

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/12/2024

General Information

Name: Hon Daniel Anthony Perez

PID 271464

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

CANDIDATE FOR

Position	Agency Name	Position sought or held
State Representative	STATE REPRESENTATIVE	DISTRICT 116

Net Worth

My Net Worth as of December 31, 2023 was \$ 2,703,845.17.

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 \$ 150,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Personal Residence - 8720 SW 84th Street, Miami, FL 33173	\$ 1,211,723.00
Chase Checking Account	\$ 2,058.46
IRA Retirement Account - Axa Advisors - Blackrock Global Alloc Investor CL A	\$ 13,374.63
Auto Lease Residual Value - 2022 Honda Odyssey	\$ 27,953.10
5% Shares in UNNO Healthcare, LLC	\$ 1,100,000.00
5% Shares in UNNO Medical Centers, LLC	\$ 800,000.00
100% Shares in MALUP, LLC	\$ 30,000.00
50% Shares of Dover Tree, LLC	\$ 29,500.00
100% Shares in Daniel A Perez PA	\$ 31,130.00
110.0320 Shares in American Growth and Income Portfolio Class C	\$ 1,904.65
FRS Stable Value Fund (350)	\$ 1,579.88
FRS Inflation Sensitive Fund (300)	\$ 2,024.60
FRS U.S. Bond Enhanced Index Fund (80)	\$ 2,818.65
FRS U.S. Stock Market Index Fund (120)	\$ 7,195.51
FRS U.S. Stock Fund (340)	\$ 5,031.97
FRS Foreign Stock Index Fund (200)	\$ 4,356.40

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Banco Do Brasil Americas	1 Corporate Drive, Suite 360, Lake Zurich, IL 60047	\$ 708,238.03
Honda Financial Services	P.O. Box 1027, Alpharetta, GA 30009	\$ 3,447.36

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

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☐ I certify that I have completed the required training under Section 112.3142, F.S.
- ☒ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

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

Daniel Anthony Perez

Digitally signed: 06/12/2024

Filed with COE: 06/12/2024

Form **1040** Department of the Treasury—Internal Revenue Service **2023** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS 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 DANIEL A.		Last name PEREZ		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial STEPHANIE A.		Last name PEREZ		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 8720 SW 84 STREET				Apt. no.	
City, town or post office. If you have a foreign address, also complete spaces below MIAMI				State FL	
				ZIP code 33173	
Foreign country name		Foreign province/state/county		Foreign postal code	
☐ You ☐ Spouse					

Filing Status ☐ Single ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)

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 ☒ 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, 1959 ☐ Are blind Spouse: ☐ Was 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):	
If more than four dependents, see instr. and check here ☐	(1) First name Last name			Child tax credit	Credit for other dependents
	[REDACTED]	[REDACTED]	[REDACTED]	☒	
	[REDACTED]	[REDACTED]	[REDACTED]	☒	
	[REDACTED]	[REDACTED]	[REDACTED]	☒	

Income		1a Total amount from Form(s) W-2, box 1 (see instructions)		1a	1,027,241	
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.	b	Household employee wages not reported on Form(s) W-2		1b		
	c	Tip income not reported on line 1a (see instructions)		1c		
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d		
	e	Taxable dependent care benefits from Form 2441, line 26		1e		
	f	Employer-provided adoption benefits from Form 8839, line 29		1f		
	g	Wages from Form 8919, line 6		1g		
	h	Other earned income (see instructions)		1h		
	i	Nontaxable combat pay election (see instructions) 1i				
z Add lines 1a through 1h		1z	1,027,241			
Attach Sch. B if required.	2a	Tax-exempt interest	2a	Taxable interest	2b	110
	3a	Qualified dividends	3a	Ordinary dividends	3b	316
	4a	IRA distributions	4a	Taxable amount	4b	
	5a	Pensions and annuities	5a	Taxable amount	5b	
	6a	Soc. sec. ben.	6a	Taxable amount	6b	
	c	If you elect to use the lump-sum election method, check here (see instructions) ☐		7	2,531	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	8	51,440		
	8	Other income from Schedule 1, line 10	9	1,081,638		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	10	0		
	10	Adjustments to income from Schedule 1, line 26	11	1,081,638		
	11	Subtract line 10 from line 9. This is your adjusted gross income	12	33,008		
	12	Standard deduction or itemized deductions (from Schedule A)	13			
	13	Qualified business income deduction from Form 8995 or Form 8995-A	14	33,008		
	14	Add lines 12 and 13	15	1,048,630		
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income				

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

Form **1040** (2023)

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972	16	317,748
3	☐	17	
17	Amount from Schedule 2, line 3	18	317,748
18	Add lines 16 and 17	19	
19	Child tax credit or credit for other dependents from Schedule 8812	20	1,200
20	Amount from Schedule 3, line 8	21	1,200
21	Add lines 19 and 20	22	316,548
22	Subtract line 21 from line 18. If zero or less, enter -0-	23	7,208
23	Other taxes, including self-employment tax, from Schedule 2, line 21	24	323,756
24	Add lines 22 and 23. This is your total tax		

Payments

25	Federal income tax withheld from:			25d	303,359
a	Form(s) W-2	25a	300,159		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c	3,200		
d	Add lines 25a through 25c				
26	2023 estimated tax payments and amount applied from 2022 return			26	10,000
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	17,963		
32	Add lines 27, 28, 29 and 31. These are your total other payments and refundable credits	32	17,963		
33	Add lines 25d, 26, and 32. These are your total payments	33	331,322		

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	7,566
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	7,566

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 instr.)
		ATTORNEY	
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 instr.)
		PHARMACIST	

Phone no.	Email address	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
		ANTHONY FIORE	<i>Fiore CPA, P.A.</i>	06/11/24	P00964652	

Paid Preparer Use Only

Firm's name	FIORE CPA, P.A.	Phone no.	305-438-6528
Firm's address	2100 SALZEDO STREET STE 200	Firm's EIN	83-3531544
	CORAL GABLES FL 33134		

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. 1545-0074

2023Attachment
Sequence No. 01

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

DANIEL A. & STEPHANIE A. PEREZ

Your social security number

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	51,440
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. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	51,440

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

Schedule 1 (Form 1040) 2023

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

2023Attachment
Sequence No. **02**

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

DANIEL A. & STEPHANIE A. PEREZ

Your social security number

Tax

1	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	

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	7,096
12	Net investment income tax. Attach Form 8960	12	112
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

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	7,208

SCHEDULE 3
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Credits and Payments**

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

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

OMB No. 1545-0074

2023Attachment
Sequence No. **03**

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

Your social security number

DANIEL A. & STEPHANIE A. PEREZ**Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	1,200
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount:	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	1,200

(continued on page 2)

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

Schedule 3 (Form 1040) 2023

Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	17,963
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Credit for repayment of amounts included in income from earlier years	13b	
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other payments or refundable credits. List type and amount:	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	17,963

Schedule 3 (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.

OMB No. 1545-0074

2023Attachment
Sequence No. **07**

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

DANIEL A. & STEPHANIE A. PEREZ

Your social security number

Medical**and
Dental
Expenses**

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

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

**Taxes You
Paid**

- 5 State and local taxes.
- a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒ **5a** **3,009**
- b State and local real estate taxes (see instructions) **5b** **11,325**
- c State and local personal property taxes **5c**
- d Add lines 5a through 5c **5d** **14,334**
- e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) **5e** **10,000**
- 6 Other taxes. List type and amount: **6**
- 7 Add lines 5e and 6 **7** **10,000**

**Interest
You Paid**

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

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐
- a Home mortgage interest and points reported to you on Form 1098. See instructions if limited **8a** **21,508**
- b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address **8b**
- c Points not reported to you on Form 1098. See instructions for special rules **8c**
- d Reserved for future use **8d**
- e Add lines 8a through 8c **8e** **21,508**
- 9 Investment interest. Attach Form 4952 if required. See instructions **9**
- 10 Add lines 8e and 9 **10** **21,508**

**Gifts to
Charity**

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

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions **11** **1,500**
- 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500 **12**
- 13 Carryover from prior year **13**
- 14 Add lines 11 through 13 **14** **1,500**

**Casualty and
Theft Losses**

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

**Other
Itemized
Deductions**

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

**Total
Itemized
Deductions**

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 **17** **33,008**
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐ **18**

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

Schedule A (Form 1040) 2023

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

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. 12

Name(s) shown on return

DANIEL A. & STEPHANIE A. PEREZ

Your social security number

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .	4,683	3,081		1,602
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	10	11	0	-1
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6 ()	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise go to Part III on the back			7	1,601

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .	3,755	2,825		930
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14 ()	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back			15	930

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

Schedule D (Form 1040) 2023

DANIEL A. & STEPHANIE A. PEREZ

Schedule D (Form 1040) 2023

Page **2****Summary**

16 Combine lines 7 and 15 and enter the result	16	2,531
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17 Are lines 15 and 16 both gains? ☒ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☒ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR or 1040-NR, line 7, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) }	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2023

Form **8949**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **12A****DANIEL A. & STEPHANIE A. PEREZ**

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	PROSHARES TRUST II ULTA BLMBG NA	04/11/23	06/22/23	10	11			-1
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)				10	11		0	-1

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

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

Form **8949** (2023)

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

Your social security number

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

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

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

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

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A		0		29,861	
B		0		21,579	
C	0				
D		0			
29a Totals				51,440	
b Totals					
30	Add columns (h) and (k) of line 29a			30	51,440
31	Add columns (g), (i), and (j) of line 29b			31	(0)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31			32	51,440

Income or Loss From Estates and Trusts

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

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

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

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

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

51,440

Form **2441**Department of the Treasury
Internal Revenue Service**Child and Dependent Care Expenses**

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

Go to www.irs.gov/Form2441 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **21**

Name(s) shown on return

DANIEL A. & STEPHANIE A. PEREZ

Your social security number

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box ☐**B** If you or your spouse was a student or was disabled during 2023 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box ☐**Persons or Organizations Who Provided the Care –You must complete this part.**If you have more than three care providers, see the instructions and check this box ☐

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2023? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
				☐ Yes ☒ No	19,200
				☐ Yes ☒ No	7,765
				☐ Yes ☐ No	

Did you receive
dependent care benefits?

No

Complete only Part II below.

Yes

Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 for 2023. See the instructions.**Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2023 for the person listed in column (a)
First	Last			
				19,200
				7,765

3 Add the amounts in column (d) of line 2. **Don't** enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31**3****6,000****4** Enter your **earned income**. See instructions**4****892,339****5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4**5****134,902****6** Enter the **smallest** of line 3, 4, or 5**6****6,000****7** Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11**7****1,081,638****8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

If line 7 is:

If line 7 is:

If line 7 is:

Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0 – 15,000		.35	\$25,000 – 27,000		.29	\$37,000 – 39,000		.23
15,000 – 17,000		.34	27,000 – 29,000		.28	39,000 – 41,000		.22
17,000 – 19,000		.33	29,000 – 31,000		.27	41,000 – 43,000		.21
19,000 – 21,000		.32	31,000 – 33,000		.26	43,000 – No limit		.20
21,000 – 23,000		.31	33,000 – 35,000		.25			
23,000 – 25,000		.30	35,000 – 37,000		.24			

8**x.20****9a** Multiply line 6 by the decimal amount on line 8**9a****1,200****b** If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c**9b****c** Add lines 9a and 9b and enter the result**9c****1,200****10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions**10****317,748****11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2**11****1,200**

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

Form **2441** (2023)

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

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

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

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

OMB No. 1545-0074

2023Attachment
Sequence No. **71**

Name(s) shown on return

DANIEL A. & STEPHANIE A. PEREZ

Your social security number

Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	1,038,452		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	1,038,452		
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		788,452	
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		7,096	

Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8			
9	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000		
10	Enter the amount from line 4	10	1,038,452		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		0	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			

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

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

Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18	7,096
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Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	18,258		
20	Enter the amount from line 1	20	1,038,452		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	15,058		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		3,200	
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		3,200	

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

2023Attachment
Sequence No. **72**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

DANIEL A. & STEPHANIE A. PEREZ

Your social security number or EIN

Investment Income

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

1	1	110
2	2	316
3	3	
4a	4a	51,440
4b	4b	-51,440
4c	4c	
5a	5a	2,531
5b	5b	
5c	5c	
5d	5d	2,531
6	6	
7	7	
8	8	2,957

Investment Expenses Allocable to Investment Income and Modifications

9a	9a	
9b	9b	
9c	9c	
9d	9d	
10	10	
11	11	

Tax Computation

12	12	2,957
13	13	1,081,638
14	14	250,000
15	15	831,638
16	16	2,957
17	17	112
18a	18a	
18b	18b	
18c	18c	
19a	19a	
19b	19b	
19c	19c	
20	20	
21	21	

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

Form **8960** (2023)

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

Attach to your tax return.

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

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name of shareholder

DANIEL A. PEREZ

Identifying number

A Name of S corporation

MALUP LLC

B Employer identification number

C Stock block (see instructions):

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

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

1	Stock basis at the beginning of the corporation's tax year	1	12,500
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	29,861
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	29,861
5	Stock basis before distributions. Add lines 1, 2, and 4	5	42,361
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	42,361
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	0
8a	Nondeductible expenses	8a	
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	0

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

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

DANIEL A. PEREZ

Form 7203 (Rev. 12-2022)

Page 2

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

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

Section C—Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32	0			

Shareholder Allowable Loss and Deduction Items

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

Form 7203 (Rev. 12-2022)

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

Attach to your tax return.

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

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name of shareholder

DANIEL A. PEREZ

Identifying number

A Name of S corporation

DANIEL A. PEREZ, P.A.

B Employer identification number

C Stock block (see instructions):

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

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

1	Stock basis at the beginning of the corporation's tax year	1	10,000
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	21,579
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	21,579
5	Stock basis before distributions. Add lines 1, 2, and 4	5	31,579
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	31,579
8a	Nondeductible expenses	8a	451
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	451
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14 and enter -0- on line 15	10	31,128
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	31,128

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

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

DANIEL A. PEREZ

Form 7203 (Rev. 12-2022)

Page 2

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

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

Section C—Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32	0			

Shareholder Allowable Loss and Deduction Items

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

Form 7203 (Rev. 12-2022)

DANIEL A. & STEPHANIE A. PEREZ

Form 8582 (2023)

Page 2

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
DOVER TREE LLC		15,328			15,328
Total. Enter on Part I, lines 2a, 2b, and 2c		15,328			

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		

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
DOVER TREE LLC	SCH E2	15,328	1.0000	15,328
Total		15,328	1.00	15,328

I 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
DOVER TREE LLC	SCH E2	15,328	15,328	
Total		15,328	15,328	

Form **4868**Department of the Treasury
Internal Revenue Service

(on bottom of page)

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**Go to www.irs.gov/Form4868 for the latest information.

OMB No. 1545-0074

2023

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

CUT HERE

EXTENSION REQUEST ORIGINALLY FILED ELECTRONICALLYForm **4868**Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

For calendar year 2023, or other tax year beginning

, and ending

OMB No. 1545-0074

2023**1** Your name(s) (see instructions)

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

Address (see instructions)

8720 SW 84 STREET

City, town, or post office

MIAMI

State

FL

ZIP code

33173**2** Your social security number**3** Spouse's social security number**4** Estimate of total tax liability for 2023 \$ **252,000****5** Total 2023 payments **252,000****6** **Balance due.** Subtract line 5 from line 4.See instructions **0****7** Amount you're paying (see instructions) **0****8** Check here if you're "out of the country" and a U.S. citizen or resident. See instructions ☐**9** Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding ☐

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

Form **4868** (2023)

Copy B – To Be Filed With Employee's FEDERAL Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 97920.16	2 Federal income tax withheld 14668.42	
b Employer ID number (EIN) 46-3514592	3 Social security wages 102000.08	4 Social security tax withheld 6324.00	
	5 Medicare wages and tips 102000.08	6 Medicare tax withheld 1479.00	
c Employer's name, address, and ZIP code REGIS HR GROUP 14 INC 10625 N KENDALL DRIVE MIAMI, FL 33176			
d Control number			
e Employee's name, address, and ZIP code DANIEL A PEREZ 8720 SW 84 ST MIAMI, FL 33173			
7 Social security tips 0.00	8 Allocated tips 0.00	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 4079.92	
13 Statutory employee	14 Other	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d 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 2023 Dept. of the Treasury – IRS This information is being furnished to the Internal Revenue Service. www.irs.gov/efile			

Copy 2 – To Be Filed With Employee's State, City, or Local Income Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 97920.16	2 Federal income tax withheld 14668.42	
b Employer ID number (EIN) 46-3514592	3 Social security wages 102000.08	4 Social security tax withheld 6324.00	
	5 Medicare wages and tips 102000.08	6 Medicare tax withheld 1479.00	
c Employer's name, address, and ZIP code REGIS HR GROUP 14 INC 10625 N KENDALL DRIVE MIAMI, FL 33176			
d Control number			
e Employee's name, address, and ZIP code DANIEL A PEREZ 8720 SW 84 ST MIAMI, FL 33173			
7 Social security tips 0.00	8 Allocated tips 0.00	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code D 4079.92	
13 Statutory employee	14 Other	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
15 State Employer's state I.D. 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 2023 Dept. of the Treasury – IRS			

Copy C – For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 97920.16	2 Federal income tax withheld 14668.42	
b Employer ID number (EIN) 46-3514592	3 Social security wages 102000.08	4 Social security tax withheld 6324.00	
	5 Medicare wages and tips 102000.08	6 Medicare tax withheld 1479.00	
c Employer's name, address, and ZIP code REGIS HR GROUP 14 INC 10625 N KENDALL DRIVE MIAMI, FL 33176			
d Control number			
e Employee's name, address, and ZIP code DANIEL A PEREZ 8720 SW 84 ST MIAMI, FL 33173			
7 Social security tips 0.00	8 Allocated tips 0.00	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 4079.92	
13 Statutory employee	14 Other	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
15 State Employer's state I.D. 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 2023 Dept. of the Treasury – IRS This information is being furnished to the IRS. 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.			

Copy 2 – To Be Filed With Employee's State, City, or Local Income Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 97920.16	2 Federal income tax withheld 14668.42	
b Employer ID number (EIN) 46-3514592	3 Social security wages 102000.08	4 Social security tax withheld 6324.00	
	5 Medicare wages and tips 102000.08	6 Medicare tax withheld 1479.00	
c Employer's name, address, and ZIP code REGIS HR GROUP 14 INC 10625 N KENDALL DRIVE MIAMI, FL 33176			
d Control number			
e Employee's name, address, and ZIP code DANIEL A PEREZ 8720 SW 84 ST MIAMI, FL 33173			
7 Social security tips 0.00	8 Allocated tips 0.00	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code D 4079.92	
13 Statutory employee	14 Other	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
15 State Employer's state I.D. 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 2023 Dept. of the Treasury – IRS			

		a Employee's social security number		Payroll organization code		Intradepartment number					
b Employer identification number (EIN) 59-6001874				1 Wages, tips, other compensation 26,646.12		2 Federal income tax withheld 2,347.56					
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 27,537.00		4 Social security tax withheld 1,707.29					
				5 Medicare wages and tips 27,537.00		6 Medicare tax withheld 399.29					
				7 Social security tips		10 Dependent care benefits					
d Control number				11 Nonqualified plans		12a See instructions for box 12 DD 21,972.96					
e Employee's first name, mi, and last name DANIEL A PEREZ 8720 SW 84 ST MIAMI, FL 33173				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	

		a Employee's social security number		Payroll organization code		Intradepartment number					
b Employer identification number (EIN) 59-6001874				1 Wages, tips, other compensation 26,646.12		2 Federal income tax withheld 2,347.56					
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 27,537.00		4 Social security tax withheld 1,707.29					
				5 Medicare wages and tips 27,537.00		6 Medicare tax withheld 399.29					
				7 Social security tips		10 Dependent care benefits					
d Control number				11 Nonqualified plans		12a See instructions for box 12 DD 21,972.96					
e Employee's first name, mi, and last name DANIEL A PEREZ 8720 SW 84 ST MIAMI, FL 33173				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	

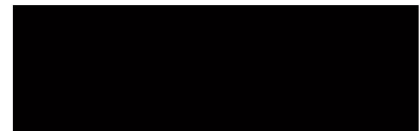
		a Employee's social security number [REDACTED]		OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer identification number (EIN) 84-3225331				1 Wages, tips, other compensation \$534,439.40		2 Federal income tax withheld \$180,493.00	
c Employer's name, address, and ZIP code RHF LAW FIRM LLC 8440 GRAND CANAL DRIVE MIAMI, FL 33144				3 Social security wages \$160,200.00		4 Social security tax withheld \$9,932.40	
				5 Medicare wages and tips \$534,439.40		6 Medicare tax withheld \$10,648.86	
				7 Social security tips \$0.00		8 Allocated tips \$0.00	
d Control number				9		10 Dependent care benefits \$0.00	
e Employee's first name and initial Last name Suff. DANIEL A. PEREZ 8720 SW 84 ST MIAMI, FL 33173				11 Nonqualified plans \$0.00		12a See instructions for box 12 \$0.00	
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b \$0.00	
				14 Other \$0.00		12c \$0.00	
				\$0.00		12d \$0.00	
f Employee's address and ZIP code				\$0.00			
15 State	Employer's state ID Number	16 State wages, tips, etc. \$0.00	17 State income tax \$0.00	18 Local wages, tips, etc. \$0.00	19 Local income tax \$0.00	20 Locality name	
		\$0.00	\$0.00	\$0.00	\$0.00		

Form **W-2** **Wage and Tax Statement**
Copy C—For EMPLOYEE'S RECORDS

2023

Department of the Treasury—Internal Revenue Service

Safe, accurate,
FASTI Use



		a Employee's social security number [REDACTED]		OMB No. 1545-0008 Safe, accurate, FASTI Use				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 84-3225331				1 Wages, tips, other compensation \$534,439.40		2 Federal income tax withheld \$180,493.00			
c Employer's name, address, and ZIP code RHF LAW FIRM LLC 8440 GRAND CANAL DRIVE MIAMI, FL 33144				3 Social security wages \$160,200.00		4 Social security tax withheld \$9,932.40			
				5 Medicare wages and tips \$534,439.40		6 Medicare tax withheld \$10,648.86			
				7 Social security tips \$0.00		8 Allocated tips \$0.00			
d Control number				9		10 Dependent care benefits \$0.00			
e Employee's first name and initial Last name Suff. DANIEL A. PEREZ 8720 SW 84 ST MIAMI, FL 33173				11 Nonqualified plans \$0.00		12a See instructions for box 12 \$0.00			
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b \$0.00			
				14 Other \$0.00		12c \$0.00			
				\$0.00		12d \$0.00			
f Employee's address and ZIP code				\$0.00					
15 State	Employer's state ID Number	16 State wages, tips, etc. \$0.00	17 State income tax \$0.00	18 Local wages, tips, etc. \$0.00	19 Local income tax \$0.00	20 Locality name			
		\$0.00	\$0.00	\$0.00	\$0.00				

Form **W-2** **Wage and Tax Statement**
Copy B—To Be Filed With Employee's FEDERAL Tax Return.

2023

Department of the Treasury—Internal Revenue Service
This information is being furnished to the Internal Revenue Service.

Form W-2 Wage and Tax Statement 2023

Copy C, for employee's records

c Employer's name, address, and ZIP code ASSURANCE MEZZANINE CAPITAL LL PAYCHEX PEO IX LLC 970 LAKE CARILLON DRIVE SUITE SAINT PETERSBURG FL 33716			d Control number		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
			b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
			82-1628414			166666.72		60364.64	
e Employee's name, address, and ZIP code DANIEL A PEREZ 8720 SW 84TH ST MIAMI FL 33173			13 Statutory employee		Retirement plan	Third-party sick pay	3 Social security wages	4 Social security tax withheld	
							93533.32	5799.07	
			12 See instructions for box 12				14 Other	5 Medicare wages and tips	6 Medicare tax withheld
								166666.72	2716.66
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	

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 2023

Copy B, to be filed with employee's FEDERAL tax return

c Employer's name, address, and ZIP code ASSURANCE MEZZANINE CAPITAL LL PAYCHEX PEO IX LLC 970 LAKE CARILLON DRIVE SUITE SAINT PETERSBURG FL 33716			d Control number		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
			b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
			82-1628414			166666.72		60364.64	
e Employee's name, address, and ZIP code DANIEL A PEREZ 8720 SW 84TH ST MIAMI FL 33173			13 Statutory employee		Retirement plan	Third-party sick pay	3 Social security wages	4 Social security tax withheld	
							93533.32	5799.07	
			12 See instructions for box 12				14 Other	5 Medicare wages and tips	6 Medicare tax withheld
								166666.72	2716.66
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	

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Form W-2 Wage and Tax Statement 2023

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
			b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
e Employee's name, address, and ZIP code			13 Statutory employee		Retirement plan	Third-party sick pay	3 Social security wages	4 Social security tax withheld	
			12 See instructions for box 12				14 Other	5 Medicare wages and tips	6 Medicare tax withheld
								7 Social Security Tips	8 Allocated Tips
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	

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Form W-2 Wage and Tax Statement 2023

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
			b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
e Employee's name, address, and ZIP code			13 Statutory employee		Retirement plan	Third-party sick pay	3 Social security wages	4 Social security tax withheld	
			12 See instructions for box 12				14 Other	5 Medicare wages and tips	6 Medicare tax withheld
								7 Social Security Tips	8 Allocated Tips
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	

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.

DANIEL A PEREZ
2100 SALZEDO STREET 200
CORAL GABLES FL 33134

1 OF 1

OMB No. 1545-0048			RECEIVED EMPLOYER		
a Control Number			1 Wages, tips, other compensation	2 Federal income tax withheld	
9MVS			66666.68	16474.81	
b Employer identification number (EIN)			3 Social security wages	4 Social security tax withheld	
48-1304650			66666.68	4133.33	
c Employee's social security number			5 Medicare wages and tips	6 Medicare tax withheld	
[REDACTED]			66666.68	966.67	
e Employer's name, address and ZIP code					
TRINET HR III, INC. SUITE 600 1 PARK PLACE DUBLIN CA 94568-1983					

7 Social security tips			8 Allocated tips		9
10 Dependent care benefits			11 Nonqualified plans		12a See instructions for box 12
12b Code			12c Code		12d Code
13 Statutory employee			Retirement plan		Third-party sick pay
14 Other					
e Employer's name, address and ZIP code					
DANIEL A PEREZ 8720 NW 84TH CT MIAMI FL 33173-4144					

2023 Form W-2		15 State Employer's state ID no		16 State wages, tips, etc	
Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) 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. Department of the Treasury - Internal Revenue Service					
17 State income tax		18 Local wages, tips, etc			
19 Local income tax		20 Locality name			

OMB No. 1545-0048			RECEIVED EMPLOYER		
a Control Number			1 Wages, tips, other compensation	2 Federal income tax withheld	
9MVS			66666.68	16474.81	
b Employer identification number (EIN)			3 Social security wages	4 Social security tax withheld	
48-1304650			66666.68	4133.33	
c Employee's social security number			5 Medicare wages and tips	6 Medicare tax withheld	
[REDACTED]			66666.68	966.67	
e Employer's name, address and ZIP code					
TRINET HR III, INC. SUITE 600 1 PARK PLACE DUBLIN CA 94568-1983					

7 Social security tips			8 Allocated tips		9
10 Dependent care benefits			11 Nonqualified plans		12a See instructions for box 12
12b Code			12c Code		12d Code
13 Statutory employee			Retirement plan		Third-party sick pay
14 Other					

OMB No. 1545-0048			RECEIVED EMPLOYER		
a Control Number			1 Wages, tips, other compensation	2 Federal income tax withheld	
9MVS			66666.68	16474.81	
b Employer identification number (EIN)			3 Social security wages	4 Social security tax withheld	
48-1304650			66666.68	4133.33	
c Employee's social security number			5 Medicare wages and tips	6 Medicare tax withheld	
[REDACTED]			66666.68	966.67	
e Employer's name, address and ZIP code					
TRINET HR III, INC. SUITE 600 1 PARK PLACE DUBLIN CA 94568-1983					

7 Social security tips			8 Allocated tips		9
10 Dependent care benefits			11 Nonqualified plans		12a See instructions for box 12
12b Code			12c Code		12d Code
13 Statutory employee			Retirement plan		Third-party sick pay
14 Other					
e Employer's name, address and ZIP code					
DANIEL A PEREZ 8720 NW 84TH CT MIAMI FL 33173-4144					

2023 Form W-2		15 State Employer's state ID no		16 State wages, tips, etc	
Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service. Department of the Treasury - Internal Revenue Service					
17 State income tax		18 Local wages, tips, etc			
19 Local income tax		20 Locality name			

OMB No. 1545-0048			RECEIVED EMPLOYER		
a Control Number			1 Wages, tips, other compensation	2 Federal income tax withheld	
9MVS			66666.68	16474.81	
b Employer identification number (EIN)			3 Social security wages	4 Social security tax withheld	
48-1304650			66666.68	4133.33	
c Employee's social security number			5 Medicare wages and tips	6 Medicare tax withheld	
[REDACTED]			66666.68	966.67	
e Employer's name, address and ZIP code					
TRINET HR III, INC. SUITE 600 1 PARK PLACE DUBLIN CA 94568-1983					

7 Social security tips			8 Allocated tips		9
10 Dependent care benefits			11 Nonqualified plans		12a See instructions for box 12
12b Code			12c Code		12d Code
13 Statutory employee			Retirement plan		Third-party sick pay
14 Other					