yes****No****X**

- 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) are located:

- 8 During 2022 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

**X**

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

Schedule B (Form 1040) 2022

**SCHEDULE D**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**

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

Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

**2022**Attachment  
Sequence No. **12**

Name(s) shown on return

**KEVIN CABRERA & DEMI T BUSATTA**

Your social security number

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

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

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

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

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

|                                                                                                                                                                                                                                                                                                | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . | <b>1,825</b>                     | <b>1,029</b>                    |                                                                                           | <b>796</b>                                                                                                |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .                                                                                                                                                                                             |                                  |                                 |                                                                                           |                                                                                                           |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .                                                                                                                                                                                              |                                  |                                 |                                                                                           |                                                                                                           |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .                                                                                                                                                                                              |                                  |                                 |                                                                                           |                                                                                                           |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .                                                                                                                                                                                |                                  |                                 |                                                                                           | <b>4</b>                                                                                                  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                                   |                                  |                                 |                                                                                           | <b>5</b>                                                                                                  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                                |                                  |                                 |                                                                                           | <b>6</b> ( )                                                                                              |
| <b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .                                                                       |                                  |                                 |                                                                                           | <b>7</b> <b>796</b>                                                                                       |

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

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

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

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

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

Schedule D (Form 1040) 2022

**KEVIN CABRERA & DEMI T BUSATTA**

Schedule D (Form 1040) 2022

Page **2****Part III Summary**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>16</b> Combine lines 7 and 15 and enter the result .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>16</b> | <b>796</b> |
| <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then go to line 22.</li> </ul>                                                                                                                                                   |           |            |
| <b>17</b> Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.                                                                                                                                                                                                                                                                                                                                                                                                                 |           |            |
| <b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet .....                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>18</b> |            |
| <b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet .....                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>19</b> |            |
| <b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                                                                                                                                                                   |           |            |
| <b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><br><div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> <div style="margin-left: 10px;"> <div style="font-size: 3em; line-height: 1;">}</div> <div style="border-bottom: 1px solid black; width: 200px; display: inline-block;"></div> </div> </div> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p> | <b>21</b> | ( )        |
| <b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or Form 1040-NR, line 3a?<br><br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.                                                                                                                                                                                                                                                   |           |            |

Schedule D (Form 1040) 2022

**SCHEDULE E****(Form 1040)**Department of the Treasury  
Internal Revenue Service**Supplemental Income and Loss****(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)****Attach to Form 1040, 1040-SR, 1040-NR, or 1041.****Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.**

OMB No. 1545-0074

**2022**Attachment  
Sequence No. **13**

Name(s) shown on return

Your social security number

**KEVIN CABRERA & DEMI T BUSATTA****Part I Income or Loss From Rental Real Estate and Royalties****Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions ..... **Yes** ☒ **No** ☐

**B** If "Yes," did you or will you file required Form(s) 1099? ..... **Yes** ☐ **No** ☐

**1a** Physical address of each property (street, city, state, ZIP code)**A** 21 MADEIRA AVE 14, CORAL GABLES, FL 33134**B****C****1b** Type of Property  
(from list below)**A** 1**B****C****2** For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.Fair Rental  
DaysPersonal Use  
Days

QJV

**A** 365**B****C****Type of Property:**

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

| Income:                                                                                                                                                                                                                                                                                                             |            | Properties: |   |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|---|--------|
|                                                                                                                                                                                                                                                                                                                     |            | A           | B | C      |
| <b>3</b> Rents received                                                                                                                                                                                                                                                                                             | <b>3</b>   | 28,950      |   |        |
| <b>4</b> Royalties received                                                                                                                                                                                                                                                                                         | <b>4</b>   |             |   |        |
| <b>Expenses:</b>                                                                                                                                                                                                                                                                                                    |            |             |   |        |
| <b>5</b> Advertising                                                                                                                                                                                                                                                                                                | <b>5</b>   |             |   |        |
| <b>6</b> Auto and travel (see instructions)                                                                                                                                                                                                                                                                         | <b>6</b>   |             |   |        |
| <b>7</b> Cleaning and maintenance                                                                                                                                                                                                                                                                                   | <b>7</b>   |             |   |        |
| <b>8</b> Commissions                                                                                                                                                                                                                                                                                                | <b>8</b>   |             |   |        |
| <b>9</b> Insurance                                                                                                                                                                                                                                                                                                  | <b>9</b>   | 2,088       |   |        |
| <b>10</b> Legal and other professional fees                                                                                                                                                                                                                                                                         | <b>10</b>  |             |   |        |
| <b>11</b> Management fees                                                                                                                                                                                                                                                                                           | <b>11</b>  |             |   |        |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)                                                                                                                                                                                                                                                  | <b>12</b>  | 7,016       |   |        |
| <b>13</b> Other interest                                                                                                                                                                                                                                                                                            | <b>13</b>  |             |   |        |
| <b>14</b> Repairs                                                                                                                                                                                                                                                                                                   | <b>14</b>  |             |   |        |
| <b>15</b> Supplies                                                                                                                                                                                                                                                                                                  | <b>15</b>  |             |   |        |
| <b>16</b> Taxes                                                                                                                                                                                                                                                                                                     | <b>16</b>  | 4,437       |   |        |
| <b>17</b> Utilities                                                                                                                                                                                                                                                                                                 | <b>17</b>  |             |   |        |
| <b>18</b> Depreciation expense or depletion                                                                                                                                                                                                                                                                         | <b>18</b>  | 15,235      |   |        |
| <b>19</b> Other (list) <b>SEE STATEMENT 1</b>                                                                                                                                                                                                                                                                       | <b>19</b>  | 6,659       |   |        |
| <b>20</b> Total expenses. Add lines 5 through 19                                                                                                                                                                                                                                                                    | <b>20</b>  | 35,435      |   |        |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b>                                                                                                                                                          | <b>21</b>  | -6,485      |   |        |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)                                                                                                                                                                                                       | <b>22</b>  | 1,252       |   |        |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties                                                                                                                                                                                                                                        | <b>23a</b> | 28,950      |   |        |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties                                                                                                                                                                                                                                         | <b>23b</b> |             |   |        |
| <b>c</b> Total of all amounts reported on line 12 for all properties                                                                                                                                                                                                                                                | <b>23c</b> | 7,016       |   |        |
| <b>d</b> Total of all amounts reported on line 18 for all properties                                                                                                                                                                                                                                                | <b>23d</b> | 15,235      |   |        |
| <b>e</b> Total of all amounts reported on line 20 for all properties                                                                                                                                                                                                                                                | <b>23e</b> | 35,435      |   |        |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses                                                                                                                                                                                                                    | <b>24</b>  |             |   | 0      |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here                                                                                                                                                                                        | <b>25</b>  |             |   | 1,252  |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | <b>26</b>  |             |   | -1,252 |

**For Paperwork Reduction Act Notice, see the separate instructions.**

Schedule E (Form 1040) 2022

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

Your social security number

**KEVIN CABRERA & DEMI T BUSATTA****Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

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

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

| <b>28</b> | (a) Name                            | (b) Enter <b>P</b> for partnership; <b>S</b> 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 |
|-----------|-------------------------------------|----------------------------------------------------------------|----------------------------------|------------------------------------|--------------------------------------------|----------------------------------------|
| <b>A</b>  | <b>SOUTHERNMOST STRATEGIES, LLC</b> | <b>S</b>                                                       |                                  | <b>47-4616834</b>                  | <input checked="" type="checkbox"/>        |                                        |
| <b>B</b>  | <b>KDP GROUP LLC</b>                | <b>S</b>                                                       |                                  | <b>32-0703125</b>                  | <input checked="" type="checkbox"/>        |                                        |
| <b>C</b>  | <b>LEONE PROVISION LLC</b>          | <b>S</b>                                                       |                                  | <b>80-0268440</b>                  |                                            |                                        |
| <b>D</b>  |                                     |                                                                |                                  |                                    |                                            |                                        |

| <b>Passive Income and Loss</b>                                                                |                                         |                                                   | <b>Nonpassive income and Loss</b>                   |                                            |           |
|-----------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------|-----------------------------------------------------|--------------------------------------------|-----------|
| (g) Passive loss allowed<br>(attach Form 8582 if required)                                    | (h) Passive income<br>from Schedule K-1 | (i) Nonpassive loss allowed<br>(see Schedule K-1) | (j) Section 179 expense<br>deduction from Form 4562 | (k) Nonpassive income<br>from Schedule K-1 |           |
| <b>A</b>                                                                                      |                                         | <b>0</b>                                          |                                                     | <b>3,094</b>                               |           |
| <b>B</b>                                                                                      |                                         | <b>0</b>                                          |                                                     | <b>54,981</b>                              |           |
| <b>C</b>                                                                                      | <b>0</b>                                | <b>1,252</b>                                      |                                                     |                                            |           |
| <b>D</b>                                                                                      |                                         |                                                   |                                                     |                                            |           |
| <b>29a Totals</b>                                                                             | <b>1,252</b>                            |                                                   |                                                     | <b>58,075</b>                              |           |
| <b>b Totals</b>                                                                               |                                         |                                                   |                                                     |                                            |           |
| <b>30</b> Add columns (h) and (k) of line 29a                                                 |                                         |                                                   |                                                     | <b>59,327</b>                              | <b>30</b> |
| <b>31</b> Add columns (g), (i), and (j) of line 29b                                           |                                         |                                                   |                                                     | <b>(0)</b>                                 | <b>31</b> |
| <b>32</b> <b>Total partnership and S corporation income or (loss).</b> Combine line 30 and 31 |                                         |                                                   |                                                     | <b>59,327</b>                              | <b>32</b> |

**Part III Income or Loss From Estates and Trusts**

| <b>33</b> | (a) Name | (b) Employer identification number |
|-----------|----------|------------------------------------|
| <b>A</b>  |          |                                    |
| <b>B</b>  |          |                                    |

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

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

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

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

|           |                                                                                                                                                                                                                                                                                                                                    |           |               |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|
| <b>40</b> | Net farm rental income or (loss) from <b>Form 4835</b> . Also, complete line 42 below                                                                                                                                                                                                                                              | <b>40</b> |               |
| <b>41</b> | <b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5                                                                                                                                                                                                   | <b>41</b> | <b>58,075</b> |
| <b>42</b> | <b>Reconciliation of farming and fishing income.</b> 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 AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions                                              | <b>42</b> |               |
| <b>43</b> | <b>Reconciliation for real estate professionals.</b> 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 | <b>43</b> |               |

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

OMB No. 1545-2294

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.**2022**Attachment  
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

**KEVIN CABRERA & DEMI T BUSATTA**

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

Use this form if your taxable income, before your qualified business income deduction, is above \$170,050 (\$340,100 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

**Part I Trade, Business, or Aggregation Information**

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

| 1 | (a) Trade, business, or aggregation name | (b) Check if specified service      | (c) Check if aggregation | (d) Taxpayer identification number | (e) Check if patron      |
|---|------------------------------------------|-------------------------------------|--------------------------|------------------------------------|--------------------------|
| A | <b>SOUTHERNMOST STRATEGIES, LLC</b>      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>47-4616834</b>                  | <input type="checkbox"/> |
| B | <b>KDP GROUP LLC</b>                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>32-0703125</b>                  | <input type="checkbox"/> |
| C | <b>LEONE PROVISION LLC</b>               | <input type="checkbox"/>            | <input type="checkbox"/> | <b>80-0268440</b>                  | <input type="checkbox"/> |

**Part II Determine Your Adjusted Qualified Business Income**

|                                                                                                                                                                                         | A  | B     | C      |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|--------|--------|
| 2 Qualified business income from the trade, business, or aggregation. See instructions                                                                                                  | 2  | 2,095 | 37,234 | 887    |
| 3 Multiply line 2 by 20% (0.20). If your taxable income is \$170,050 or less (\$340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 | 3  | 419   | 7,447  | 177    |
| 4 Allocable share of W-2 wages from the trade, business, or aggregation                                                                                                                 | 4  | 0     | 0      | 6,492  |
| 5 Multiply line 4 by 50% (0.50)                                                                                                                                                         | 5  | 0     | 0      | 3,246  |
| 6 Multiply line 4 by 25% (0.25)                                                                                                                                                         | 6  | 0     | 0      | 1,623  |
| 7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property                                                                                | 7  | 1,016 | 0      | 89,709 |
| 8 Multiply line 7 by 2.5% (0.025)                                                                                                                                                       | 8  | 25    | 0      | 2,243  |
| 9 Add lines 6 and 8                                                                                                                                                                     | 9  | 25    | 0      | 3,866  |
| 10 Enter the greater of line 5 or line 9                                                                                                                                                | 10 | 25    | 0      | 3,866  |
| 11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10                                                                                           | 11 | 25    | 0      | 177    |
| 12 Phased-in reduction. Enter the amount from line 26, if any                                                                                                                           | 12 | 402   | 7,118  |        |
| 13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12                                                                                 | 13 | 402   | 7,118  | 177    |
| 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 | 402   | 7,118  | 177    |
| 16 Total qualified business income component. Add all amounts reported on line 15                                                                                                       | 16 | 7,697 |        |        |

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

Form **8995-A** (2022)

**Part III Phased-in Reduction**

Complete Part III only if your taxable income is more than \$170,050 but not \$220,050 (\$340,100 and \$440,100 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                                                                                                                                     | 17 419      | 7,447 |   |
| 18 Enter the amounts from line 10                                                                                                                                    | 18 25       |       |   |
| 19 Subtract line 18 from line 17                                                                                                                                     | 19 394      | 7,447 |   |
| 20 Taxable income before qualified business income deduction                                                                                                         | 20 344,513  |       |   |
| 21 Threshold. Enter \$170,050 (\$340,100 if married filing jointly)                                                                                                  | 21 340,100  |       |   |
| 22 Subtract line 21 from line 20                                                                                                                                     | 22 4,413    |       |   |
| 23 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)                                                                                              | 23 100,000  |       |   |
| 24 Phase-in percentage. Divide line 22 by line 23                                                                                                                    | 24 4.4130 % |       |   |
| 25 Total phase-in reduction. Multiply line 19 by line 24                                                                                                             | 25 17       | 329   |   |
| 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 | 26 402      | 7,118 |   |

**Part IV Determine Your Qualified Business Income Deduction**

|                                                                                                                                                                  |            |         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|--|
| 27 Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16                               | 27 7,697   |         |  |
| 28 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions                                                             | 28         |         |  |
| 29 Qualified REIT dividends and PTP (loss) carryforward from prior years                                                                                         | 29 ( )     |         |  |
| 30 Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-                                                          | 30 0       |         |  |
| 31 REIT and PTP component. Multiply line 30 by 20% (0.20)                                                                                                        | 31         |         |  |
| 32 Qualified business income deduction before the income limitation. Add lines 27 and 31                                                                         | 32         | 7,697   |  |
| 33 Taxable income before qualified business income deduction                                                                                                     | 33 344,513 |         |  |
| 34 Net capital gain. See instructions                                                                                                                            | 34 13      |         |  |
| 35 Subtract line 34 from line 33. If zero or less, enter -0-                                                                                                     | 35         | 344,500 |  |
| 36 Income limitation. Multiply line 35 by 20% (0.20)                                                                                                             | 36         | 68,900  |  |
| 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         | 7,697   |  |
| 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         | 7,697   |  |
| 40 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-                                            | 40 ( )     |         |  |

**SCHEDULE A  
(Form 8995-A)****Specified Service Trades or Businesses**

OMB No. 1545-2294

**2022**Attachment  
Sequence No. **55B**Department of the Treasury  
Internal Revenue Service

Attach to Form 8995-A.

Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

**KEVIN CABRERA & DEMI T BUSATTA**

Complete Schedule A only if your trade or business is a specified service trade or business (see instructions) and your taxable income is more than \$170,050 but not \$220,050 (\$340,100 and \$440,100 if married filing jointly). If your taxable income isn't more than \$170,050 (\$340,100 if married filing jointly) and you're not a patron of an agricultural or horticultural cooperative, don't file this form; instead, file Form 8995, Qualified Business Income Deduction Simplified Computation. Otherwise, complete Schedule D (Form 8995-A) before beginning Schedule A. If your taxable income is more than \$220,050 (\$440,100 if married filing jointly), your specified service trade or business doesn't qualify for the deduction. If you have more than three trades or businesses, attach as many Schedules A as needed. See instructions.

**Part I Other Than Publicly Traded Partnerships (PTP)**

See instructions before completing Parts I and II.

|                                                                                                                                                                                                                                       | A                                    | B          | C |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------|---|
| <b>1a</b> Trade or business name                                                                                                                                                                                                      | <b>1a</b> SOUTHERNMOST KDP GROUP LLC |            |   |
| <b>b</b> Taxpayer identification number                                                                                                                                                                                               | <b>1b</b> 47-4616834                 | 32-0703125 |   |
| <b>2</b> Qualified business income or (loss) from the trade or business                                                                                                                                                               | <b>2</b> 3,094                       | 54,981     |   |
| <b>3</b> Allocable share of W-2 wages from the trade or business                                                                                                                                                                      | <b>3</b>                             |            |   |
| <b>4</b> Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property                                                                                                                       | <b>4</b> 1,063                       |            |   |
| <b>5</b> Taxable income before qualified business income deduction                                                                                                                                                                    | <b>5</b> 344,513                     |            |   |
| <b>6</b> Threshold. Enter \$170,050 (\$340,100 if married filing jointly)                                                                                                                                                             | <b>6</b> 340,100                     |            |   |
| <b>7</b> Subtract line 6 from line 5                                                                                                                                                                                                  | <b>7</b> 4,413                       |            |   |
| <b>8</b> Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)                                                                                                                                                         | <b>8</b> 100,000                     |            |   |
| <b>9</b> Divide line 7 by line 8                                                                                                                                                                                                      | <b>9</b> 4.4130                      |            |   |
| <b>10</b> Applicable percentage. Subtract line 9 from 100%                                                                                                                                                                            | <b>10</b> 95.5870 %                  |            |   |
| <b>11</b> Applicable percentage of qualified business income or (loss). Multiply line 2 by line 10. Enter this amount on Schedule C (Form 8995-A) or on Form 8995-A, line 2, for the corresponding trade or business, as appropriate. | <b>11</b> 2,957                      | 52,555     |   |
| <b>12</b> Applicable percentage of W-2 wages. Multiply line 3 by line 10. Enter this amount on Form 8995-A, line 4, for the corresponding trade or business, as appropriate.                                                          | <b>12</b>                            |            |   |
| <b>13</b> Applicable percentage of the UBIA of qualified property. Multiply line 4 by line 10. Enter this amount on Form 8995-A, line 7, for the corresponding trade or business, as appropriate.                                     | <b>13</b> 1,016                      |            |   |

**Part II Publicly Traded Partnership**

|                                                                                                                                             | A         | B | C |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|---|
| <b>14</b> Trade or business name                                                                                                            | <b>14</b> |   |   |
| <b>15</b> Taxpayer identification number                                                                                                    | <b>15</b> |   |   |
| <b>16</b> Qualified PTP income or (loss)                                                                                                    | <b>16</b> |   |   |
| <b>17</b> Total PTP specified service trade or business (SSTB) income or (loss). Combine all amounts on line 16                             | <b>17</b> |   |   |
| <b>18</b> Taxable income before qualified business income deduction                                                                         | <b>18</b> |   |   |
| <b>19</b> Threshold. Enter \$170,050 (\$340,100 if married filing jointly)                                                                  | <b>19</b> |   |   |
| <b>20</b> Subtract line 19 from line 18                                                                                                     | <b>20</b> |   |   |
| <b>21</b> Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)                                                              | <b>21</b> |   |   |
| <b>22</b> Divide line 20 by line 21                                                                                                         | <b>22</b> |   |   |
| <b>23</b> Applicable percentage. Subtract line 22 from 100%                                                                                 | <b>23</b> |   | % |
| <b>24</b> Applicable percentage of qualified PTP income or (loss). Multiply line 17 by line 23. Include this amount on Form 8995-A, line 28 | <b>24</b> |   |   |

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

Schedule A (Form 8995-A) 2022

**SCHEDULE C**  
**(Form 8995-A)**  
(Rev. December 2022)Department of the Treasury  
Internal Revenue Service**Loss Netting and Carryforward**

Attach to Form 8995-A.

Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.

OMB No. 1545-2294

Attachment  
Sequence No. **55D**

Name(s) shown on return

Your taxpayer identification number

**KEVIN CABRERA & DEMI T BUSATTA**

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

| 1        | Trade, business, or aggregation name                                                                                                                                                                                                                                   | (a) Qualified business income/(loss) | (b) Reduction for loss netting (see instructions) | (c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.) |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------|
|          | <b>SOUTHERNMOST STRATEGIES, LLC</b>                                                                                                                                                                                                                                    | <b>2,957</b>                         | <b>862</b>                                        | <b>2,095</b>                                                                              |
|          | <b>KDP GROUP LLC</b>                                                                                                                                                                                                                                                   | <b>52,555</b>                        | <b>15,321</b>                                     | <b>37,234</b>                                                                             |
|          | <b>LEONE PROVISION LLC</b>                                                                                                                                                                                                                                             | <b>1,252</b>                         | <b>365</b>                                        | <b>887</b>                                                                                |
| <b>2</b> | Qualified business net (loss) carryforward from prior years. See instructions .....                                                                                                                                                                                    |                                      | <b>2</b>                                          | <b>( 16,548 )</b>                                                                         |
| <b>3</b> | Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations .....                                                                                                  |                                      | <b>3</b>                                          | <b>( 16,548 )</b>                                                                         |
| <b>4</b> | Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations .....                                                                                                             |                                      | <b>4</b>                                          | <b>56,764</b>                                                                             |
| <b>5</b> | Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). ..... |                                      | <b>5</b>                                          | <b>( 16,548 )</b>                                                                         |
| <b>6</b> | Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0- .....                                                                                                                                                              |                                      | <b>6</b>                                          | <b>( )</b>                                                                                |

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

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

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, 1040-PR, or 1040-SS.

Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

OMB No. 1545-0074

**2022**Attachment  
Sequence No. **71**

Name(s) shown on return

**KEVIN CABRERA & DEMI T BUSATTA**

Your social security number

**Part I Additional Medicare Tax on Medicare Wages**

|                                                                                                                                                                                                        |   |         |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|--------|
| 1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5                                                                          | 1 | 314,637 |        |
| 2 Unreported tips from Form 4137, line 6                                                                                                                                                               | 2 |         |        |
| 3 Wages from Form 8919, line 6                                                                                                                                                                         | 3 |         |        |
| 4 Add lines 1 through 3                                                                                                                                                                                | 4 | 314,637 |        |
| 5 Enter the following amount for your filing status:<br>Married filing jointly \$250,000<br>Married filing separately \$125,000<br>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 |         | 64,637 |
| 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II                                                                                             | 7 |         | 582    |

**Part II Additional Medicare Tax on Self-Employment Income**

|                                                                                                                                                                                                        |    |         |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|---|
| 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)                                                | 8  |         |   |
| 9 Enter the following amount for your filing status:<br>Married filing jointly \$250,000<br>Married filing separately \$125,000<br>Single, Head of household, or Qualifying surviving spouse \$200,000 | 9  | 250,000 |   |
| 10 Enter the amount from line 4                                                                                                                                                                        | 10 | 314,637 |   |
| 11 Subtract line 10 from line 9. If zero or less, enter -0-                                                                                                                                            | 11 | 0       |   |
| 12 Subtract line 11 from line 8. If zero or less, enter -0-                                                                                                                                            | 12 |         | 0 |
| 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9 (0.009). Enter here and go to Part III                                                                                   | 13 |         |   |

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

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

**Part IV Total Additional Medicare Tax**

|                                                                                                                                                              |    |  |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|-----|
| 18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V | 18 |  | 582 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|-----|

**Part V Withholding Reconciliation**

|                                                                                                                                                                                                                                |    |         |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|---|
| 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6                                                                                                   | 19 | 4,562   |   |
| 20 Enter the amount from line 1                                                                                                                                                                                                | 20 | 314,637 |   |
| 21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages                                                                                                                         | 21 | 4,562   |   |
| 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages                                                                                               | 22 |         | 0 |
| 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-PR or 1040-SS filers, see instructions) | 24 |         |   |

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

Form **8959** (2022)

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

OMB No. 1545-2227

**2022**Attachment  
Sequence No. **72**Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

**KEVIN CABRERA & DEMI T BUSATTA****Part I Investment Income**

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

|           |                                                                                                                             |           |                |
|-----------|-----------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>1</b>  | Taxable interest (see instructions)                                                                                         | <b>1</b>  | <b>2,864</b>   |
| <b>2</b>  | Ordinary dividends (see instructions)                                                                                       | <b>2</b>  | <b>13</b>      |
| <b>3</b>  | Annuities (see instructions)                                                                                                | <b>3</b>  |                |
| <b>4a</b> | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)                                | <b>4a</b> | <b>58,075</b>  |
| <b>b</b>  | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | <b>4b</b> | <b>-58,075</b> |
| <b>c</b>  | Combine lines 4a and 4b                                                                                                     | <b>4c</b> |                |
| <b>5a</b> | Net gain or loss from disposition of property (see instructions)                                                            | <b>5a</b> | <b>796</b>     |
| <b>b</b>  | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)           | <b>5b</b> |                |
| <b>c</b>  | Adjustment from disposition of partnership interest or S corporation stock (see instructions)                               | <b>5c</b> |                |
| <b>d</b>  | Combine lines 5a through 5c                                                                                                 | <b>5d</b> | <b>796</b>     |
| <b>6</b>  | Adjustments to investment income for certain CFCs and PFICs (see instructions)                                              | <b>6</b>  |                |
| <b>7</b>  | Other modifications to investment income (see instructions)                                                                 | <b>7</b>  |                |
| <b>8</b>  | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7                                                            | <b>8</b>  | <b>3,673</b>   |

**Part II Investment Expenses Allocable to Investment Income and Modifications**

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

**Part III Tax Computation**

|            |                                                                                                                                                                                 |            |                |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|
| <b>12</b>  | 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- | <b>12</b>  | <b>3,673</b>   |
| <b>13</b>  | Modified adjusted gross income (see instructions)                                                                                                                               | <b>13</b>  | <b>375,477</b> |
| <b>14</b>  | Threshold based on filing status (see instructions)                                                                                                                             | <b>14</b>  | <b>250,000</b> |
| <b>15</b>  | Subtract line 14 from line 13. If zero or less, enter -0-                                                                                                                       | <b>15</b>  | <b>125,477</b> |
| <b>16</b>  | Enter the smaller of line 12 or line 15                                                                                                                                         | <b>16</b>  | <b>3,673</b>   |
| <b>17</b>  | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)                                       | <b>17</b>  | <b>140</b>     |
| <b>18a</b> | Net investment income (line 12 above)                                                                                                                                           | <b>18a</b> |                |
| <b>b</b>   | Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)                                                                    | <b>18b</b> |                |
| <b>c</b>   | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-                                                             | <b>18c</b> |                |
| <b>19a</b> | Adjusted gross income (see instructions)                                                                                                                                        | <b>19a</b> |                |
| <b>b</b>   | Highest tax bracket for estates and trusts for the year (see instructions)                                                                                                      | <b>19b</b> |                |
| <b>c</b>   | Subtract line 19b from line 19a. If zero or less, enter -0-                                                                                                                     | <b>19c</b> |                |
| <b>20</b>  | Enter the smaller of line 18c or line 19c                                                                                                                                       | <b>20</b>  |                |
| <b>21</b>  | 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)                                | <b>21</b>  |                |

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

Form **8960** (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](http://www.irs.gov/Form7203) for instructions and the latest information.

OMB No. 1545-2302

Attachment  
Sequence No. **203**

Name of shareholder

**KEVIN CABRERA**

Identifying number

**47-4616834**

A Name of S corporation

**SOUTHERNMOST STRATEGIES, LLC**

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  | <b>2,617</b> |
| 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 | <b>3,094</b> |
| 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  | <b>3,094</b> |
| 5  | Stock basis before distributions. Add lines 1, 2, and 4                                                                                                                                                              | 5  | <b>5,711</b> |
| 6  | Distributions (excluding dividend distributions)<br><b>Note:</b> 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  |              |
| 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  | <b>5,711</b> |
| 8a | Non deductible expenses                                                                                                                                                                                              | 8a | <b>8,398</b> |
| b  | Depletion for oil and gas                                                                                                                                                                                            | 8b |              |
| c  | Business credits (sections 50(c)(1) and (5))                                                                                                                                                                         | 8c |              |
| 9  | Add lines 8a through 8c                                                                                                                                                                                              | 9  | <b>8,398</b> |
| 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 | <b>0</b>     |
| 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 | <b>Stock basis at the end of the corporation's tax year.</b> Subtract line 14 from line 10. If the result is zero or less, enter -0-                                                                                 | 15 | <b>0</b>     |

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

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

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

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

**Section C—Gain on Loan Repayment**

|                                                                       |   |  |  |  |
|-----------------------------------------------------------------------|---|--|--|--|
| <b>32</b> Repayment. Enter the amount from line 19 .....              |   |  |  |  |
| <b>33</b> Nontaxable repayments. Enter the amount from line 26 .....  |   |  |  |  |
| <b>34</b> <b>Reportable gain.</b> Subtract line 33 from line 32 ..... | 0 |  |  |  |

**Part III Shareholder Allowable Loss and Deduction Items**

| Description                                                                                                                                                                 | (a) Current year losses and deductions | (b) Carryover amount (column (e)) from the previous year | (c) Allowable loss from stock basis | (d) Allowable loss from debt basis | (e) Carryover amounts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------|-------------------------------------|------------------------------------|-----------------------|
| <b>35</b> Ordinary business loss .....                                                                                                                                      |                                        |                                                          |                                     |                                    |                       |
| <b>36</b> Net rental real estate loss .....                                                                                                                                 |                                        |                                                          |                                     |                                    |                       |
| <b>37</b> Other net rental loss .....                                                                                                                                       |                                        |                                                          |                                     |                                    |                       |
| <b>38</b> Net capital loss .....                                                                                                                                            |                                        |                                                          |                                     |                                    |                       |
| <b>39</b> Net section 1231 loss .....                                                                                                                                       |                                        |                                                          |                                     |                                    |                       |
| <b>40</b> Other loss .....                                                                                                                                                  |                                        |                                                          |                                     |                                    |                       |
| <b>41</b> Section 179 deductions .....                                                                                                                                      |                                        |                                                          |                                     |                                    |                       |
| <b>42</b> Charitable contributions .....                                                                                                                                    |                                        |                                                          |                                     |                                    |                       |
| <b>43</b> Investment interest expense .....                                                                                                                                 |                                        |                                                          |                                     |                                    |                       |
| <b>44</b> Section 59(e)(2) expenditures .....                                                                                                                               |                                        |                                                          |                                     |                                    |                       |
| <b>45</b> Other deductions .....                                                                                                                                            |                                        |                                                          |                                     |                                    |                       |
| <b>46</b> Foreign taxes paid or accrued .....                                                                                                                               |                                        |                                                          |                                     |                                    |                       |
| <b>47</b> <b>Total loss.</b> 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. 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](http://www.irs.gov/Form7203) for instructions and the latest information.

OMB No. 1545-2302

Attachment  
Sequence No. **203**

Name of shareholder

**KEVIN CABRERA**

Identifying number

A Name of S corporation

**KDP GROUP LLC**

on number

**32-0703125**

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  | 0      |
| 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 | 54,981 |
| 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  | 54,981 |
| 5  | Stock basis before distributions. Add lines 1, 2, and 4                                                                                                                                                              | 5  | 54,981 |
| 6  | Distributions (excluding dividend distributions)<br><b>Note:</b> 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  | 6,305  |
| 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  | 48,676 |
| 8a | Non deductible expenses                                                                                                                                                                                              | 8a | 2,326  |
| b  | Depletion for oil and gas                                                                                                                                                                                            | 8b |        |
| c  | Business credits (sections 50(c)(1) and (5))                                                                                                                                                                         | 8c |        |
| 9  | Add lines 8a through 8c                                                                                                                                                                                              | 9  | 2,326  |
| 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 | 46,350 |
| 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 | <b>Stock basis at the end of the corporation's tax year.</b> Subtract line 14 from line 10. If the result is zero or less, enter -0-                                                                                 | 15 | 46,350 |

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

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

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

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

**Section C—Gain on Loan Repayment**

|                                                                       |   |  |  |  |
|-----------------------------------------------------------------------|---|--|--|--|
| <b>32</b> Repayment. Enter the amount from line 19 .....              |   |  |  |  |
| <b>33</b> Nontaxable repayments. Enter the amount from line 26 .....  |   |  |  |  |
| <b>34</b> <b>Reportable gain.</b> Subtract line 33 from line 32 ..... | 0 |  |  |  |

**Part III Shareholder Allowable Loss and Deduction Items**

| Description                                                                                                                                                                 | (a) Current year losses and deductions | (b) Carryover amount (column (e)) from the previous year | (c) Allowable loss from stock basis | (d) Allowable loss from debt basis | (e) Carryover amounts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------|-------------------------------------|------------------------------------|-----------------------|
| <b>35</b> Ordinary business loss .....                                                                                                                                      |                                        |                                                          |                                     |                                    |                       |
| <b>36</b> Net rental real estate loss .....                                                                                                                                 |                                        |                                                          |                                     |                                    |                       |
| <b>37</b> Other net rental loss .....                                                                                                                                       |                                        |                                                          |                                     |                                    |                       |
| <b>38</b> Net capital loss .....                                                                                                                                            |                                        |                                                          |                                     |                                    |                       |
| <b>39</b> Net section 1231 loss .....                                                                                                                                       |                                        |                                                          |                                     |                                    |                       |
| <b>40</b> Other loss .....                                                                                                                                                  |                                        |                                                          |                                     |                                    |                       |
| <b>41</b> Section 179 deductions .....                                                                                                                                      |                                        |                                                          |                                     |                                    |                       |
| <b>42</b> Charitable contributions .....                                                                                                                                    |                                        |                                                          |                                     |                                    |                       |
| <b>43</b> Investment interest expense .....                                                                                                                                 |                                        |                                                          |                                     |                                    |                       |
| <b>44</b> Section 59(e)(2) expenditures .....                                                                                                                               |                                        |                                                          |                                     |                                    |                       |
| <b>45</b> Other deductions .....                                                                                                                                            |                                        |                                                          |                                     |                                    |                       |
| <b>46</b> Foreign taxes paid or accrued .....                                                                                                                               |                                        |                                                          |                                     |                                    |                       |
| <b>47</b> <b>Total loss.</b> 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 **8582****Passive Activity Loss Limitations**

OMB No. 1545-1008

Department of the Treasury  
Internal Revenue Service

See separate instructions.

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

Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.**2022**Attachment  
Sequence No. **858**

Name(s) shown on return

Identifying number

**KEVIN CABRERA & DEMI T BUSATTA****Part I 2022 Passive Activity Loss****Caution:** Complete Parts IV and V before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

|                                                                                    |           |   |                 |
|------------------------------------------------------------------------------------|-----------|---|-----------------|
| <b>1a</b> Activities with net income (enter the amount from Part IV, column (a))   | <b>1a</b> |   |                 |
| <b>b</b> Activities with net loss (enter the amount from Part IV, column (b))      | <b>1b</b> | ( | <b>6,485</b> )  |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c)) | <b>1c</b> | ( | <b>11,577</b> ) |
| <b>d</b> Combine lines 1a, 1b, and 1c                                              | <b>1d</b> |   | <b>-18,062</b>  |

**All Other Passive Activities**

|                                                                                   |           |   |              |
|-----------------------------------------------------------------------------------|-----------|---|--------------|
| <b>2a</b> Activities with net income (enter the amount from Part V, column (a))   | <b>2a</b> |   | <b>1,252</b> |
| <b>b</b> Activities with net loss (enter the amount from Part V, column (b))      | <b>2b</b> | ( |              |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c)) | <b>2c</b> | ( |              |
| <b>d</b> Combine lines 2a, 2b, and 2c                                             | <b>2d</b> |   | <b>1,252</b> |

|                                                                                                                                                                                                                                                                          |          |  |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|----------------|
| <b>3</b> Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used | <b>3</b> |  | <b>-16,810</b> |
| If line 3 is a loss and: <ul style="list-style-type: none"> <li>Line 1d is a loss, go to Part II.</li> <li>Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.</li> </ul>                                                                   |          |  |                |

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

|                                                                                                                                |          |  |                |
|--------------------------------------------------------------------------------------------------------------------------------|----------|--|----------------|
| <b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3                                                 | <b>4</b> |  | <b>16,810</b>  |
| <b>5</b> Enter \$150,000. If married filing separately, see instructions                                                       | <b>5</b> |  | <b>150,000</b> |
| <b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions                                        | <b>6</b> |  | <b>375,477</b> |
| <b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8, enter -0- on line 9. Otherwise, go to line 7.   |          |  |                |
| <b>7</b> Subtract line 6 from line 5                                                                                           | <b>7</b> |  |                |
| <b>8</b> Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions | <b>8</b> |  |                |
| <b>9</b> Enter the <b>smaller</b> of line 4 or line 8                                                                          | <b>9</b> |  | <b>0</b>       |

**Part III Total Losses Allowed**

|                                                                                                                                                                          |           |  |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--------------|
| <b>10</b> Add the income, if any, on lines 1a and 2a and enter the total                                                                                                 | <b>10</b> |  | <b>1,252</b> |
| <b>11</b> <b>Total losses allowed from all passive activities for 2022.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return | <b>11</b> |  | <b>1,252</b> |

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

| Name of activity                                    | Current year                |                           | Prior years                     | Overall gain or loss |               |
|-----------------------------------------------------|-----------------------------|---------------------------|---------------------------------|----------------------|---------------|
|                                                     | (a) Net income<br>(line 1a) | (b) Net loss<br>(line 1b) | (c) Unallowed<br>loss (line 1c) | (d) Gain             | (e) Loss      |
| <b>21 MADEIRA</b>                                   |                             | <b>6,485</b>              | <b>11,577</b>                   |                      | <b>18,062</b> |
|                                                     |                             |                           |                                 |                      |               |
|                                                     |                             |                           |                                 |                      |               |
| <b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c |                             | <b>6,485</b>              | <b>11,577</b>                   |                      |               |

**For Paperwork Reduction Act Notice, see instructions.**Form **8582** (2022)

**KEVIN CABRERA & DEMI T BUSATTA**

Form 8582 (2022)

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

| Name of activity                                    | Current year                |                           | Prior years                     | Overall gain or loss |          |
|-----------------------------------------------------|-----------------------------|---------------------------|---------------------------------|----------------------|----------|
|                                                     | (a) Net income<br>(line 2a) | (b) Net loss<br>(line 2b) | (c) Unallowed<br>loss (line 2c) | (d) Gain             | (e) Loss |
| <b>LEONE PROVISION LLC</b>                          | <b>1,252</b>                |                           |                                 | <b>1,252</b>         |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
| <b>Total. Enter on Part I, lines 2a, 2b, and 2c</b> | <b>1,252</b>                |                           |                                 |                      |          |

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

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

**Part VII Allocation of Unallowed Losses. See instructions**

| Name of activity  | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) | (a) Loss      | (b) Ratio     | (c) Unallowed loss |
|-------------------|--------------------------------------------------------------------------------|---------------|---------------|--------------------|
| <b>21 MADEIRA</b> | <b>SCH E1</b>                                                                  | <b>18,062</b> | <b>1.0000</b> | <b>16,810</b>      |
|                   |                                                                                |               |               |                    |
|                   |                                                                                |               |               |                    |
|                   |                                                                                |               |               |                    |
| <b>Total</b>      |                                                                                | <b>18,062</b> | <b>1.00</b>   | <b>16,810</b>      |

**Part VIII Allowed Losses. See instructions.**

| Name of activity  | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) | (a) Loss      | (b) Unallowed loss | (c) Allowed loss |
|-------------------|--------------------------------------------------------------------------------|---------------|--------------------|------------------|
| <b>21 MADEIRA</b> | <b>SCH E1</b>                                                                  | <b>18,062</b> | <b>16,810</b>      | <b>1,252</b>     |
|                   |                                                                                |               |                    |                  |
|                   |                                                                                |               |                    |                  |
|                   |                                                                                |               |                    |                  |
| <b>Total</b>      |                                                                                | <b>18,062</b> | <b>16,810</b>      | <b>1,252</b>     |

Form **8582** (2022)

Federal Statements

21 MADEIRA

Statement 1 - Schedule E, Line 19 - Other Expenses

| Description      | Gross<br>Amount | Business Use<br>Percentage | Net<br>Amount |
|------------------|-----------------|----------------------------|---------------|
| ASSOCIATION FEES | \$ 6,659        |                            | \$ 6,659      |
| TOTAL            | \$ 6,659        |                            | \$ 6,659      |

## 2022 W-2 and EARNINGS SUMMARY



# Employee Reference Copy

## W-2 Wage and Tax Statement 2022

OMB No. 1545-0048

Copy B to be filed with employee's Federal Income Tax Return.

d Control number 001188 CL12/JG3

Dept. T

Corp. Employer use only 22

c Employer's name, address, and ZIP code  
**MERCURY PUBLIC AFFAIRS LLC**  
**509GUISANDO DE AVILA#100**  
**TAMPA FL 33613**

Batch #01933

e/f Employee's name, address, and ZIP code

**KEVIN MARINO CABRERA**  
**829 LORCA STREET**  
**CORAL GABLES FL 33134**

b Employer's FED ID number 20-0298415

a Employee's SSA number

1 Wages, tips, other comp. 190727.62

2 Federal income tax withheld 28919.60

3 Social security wages 147000.00

4 Social security tax withheld 9114.00

5 Medicare wages and tips 190727.62

6 Medicare tax withheld 2765.55

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a See instructions for box 12 C 281.60

14 Other

12b DD 11.33

12c

12d

13 Stat emp./Ret. plan 3rd party sick pay

15 State Employer's state ID no. FL

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

|                              | Wages, Tips, other Compensation<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 | FL State Wages, Tips, Etc.<br>Box 16 of W-2 |
|------------------------------|-------------------------------------------------|---------------------------------------|--------------------------------|---------------------------------------------|
| Gross Pay                    | 190,195.00                                      | 190,195.00                            | 190,195.00                     |                                             |
| Plus GTL (C-Box 12)          | 281.60                                          | 281.60                                | 281.60                         |                                             |
| Less Misc. Non Taxable Comp. | 251.02                                          | 251.02                                | 251.02                         |                                             |
| Wages Over Limit             | N/A                                             | 43,727.62                             | N/A                            |                                             |
| Reported W-2 Wages           | 190,727.62                                      | 147,000.00                            | 190,727.62                     |                                             |

2. Employee Name and Address.

**KEVIN MARINO CABRERA**  
**829 LORCA STREET**  
**CORAL GABLES FL 33134**

1 Wages, tips, other comp. 190727.62

2 Federal income tax withheld 28919.60

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6 Medicare tax withheld 2765.55

Control number 001188 CL12/JG3

Dept. T

Corp. Employer use only 22

c Employer's name, address, and ZIP code

**MERCURY PUBLIC AFFAIRS LLC**  
**509GUISANDO DE AVILA#100**  
**TAMPA FL 33613**

b Employer's FED ID number 20-0298415

a Employee's SSA number

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a See instructions for box 12 C 281.60

14 Other

12b DD 11.33

12c

12d

13 Stat emp./Ret. plan 3rd party sick pay

15 State Employer's state ID no. FL

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

e/f Employee's name, address and ZIP code

**KEVIN MARINO CABRERA**  
**829 LORCA STREET**  
**CORAL GABLES FL 33134**

15 State Employer's state ID no. FL

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Federal Filing Copy

**W-2 Wage and Tax Statement 2022**

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 190727.62

2 Federal income tax withheld 28919.60

3 Social security wages 147000.00

4 Social security tax withheld 9114.00

5 Medicare wages and tips 190727.62

6 Medicare tax withheld 2765.55

d Control number 001188 CL12/JG3

Dept. T

Corp. Employer use only 22

c Employer's name, address, and ZIP code

**MERCURY PUBLIC AFFAIRS LLC**  
**509GUISANDO DE AVILA#100**  
**TAMPA FL 33613**

b Employer's FED ID number 20-0298415

a Employee's SSA number

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a C 281.60

14 Other

12b DD 11.33

12c

12d

13 Stat emp./Ret. plan 3rd party sick pay

15 State Employer's state ID no. FL

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

e/f Employee's name, address and ZIP code

**KEVIN MARINO CABRERA**  
**829 LORCA STREET**  
**CORAL GABLES FL 33134**

15 State Employer's state ID no. FL

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

FL State Reference Copy

**W-2 Wage and Tax Statement 2022**

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 190727.62

2 Federal income tax withheld 28919.60

3 Social security wages 147000.00

4 Social security tax withheld 9114.00

5 Medicare wages and tips 190727.62

6 Medicare tax withheld 2765.55

d Control number 001188 CL12/JG3

Dept. T

Corp. Employer use only 22

c Employer's name, address, and ZIP code

**MERCURY PUBLIC AFFAIRS LLC**  
**509GUISANDO DE AVILA#100**  
**TAMPA FL 33613**

b Employer's FED ID number 20-0298415

a Employee's SSA number

7 Social security tips

8 Allocated tips

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11 Nonqualified plans

12a C 281.60

14 Other

12b DD 11.33

12c

12d

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15 State Employer's state ID no. FL

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

e/f Employee's name, address and ZIP code

**KEVIN MARINO CABRERA**  
**829 LORCA STREET**  
**CORAL GABLES FL 33134**

15 State Employer's state ID no. FL

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

FL State Filing Copy

**W-2 Wage and Tax Statement 2022**

Copy 2 to be filed with employee's State Income Tax Return.

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code

MIAMI DADE COUNTY  
111 NW 1ST STREET  
SUITE 2620  
MIAMI FL 33128-1995

e Employee's name, address, and ZIP code

KEVIN MARINO CABRERA  
829 LORCA STREET  
CORAL GABLES FL 33144

|          |                         |                            |                     |                            |                     |                  |
|----------|-------------------------|----------------------------|---------------------|----------------------------|---------------------|------------------|
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|----------|-------------------------|----------------------------|---------------------|----------------------------|---------------------|------------------|

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

This information is being furnished to the Internal Revenue Service.  
OMB No. 1545-0008Dept. of the Treasury - IRS  
Visit the IRS Web Site at [www.irs.gov/efile](http://www.irs.gov/efile)

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

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code

MIAMI DADE COUNTY  
111 NW 1ST STREET  
SUITE 2620  
MIAMI FL 33128-1995

e Employee's name, address, and ZIP code

KEVIN MARINO CABRERA  
829 LORCA STREET  
CORAL GABLES FL 33144

|          |                         |                            |                     |                            |                     |                  |
|----------|-------------------------|----------------------------|---------------------|----------------------------|---------------------|------------------|
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|----------|-------------------------|----------------------------|---------------------|----------------------------|---------------------|------------------|

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code

MIAMI DADE COUNTY  
111 NW 1ST STREET  
SUITE 2620  
MIAMI FL 33128-1995

e Employee's name, address, and ZIP code

KEVIN MARINO CABRERA  
829 LORCA STREET  
CORAL GABLES FL 33144

|          |                         |                            |                     |                            |                     |                  |
|----------|-------------------------|----------------------------|---------------------|----------------------------|---------------------|------------------|
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|----------|-------------------------|----------------------------|---------------------|----------------------------|---------------------|------------------|

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

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code

MIAMI DADE COUNTY  
111 NW 1ST STREET  
SUITE 2620  
MIAMI FL 33128-1995

e Employee's name, address, and ZIP code

KEVIN MARINO CABRERA  
829 LORCA STREET  
CORAL GABLES FL 33144

|          |                         |                            |                     |                            |                     |                  |
|----------|-------------------------|----------------------------|---------------------|----------------------------|---------------------|------------------|
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|----------|-------------------------|----------------------------|---------------------|----------------------------|---------------------|------------------|

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

L47

OMB No. 1545-0008

5208

Dept. of the Treasury - IRS