

**General Information**

Name: Hon Susan Lopez Valdes

Address: 6622 N CLARK AVE, TAMPA, FL 33614

PID 200093

County: Hillsborough

**AGENCY INFORMATION**

| Organization             | Suborganization                | Title                |
|--------------------------|--------------------------------|----------------------|
| House Of Representatives | Elected Constitutional Officer | State Representative |

**Net Worth**My Net Worth as of June 12, 2023 was \$ 148,461.00.**Assets**

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

The aggregate value of my household goods and personal effect is \$ 80,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset | Value of Asset |
|----------------------|----------------|
| Residence            | \$ 275,000.00  |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------|---------------------|---------------------|
| See Attached     |                     |                     |

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.

***Susan Lopez Valdes***

Digitally signed: 06/12/2023

Filed with COE: 06/12/2023

**Filing Status** ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)  
Check only 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 one box. qualifying person is a child but not your dependent:

|                                                                                                 |  |                               |                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------|--|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Your first name and middle initial<br>GERARDO A                                                 |  | Last name<br>VALDES JR        | Your social security number<br>[REDACTED]                                                                                                                                                                                                           |
| If joint return, spouse's first name and middle initial<br>SUSAN L                              |  | Last name<br>VALDES           | Spouse's social security number<br>[REDACTED]                                                                                                                                                                                                       |
| Home address (number and street). If you have a P.O. box, see instructions.<br>6622 N CLARKE AV |  |                               | <b>Presidential Election Campaign</b><br>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.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>TAMPA |  | State<br>FL                   |                                                                                                                                                                                                                                                     |
| Foreign country name                                                                            |  | Foreign province/state/county |                                                                                                                                                                                                                                                     |
| ZIP code<br>33614                                                                               |  | Foreign postal code           |                                                                                                                                                                                                                                                     |

**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

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

|               |                                                                                     |           |
|---------------|-------------------------------------------------------------------------------------|-----------|
| <b>Income</b> | 1a Total amount from Form(s) W-2, box 1 (see instructions) . . . . .                | 1a 26,646 |
|               | b Household employee wages not reported on Form(s) W-2 . . . . .                    | 1b        |
|               | c Tip income not reported on line 1a (see instructions) . . . . .                   | 1c        |
|               | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . . | 1d        |
|               | e Taxable dependent care benefits from Form 2441, line 26 . . . . .                 | 1e        |
|               | f Employer-provided adoption benefits from Form 8839, line 29 . . . . .             | 1f        |
|               | g Wages from Form 8919, line 6 . . . . .                                            | 1g        |
|               | h Other earned income (see instructions) . . . . .                                  | 1h        |
|               | i Nontaxable combat pay election (see instructions) . . . . . 1i                    |           |
|               | z Add lines 1a through 1h . . . . .                                                 | 1z 26,646 |

|                                                                                                            |                                                                                                |        |                                |    |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------|--------------------------------|----|
| <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b>                     | 2a Tax-exempt interest . . . . .                                                               | 2a     | b Taxable interest . . . . .   | 2b |
|                                                                                                            | 3a Qualified dividends . . . . .                                                               | 3a     | b Ordinary dividends . . . . . | 3b |
|                                                                                                            | 4a IRA distributions . . . . .                                                                 | 4a     | b Taxable amount . . . . .     | 4b |
|                                                                                                            | 5a Pensions and annuities . . . . .                                                            | 5a     | b Taxable amount . . . . .     | 5b |
|                                                                                                            | 6a Social security benefits . . . . .                                                          | 6a     | b Taxable amount . . . . .     | 6b |
|                                                                                                            | c If you elect to use the lump-sum election method, check here (see instructions) . . . . .    |        |                                |    |
|                                                                                                            | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . | 7      |                                |    |
|                                                                                                            | 8 Other income from Schedule 1, line 10 . . . . .                                              | 8      | 9,279                          |    |
|                                                                                                            | 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .       | 9      | 35,925                         |    |
|                                                                                                            | 10 Adjustments to income from Schedule 1, line 26 . . . . .                                    | 10     | 1,475                          |    |
| 11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .                       | 11                                                                                             | 34,450 |                                |    |
| 12 <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .                            | 12                                                                                             | 25,900 |                                |    |
| 13 Qualified business income deduction from Form 8995 or Form 8995-A . . . . .                             | 13                                                                                             | 1,561  |                                |    |
| 14 Add lines 12 and 13 . . . . .                                                                           | 14                                                                                             | 27,461 |                                |    |
| 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . . | 15                                                                                             | 6,989  |                                |    |

|                        |                                                                                                                                                         |           |       |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>Tax and Credits</b> | <b>16</b> Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | <b>16</b> | 698   |
|                        | <b>17</b> Amount from Schedule 2, line 3                                                                                                                | <b>17</b> |       |
|                        | <b>18</b> Add lines 16 and 17                                                                                                                           | <b>18</b> | 698   |
|                        | <b>19</b> Child tax credit or credit for other dependents from Schedule 8812                                                                            | <b>19</b> |       |
|                        | <b>20</b> Amount from Schedule 3, line 8                                                                                                                | <b>20</b> |       |
|                        | <b>21</b> Add lines 19 and 20                                                                                                                           | <b>21</b> |       |
|                        | <b>22</b> Subtract line 21 from line 18. If zero or less, enter -0-                                                                                     | <b>22</b> | 698   |
|                        | <b>23</b> Other taxes, including self-employment tax, from Schedule 2, line 21                                                                          | <b>23</b> | 2,950 |
|                        | <b>24</b> Add lines 22 and 23. This is your total tax                                                                                                   | <b>24</b> | 3,648 |

|                 |                                                                                                    |            |       |
|-----------------|----------------------------------------------------------------------------------------------------|------------|-------|
| <b>Payments</b> | <b>25</b> Federal income tax withheld from:                                                        |            |       |
|                 | a Form(s) W-2                                                                                      | <b>25a</b> | 1,365 |
|                 | b Form(s) 1099                                                                                     | <b>25b</b> |       |
|                 | c Other forms (see instructions)                                                                   | <b>25c</b> |       |
|                 | <b>25d</b> Add lines 25a through 25c                                                               | <b>25d</b> | 1,365 |
|                 | <b>26</b> 2022 estimated tax payments and amount applied from 2021 return                          | <b>26</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>32</b> Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | <b>32</b>  |       |
|                 | <b>33</b> Add lines 25d, 26, and 32. These are your total payments                                 | <b>33</b>  | 1,365 |

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

|                       |                                                                      |           |       |
|-----------------------|----------------------------------------------------------------------|-----------|-------|
| <b>Amount You Owe</b> | <b>37</b> Subtract line 33 from line 24. This is the amount you owe. | <b>37</b> | 2,360 |
|                       | <b>38</b> Estimated tax penalty (see instructions)                   | <b>38</b> | 77    |

|                             |                                                                                           |                                                          |                                      |
|-----------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------|
| <b>Third Party Designee</b> | Do you want to allow another person to discuss this return with the IRS? See instructions | <input checked="" type="checkbox"/> Yes. Complete below. | <input type="checkbox"/> No          |
|                             | Designee's name                                                                           | Phone no.                                                | Personal identification number (PIN) |
|                             | BLOCK ADVISORS                                                                            | 813-253-0304                                             |                                      |

|                  |                                                                                                                                                                                                                                                                                                                    |               |                     |                                                                                   |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------|-----------------------------------------------------------------------------------|
| <b>Sign Here</b> | 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 IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
|                  | SELF EMPLOYED                                                                                                                                                                                                                                                                                                      |               |                     |                                                                                   |
|                  | Spouse's signature. If a joint return, both must sign.                                                                                                                                                                                                                                                             | Date          | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
|                  |                                                                                                                                                                                                                                                                                                                    |               |                     |                                                                                   |
|                  | Phone no. 813-500-9963                                                                                                                                                                                                                                                                                             | Email address |                     |                                                                                   |

|                               |                                       |                      |            |           |                                                  |
|-------------------------------|---------------------------------------|----------------------|------------|-----------|--------------------------------------------------|
| <b>Paid Preparer Use Only</b> | Preparer's name                       | Preparer's signature | Date       | PTIN      | Check if: <input type="checkbox"/> Self-employed |
|                               | GERALDINE CORSON                      |                      | 05-31-2023 | P00053642 |                                                  |
|                               | Firm's name                           | Phone no.            |            |           |                                                  |
|                               | BLOCK ADVISORS                        | 813-253-0304         |            |           |                                                  |
|                               | Firm's address                        | Firm's EIN           |            |           |                                                  |
|                               | 1416 W KENNEDY BLVD<br>TAMPA FL 33606 | 431871840            |            |           |                                                  |

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

GERARDO A VALDES JR AND SUSAN L VALDES

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>  | 9,279 |
| <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>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> | 9,279 |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

|     |                                                                                                                                                            |     |       |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|
| 11  | Educator expenses                                                                                                                                          | 11  |       |
| 12  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106                                          | 12  |       |
| 13  | Health savings account deduction. Attach Form 8889                                                                                                         | 13  |       |
| 14  | Moving expenses for members of the Armed Forces. Attach Form 3903                                                                                          | 14  |       |
| 15  | Deductible part of self-employment tax. Attach Schedule SE                                                                                                 | 15  | 1,475 |
| 16  | Self-employed SEP, SIMPLE, and qualified plans                                                                                                             | 16  |       |
| 17  | Self-employed health insurance deduction                                                                                                                   | 17  |       |
| 18  | Penalty on early withdrawal of savings                                                                                                                     | 18  |       |
| 19a | Alimony paid                                                                                                                                               | 19a |       |
| b   | Recipient's SSN                                                                                                                                            |     |       |
| c   | Date of original divorce or separation agreement (see instructions)                                                                                        |     |       |
| 20  | IRA deduction                                                                                                                                              | 20  |       |
| 21  | Student loan interest deduction                                                                                                                            | 21  |       |
| 22  | Reserved for future use                                                                                                                                    | 22  |       |
| 23  | Archer MSA deduction                                                                                                                                       | 23  |       |
| 24  | Other adjustments:                                                                                                                                         |     |       |
| a   | Jury duty pay (see instructions)                                                                                                                           | 24a |       |
| b   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit                                       | 24b |       |
| c   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m                                                   | 24c |       |
| d   | Reforestation amortization and expenses                                                                                                                    | 24d |       |
| e   | Repayment of supplemental unemployment benefits under the Trade Act of 1974                                                                                | 24e |       |
| f   | Contributions to section 501(c)(18)(D) pension plans                                                                                                       | 24f |       |
| g   | Contributions by certain chaplains to section 403(b) plans                                                                                                 | 24g |       |
| h   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)                                              | 24h |       |
| i   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i |       |
| j   | Housing deduction from Form 2555                                                                                                                           | 24j |       |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)                                                                                  | 24k |       |
| z   | Other adjustments. List type and amount:                                                                                                                   | 24z |       |
| 25  | Total other adjustments. Add lines 24a through 24z                                                                                                         | 25  |       |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a   | 26  | 1,475 |

**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](http://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

GERARDO A VALDES JR AND SUSAN L VALDES

Your social security number

**Part I Tax**

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

**Part II Other Taxes**

|    |                                                                                                                          |    |       |
|----|--------------------------------------------------------------------------------------------------------------------------|----|-------|
| 4  | Self-employment tax. Attach Schedule SE .....                                                                            | 4  | 2,950 |
| 5  | Social security and Medicare tax on unreported tip income.<br>Attach Form 4137. ....                                     | 5  |       |
| 6  | Uncollected social security and Medicare tax on wages. Attach<br>Form 8919 .....                                         | 6  |       |
| 7  | Total additional social security and Medicare tax. Add lines 5 and 6 .....                                               | 7  |       |
| 8  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required<br>If not required, check here .....  | 8  |       |
| 9  | Household employment taxes. Attach Schedule H .....                                                                      | 9  |       |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required .....                                             | 10 |       |
| 11 | Additional Medicare Tax. Attach Form 8959 .....                                                                          | 11 |       |
| 12 | Net investment income tax. Attach Form 8960 .....                                                                        | 12 |       |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life<br>insurance from Form W-2, box 12 ..... | 13 |       |
| 14 | Interest on tax due on installment income from the sale of certain residential lots<br>and timeshares .....              | 14 |       |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price<br>over \$150,000 .....           | 15 |       |
| 16 | Recapture of low-income housing credit. Attach Form 8611 .....                                                           | 16 |       |

(continued on page 2)

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

Schedule 2 (Form 1040) 2022

**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> | 2,950 |

Schedule 2 (Form 1040) 2022

#1

**SCHEDULE C**  
(Form 1040)Department of the Treasury  
Internal Revenue Service**Profit or Loss From Business**  
(Sole Proprietorship)Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

**2022**Attachment  
Sequence No. **09**

|                                                                                                                                       |                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Name of proprietor<br><b>GERARDO A VALDES JR</b>                                                                                      | Social security number (SSN)<br><b>[REDACTED]</b> |
| A Principal business or profession, including product or service (see instructions)<br><b>SCENIC &amp; SIGHTSEEING TRANSPORTATION</b> | B Enter code from instructions<br><b>487000</b>   |
| C Business name. If no separate business name, leave blank.                                                                           | D Employer ID no. (EIN) (see instr.)              |

|                                                                                                                                                     |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| E Business address (including suite or room no.)<br>City, town or post office, state, and ZIP code                                                  | <b>6622 N CLARKE AV</b><br><b>TAMPA FL 33614</b>                    |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) |                                                                     |
| G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| H If you started or acquired this business during 2022, check here                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| J If "Yes," did you or will you file required Form(s) 1099?                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Part I Income**

|                                                                                                                                                                                   |                          |   |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---|-------|
| 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked | <input type="checkbox"/> | 1 | 4,530 |
| 2 Returns and allowances                                                                                                                                                          |                          | 2 | 0     |
| 3 Subtract line 2 from line 1                                                                                                                                                     |                          | 3 | 4,530 |
| 4 Cost of goods sold (from line 42)                                                                                                                                               |                          | 4 |       |
| 5 Gross profit. Subtract line 4 from line 3                                                                                                                                       |                          | 5 | 4,530 |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)                                                                              |                          | 6 |       |
| 7 Gross income. Add lines 5 and 6                                                                                                                                                 |                          | 7 | 4,530 |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |                                        |                                                                                                                                    |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------|
| 8 Advertising                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8   | 18 Office expense (see instructions).  | 18                                                                                                                                 |         |
| 9 Car and truck expenses (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                | 9   | 19 Pension & profit-sharing plans.     | 19                                                                                                                                 |         |
| 10 Commissions and fees                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10  | 20 Rent or lease (see instructions):   |                                                                                                                                    |         |
| 11 Contract labor (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                       | 11  | a Vehicles, machinery, and equipment   | 20a                                                                                                                                |         |
| 12 Depletion                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12  | b Other business property              | 20b                                                                                                                                |         |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instr.)                                                                                                                                                                                                                                                                                                                                                                  | 13  | 21 Repairs and maintenance             | 21                                                                                                                                 | 230     |
| 14 Employee benefit programs (other than on line 19)                                                                                                                                                                                                                                                                                                                                                                                                       | 14  | 22 Supplies (not included in Part III) | 22                                                                                                                                 |         |
| 15 Insurance (other than health)                                                                                                                                                                                                                                                                                                                                                                                                                           | 15  | 23 Taxes and licenses                  | 23                                                                                                                                 |         |
| 16 Interest (see instructions):                                                                                                                                                                                                                                                                                                                                                                                                                            |     | 24 Travel and meals:                   |                                                                                                                                    |         |
| a Mortgage (paid to banks, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                           | 16a | a Travel                               | 24a                                                                                                                                | 6,096   |
| b Other                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 16b | b Deductible meals (see instructions)  | 24b                                                                                                                                | 205     |
| 17 Legal and professional services                                                                                                                                                                                                                                                                                                                                                                                                                         | 17  | 25 Utilities                           | 25                                                                                                                                 |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | 26 Wages (less employment credits)     | 26                                                                                                                                 |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | 27a Other expenses (from line 48)      | 27a                                                                                                                                | 9,071   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | b Reserved for future use              | 27b                                                                                                                                |         |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a                                                                                                                                                                                                                                                                                                                                                                        | 28  |                                        | 28                                                                                                                                 | 16,131  |
| 29 Tentative profit or (loss). Subtract line 28 from line 7                                                                                                                                                                                                                                                                                                                                                                                                | 29  |                                        | 29                                                                                                                                 | -11,601 |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30                                         | 30  |                                        | 30                                                                                                                                 | 0       |
| 31 Net profit or (loss). Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> .<br>(If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.                                                                                                                        | 31  |                                        | 31                                                                                                                                 | -11,601 |
| 32 If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |     |                                        | 32a <input checked="" type="checkbox"/> All investment is at risk.<br>32b <input type="checkbox"/> Some investment is not at risk. |         |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2022

Part III

Cost of Goods Sold (see instructions)

33

Method(s) used to value closing inventory:

a

☐ Cost

b

☐ Lower of cost or market

c

☐ Other (attach explanation)

34

Was there any change in determining quantities, costs, or valuations between opening and closing inventory?

If "Yes," attach explanation

☐ Yes

☐ No

35

Inventory at beginning of year. If different from last year's closing inventory, attach explanation

35

36

Purchases less cost of items withdrawn for personal use

36

37

Cost of labor. Do not include any amounts paid to yourself

37

38

Materials and supplies

38

39

Other costs

39

40

Add lines 35 through 39

40

41

Inventory at end of year

41

42

Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4

42

Part IV

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

43

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

44

Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

a

Business

b

Commuting (see instructions)

c

Other

45

Was your vehicle available for personal use during off-duty hours?

☐ Yes

☐ No

46

Do you (or your spouse) have another vehicle available for personal use?

☐ Yes

☐ No

47a

Do you have evidence to support your deduction?

☐ Yes

☐ No

b

If "Yes," is the evidence written?

☐ Yes

☐ No

Part V

Other Expenses. List below business expenses not included on lines 8–26 or line 30.

BUSINESS TELEPHONE

798

UBER FEES

5,469

STORAGE

2,804

48

Total other expenses. Enter here and on line 27a

48

9,071

**SCHEDULE C**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Profit or Loss From Business**

(Sole Proprietorship)

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

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

OMB No. 1545-0074

**2022**

Attachment

Sequence No. **09**

Name of proprietor

SUSAN L VALDES

Social security number (SSN)

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

ALL OTHER PROFESSIONAL, SCIENTIFIC, &amp; TECHNICAL SERVICE

**B** Enter code from instructions

541990

**C** Business name. If no separate business name, leave blank.**D** Employer ID no. (EIN) (see instr.)**E** Business address (including suite or room no.) 6622 N CLARKE AV

City, town or post office, state, and ZIP code TAMPA FL 33614

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)**G** Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2022, check here ☒ Yes ☐ No**I** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No**J** If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No**Part I Income**

|                                                                                                                                                                                                                   |          |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|
| <b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> | <b>1</b> | 22,000 |
| <b>2</b> Returns and allowances                                                                                                                                                                                   | <b>2</b> | 0      |
| <b>3</b> Subtract line 2 from line 1                                                                                                                                                                              | <b>3</b> | 22,000 |
| <b>4</b> Cost of goods sold (from line 42)                                                                                                                                                                        | <b>4</b> |        |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3                                                                                                                                                         | <b>5</b> | 22,000 |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)                                                                                                       | <b>6</b> |        |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6                                                                                                                                                                   | <b>7</b> | 22,000 |

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

|                                                                                                                                                                                                                                                       |            |        |                                                          |            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|----------------------------------------------------------|------------|-----|
| <b>8</b> Advertising                                                                                                                                                                                                                                  | <b>8</b>   |        | <b>18</b> Office expense (see instructions).             | <b>18</b>  |     |
| <b>9</b> Car and truck expenses (see instructions).                                                                                                                                                                                                   | <b>9</b>   |        | <b>19</b> Pension & profit-sharing plans.                | <b>19</b>  |     |
| <b>10</b> Commissions and fees                                                                                                                                                                                                                        | <b>10</b>  |        | <b>20</b> Rent or lease (see instructions):              |            |     |
| <b>11</b> Contract labor (see instructions)                                                                                                                                                                                                           | <b>11</b>  |        | <b>a</b> Vehicles, machinery, and equipment              | <b>20a</b> |     |
| <b>12</b> Depletion                                                                                                                                                                                                                                   | <b>12</b>  |        | <b>b</b> Other business property                         | <b>20b</b> |     |
| <b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instr.)                                                                                                                                                      | <b>13</b>  |        | <b>21</b> Repairs and maintenance                        | <b>21</b>  |     |
| <b>14</b> Employee benefit programs (other than on line 19)                                                                                                                                                                                           | <b>14</b>  |        | <b>22</b> Supplies (not included in Part III)            | <b>22</b>  |     |
| <b>15</b> Insurance (other than health)                                                                                                                                                                                                               | <b>15</b>  |        | <b>23</b> Taxes and licenses                             | <b>23</b>  |     |
| <b>16</b> Interest (see instructions):                                                                                                                                                                                                                |            |        | <b>24</b> Travel and meals:                              |            |     |
| <b>a</b> Mortgage (paid to banks, etc.)                                                                                                                                                                                                               | <b>16a</b> |        | <b>a</b> Travel                                          | <b>24a</b> |     |
| <b>b</b> Other                                                                                                                                                                                                                                        | <b>16b</b> |        | <b>b</b> Deductible meals (see instructions)             | <b>24b</b> |     |
| <b>17</b> Legal and professional services                                                                                                                                                                                                             | <b>17</b>  | 400    | <b>25</b> Utilities                                      | <b>25</b>  |     |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a                                                                                                                                                     | <b>28</b>  |        | <b>26</b> Wages (less employment credits)                | <b>26</b>  |     |
| <b>29</b> Tentative profit or (loss). Subtract line 28 from line 7                                                                                                                                                                                    | <b>29</b>  |        | <b>27a</b> Other expenses (from line 48)                 | <b>27a</b> | 720 |
| <b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.                                                                                      |            |        | <b>b</b> Reserved for future use                         | <b>27b</b> |     |
| <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | <b>30</b>  | 0      |                                                          |            |     |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.                                                                                                                                                                                 |            |        |                                                          |            |     |
| • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .                                | <b>31</b>  | 20,880 |                                                          |            |     |
| • If a loss, you <b>must</b> go to line 32.                                                                                                                                                                                                           |            |        |                                                          |            |     |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions.                                                                                                                                        |            |        |                                                          |            |     |
| • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .    | <b>32a</b> |        | <input type="checkbox"/> All investment is at risk.      |            |     |
| • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.                                                                                                                                                             | <b>32b</b> |        | <input type="checkbox"/> Some investment is not at risk. |            |     |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2022

Part III Cost of Goods Sold (see instructions)

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

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

|     |                                                                                                                       |                                |                             |
|-----|-----------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------|
| 43  | When did you place your vehicle in service for business purposes? (month/day/year)                                    |                                |                             |
| 44  | Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for: |                                |                             |
|     | a Business                                                                                                            | b Commuting (see instructions) | c Other                     |
| 45  | Was your vehicle available for personal use during off-duty hours?                                                    | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| 46  | Do you (or your spouse) have another vehicle available for personal use?                                              | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| 47a | Do you have evidence to support your deduction?                                                                       | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
|     | b If "Yes," is the evidence written?                                                                                  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

|                                                     |        |
|-----------------------------------------------------|--------|
| BUSINESS TELEPHONE                                  | 720    |
|                                                     |        |
|                                                     |        |
|                                                     |        |
|                                                     |        |
|                                                     |        |
|                                                     |        |
|                                                     |        |
|                                                     |        |
| 48 Total other expenses. Enter here and on line 27a | 48 720 |

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

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

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

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

SUSAN L VALDES

Social security number of person

with self-employment income

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 20,880

**3** Combine lines 1a, 1b, and 2 **3** 20,880

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 19,283

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 19,283

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0

**6** Add lines 4c and 5b **6** 19,283

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022 **7** 147,000

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11 **8a** 27,537

**b** Unreported tips subject to social security tax from Form 4137, line 10 **8b**

**c** Wages subject to social security tax from Form 8919, line 10 **8c**

**d** Add lines 8a, 8b, and 8c **8d** 27,537

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 119,463

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 2,391

**11** Multiply line 6 by 2.9% (0.029) **11** 559

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 2,950

**13** **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 1,475

**Part II Optional Methods To Figure Net Earnings (see instructions)**

**Farm Optional Method.** You may use this method **only** if (a) your gross farm income<sup>1</sup> wasn't more than \$9,060, or (b) your net farm profits<sup>2</sup> were less than \$6,540.

**14** Maximum income for optional methods **14** 6,040

**15** Enter the **smaller** of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) or \$6,040. Also include this amount on line 4b above **15**

**Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits<sup>3</sup> were less than \$6,540 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

**16** Subtract line 15 from line 14 **16**

**17** Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) or the amount on line 16. Also, include this amount on line 4b above **17**

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

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

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

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

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

**Schedule SE (Form 1040) 2022**

# Qualified Business Income Deduction Simplified Computation

OMB No. 1545-2294

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

2022

Attachment

Sequence No. 55

Name(s) shown on return

Your taxpayer identification number

GERARDO A VALDES JR AND SUSAN L VALDES

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1   | (a) Trade, business, or aggregation name                                                                                                                                | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------|
| i   | SCENIC & SIGHTSEEING TRANSPORTATION                                                                                                                                     |                                    | -11,601                                 |
| ii  | ALL OTHER PROFESSIONAL, SCIENTIFIC, & T                                                                                                                                 |                                    | 19,405                                  |
| iii |                                                                                                                                                                         |                                    |                                         |
| iv  |                                                                                                                                                                         |                                    |                                         |
| v   |                                                                                                                                                                         |                                    |                                         |
| 2   | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . .                                                                                |                                    | 7,804                                   |
| 3   | Qualified business net (loss) carryforward from the prior year . . . . .                                                                                                |                                    | ( )                                     |
| 4   | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- . . .                                                                                |                                    | 7,804                                   |
| 5   | Qualified business income component. Multiply line 4 by 20% (0.20) . . . . .                                                                                            |                                    | 1,561                                   |
| 6   | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) . . . . .                                                            |                                    |                                         |
| 7   | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year . . .                                                                                |                                    | ( )                                     |
| 8   | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- . . . . .                                                              |                                    |                                         |
| 9   | REIT and PTP component. Multiply line 8 by 20% (0.20) . . . . .                                                                                                         |                                    |                                         |
| 10  | Qualified business income deduction before the income limitation. Add lines 5 and 9 . . . . .                                                                           |                                    | 1,561                                   |
| 11  | Taxable income before qualified business income deduction (see instructions) . . . . .                                                                                  |                                    | 8,550                                   |
| 12  | Net capital gain (see instructions) . . . . .                                                                                                                           |                                    |                                         |
| 13  | Subtract line 12 from line 11. If zero or less, enter -0- . . . . .                                                                                                     |                                    | 8,550                                   |
| 14  | Income limitation. Multiply line 13 by 20% (0.20) . . . . .                                                                                                             |                                    | 1,710                                   |
| 15  | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) . . . . . |                                    | 1,561                                   |
| 16  | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- . . . . .                                                          |                                    | ( )                                     |
| 17  | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- . . . . .                                            |                                    | ( )                                     |

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

Form 8995 (2022)

2022 WAGES AND SALARIES SUMMARY ATTACHMENT

GERARDO A VALDES JR AND SUSAN L VALDES

| Employer Name | Employer EIN | T<br>or<br>S | Wages | Federal<br>Withholding | Social Security<br>Tax Withheld | State | State<br>Wages | State<br>Tax Withheld | Local<br>Tax Withheld |
|---------------|--------------|--------------|-------|------------------------|---------------------------------|-------|----------------|-----------------------|-----------------------|
|---------------|--------------|--------------|-------|------------------------|---------------------------------|-------|----------------|-----------------------|-----------------------|

|                  |            |   |        |       |       |  |  |  |  |
|------------------|------------|---|--------|-------|-------|--|--|--|--|
| STATE OF FLORIDA | 59-6001874 | S | 26,646 | 1,365 | 1,707 |  |  |  |  |
| TOTAL            |            |   | 26,646 | 1,365 | 1,707 |  |  |  |  |

## 2022 DETAIL STATEMENTS

GERARDO VALDES

PAGE 1

---

STATEMENT #1 - GROSS RECEIPTS OR SALES (SCHEDULE C #1 LINE 1)

|                |       |
|----------------|-------|
| UBER TECH..... | 3,013 |
| UBER TECH..... | 1,517 |

|                                            |       |
|--------------------------------------------|-------|
| TOTAL CARRIED TO SCHEDULE C #1 LINE 1..... | 4,530 |
|--------------------------------------------|-------|

---

**FORM 6: SUSAN L. VALDES 06/30/2023**

**PART C- LIABILITIES**

| <b>DESCRIPTION</b>                                                                | <b>AMOUNT</b>       |
|-----------------------------------------------------------------------------------|---------------------|
| Capital One P.O. Box 71803 Charlotte, NC 28272                                    | \$1,736.00          |
| Suncoast Credit Union PO Box 11857 Tampa, FL 33680                                | \$24,540.00         |
| NAVIENT LOAN SERVICES PO BOX 9635,<br>WILKS-BARRE, PA 18773                       | \$137,315.00        |
| Mercedes Benz Financial Services 36455 Corporate Dr<br>FARMINGTON, HILL, MI 48331 | \$9,439.00          |
| RIGHTPATH LLC PO BOX 81806<br>Cleveland, OH 44181                                 | \$74,018.00         |
| CREDIT ONE BANK 6801 S. CIMARRON RD.<br>LAS VEGAS, NV 89113                       | \$1,352.00          |
| SYNCHRONY BANK PO BOX 965036 Orlando, FL 32896                                    | \$3,078.00          |
| MERCURY BANK 700 22 <sup>nd</sup> Ave South Brookings, SD 57006                   | \$2,443.00          |
| LOWE's 4125 Winward Plaza Alpharetta, GA 30005                                    | \$1,264.00          |
| <b>TOTAL</b>                                                                      | <b>\$255,185.00</b> |