

**CAROLINA ROJAS FEBRES
2645 14TH ST
VERO BEACH, FL 32960
2024 INCOME TAX RETURN**



December 10, 2025

Carolina Rojas Febres
2645 14Th St
Vero Beach, FL 32960

Dear Carolina,

Please find enclosed a copy of your tax return(s) for the tax year ending December 31, 2024.

Form 1040 - Federal Individual Income Tax Return

We prepared your return based on the information you provided us. Please review the returns carefully to ensure that there are no omissions or misstatements of material facts.

If you have any questions about your tax return, please contact us. We appreciate this opportunity to serve you.

Sincerely,

Carlos Demilita
A&F Special Services LLC
2200 N Commerce Pkwy Suite 200
Weston, FL 33326



Tax Summary and Instructions for Filing
2024 Federal Individual Income Tax Return

Summary of Federal Information:

Federal adjusted gross income\$ 35,993.00
Federal taxable income\$ 17,114.00
Federal balance due\$ 6,399.00
Federal effective tax rate 39.95%

The due date of the Federal Form 1040 is April 15, 2025.

Your balance due return has been electronically filed. Mail Form 1040-V and a check or money order in the amount of \$6,399.00 payable to the "United States Treasury". Write your social security number and "2024 Form 1040" on the check and mail to the following address:

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

CAROLINA ROJAS FEBRES
2645 14TH ST
VERO BEACH FL 32960
(305) 666-2789

Description		Amount
PREPARATION OF 2024 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS) FORM 1040 SCHEDULE 2 (ADDITIONAL TAXES) SCHEDULE C (BUSINESS PROFIT/LOSS) SCHEDULE SE (SELF-EMPLOYMENT TAX) FORM W-2 (WAGES AND TAX) (2) FORM 2210 (UNDERPAYMENT OF ESTIMATED TAX) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) FORM 8962 (PREMIUM TAX CREDIT) FORM 8995 (QUALIFIED BUSINESS INCOME DEDUCTION - SIMPLIFIED) FORM 9465 (INSTALLMENT AGREEMENT) FORM 1040 V ELECTRONIC FILING FEE		
	Total Invoice	\$260.00
	Amount Paid	\$0.00
	Balance Due	\$260.00

TAX YEAR: 2024

PROCESS DATE: 12/10/2025

CLIENT : 758-21-0334 CAROLINA ROJAS FEBRES

BIRTH DATE : 10/15/1971 Age:53

ADDRESS : 2645 14TH ST
: VERO BEACH FL 32960

PREPARER : 3

Phone #1: (305) 666-2789

PREPARER FEE : 225.00

Phone #2:

ELECTRONIC : 35.00

Phone #3:

TOTAL FEES : 260.00

STATUS : SINGLE

FED TYPE: Electronic Mail

ST TYPE : Regular Tax

EFFECTIVE RATE: 39.95%

E-MAIL : CAROLINAROJAS@YAH00.COM

LISTING OF FORMS FOR THIS RETURN

FORM 1040
SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
SCHEDULE 2 (ADDITIONAL TAXES)
FORM W-2
SCHEDULE C (BUSINESS INCOME)
SCHEDULE SE (SELF EMPLOYMENT TAX)
FORM 2210 (UNDERPAYMENT OF ESTIMATED TAX)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
FORM 8962 (PREMIUM TAX CREDIT)
FORM 8995 (QUALIFIED BUSINESS INCOME DEDUCTION)
FORM 9465 (INSTALLMENT AGREEMENT)
PAYMENT VOUCHER

* QUICK SUMMARY *

SUMMARY	FEDERAL
FILING STATUS	1
TOTAL INCOME	38025
TOTAL ADJUSTMENTS	2032
ADJUSTED GROSS INCOME	35993
DEDUCTIONS	14600
EXEMPTIONS	0
TAXABLE INCOME	17114
TAX	2773
CREDITS	0
OTHER TAXES	4064
PAYMENTS	438
REFUND	0
AMOUNT DUE	6399

CLIENT : CAROLINA ROJAS FEBRES

758-21-0334

PREPARER : 3 DATE : 12/10/2025

* W-2 INCOME FORMS SUMMARY *

	T/S	EIN	EMPLOYER	WAGES	FEDERAL TX/WH	FICA TX/WH	MEDICARE TX/WH	STATE TX/WH	ST
1.	T	32-0338631	CLEANER SPACE CORPO	6230	184	386	90	0	
2.	T	59-3744258	SOUTH EAST EMPLOYEE	3031	254	188	44	0	
TOTALS.....				9261	438	574	134	0	

		a Employee's social security number 758-21-0334		OMB No. 1545-0008			
b Employer identification number (EIN) 32-0338631			1 Wages, tips, other compensation 6230		2 Federal income tax withheld 184		
c Employer's name, address, and ZIP code CLEANER SPACE CORPORATION 3764 NW 124TH AV CORALSPRING FL 33065			3 Social security wages 6230		4 Social security tax withheld 386		
			5 Medicare wages and tips 6230		6 Medicare tax withheld 90		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial CAROLINA 2645 14TH ST VERO BEACH FL 32960 f Employee's address and ZIP code			Last name ROJAS FEBRES		Suff.		
			11 Nonqualified plans		12a C o o d e		
			13 Statutory employee ☐		Retirement plan ☐	Third-party sick pay ☐	12b C o o d e
			14 Other		12c C o o d e		
					12d C o o d e		
15 State	Employer's state ID number	16 State wages, tips, etc. 6230	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

		a Employee's social security number 758-21-0334		OMB No. 1545-0008			
b Employer identification number (EIN) 59-3744258			1 Wages, tips, other compensation 3031		2 Federal income tax withheld 254		
c Employer's name, address, and ZIP code SOUTH EAST EMPLOYEE LEASING 2739 US HWAY 19NORTH HOLIDAY FL 34691			3 Social security wages 3031		4 Social security tax withheld 188		
			5 Medicare wages and tips 3031		6 Medicare tax withheld 44		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial CAROLINA 2645 14TH ST VERO BEACH FL 32960 f Employee's address and ZIP code			Last name ROJAS FEBRES		Suff.		
			11 Nonqualified plans		12a C o o d e		
			13 Statutory employee ☐		Retirement plan ☐	Third-party sick pay ☐	12b C o o d e
			14 Other UNIFOR 50		12c C o o d e		
					12d C o o d e		
15 State	Employer's state ID number	16 State wages, tips, etc. 3031	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**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.

Submission Identification Number (SID) ►

Taxpayer's name CAROLINA ROJAS FEBRES	Social security number 758-21-0334
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1 35993
2 Total tax	2 6837
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 438
4 Amount you want refunded to you	4
5 Amount you owe	5 6399

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 A&F SPECIAL SERVICES, LLC to enter or generate my PIN

1	0	3	3	4
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name 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 ► _____ Date ► _____

Spouse's PIN: check one box only

- ☐ I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name 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 ► _____ Date ► _____

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.

6	0	7	9	5	7	1	5	7	8	4
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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

A&F SPECIAL SERVICES, LLC
ERO's signature ► **CARLOS R DEMILITA** Date ► **12/10/2025**

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. ^PForm **8879** (Rev. 01-2021)

QNA

What Is Form 1040-V?

It's a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2024 Form 1040, 1040-SR, or 1040-NR.

Consider Making Your Tax Payment Electronically—It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment, you will receive immediate confirmation from the IRS. Go to www.irs.gov/Payments to see all your electronic payment options.

How To Fill in Form 1040-V

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

How To Prepare Your Payment

- Make your check or money order payable to "United States Treasury." Don't send cash. If you want to pay in cash, in person, see *Pay by cash*, later.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also, enter "2024 Form 1040," "2024 Form 1040-SR," or "2024 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 lines (for example, don't enter "\$ XXX—" or "\$ XXX ^{xx}/₁₀₀").

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 fund 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 www.acipayonline.com, our official payment provider. Click on "Federal IRS payments" to make your payment.

How To Send in Your 2024 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 2024 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 (2024)

Separate here and mail with your payment and return.

Form 1040-V Department of the Treasury Internal Revenue Service	Payment Voucher for Individuals				OMB No. 1545-0074	
	Do not staple or attach this voucher to your payment or return. Go to www.irs.gov/Payments for payment options and information.				2024	
	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"	
	758-21-0334				6399	
	4 Your first name and middle initial CAROLINA		Last name ROJAS FEBRES			
Print or type	If a joint return, spouse's first name and middle initial		Last name			
	Home address (number and street) 2645 14TH ST		Apt. no.		City, town, or post office. If you have a foreign address, also complete spaces below. VERO BEACH	
	Foreign country name		Foreign province/state/county		State FL ZIP code 329600000	

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

Need to make a payment?

Save time by paying online. Paying online is convenient and secure.

The IRS offers easy ways to electronically pay your taxes.

Use Your Online Account (no fees) - Go to www.irs.gov/Account to log in and make a payment. - Make a tax payment online directly from your checking or savings account. - View your balance, payment plan details and options, digital copies of certain notices, and more.	Pay by Bank Account (no fees) - Use Direct Pay online to make an individual tax payment from your checking or savings account without registration. - Register for the Electronic Federal Tax Payment System (EFTPS) to make one-time or recurring payments from your checking or savings account. - When you e-file with tax software or a tax professional, you can schedule an electronic funds withdrawal (EFW).	Pay by Card (processing fees apply) - Pay online or by phone. - When e-filing, pay through tax preparation software. - Processing fees go to a payment processor and limits apply. The IRS does not receive any fees.
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Go to www.irs.gov/Payments for more details or to make a payment.

Mailing Address for Payments

IF you live in...	THEN use this address to send in your payment...
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20____

See separate instructions.

Your first name and middle initial
CAROLINA

Last name
ROJAS FEBRES

Your social security number
758-21-0334

Spouse's social security number

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

Last name

Home address (number and street). If you have a P.O. box, see instructions.
2645 14TH ST

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.
VERO BEACH

State
FL

ZIP code
32960

Foreign country name

Foreign province/state/county

Foreign postal code

☐ You ☐ Spouse

Filing Status

☒ Single ☐ Head of household (HOH)

☐ 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: _____

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets

At any time during 2024, 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, 1960 ☐ Are blind

Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):
				Child tax credit ☐ Credit for other dependents ☐
				☐ ☐
				☐ ☐
				☐ ☐

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	9261
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	9261

2a Tax-exempt interest

2a

2b Taxable interest

2b

3a Qualified dividends

3a

3b Ordinary dividends

3b

4a IRA distributions

4a

4b Taxable amount

4b

5a Pensions and annuities

5a

5b Taxable amount

5b

6a Social security benefits

6a

6b Taxable amount

6b

c If you elect to use the lump-sum election method, check here (see instructions)

☐

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

☐

7

8 Additional income from Schedule 1, line 10

8

28764

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**

9

38025

10 Adjustments to income from Schedule 1, line 26

10

2032

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

11

35993

12 **Standard deduction or itemized deductions** (from Schedule A)

12

14600

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

13

4279

14 Add lines 12 and 13

14

18879

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

15

17114

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, \$14,600
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under Standard Deduction, see instructions.

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

ONA

Form **1040** (2024)

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

2024
Attachment
Sequence No. 01

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

Your social security number

CAROLINA ROJAS FEBRES

758-21-0334

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

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	28764
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		
v	Digital assets received as ordinary income not reported elsewhere. See instructions 8v		
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		28764

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

Schedule 1 (Form 1040) 2024

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	2032
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	2032

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

2024
Attachment
Sequence No. **02**

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

CAROLINA ROJAS FEBRES

Your social security number

758-21-0334

Part I Tax**1** Additions to tax:**a** Excess advance premium tax credit repayment. Attach Form 8962**1a**

950

b Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)**1b****c** Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)**1c****d** Recapture of net EPE from Form 4255, line 2a, column (l)**1d****e** Excessive payments (EP) from Form 4255. Check applicable box and enter amount.**(i)** ☐ Line 1a, column (n)**(ii)** ☐ Line 1c, column (n)**(iii)** ☐ Line 1d, column (n)**(iv)** ☐ Line 2a, column (n)**1e****f** 20% EP from Form 4255. Check applicable box and enter amount. See instructions.**(i)** ☐ Line 1a, column (o)**(ii)** ☐ Line 1c, column (o)**(iii)** ☐ Line 1d, column (o)**(iv)** ☐ Line 2a, column (o)**1f****y** Other additions to tax (see instructions): _____**1y****z** Add lines 1a through 1y**1z**

950

2 Alternative minimum tax. Attach Form 6251**2****3** Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17**3**

950

Part II Other Taxes**4** Self-employment tax. Attach Schedule SE**4**

4064

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)

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** Recapture of net EPE from Form 4255, line 1d, column (l)**19****20** Section 965 net tax liability installment from Form 965-A**20****21** Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b**21**

4064

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/Form2210 for instructions and the latest information.

OMB No. 1545-0140

2024Attachment
Sequence No. **06**

Name(s) shown on tax return

CAROLINA ROJAS FEBRES

Identifying number

758-21-0334

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?	Yes	Don't file Form 2210. You don't owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a penalty. Don't file Form 2210 unless box E in Part II applies, then file page 1 of Form 2210.
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 2210. Does box B, C, or D in Part II apply?
No		
	No	You must figure your penalty.
	Yes	
Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210.		
You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.		

Part I Required Annual Payment

1	Enter your 2024 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	2773
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	4064
3	Other payments and refundable credits (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	6837
5	Multiply line 4 by 90% (0.90)	5	6153
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	438
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	6399
8	Maximum required annual payment based on prior year's tax (see instructions)	8	
9	Required annual payment. Enter the smaller of line 5 or line 8	9	

Next: Is line 9 more than line 6?

- ☒ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.
- ☐ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.
- If box **B**, **C**, or **D** applies, you must figure your penalty and file Form 2210.
 - If box **A** or **E** applies (but not **B**, **C**, or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

- A** ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2023 or 2024, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B**, **C**, or **D** applies).

Part III **Penalty Computation** (See the instructions if you're filing Form 1040-NR.)

Section A—Figure Your Underpayment		Payment Due Dates			
		(a) 4/15/24	(b) 6/15/24	(c) 9/15/24	(d) 1/15/25
10 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10				
11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	11	110	110	110	108

Complete lines 12 through 18 of one column before going to line 12 of the next column.

12 Enter the amount, if any, from line 18 in the previous column	12		110	220	330
13 Add lines 11 and 12	13		220	330	438
14 Add the amounts on lines 16 and 17 in the previous column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	15	110	220	330	438
16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16				
17 Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column	18	110	220	330	

Section B—Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B—Figure the Penalty in the instructions.)

19 Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B—Figure the Penalty. Include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II	19	0
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Schedule AI—Annualized Income Installment Method (See the instructions.)

Estates and trusts, **don't** use the period ending dates shown to the right. Instead, use the following: 2/29/24, 4/30/24, 7/31/24, and 11/30/24.

	(a) 1/1/24–3/31/24	(b) 1/1/24–5/31/24	(c) 1/1/24–8/31/24	(d) 1/1/24–12/31/24
--	-----------------------	-----------------------	-----------------------	------------------------

Part I Annualized Income Installments

1 Enter your adjusted gross income for each period. See instructions. (Estates and trusts, enter your taxable income without your exemption for each period.) . . .	1				35993
2 Annualization amounts. (Estates and trusts, see instructions.)	2	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2	3				35993
4 If you itemize, enter itemized deductions for the period shown in each column. All others, enter -0-, and skip to line 7. Exception: Estates and trusts, skip to line 9 .	4				
5 Annualization amounts	5	4	2.4	1.5	1
6 Multiply line 4 by line 5	6				
7 In each column, enter the amount of your standard deduction from Form 1040 or 1040-SR. (Form 1040-NR filers, enter -0-. Exception: Indian students and business apprentices, see instructions.)	7	14600	14600	14600	14600
8 Enter the larger of line 6 or line 7	8	14600	14600	14600	14600
9 Deduction for qualified business income. Estates and trusts: Subtract this amount from the amount on line 3, skip line 10, and enter the result on line 11	9				
10 Add lines 8 and 9	10	14600	14600	14600	14600
11 Subtract line 10 from line 3	11	-14600	-14600	-14600	21393
12 Form 1040, 1040-SR, or 1040-NR filers, enter -0- in each column. (Estates and trusts, see instructions.)	12				
13 Subtract line 12 from line 11. If zero or less, enter -0-	13				21393
14 Figure your tax on the amount on line 13. See instructions	14				2333
15 Self-employment tax from line 36 (complete Part II below)	15				
16 Enter other taxes for each payment period including, if applicable, Additional Medicare Tax and/or Net Investment Income Tax. See instructions	16				
17 Total tax. Add lines 14, 15, and 16	17				2333
18 For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 and 3. See instructions . .	18				
19 Subtract line 18 from line 17. If zero or less, enter -0-	19				2333
20 Applicable percentage	20	22.5%	45%	67.5%	90%
21 Multiply line 19 by line 20	21				2100

Complete lines 22–27 of one column before going to line 22 of the next column.

22 Enter the total of the amounts in all previous columns of line 27	22				
23 Subtract line 22 from line 21. If zero or less, enter -0-	23				2100
24 Enter 25% (0.25) of line 9 on page 1 of Form 2210 in each column	24				
25 Subtract line 27 of the previous column from line 26 of that column	25				
26 Add lines 24 and 25	26				
27 Enter the smaller of line 23 or line 26 here and on Form 2210, Part III, line 10	27				

Part II Annualized Self-Employment Tax (Form 1040, 1040-SR, or 1040-NR filers only)

28 Net earnings from self-employment for the period (see instructions)	28				
29 Prorated social security tax limit	29	\$42,150	\$70,250	\$112,400	\$168,600
30 Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax. Exception: If you filed Form 4137 or Form 8919, see instructions	30				
31 Subtract line 30 from line 29. If zero or less, enter -0-	31				
32 Annualization amounts	32	0.496	0.2976	0.186	0.124
33 Multiply line 32 by the smaller of line 28 or line 31 .	33				
34 Annualization amounts	34	0.116	0.0696	0.0435	0.029
35 Multiply line 28 by line 34	35				
36 Add lines 33 and 35. Enter here and on line 15 above	36				

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **09**

Name of proprietor CAROLINA ROJAS FEBRES		Link: 8	Social security number (SSN) 758-21-0334
A	Principal business or profession, including product or service (see instructions) JANITORIAL SERVICES	B Enter code from instructions 5 6 1 7 2 0	
C	Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E	Business address (including suite or room no.) City, town or post office, state, and ZIP code		
F	Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G	Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses . ☒ Yes ☐ No		
H	If you started or acquired this business during 2024, check here . ☐		
I	Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions . ☐ Yes ☒ No		
J	If "Yes," did you or will you file required Form(s) 1099? . ☐ Yes ☐ No		

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . ☐	1	29064
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	29064
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	29064
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	29064

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

8	Advertising	8		18	Office expense (see instructions) .	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans .	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III) .	22	300
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b			26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7			27a	Other expenses (from line 48)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.					30	
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					31	28764
						32a	☐ All investment is at risk.
						32b	☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

QNA

Schedule C (Form 1040) 2024

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.

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)
CAROLINA ROJAS FEBRES
Social security number of person with self-employment income
758-21-0334

Part I Self-Employment Tax

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

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

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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A
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.
4b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here
4c 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
5b 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 2024

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 \$168,600 or more, skip lines 8b through 10, and go to line 11
8b Unreported tips subject to social security tax from Form 4137, line 10
8c Wages subject to social security tax from Form 8919, line 10
8d 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 here and on Schedule 1 (Form 1040), line 15

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2024Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

CAROLINA ROJAS FEBRES

Your taxpayer identification number

758-21-0334

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	JANITORIAL SERVICES	758-21-0334	26732
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 26732	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 26732	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 5346
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 5346
11	Taxable income before qualified business income deduction (see instructions)	11 21393	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 21393	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 4279
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 4279
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16 ()	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17 ()	

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

Form **8995** (2024)

QNA

Premium Tax Credit (PTC)Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8962 for instructions and the latest information.

Name shown on your return

Your social security number

CAROLINA ROJAS FEBRES

758-21-0334

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

1	Tax family size. Enter your tax family size. See instructions	1	1	
2a	Modified AGI. Enter your modified AGI. See instructions	2a	35993	
b	Enter the total of your dependents' modified AGI. See instructions	2b		
3	Household income. Add the amounts on lines 2a and 2b. See instructions	3	35993	
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a ☐ Alaska b ☐ Hawaii c ☒ Other 48 states and DC	4	14580	
5	Household income as a percentage of federal poverty line (see instructions)	5	246 %	
6	Reserved for future use			
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0384	
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount 8a	1382	8b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount 8b	115

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☒ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12–23 and continue to line 24. ☐ **No.** Continue to lines 12–23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual PTC allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	8673	8492	1382	7110	7110	8496
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21–32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly PTC allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						
24 Total PTC. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					24	7110
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					25	8496
26 Net PTC. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					26	

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	1386
28	Repayment limitation (see instructions)	28	950
29	Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a	29	950

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

**Worksheet for Form 2210, Part III, Section B—Figure the Penalty
(Penalty Worksheet)**
Keep for Your Records 

Complete Rate Period 1 of each column before going to the next column; then go to Rate Periods 2, 3, and 4 in the same manner. If multiple estimated tax payments are applied to the underpayment amount in a column of line 1a, you'll need to make more than one computation for that column.

		Payment Due Dates			
		(a) 04/15/24	(b) 06/15/24	(c) 09/15/24	(d) 01/15/25
1a Enter your underpayment from Part III, Section A, line 17	1a				
1b Date and amount of each payment applied to the underpayment in the same column. Don't enter more than the underpayment amount on line 1a for each column (see instructions). Note. Your payments are applied in the order made first to any underpayment balance in an earlier column until that underpayment is fully paid.	1b				
Rate Period 1: April 16, 2024–June 30, 2024					
2 Computation starting dates for this period	2	04/15/24	06/15/24		
3 Number of days from the date on line 2 to the date the amount on line 1a was paid or 06/30/24, whichever is earlier	3	Days: 76	Days: 15		
4 Underpayment on line 1a × $\frac{\text{Number of days on line 3}}{366}$ × 0.08	4	\$	\$		
Rate Period 2: July 1, 2024–September 30, 2024					
5 Computation starting dates for this period	5	06/30/24	06/30/24	09/15/24	
6 Number of days from the date on line 5 to the date the amount on line 1a was paid or 09/30/24, whichever is earlier	6	Days: 92	Days: 92	Days: 15	
7 Underpayment on line 1a × $\frac{\text{Number of days on line 6}}{366}$ × 0.08	7	\$	\$	\$	
Rate Period 3: October 1, 2024–December 31, 2024					
8 Computation starting dates for this period	8	09/30/24	09/30/24	09/30/24	
9 Number of days from the date on line 8 to the date the amount on line 1a was paid or 12/31/24, whichever is earlier	9	Days: 92	Days: 92	Days: 92	
10 Underpayment on line 1a × $\frac{\text{Number of days on line 9}}{366}$ × X.XX	10	\$	\$	\$	
Rate Period 4: January 1, 2025–April 15, 2025					
11 Computation starting dates for this period	11	12/31/24	12/31/24	12/31/24	01/15/25
12 Number of days from the date on line 11 to the date the amount on line 1a was paid or 04/15/25, whichever is earlier	12	Days: 105	Days: 105	Days: 105	Days: 90
13 Underpayment on line 1a × $\frac{\text{Number of days on line 12}}{365}$ × X.XX	13	\$	\$	\$	\$
14 Penalty. Add all amounts on lines 4, 7, 10, and 13 in all columns. Enter the total here and on line 19 of Part III, Section B	14	\$ 0			