

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 08/18/2025

General Information

Name: Rosanna Cordero-Stutz

CONFIDENTIAL

PID 317716

AGENCY INFORMATION

Organization	Suborganization	Title
Miami-Dade County	Elected Constitutional Officer	Sheriff

Net Worth

My Net Worth as of December 31, 2023 was \$ 514,816.23.

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 \$ 200,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
{REDACTED} (Protected FL119.07)	\$ 478,000.00
Van Buren County Tn, {REDACTED} land	\$ 6,300.00
Florida Prepaid 4 Yr Univ Plan	\$ 8,919.39
Florida Prepaid 4 Yr TDF Univ	\$ 4,699.74
Florida Prepaid Univ Fee Plan	\$ 4,748.35
Florida Prepaid 2 yr Univ Dorm Plan	\$ 11,008.00
529 Savings Plan	\$ 5,893.25
Mission Square Deferred Retirement Account	\$ 495,390.77
Chase Bank	\$ 2,140.00
Dade County Credit Union	\$ 6,302.48

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Penny Mac	P.O.Box 950002, FT. Worth, TX 76155-9802	\$ 481,716.53
Ford Credit	P.O.Box 35910 Cleveland, OH 44135-0910	\$ 26,869.23

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

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

N/A

Training

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.

Rosanna Cordero-Stutz

Digitally signed: **08/18/2025**

Filed with COE: 08/18/2025

Filing Instructions

Electronically Filed
Form 1040 US Individual Income Tax Return

With
Form 1040-V Payment Voucher
Form 8879 IRS e-file Signature Authorization

Taxable Year Ended December 31, 2023

Name: [REDACTED] STUTZ & ROSANNA CORDERO-STUTZ

Date Due: April 15, 2024

Remittance: A check in the amount of \$6,180 should be made payable to the United States Treasury and included with the voucher. Write ' , 2023 Form 1040' and your daytime phone number on the check.

Do not attach your payment to Form 1040-V. Instead place them loose in the envelope.

Mail To: Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

Include Form 1040-V with your check.

Signature: Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

Greenwald and Glauser CPA's
1769-71 NE 162 St
North Miami Beach, FL 33162

Important: Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.

Retain a copy of the signed and dated Form 8879 for your records.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

CLIENT COPY

8879

IRS e-file Signature Authorization

OMB No. 1545-0074

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

January 2024
 Department of the Treasury
 Internal Revenue Service

Electronic Signature of the Taxpayer(s)

ERO's name

ROSANNA

Social security number

XXXX-XX-XXXX

Signature of ERO

XXXX-XX-XXXX

Part I Tax Return Information — Tax Year Ending December 31, 2023 (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
 2 Total tax
 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099
 4 Amount you want refunded to you
 5 Amount you owe

1	285,527
2	45,419
3	39,320
4	
5	6,180

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 GREENWALD AND GLAUSER CPA'S

ERO firm name

to enter or generate my PIN

XXXX-XX-XXXX

as my

signature on the income tax return (original or amended) I am now authorizing.

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 ▶ 04/01/24

Spouse's PIN: check one box only

☒ I authorize GREENWALD AND GLAUSER CPA'S

ERO firm name

to enter or generate my PIN

XXXX-XX-XXXX

as my

signature on the income tax return (original or amended) I am now authorizing.

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 ▶ 04/01/24

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.

XXXX-XXXX-XXXX

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 authorizing 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.

Date ▶ 04/01/24

ERO's signature ▶

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

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

Form 8879 (Rev. 01-2021)

		2022	2023	Differences
		MFJ	MFJ	
Filing Status		1	1	
Dependents				
1.	Salaries and wages	170,930	195,186	24,256
2.	Interest income	15	12	-3
3.	Tax exempt interest income			
4.	Dividend income			
5.	Qualified dividend income			
6.	Taxable state/local refunds			
7.	Alimony received			
8.	Business income/loss			
9.	Capital gain/loss			
10.	Other gains/losses			
11.	Taxable IRA distributions			
12.	Taxable pensions	86,462	89,085	2,623
13.	Rent and royalty income including farm rental			
14.	Partnership/S corp income			
15.	Estate or trust income			
16.	Farm income/loss			
17.	Unemployment compensation			
18.	Taxable social security			
19.	Other income	2,678	1,339	-1,339
20.	Total income	260,085	285,622	25,537
A d j u s t m e n t s	21.			
	22.	113	95	-18
	23.			
	24.			
	25.			
	26.			
	27.			
	28.			
	29.			
	30.	259,972	285,527	25,555
D e d u c t i o n s	31.			
	32.	10,000	10,000	
	33.	16,380	18,559	2,179
	34.	5,345	5,175	-170
	35.			
	36.			
	37.	31,725	33,734	2,009
	38.	25,900	27,700	1,800
	39.	ITEMIZED 31,725	ITEMIZED 33,734	2,009
	40.	228,247	251,793	23,546
	41.	0	0	
	42.	228,247	251,793	23,546

Taxpayer Identification Number

STUTZ & ROSARNA CORP. 10000000000000000000

	2022	2023	Differences
43. Taxable income from 2YR page 1, line 42	228,247	251,793	23,546
44. Tax on taxable income	42,450	47,230	4,780
45. Alternative minimum tax			
46. Excess advance premium tax credit			
47. Child care credit			
48. Education credits			
49. Retirement savings credit			
50. Child & other dependent tax credit	2,000	2,000	
51. General business credit			
52. Other credits			
53. Total credits	2,000	2,000	
54. Net tax liability	40,450	45,230	4,780
55. Self-employment taxes	225	189	-36
56. Other taxes	1		-1
57. Total tax	40,676	45,419	4,743
58. Income tax withheld	31,420	39,320	7,900
59. Estimated tax payments			
60. Earned income credit			
61. Additional Child tax credit			
62. Other refundable tax credits			
63. Other payments			
64. Total payments	31,420	39,320	7,900
65. Tax due/-refund	9,256	6,099	-3,157
66. Penalties and interest	383	81	-302
67. Net tax due/-refund	9,639	6,180	-3,459
68. Refund applied to estimated tax payments			
69. Refund received			
70. Effective tax rate	18.0 %	18.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2022 Taxable Income	2022 Marginal Tax Rate	2023 Taxable Income	2023 Marginal Tax Rate
Ordinary income	228,247	24.0 %	251,793	24.0 %
Capital income		%		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

23 Form 1040-V

Department of the Treasury Internal Revenue Service

Is Form 1040-V?

statement you send with your check or money order for
lance due on the "2023 Form 1040-V" or "2023
1040, 1040-SR, or 1040-NR.

Consider Making Your Tax Payment Electronically -- It's Easy

an make electronic payments online, by phone, or from a
e device. Paying electronically is safe and secure. When
chedule your payment you will receive immediate
mation from the IRS. Go to www.irs.gov/Payments to see
ur electronic payment options.

How To Fill In Form 1040-V

1. Enter your social security number (SSN).
If you are filing a joint return, enter the SSN shown first on
r return.
2. If you are filing a joint return, enter the SSN shown
ond on your return.
3. Enter the amount you are paying by check or money
ier. If paying online at www.irs.gov/Payments, don't complete
s form.
4. Enter your name(s) and address exactly as shown on
ur return. Please print clearly.

How To Prepare Your Payment

Make your check or money order payable to "United States
reasury." Don't send cash. If you want to pay in cash, in
erson, see *Pay by cash, later*.

Make sure your name and address appear on your check or
oney order.

Enter your daytime phone number and your SSN on your
check or money order. If you have an Individual Taxpayer
entification Number (ITIN), enter it wherever your SSN is
equested. If you are filing a joint return, enter the SSN shown
first on your return. Also, enter "2023 Form 1040," "2023 Form
1040-SR," or "2023 Form 1040-NR," whichever is appropriate.

- To help us process your payment, enter the amount on the
right side of your check like this: \$ XXX.XX. Don't use dashes or
ines (for example, don't enter "\$ XXX-" or "\$XXX ^{XX}/100").

Mail To: Internal Revenue Service

P.O. BOX 1214
CHARLOTTE, NC 28201-1214

Notice to taxpayers presenting checks. When you provide a
check as payment, you authorize us either to use information
from your check to make a one-time electronic fund transfer from
your account or to process the payment as a check transaction.
When we use information from your check to make an electronic
funds transfer, funds may be withdrawn from your account as
soon as the same day we receive your payment, and you will not
receive your check back from your financial institution.

No checks of \$100 million or more accepted. The IRS can't
accept a single check (including a cashier's check) for amounts
of \$100,000,000 (\$100 million) or more. If you are sending \$100
million or more by check, you will need to spread the payments
over two or more checks, with each check made out for an
amount less than \$100 million.

Pay by cash. This is an in-person payment option for
individuals provided through retail partners with a maximum of
\$1,000 per day per transaction. To make a cash payment, you
must first be registered online at fed.acipayonline.com, our
Official Payment provider.

How To Send In Your 2023 Tax Return, Payment, and Form 1040-V

- Don't staple or otherwise attach your payment or Form 1040-V
to your return or to each other. Instead, just put them loose in
the envelope.
- Mail your 2023 tax return, payment, and Form 1040-V to the
address shown on the back that applies to you.

How To Pay Electronically Pay Online

Paying online is convenient, secure, and helps make sure we
get your payments on time. You can pay using either of the
following electronic payment methods. To pay your taxes online
or for more information, go to www.irs.gov/Payments.

IRS Direct Pay

Pay your taxes directly from your checking or savings account
at no cost to you. You receive instant confirmation that your
payment has been made, and you can schedule your payment
up to 30 days in advance.

Debit or Credit Card

The IRS doesn't charge a fee for this service; the card
processors do. The authorized card processors and their phone
numbers are all online at www.irs.gov/Payments.

Form 1040-V (2023)

Separate here and mail with your payment and return.
CUT HERE

Form 1040-V

Department of the Treasury
Internal Revenue Service

Payment Voucher

Do not staple or attach this voucher to your payment or return.
Go to www.irs.gov/Payments for payment options and information.

OMB No. 1545-0074

2023

1 Your social security number (SSN). (If a joint return, SSN shown first on your return)	2 If a joint return, SSN shown second on your return	3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	6,180
4 Your first name and middle initial If a joint return, spouse's first name and middle initial		Last name STUTZ	
ROSANNA		Last name CORDERO-STUTZ	
Home address (number and street)		Apt. no.	City, town, or post office. If you have a foreign address, State ZIP code
Foreign country name		Foreign province/state/country	
		Foreign postal code	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see your tax return instructions.
DAA

1040

U.S. Individual Income Tax Return

2023

OMB No. 1545-0047

195 Use Only. Do not write or staple in this space.

for the year Jan. 1-Dec. 31, 2023, or other tax year beginning

2023, ending

20

See separate instructions.

Your first name and middle initial

Last name

STUTZ

Your social security number

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

Last name

CORDERO-STUTZ

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.

State

FL

ZIP code

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

Filing Status

☐ Single☐ Head of household (HOH)Check only
one box☒ Married filing jointly (even if only one had income)☐ Married filing separately (MFS)☐ Qualifying surviving spouse (QSS)

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.

Digital
Assets

At any time during 2023, did you (a) receive (as a reward, award, or payment for property or services) or (b) sell,
exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes ☒ NoStandard
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, 1959

Are blind

Spouse: ☐ Were born before January 2, 1959

Is blind

Dependents (see instructions).

(2) Social security number

(3) Relationship to you

(4) Check the box if qualifies for (see instructions)

Child tax credit

Credit for other dependents

If more than four dependents, see instructions and check here ☐

(1) First name

Last name

STUTZ

SON

☒

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)

b Household employee wages not reported on Form(s) W-2

c Tip income not reported on line 1a (see instructions)

d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)

e Taxable dependent care benefits from Form 2441, line 26

f Employer-provided adoption benefits from Form 8839, line 29

g Wages from Form 8919, line 6

h Other earned income (see instructions)

i Nontaxable combat pay election (see instructions)

z Add lines 1a through 1h

2a Tax-exempt interest

3a Qualified dividends

4a IRA distributions

5a Pensions and annuities

6a Soc. sec. ben.

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

8 Other income from Schedule 1, line 10

9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income

10 Adjustments to income from Schedule 1, line 26

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

12 Standard deduction or itemized deductions (from Schedule A)

13 Qualified business income deduction from Form 8995 or Form 8995-A

14 Add lines 12 and 13

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income

1a 195,186

1b

1c

1d

1e

1f

1g

1h

1i

1z 195,186

2b 12

3b

4b

5b 89,085

6b

7

8 1,339

9 285,622

10 95

11 285,527

12 33,734

13

14 33,734

15 251,793

Attach Form(s)
W-2 here. Also
attach Forms
W-2G and
1099-R if tax
was withheld.

If you did not
get a Form
W-2, see
instructions.

Attach Sch. B
if required.

Standard
Deduction for—
• Single or
Married filing
separately,
\$13,850
• Married filing
jointly or
Qualifying
surviving spouse,
\$27,700
• Head of
household,
\$20,800
• If you checked
any box under
Standard
Deduction,
see instructions.

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

Form 1040 (2023)

Form W-2 Wage and Tax Statement 2023

Employer's name, address, and ZIP code
MIAMI DADE COUNTY
111 NW 1ST STREET
SUITE 2620
MIAMI FL 33128-1995
R CORDERO-STUTZ

1 Wages, tips, other compensation 191386.05	2 Federal income tax withheld 10911.70
3 Social security wages 160200.00	4 Social security tax withheld 9912.40
5 Medicare wages and tips 210099.63	6 Medicare tax withheld 1137.34
7 Social security tips	8 Medicare tips
9 Nonqualified plans	10a See instructions for box 12
11 Other	12b 442.78
12a 6313.58	12c 10400.00
12d 20251.36	12e
12f	12g
13 State income tax	14 Local wages, tips, etc.
15 State wages, tips, etc.	16 Local income tax
17 State income tax	18 Local income tax
19 State income tax	20 Locality name

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

This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement 2023

Employer's name, address, and ZIP code
[REDACTED]
STUTZ

1 Wages, tips, other compensation 1800.00	2 Federal income tax withheld 111.60
3 Social security wages 1800.00	4 Social security tax withheld 111.60
5 Medicare wages and tips 1800.00	6 Medicare tax withheld 26.10
7 Social security tips	8 Medicare tips
9 Nonqualified plans	10a See instructions for box 12
11 Other	12b
12a	12c
12d	12e
12f	12g
13 State income tax	14 Local wages, tips, etc.
15 State wages, tips, etc.	16 Local income tax
17 State income tax	18 Local income tax
19 State income tax	20 Locality name

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

This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

FLORIDA RETIREMENT SYSTEM
DIVISION OF RETIREMENT
PO BOX 9000
TALLAHASSEE FL 32315-9000

844-377-1888

PAYER'S TIN

RECIPIENT'S TIN

RECIPIENT'S name
[REDACTED] STUTZ

3

1 Gross distribution
\$ 92,084.88

2a Taxable amount
\$ 92,084.88

2b Taxable amount not determined ☐

Total distribution ☐

3 Capital gain (included in box 2a)
\$

4 Federal income tax withheld
\$ 8,318.16

5 Employee contributions/ Designated Roth contributions or insurance premiums
\$ 0.00

6 Net unrealized appreciation in employer's securities
\$

7 Distribution code(s)
2

8 Other
\$ %

9a Your percentage of total distribution
%

9b Total employee contributions
\$ 0.00

10 Amount allocable to IRR within 5 years
\$

11 1st year of desig. Roth contrib.
☐

12 FATCA filing requirement
☐

13 Date of payment
\$

14 State tax withheld
\$

15 State/Payer's state no.
\$

16 State distribution
\$

17 Local tax withheld
\$

18 Name of locality
\$

19 Local distribution
\$

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy B

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS.

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Tax and Credits

16	Tax, after instructions. Check if any from Form(s): 1 8814 2 4972	16	47,230
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	47,230
19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000
20	Amount from Schedule 3, line B	20	
21	Add lines 19 and 20	21	2,000
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	45,230
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	189
24	Add lines 22 and 23. This is your total tax	24	45,419

Payments

25	Federal income tax withheld from:	25d	39,320
a	Form(s) W-2	25a	30,912
b	Form(s) 1099	25b	8,318
c	Other forms (see instructions)	25c	90
d	Add lines 25a through 25c	25d	39,320
26	2023 estimated tax payments and amount applied from 2022 return	26	
27	Earned income credit (EIC)	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	39,320

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	
b	Routing number	c	Type ☐ Checking ☐ Savings
d	Account number		
36	Amount of line 34 you want applied to your 2024 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	6,180
38	Estimated tax penalty (see instructions)	38	81

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 _____
 Spouse's signature (If a joint return, both must sign) _____ Date _____ Spouse's occupation _____
 POLICE CHIEF

Phone no _____ Email address _____
 Preparer's name _____ Preparer's signature _____ Date _____ PTIN _____ Check if ☐ Self-employed

Paid

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

Form 1040 (2023)

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. 1545-0047

2023

Attachment
Sequence No. 01

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

STUTZ, A. ROXANNA CONDEPO-STUTZ

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	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
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: <u>STATE OF FLORIDA</u>	8z	1,339
9	Total other income. Add lines 8a through 8z	9	1,339
10	Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	1,339

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to income

11	Educator expenses	11	
12	Certain business expenses of inventors, performing artists, and fee-basis government officials. Attach Form 2108.	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	95
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 8i from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount.	24z	
25	Total other adjustments. Add lines 24a through 24z.	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.	26	95

Schedule 1 (Form 1040) 2023

SCHEDULE 2
(Form 1040)

Additional Taxes

OMB No. 1545-0074

2023

Attachment
Sequence No. **02**

Department of the Treasury
Internal Revenue Service

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

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

Name (if different from Form 1040, 1040-SR, or 1040-NR)

STUTZ & ROSANNA CORDERO-STUTZ

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	189
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	
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) 2023

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	189

Schedule 2 (Form 1040) 2023

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

CAR No. 1545-0074

2023

Attachment
Sequence No. **07**

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

Your social security number

STUTZ, A. ROSANNA CORDERO-STUTZ

Medical

and

Dental

Expenses

Caution: Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses (see instructions)

2 Enter amount from Form 1040 or

1040-SR, line 11

3 Multiply line 2 by 7.5% (0.075)

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

Taxes You

Paid

5 State and local taxes

a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒

b State and local real estate taxes (see instructions)

c State and local personal property taxes

d Add lines 5a through 5c

e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)

6 Other taxes. List type and amount.

7 Add lines 5e and 6

Interest
You Paid

Caution: Your mortgage interest deduction may be limited. See instructions.

8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐

a Home mortgage interest and points reported to you on Form 1098. See instructions if limited.

b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address.

c Points not reported to you on Form 1098. See instructions for special rules.

d Reserved for future use

e Add lines 8a through 8c

9 Investment interest. Attach Form 4952 if required. See instructions.

10 Add lines 8e and 9

Gifts to
Charity

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

11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.

12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.

13 Carryover from prior year

14 Add lines 11 through 13

Casualty and
Theft Losses

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

Other

Itemized
Deductions

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

Total

Itemized
Deductions

17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12.

18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

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

Schedule A (Form 1040) 2023

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **17**

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

ROSANNA CORDERO STUTZ

Social security number of person
with self-employment income

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

- 1b** 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 AQ

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.

- 3** Combine lines 1a, 1b, and 2

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

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

- 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

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

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

- 6** Add lines 4c and 5b

- 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 2023

- 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 \$160,200 or more, skip lines 8b through 10, and go to line 11

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

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

- d** Add lines 8a, 8b, and 8c

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

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

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

- 12** Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3

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

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

1a	
1b	
2	1,339
3	1,339
4a	1,237
4b	
4c	1,237
5b	0
6	1,237
7	160,200
8a	1,800
8b	
8c	
8d	1,800
9	158,400
10	153
11	36
12	189
13	95

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

Schedule SE (Form 1040) 2023

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

Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$9,840, or (b) your net farm profits² were less than \$7,103.

14 Maximum income for optional methods

14

6,560

15 Enter the smaller of: five-thirds ($5/3$) of gross farm income¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above

15

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14

16

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

17

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

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

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

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

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	285,527
2a	Enter income from Puerto Rico that you excluded	2a	
2b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
2c	Enter the amount from line 15 of your Form 4563	2c	
2d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	285,527
4	Number of qualifying children under age 17 with the required social security number	4	1
5	Multiply line 4 by \$2,000	5	2,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	2,000
9	Enter the amount shown below for your filing status: • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	400,000
10	Subtract line 9 from line 8: • If zero or less, enter -0- • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? ☐ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. ☒ Yes. Subtract line 11 from line 8. Enter the result	12	2,000
13	Enter the amount from the Credit Limit Worksheet A	13	47,230
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	14	2,000

If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child tax credit on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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

Schedule 8812 (Form 1040) 2023

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2556, you cannot claim the additional child tax credit.

15 Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 ☐

16a Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27

b Number of qualifying children under 17 with the required social security number x \$1,600

Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.

Enter -0- on line 27.

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the smaller of line 16a or line 16b

18a Earned income (see instructions)

b Nontaxable combat pay (see instructions)

18b

18a

19 Is the amount on line 18a more than \$2,500?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☐ **Yes.** Subtract \$2,500 from the amount on line 18a. Enter the result.

19

20 Multiply the amount on line 19 by 15% (0.15) and enter the result.

16a

16b

17

20

Next. On line 16b, is the amount \$4,800 or more?

☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15, Schedule 2 (Form 1040), line 5, Schedule 2 (Form 1040), line 6, and Schedule 2 (Form 1040), line 13.

23 Add lines 21 and 22.

24 **1040 and**

1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.

25 Subtract line 24 from line 23. If zero or less, enter -0-.

26 Enter the larger of line 20 or line 25.

Next, enter the smaller of line 17 or line 26 on line 27.

21

22

23

24

25

26

Part II-C Additional Child Tax Credit

27 This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28

27

0

Form **8867**

(Rev. November 2023)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Covered Income Credits (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Statusto be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

For tax year

20 **23**

Attachment

Sequence No **70**

Taxpayer name(s) shown on return

STUTZ, A. ROZANNA CORDERO-STUTZ

Taxpayer identification number

Preparer taxpayer identification number

P00288105

Preparer's name

STUART H. GLAUSER

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V
for the benefit(s) claimed (check all that apply).☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

- | | Yes | No | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? | ☒ | ☐ | ☐ |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | ☒ | ☐ | ☐ |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: <ul style="list-style-type: none"> Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | ☒ | ☐ | ☐ |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes" answer questions 4a and 4b. If "No" go to question 5.) | ☐ | ☒ | ☐ |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | ☐ | ☐ | ☐ |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | ☐ | ☐ | ☐ |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) | ☒ | ☐ | ☐ |

List those documents provided by the taxpayer, if any, that you relied on:

FORMS 1099

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | ☒ | ☐ | ☐ |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | ☒ | ☐ | ☐ |
| a Did you complete the required recertification Form 8862? | ☐ | ☐ | ☐ |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | ☐ | ☐ | ☒ |

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (Rev. 11-2023)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	☐	☐	☐
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	☐
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	☐
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☐	☐	☒
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☐	☐	☒

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required, and
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s)
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

Form **8959****Additional Medicare Tax**

OMB No. 1545-0074

2023Attachment
Sequence No. **71**Department of the Treasury
Internal Revenue Service

If any of these rules do not apply to you, leave it blank. See separate instructions.

Also attach Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/form8959 for instructions and the latest information.

Name(s) shown on return

Your social security number

STUTZ & ROSAMIA CARDERO-STUTZ**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	211,900	
2	Unreported tips from Form 4137, line 6.	2		
3	Wages from Form 8919, line 6.	3		
4	Add lines 1 through 3.	4	211,900	
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		0
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II.	7		

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-	8	1,237	
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000	
10	Enter the amount from line 4.	10	211,900	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	38,100	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		0
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III.	13		

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

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

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-SS filers, see instructions), and go to Part V.	18		
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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	3,163	
20	Enter the amount from line 1.	20	211,900	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages.	21	3,073	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages.	22		90
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions).	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions).	24		90

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

Form **8959** (2023)

Form **8960**

Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

OMB No. 1545-2227

2023

 Attachment
 Sequence No. **72**

 Department of the Treasury
 Internal Revenue Service

 Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

STUTZ & ROSANNA CORDERO-STUTZ
Part I Investment Income

Section 6013(g) election (see instructions)

Section 6013(h) election (see instructions)

Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	12
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)		4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)		4b	
c	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions)		5a	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)		5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)		5c	
d	Combine lines 5a through 5c		5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	12

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-	12	12
13	Modified adjusted gross income (see instructions)	13	285,527
14	Threshold based on filing status (see instructions)	14	250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	35,527
16	Enter the smaller of line 12 or line 15	16	12
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

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

 Form **8960** (2023)

Form 1040

Tax Return Reconciliation Worksheet

2023

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

MF Spouse name

Qualifying person that is a child but not a dependent

First name STUTZ	number [REDACTED]
Last name CORDERO-STUTZ	Spouse's social security number [REDACTED]
It is joint return, spouse's first name and initial ROSANNA	Presidential Election Campaign ☒ Taxpayer ☐ Spouse
Main address (number and street). If you have a P.O. box, see instructions.	
City, town or post office, state, and ZIP code	
Foreign country name	Foreign province/state/county
Foreign postal code	

At anytime during 2023, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes ☐ No ☒

6a ☒ Taxpayer, if someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b	2
6b ☒ Spouse	Children on 6c who lived with you	1
	Children on 6c who did not live with you	
	Dependents on 6c not entered above	3
	Total. Add lines above	3

6c Dependents:		(d) Relationship to you	(4) ☒ Qualifies for	Child tax credit	Other dependents	If more than four dependents, ☐ here
(1) First name	Last name					
[REDACTED]	STUTZ	SON	☒			

Income (Schedule 1)	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	195,186
8a Taxable interest. Attach Schedule B if required	8a	12	
b Tax-exempt interest. Do not include on line 8a	8b		
9a Ordinary dividends. Attach Schedule B if required	9a		
b Qualified dividends	9b		
10 Taxable refunds, credits, or offsets of state and local income taxes	10		
11 Alimony received	11		
12 Business income or (loss). Attach Schedule C or C-EZ	12		
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	13		
14 Other gains or (losses). Attach Form 4797	14		
15a IRA distributions	15a	b Taxable amount	15b
16a Pensions and annuities	16a 92,085	b Taxable amount	16b 89,085
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
18 Farm income or (loss). Attach Schedule F	18		
19 Unemployment compensation	19		
20a Social security benefits	20a	b Taxable amount	20b
21 Other income. List type and amount	21	1,339	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	285,622	

Adjusted Gross Income (Schedule 1)	23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25 Health savings account deduction. Attach Form 8889	25		
26 Moving expenses. Attach Form 3903	26		
27 Deductible part of self-employment tax. Attach Schedule SE	27	95	
28 Self-employed SEP, SIMPLE, and qualified plans	28		
29 Self-employed health insurance deduction	29		
30 Penalty on early withdrawal of savings	30		
31a Alimony paid b Recipient's SSN	31a		
32 IRA deduction	32		
33 Student loan interest deduction	33		
34 Reserved for future use	34		
35 Reserved for future use	35		
36 Add lines 23 through 35	36	95	
37 Subtract line 36 from line 22. This is your adjusted gross income	37	285,527	

Form 1040

Tax Return Reconciliation Worksheet, Page 2

2023

Name **STUTZ & ROSAPRA CORDERO-STUTZ**

Tax TIN

38

Tax and Credits
(Schedules 2, 3)Standard Deduction
for—

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

• All others:
Single or Married filing separately, \$13,850
Married filing jointly or Qualifying widow(er), \$27,700
Head of household, \$20,800

38 Amount from line 37 (adjusted gross income)

39a Check ☐ You were born before January 2, 1959, ☐ Blind ☐ Total boxes checked **39a**
if ☐ Spouse was born before January 2, 1959, ☐ Blind ☐ **39b**b If your spouse itemizes on a separate return or you were a dual-status alien, check here **39b**
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)

a

41 Subtract line 40 and 40b from line 38

42 Qualified business income deduction (see instructions)

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

44 Tax (see instr.) Check if any from: a ☐ Form(s) 8814 b ☐ Form 8972 c ☐

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

46 Excess advance premium tax credit repayment. Attach Form 8962

47 Add lines 44, 45, and 46

48 Foreign tax credit. Attach Form 1116 if required

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

50 Education credits from Form 8863, line 19

51 Retirement savings contributions credit. Attach Form 8880

52 Child tax credit/credit for other dependents

53 Residential energy credits. Attach Form 5695

54 Other credits from Form a ☐ 3800 b ☐ 8801 c ☐

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

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

Other Taxes
(Schedule 2)

57 Self-employment tax. Attach Schedule SE

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

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

60a Household employment taxes from Schedule H

b First-time homebuyer credit repayment. Attach Form 5405 if required

61 Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions, enter code(s)

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

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

Payments
(Schedule 3)

64 Federal income tax withheld from

a Form(s) W-2

b Form(s) 1099

c Other forms

65 2023 estimated tax payments and amount applied from 2022 return

66 Earned income credit (EIC)

67 Additional child tax credit. Attach Schedule 8812

68 American opportunity credit from Form 8863, line 8

69 Recovery rebate credit

70 Net premium tax credit. Attach Form 8962

71 Amount paid with request for extension to file

72 Excess social security and tier 1 RRTA tax withheld

73 Credit for federal tax on fuels. Attach Form 4136

74 Other payments and refundable credits

75 Total pymts. Add lines 64 - 74

Refund

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

77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here ☐b Routing number ☐ c Type: ☐ Checking ☐ Savingsd Account number ☐78 Amount of line 76 you want applied to your 2024 estimated tax ☐

Amount You Owe

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

80 Estimated tax penalty (see instructions)

Int/Pen

Date filed

Set

Fail to file

Fail to pay

Total

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

Third Party Designee

Designee's Name

Phone no

IRS Identity Protection PIN

Other Info

Taxpayer Daytime phone number

Taxpayer Occupation

Spouse Occupation

Email address

POLICE CHIEF Assistant Director (P)

IRS Identity Protection PIN

☐ Taxpayer☐ Spouse

General FootnoteDescription

EXCLUDE UP TO \$3,000 PER YEAR FROM HIS PENSION FOR QUALIFIED HEALTH INSURANCE PREMIUMS. HIS HEALTH INSURANCE PREMIUMS FOR 2023 WAS IN EXCESS OF \$3,000. THE TAXABLE INCOME FROM HIS 1099-R (STATE OF FLORIDA) HAS BEEN REDUCED BY THIS AMOUNT.

Form 1040

Salaries & Wages Report

2023

Name

STUTZ & ROSANNA CORDERO-STUTZ

Tax

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T MIAMI-DADE COUNTY FINANCE DEPT	193,386	30,912	160,200
B	S MIAMI-DADE COUNTY FINANCE DEPT	1,800		1,800
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		193,386	30,912	160,200
Spouse		1,800		1,800
Totals		195,186	30,912	162,000

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	9,932	210,100	3,137				6,314
B	112	1,800	26				
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	9,932	210,100	3,137				6,314
Spouse	112	1,800	26				
Totals	10,044	211,900	3,163				6,314

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals						

Nancy

Taxpayer

STUTZ & ROSANNA CORDERO-STUTZ

[illegible]

	Federal Withholding Amounts by Forms			State Withholding Amounts by Forms		
	Taxpayer	Spouse	Federal Total	Taxpayer	Spouse	State Total
Form(s) W2	30,912		30,912			
Form(s) 1099	8,318		8,318			
Other forms	90		90			
Form(s) 8805*						
Form(s) 8288-A*						
Form(s) 1042-S*						
Total	39,320		39,320			

*1040/SR included with other forms

Form 1040

Pension/Annuity Report

2023

Name

Taxpayer Identification Number

ROSANNA CORDERO-STUTZ

T/S	Payer	Box 7		Rollover Taxable Amount
		Code	Gross Distribution	
A	FLORIDA RETIREMENT SYSTEM	2	92,085	89,085
B	FLORIDA RETIREMENT SYSTEM			
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
		Taxpayer	92,085	89,085
		Spouse		
		Total	92,085	89,085

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A	-			8,318		
B	-					
C	-					
D	-					
E	-					
F	-					
G	-					
H	-					
I	-					
J	-					
K	-					
L	-					
M	-					
N	-					
O	-					
Taxpayer				8,318		
Spouse						
Total				8,318		

Form **1040****Salaries & Wages Report****2023**

Name

ROSANNA CORDERO-STUTZ

	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	MIAMI-DADE COUNTY FINANCE DEPT	193,386	30,912	160,200
B	MIAMI-DADE COUNTY FINANCE DEPT	1,800		1,800
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		193,386	30,912	160,200
Spouse		1,800		1,800
Totals		195,186	30,912	162,000

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	9,932	210,100	3,137				6,314
B	112	1,800	26				
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	9,932	210,100	3,137				6,314
Spouse	112	1,800	26				
Totals	10,044	211,900	3,163				6,314

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals						

ROSANNA CORDERO-STUTZ

[illegible]

	Federal Withholding Amounts by Forms			State Withholding Amounts by Forms		
	Taxpayer	Spouse	Federal Total	Taxpayer	Spouse	State Total
Form(s) W2	30,912		30,912			
Form(s) 1099	8,318		8,318			
Other forms	90		90			
Form(s) 8856*						
Form(s) 8286-A*						
Form(s) 1042-S*						
Total	39,320		39,320			

*1040/SR included with other forms