

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/28/2023

General Information

Name: Hon Jose Manuel Rodriguez

Address: 73 W FLAGLER ST STE 405, MIAMI, FL 33130

PID 24598

County: Miami-Dade

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (11Th)	Elected Constitutional Officer	Circuit Court Judge

Net Worth

My Net Worth as of December 31, 2022 was \$ 977,785.88.

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 \$ 30,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
11124 SW 128th Court, Miami, FL 33186	\$ 750,000.00
Cape Coral Unit 51 BK 3729 PB 19/PG 4 Lots 42 & 43	\$ 45,000.00
Anchorage Resort & Yacht Club Condominium - Timeshare- 107800 Overseas Highway, Key Largo, FL 33037	\$ 2,000.00
Bank Account (Chase)	\$ 70,853.00
City National Bank of Florida	\$ 24,874.00
Voya	\$ 321,128.00
IRA	\$ 17,838.00
Florida International University 401K	\$ 47,430.88
See Attached	

2022 Form 6 - Full and Public Disclosure of Financial Interests

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Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Costco Anywhere Card	P.O. Box 9001016, Louisville, KY 4029909-1016	\$ 11,322.00
Citi Advantage Platinum	P.O. Box 70272, Philadelphia, PA 19176	\$ 1,617.00
My Best Buy Visa Card	P.O. Box 790441, St. Louis, MO 63179-0441	\$ 1,556.00
Power Financial Credit Union	2020 NW 150th Ave, #100, Pembroke Pines, FL 33028-2805	\$ 22,939.00
Lexus Financial Services	P.O. Box 17187, Baltimore MD 21297-0511	\$ 19,680.00
United Wholesale Mortgage	P.O. Box 77404, Ewing, NJ 08628	\$ 274,224.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

☒ 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

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

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

Jose Manuel Rodriguez

Digitally signed: 06/28/2023

Filed with COE: 06/28/2023

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Anchorage Resort and Yacht Club 107800 Overseas Highway Key Largo FL 33037 305-451-0500		1 Rents \$ 990.00	OMB No. 1545-0115 Form 1099-MISC (Rev. January 2022) For calendar year 22	Miscellaneous Information
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code Jose M and Barbara J Rodriguez Miami, FL 33186-4708		7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐	8 Substitute payments in lieu of dividends or interest \$	
		9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$	
		11 Fish purchased for resale \$	12 Section 409A deferrals \$	
Account number (see instructions)		13 FATCA filing requirement ☐	14 Excess golden parachute payments \$	
		16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$

Form **1099-MISC** (Rev. 1-2022)

(keep for your records)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Carolina Academic Press, LLC 700 Kent St Durham NC 27701 US - Phone: 9194897486		1 Rents \$	OMB No. 1545-0115 (Rev. January 2022) 2022 Form 1099-MISC	Miscellaneous Information
		2 Royalties \$ 214.92		
PAYER'S TIN	RECIPIENT'S TIN	3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name, address, ZIP/ postal code & Country JOSE RODRIGUEZ 11TH JUDICIAL CIR, DADE COUNTY 73 W. FLAGLER ST, RM 400 MIAMI FL 33130 US	7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐	8 Substitute payments in lieu of dividends or interest \$		
	9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$		
	11 Fish purchased for resale \$	12 Section 409A deferrals \$		
Account number (see instructions)	13 FATCA filing requirement ☐	14 Excess golden parachute payments \$	15 Nonqualified deferred compensation \$	
		16 State tax withheld \$	17 State/Payer's state no. \$	18 State Income \$

Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the payer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Amounts shown may be subject to self-employment (SE) tax. Individuals should see the instructions for Schedule SE (Form 1040). Corporations, fiduciaries, or partnerships must report the amounts on the appropriate line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your information correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.

Box 2. Report royalties from oil, gas, or mineral properties; copyrights; and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the Schedule E (Form 1040) instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Schedule 1 (Form 1040) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. Shows the amount paid to you as a fishing boat crew member by the operator, who considers you to be self-employed. Self-employed individuals must report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Schedule 1 (Form 1040).

Box 9. Report this amount on Schedule F (Form 1040).

Box 10. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 11. Shows the amount of cash you received for the sale of fish if you are in the trade or business of catching fish.

Box 12. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A plus any earnings on current and prior year deferrals.

Box 13. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue Code. You may also have a filing requirement. See the instructions for Form 8938.

Box 14. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report. Box 15. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. Any amount included in box 12 that is currently taxable is also included in this box. Report this amount as income on your tax return. This income is also subject to a substantial additional tax to be reported on Form 1040, 1040-SR, or 1040-NR. See the instructions for your tax return.

Boxes 16-18. Show state or local income tax withheld from the payments. Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099MISC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

a Employee's social security number		Payroll organization code 22-20-11-00-110		Intradepartment number 0000000175	
b Employer identification number		1 Wages, tips, other compensation 166,411.02 ✓		2 Federal income tax withheld 24,984.42 ✓	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 147,000.00 ✓		4 Social security tax withheld 9,114.00 ✓	
		5 Medicare wages and tips 171,624.54 ✓		6 Medicare tax withheld 2,488.56 ✓	
		7 Social security tips		10 Dependent care benefits	
d Control number 015821 01/06		11 Nonqualified plans		12a See instructions for box 12 DD 21,972.96 ✓	
e Employee's first name, mi, and last name JOSE M RODRIGUEZ		13 Statutory employee ☐ Retirement plan ☒ Third-Party sick pay ☐		12b	
		14 Other 125 2,160.00		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

FORM **W-2** WAGE AND TAX STATEMENT **2022**

OMB No. 1545-0048

Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a Employee's social security number		Payroll organization code 22-20-11-00-110		Intradepartment number 0000000175	
b Employer identification number		1 Wages, tips, other compensation 166,411.02		2 Federal income tax withheld 24,984.42	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 147,000.00		4 Social security tax withheld 9,114.00	
		5 Medicare wages and tips 171,624.54		6 Medicare tax withheld 2,488.56	
		7 Social security tips		10 Dependent care benefits	
d Control number 015821 01/06		11 Nonqualified plans		12a See instructions for box 12 DD 21,972.96	
e Employee's first name, mi, and last name JOSE M RODRIGUEZ		13 Statutory employee ☐ Retirement plan ☒ Third-Party sick pay ☐		12b	
		14 Other 125 2,160.00		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

FORM **W-2** WAGE AND TAX STATEMENT **2022**

OMB No. 1545-0048

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA227W Rev. 08/12/2022

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

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

Employer's name, address, and ZIP code
FLORIDA INTERNATIONAL UNIV
11200 SW 8 ST PC 224
MIAMI FL 33199

Employee's name, address, and ZIP code

JOSE M RODRIGUEZ

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
 OMB No. 1545-0048

Dept. of the Treasury - IRS
 Visit the IRS Web Site at www.irs.gov/efile

7 Social security tips	1 Wages, tips, other comp. 40769.33	2 Federal income tax withheld 3319.00
8 Allocated tips	3 Social security wages	4 Social security tax withheld
9	5 Medicare wages and tips 44074.98	6 Medicare tax withheld 639.09
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee Retirement plan Third-party sick pay	14 Other FAP 3305.65	12b
b Employer identification number (EIN)		12c
a Employee's social security no.		12d

2022 W-2 and EARNINGS SUMMARY



Employee Reference Copy
V-2 Wage and Tax Statement 2022
OMB No. 1545-0048

Control number	Dept.	Corp.	Employer use only
339 NCTS/EL5 011123			A 140

Employer's name, address, and ZIP code
ADP TOTALSOURCE CO XXIII
INC
MATER ACADEMY INC
10200 SUNSET DRIVE
MIAMI FL 33173

Batch #02983

Employee's name, address, and ZIP code
RBARA RODRIGUEZ
MIAMI FL 33100

Employer's FED ID number 84-1218158	a Empl
Wages, tips, other comp. 63355.24	2 Federal income tax withheld 5124.63
Social security wages 63355.24	4 Social security tax withheld 9828.02
Medicare wages and tips 63355.24	5 Medicare tax withheld 918.65
Social security tips	8 Allocated tips
	10 Dependent care benefits
Long-term care plans	12a See instructions for box 12 DD 6411.68
Other	12b 12c 12d
	13 Stat emp Ret. plan 3rd party sick pay
State Employer's state ID no.	16 State wages, tips, etc.
State income tax	18 Local wages, tips, etc.
Local income tax	20 Locality name

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

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

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	FL State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	64,039.00	64,039.00	64,039.00	
Less Other Cafe 125	683.76	683.76	683.76	
Reported W-2 Wages	63,355.24	63,355.24	63,355.24	

2. Employee Name and Address.

BARBARA RODRIGUEZ

© 2022 ADP, Inc.

Fold and Detach Here

JOSE M RODRIGUEZ



Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the payer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account. FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue code. You may also have a filing requirement. See the Instructions for Form 9938.

Amounts shown may be subject to self-employment (SE) tax. Individuals should see the instructions for Schedule SE (Form 1040). Corporations, fiduciaries, or partnerships must report the amounts on the appropriate line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your information correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.

Box 2. Report royalties from oil, gas, or mineral properties; copyrights; and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the Schedule E (Form 1040) instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Schedule 1 (Form 1040), and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. Shows the amount paid to a fishing boat crew member who is considered by the operator to be self-employed. Self-employed individuals must report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Schedule 1 (Form 1040).

Box 9. Report this amount on Schedule F (Form 1040).

Box 10. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 11. Shows the amount paid for the purchase of fish for resale from any person engaged in the trade or business of catching fish. See the instructions for your tax return for reporting this income.

Box 12. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A plus any earnings on current and prior year deferrals.

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

Box 14. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. Any amount included in box 12 that is currently taxable is also included in this box. Report this amount as income on your tax return. This income is also subject to a substantial additional tax to be reported on Form 1040, 1040-SR, or 1040-NR. See the instructions for your tax return.

Boxes 15-17. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099MISC. FreeFile. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. MATTHEW BENDER & CO INC PO BOX 8808 DAYTON, OH 45401 937-247-3533		1 Rents \$ 0.00		OMB No. 1545-0015 2022 Form 1099-MISC		Miscellaneous Information	
		2 Royalties \$ 15,107.94		4 Federal income tax withheld \$ 0.00			
PAYER'S TIN		RECIPIENT'S TIN		3 Other income \$ 0.00		Copy B For Recipient	
RECIPIENT'S name JOSE M RODRIGUEZ Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		5 Fishing boat proceeds \$ 0.00		6 Medical and health care payments \$ 0.00			
Account number (see instructions) [REDACTED]		13 FATCA filing requirement ☐		7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐		8 Substitute payments in lieu of dividends or interest \$ 0.00	
				9 Crop insurance proceeds \$ 0.00			10 Gross proceeds paid to an attorney \$ 0.00
				11 Fish purchased for resale \$ 0.00			
14 Excess golden parachute payments \$ 0.00		15 Nonqualified deferred compensation \$ 0.00		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.			
16 State tax withheld \$ 0.00		17 State/Payer's state no.					
18 State income \$ 0.00		19 State income \$ 0.00					

INDIANA UNIVERSITY
1024 E 3RD ST
ROOM 132
BLOOMINGTON, IN 47405

C1235 1of1 T164 B267 P3
JOSE M. RODRIGUEZ



☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. INDIANA UNIVERSITY 1024 E 3RD ST ROOM 132 BLOOMINGTON, IN 47405 (812) 855-0375		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 22		Nonemployee Compensation
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation \$ 5,000.00		
RECIPIENT'S name JOSE M. RODRIGUEZ		2 Payer made direct sales totalling \$5,000 or more of consumer products to recipient for resale ☐		
		3		
		4 Federal income tax withheld \$		
Account number (see instructions) [REDACTED]		5 State tax withheld \$	6 State/Payer's state no.	
		7 State income \$		

Form 1099-NEC (Rev. 1-2022)

(keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

Instructions for Recipient - 1099-NEC (2022)

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS. Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totalling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes. Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

☐ VOID ☐ CORRECTED

Form **8879**

(Rev. January 2021)

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

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

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name

JOSE M RODRIGUEZ

Social security number

Spouse's name

BARBARA J RODRIGUEZ

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	213,376.
2	Total tax	2	32,590.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	33,429.
4	Amount you want refunded to you	4	839.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

☒ I authorize VIDAL BOOKKEEPING SERVICE INC to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. **ERO firm name** [Redacted] Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

[Signature]

Date ►

3/21/2023

Spouse's PIN: check one box only

☒ I authorize VIDAL BOOKKEEPING SERVICE INC to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. **ERO firm name** [Redacted] Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

[Signature]

Date ►

3/21/2023

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

Don't enter all zeros

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

ERO's signature ►

[Signature]

Date ►

3/21/2023

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

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial JOSE M		Last name RODRIGUEZ		Your social security number	
If joint return, spouse's first name and middle initial BARBARA J		Last name RODRIGUEZ		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. MIAMI			State FL	ZIP code 33186	
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse					

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 instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ☐				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income		1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 270,535.
		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 0.
		i Nontaxable combat pay election (see instructions)	1i
		z Add lines 1a through 1h	1z 270,535.
Attach Sch. B if required.	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
	c If you elect to use the lump-sum election method, check here (see instructions)	☐	
		b Taxable interest	2b 36.
		b Ordinary dividends	3b
		b Taxable amount	4b
		b Taxable amount	5b
		b Taxable amount	6b
		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 -1,695.
		9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 268,876.
		10 Adjustments to income from Schedule 1, line 26	10 55,500.
		11 Subtract line 10 from line 9. This is your adjusted gross income	11 213,376.
		12 Standard deduction or itemized deductions (from Schedule A)	12 27,300.
		13 Qualified business income deduction from Form 8995 or Form 8995-A	13 0.
		14 Add lines 12 and 13	14 27,300.
		15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 186,076.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	32,329.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	32,329.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	32,329.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	261.
24	Add lines 22 and 23. This is your total tax	24	32,590.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	33,428.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	1.
	d	Add lines 25a through 25c	25d	33,429.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned Income credit (EIC) No	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	33,429.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	839.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	839.
	b	Routing number	c Type: ☒ Checking ☐ Savings	
	d	Account number		
36	Amount of line 34 you want applied to your 2023 estimated tax	36		

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

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No		
	Designee's name	Phone no.	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			JUDGE	
	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.)
		EDUCATOR		
Phone no.	Email address			

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	NICOLAS VIDAL, EA		03/21/2023	P01782721	
	Firm's name	Firm's address			Phone no. (305) 631-0331
	VIDAL BOOKKEEPING SERVICE INC	2000 S. DIXIE HIGHWAY STE. 205 MIAMI FL 33133			Firm's EIN 59-2038312

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JOSE M & BARBARA J RODRIGUEZ

Your social security number

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	-1,695.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	0.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-1,695.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses	11	300.
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	
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	55,200.
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): 07/2006		
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 8I from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	55,500.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **02**

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

JOSE M & BARBARA J RODRIGUEZ

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	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	261.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2022

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Reserved for future use	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	261.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Go to 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 JOSE M RODRIGUEZ		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) AUTHOR / LEGAL	B Enter code from instructions	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) City, town or post office, state, and ZIP code		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)		
G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2022, check here ☐		
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

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	15,323.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	15,323.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	15,323.
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	15,323.

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	4,422.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0.	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	692.
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	2,285.
b Other	16b		b Deductible meals (see instructions)	24b	7,215.
17 Legal and professional services	17	1,500.	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	2,895.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	19,009.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-3,686.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	-3,686.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a ☒ All investment is at risk.		
			32b ☐ Some investment is not at risk.		

Part 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) <u>01/01/2020</u>
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 <u>7,276</u> b Commuting (see instructions) _____ c Other <u>4,739</u>
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.

DUES AND SUBSCRIPTIONS	240.
TELEPHONE AND INTERNET	1,459.
UNIFORM / DRYCLEANING	1,196.
48 Total other expenses. Enter here and on line 27a	2,895.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Go to 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 JOSE M RODRIGUEZ		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) COLLEGIATE PROFESSOR	B Enter code from instructions 5 4 1 9 9 0	
C Business name. If no separate business name, leave blank. N/A	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) City, town or post office, state, and ZIP code		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)		
G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2022, check here ☐		
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

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	5,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	5,000.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	5,000.
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	5,000.

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 and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	1,751.
b Other	16b		b Deductible meals (see instructions)	24b	1,258.
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	3,009.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	1,991.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	1,991.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a ☐ All investment is at risk.		
			32b ☐ Some investment is not at risk.		

Part III	Cost of Goods Sold (see instructions)
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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.

[illegible]

SCHEDULE E
(Form 1040)Department of the Treasury
Internal Revenue Service**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

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

OMB No. 1545-0074

2022Attachment
Sequence No. **13**

Name(s) shown on return

JOSE M & BARBARA J RODRIGUEZ

Your social security number

Part I **Income or Loss From Rental Real Estate and Royalties**

Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No**B** If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No**1a** Physical address of each property (street, city, state, ZIP code)**A** ANCHORAGE YACHT CLUB KEY LARGO FL 33037**B****C****1b** Type of Property
(from list below)**A** 3**B****C****2** For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.**Fair Rental Days****Personal Use Days****QJV****A**

365

B

0

☐**B**☐**C**☐**Type of Property:**

1 Single Family Residence

3 Vacation/Short-Term Rental

5 Land

7 Self-Rental

2 Multi-Family Residence

4 Commercial

6 Royalties

8 Other (describe) _____

Income:**3** Rents received**3**

990.

4 Royalties received**4****Expenses:****5** Advertising**5****6** Auto and travel (see instructions)**6**

621.

7 Cleaning and maintenance**7****8** Commissions**8****9** Insurance**9****10** Legal and other professional fees**10****11** Management fees**11****12** Mortgage interest paid to banks, etc. (see instructions)**12****13** Other interest**13****14** Repairs**14****15** Supplies**15****16** Taxes**16**

648.

17 Utilities**17****18** Depreciation expense or depletion**18****19** Other (list) _____**19****20** Total expenses. Add lines 5 through 19**20**

1,269.

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198**21**

-279.

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)**22**

0.

Properties:**A****B****C****23a** Total of all amounts reported on line 3 for all rental properties**23a**

990.

b Total of all amounts reported on line 4 for all royalty properties**23b****c** Total of all amounts reported on line 12 for all properties**23c****d** Total of all amounts reported on line 18 for all properties**23d****e** Total of all amounts reported on line 20 for all properties**23e**

1,269.

24 Income. Add positive amounts shown on line 21. Do not include any losses**24****25** Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here**25**

(0.)

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2**26**

0.

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2022Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

JOSE M & BARBARA J RODRIGUEZ

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	N/A		1,991.
ii	JOSE M RODRIGUEZ		-3,686.
iii	JOSE M RODRIGUEZ		0.
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-1,695.
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	0.
11	Taxable income before qualified business income deduction (see instructions)	11	186,076.
12	Net capital gain (see instructions)	12	0.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	186,076.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	37,215.
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)	15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(1,695.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)

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

REV 03/09/23 PRO

Form **8995** (2022)

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **71**

Name(s) shown on return

Your social security number

JOSE M & BARBARA J RODRIGUEZ

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	279,055.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	279,055.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		29,055.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		261.

Part II Additional Medicare Tax on Self-Employment Income

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

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

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

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18		261.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	4,047.	
20	Enter the amount from line 1	20	279,055.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,046.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		1.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	24		1.

Name(s) shown on return

JOSE M & BARBARA J RODRIGUEZ

Identifying number

Part I 2022 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	1a		
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	(	
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	(	
d	Combine lines 1a, 1b, and 1c			1d
All Other Passive Activities				
2a	Activities with net income (enter the amount from Part V, column (a))	2a		0.
b	Activities with net loss (enter the amount from Part V, column (b))	2b	(	-279.)
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	(	
d	Combine lines 2a, 2b, and 2c			2d -279.
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used			3 -279.

If line 3 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

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

Part III	Total Losses Allowed
1. Amount of loss sustained by taxpayer during the year	
2. Insurance proceeds received	
3. Other reimbursements received	
4. Total recoveries	
5. Loss allowed	

10	Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11	Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	0.

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net Income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

Total. Enter on Part I, lines 1a, 1b, and 1c

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
ANCHORAGE YACHT CLUB	0.	279.			279.
Total. Enter on Part I, lines 2a, 2b, and 2c	0.	279.			

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

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

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
ANCHORAGE YACHT CLUB	E Ln 22	279.	1.00000000	279.
Total		279.	1.00	279.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
ANCHORAGE YACHT CLUB	E Ln 22	279.	279.	0.
Total		279.	279.	0.

Expenses for Business Use of Your Home

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

Go to www.irs.gov/Form8829 for instructions and the latest information.**2022**Attachment
Sequence No. **176**

Name(s) of proprietor(s)

JOSE M RODRIGUEZ

Your social security number

Part I Part of Your Home Used for Business

AUTHOR / LEGAL

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see Instructions)	1	450
2	Total area of home	2	2,337
3	Divide line 1 by line 2. Enter the result as a percentage	3	19.26 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	.
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	19.26 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8	-3,686.
See instructions for columns (a) and (b) before completing lines 9-22.			
9	Casualty losses (see Instructions)	9	
10	Deductible mortgage interest (see Instructions)	10	
11	Real estate taxes (see Instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	0.
16	Excess mortgage interest (see instructions)	16	
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	
19	Rent	19	
20	Repairs and maintenance	20	
21	Utilities	21	
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	
24	Multiply line 23, column (b), by line 7	24	
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	0.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	0.
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	
34	Add lines 14, 27, and 33	34	0.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	0.

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	

Part IV Carryover of Unallowed Expenses to 2023

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

MFJ vs MFS Comparison Worksheet

2022

Name(s) Shown on Return

JOSE M & BARBARA J RODRIGUEZ

Use this worksheet to split an MFJ return into two MFS returns to determine best filing status for your client.

First, turn on the TSJ indicators, go to Tools Menu and select Options and check "Show TSJ indicators"

Second, highlight line you want to allocate and click on letter Taxpayer(T), Spouse (S), or Joint(J).

* See help concerning the calculation of these amounts.

Alternate Filing Status Selection	(1) Taxpayer Separate	(2) Spouse Separate	(3) Columns 1 and 2 Combined	(4) Married Filing Joint
Total income	205,521.	63,355.	268,876.	268,876.
Less: total adjustments	-55,200.	-300.	-55,500.	-55,500.
Adjusted gross income . . .	150,321.	63,055.	213,376.	213,376.
Less: itemized deductions or standard deduction	-14,350.	-12,950.	-27,300.	-27,300.
Less: qual business inc. ded.				0.
Taxable income	135,971.	50,105.	186,076.	186,076.
Tax	26,469.	6,645.	33,114.	32,329.
Less: credits				
Other taxes	816.	0.	816.	261.
Total tax	27,285.	6,645.	33,930.	32,590.
Less: payments	-28,303.	-5,125.	-33,428.	-33,429.
Tentative balance due or (refund)	-1,018.	1,520.	502.	-839.

Federal Income Tax Savings by filing
as Married Filing Jointly is \$1,341

* See help concerning the calculation of these amounts.

Alternate Filing Status Selection	(1) Taxpayer Separate	(2) Spouse Separate	(3) Columns 1 and 2 Combined	(4) Married Filing Joint
Income				
7 Wages, etc *	207,180.	63,355.	270,535.	270,535.
8 Taxable interest income	36.		36.	36.
9 Ordinary dividends				
10 Refunds — state/local tax . . .				
11 Alimony received				
12 Business income or loss	-1,695.		-1,695.	-1,695.
13 Capital gain or loss				
14 Other gains or losses				
15 Taxable IRA distributions * . . .				
16 Taxable pensions, etc				
17 Rent, royalties, partnerships, S corporations, trusts, etc	0.		0.	0.
18 Farm income or loss				
19 Unemployment compensation				
20 Taxable SS/RRB	0.	0.	0.	
21 Other income				
MFS passive loss adjustment *	0.		0.	
22 Total income	205,521.	63,355.	268,876.	268,876.
Adjustments				
23 Educator expenses		300.	300.	300.
24 Expenses of reservists, perf artists, fee-basis gov't offic'ls .				
25 Health savings account				
26 Moving expenses				
27 SE tax deduction				
28 SEP, SIMPLE, qualif plans . . .				
29 SE health insurance				
30 Penalty — early withdrawal . .				
31 Alimony paid	55,200.	0.	55,200.	55,200.
32 IRA deduction				
33 Student loan interest				
34 Archer MSA				
35 Other adjustments				
36 Total adjustments	55,200.	300.	55,500.	55,500.
37 Adjusted gross income	150,321.	63,055.	213,376.	213,376.
Deductions				
38 See Itemized Deductions Summary on page 4				
Standard deduction	14,350.	12,950.	27,300.	27,300.
39 Qual business inc. deduct *				0.
40 Taxable income	135,971.	50,105.	186,076.	186,076.

* See help concerning the calculation of these amounts.

	(1) Taxpayer	(2) Spouse	(3) Col 1 + Col 2	(4) MFJ
Tax				
41 Tax (Comp Wks or Tables) . . .	26,469.	6,645.	33,114.	32,329.
Schedule D or qual divs tax *				
Schedule J tax *				
Foreign earned inc tax wks . .				
Tax from Form 8814 *				
Tax from Form 4972				
Tax from addl Form(s) 4972 *				
Tax from Form 8863 recapt . .				
Tax from IRC Section 197(f) .				
Tax	26,469.	6,645.	33,114.	32,329.
42 Alternative minimum tax * . .				
43 Excess Adv Prem tax credit *				
44 Add lines 41, 42 and 43 . . .	26,469.	6,645.	33,114.	32,329.
Credits				
45 Foreign tax credit *				
46 Child and dep care credit . . .	0.	0.	0.	
47 Education credits				
48 Retirement savings credit . .				
49 Child tax credit *	0.	0.	0.	
50 Residential energy credits . .	0.	0.	0.	
51 Other credits *	0.	0.	0.	
52 Total credits	0.	0.	0.	
53 Subtract line 52 from line 44 .	26,469.	6,645.	33,114.	32,329.
Other taxes				
54 Self-employment tax				
55 Unreported Soc Sec/Med . . .				
56 Tax on IRAs, other ret plans .				
57 a Household employment tax . .				
b First-time homebuyer repay . .				
58 Reserved				
59 a Additional Medicare tax	816.	0.	816.	261.
b Other taxes *				0.
60 Total tax	27,285.	6,645.	33,930.	32,590.
Payments				
61 Federal income tax withheld . .	28,303.	5,125.	33,428.	33,429.
62 Estimated tax payments				
63 Earned Income credit				
64 Additional child tax credit * . .				
65 American opportunity credit . .				
66 Reserved				
67 Net premium tax credit * . . .				
68 Amount pd with Form 4868 . . .				
69 Excess FICA/RRTA tax w/h . . .				
70 Fuel tax credit				
71 Other payments *	0.	0.	0.	
72 Amount paid	28,303.	5,125.	33,428.	33,429.
Tentative balance due				
or (refund)	-1,018.	1,520.	502.	-839.

* See help concerning the calculation of these amounts.

Itemized Deductions Summary

	(1) Taxpayer	(2) Spouse	(3) Col 1 + Col 2	(4) MFJ
1 Medical and dental expenses				
2 Allowable medical and dental expenses				
3 Sales tax for MFS from tbl * . .				1,602.
4 Taxes paid	582.	0.	582.	6,794.
5 Mortgage interest	3,825.	3,824.	7,649.	7,649.
6 Reserved				
7 Investment interest	0.	0.	0.	
8 Total interest	3,825.	3,824.	7,649.	7,649.
9 Gifts to charity *	0.	0.	0.	
10 Casualty and theft losses . . .	0.	0.	0.	
11 Other itemized deductions				
12 Total itemized deductions. .	4,407.	3,824.	8,231.	14,443.

Tax Summary Report

2022

Name(s) Shown on Return

JOSE M & BARBARA J RODRIGUEZ

Filing status Married Filing Jointly

Number of exemptions 2

Gross Income

Wages and salaries	270,535.
Interest and dividend income	36.
Business income (loss)	-1,695.
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	0.
Farm income (loss)	
Social security benefits	
Other income	
Total Gross Income	268,876.

Adjustments to Income	55,500.
--	----------------

Adjusted Gross Income (Last year's AGI)	197,617.	213,376.
--	-----------------	-----------------

Itemized/Standard Deductions

Medical and dental	
Taxes	6,794.
Interest	7,649.
Contributions	
Casualty or theft loss(es)	
Miscellaneous	
Total Itemized Deductions	14,443.
Standard deduction	27,300.

Taxable Income	186,076.
---------------------------------	-----------------

Income tax	32,329.
Alternative minimum tax	
Total Taxes before Credits	32,329.
Nonbusiness credits	
Business credits	
Total Credits	
Self-employment tax	
Other taxes	261.

Total Tax	32,590.
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Withholding	33,429.
Estimated tax payments	
Other payments	
Total Payments	33,429.
Estimated tax penalty	
Refund applied to next year's estimated tax	

Amount Overpaid	839.
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Refund	839.
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Amount Applied to Estimate	
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Amount Due	0.
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Tax bracket	24.0 %
Effective tax rate	15.15 %