

JOSE SIERRA & ALONDRA MARIN
593 SUMMIT PT
CANTON, GA 30114
2024 INCOME TAX RETURN



December 12, 2025

Jose Sierra & Alondra Marin
593 Summit Pt
Canton, GA 30114

Dear Jose & Alondra,

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
GA - Georgia 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\$ 161,309.00
Federal taxable income\$ 129,563.00
Federal refund\$ 2,896.00
Federal effective tax rate 17.74%

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

Your return has been electronically filed, and you will receive a refund of \$2,896.00.

Summary of State Information:

GA Form 500

State adjusted gross income ...	\$ 161,309.00
State taxable income	\$ 133,309.00
State Refund	\$ 167.00
State effective tax rate	5.39%

The due date of the GA Form 500 is April 15, 2025.

Your state return has been electronically filed, and you will receive a refund of \$ 167.00.

A&F SPECIAL SERVICES LLC
2200 N COMMERCE PKWY SUITE 200
WESTON FL 33326
(954) 534-3056

JOSE SIERRA &
ALONDRA I MARIN
593 SUMMIT PT
CANTON GA 30114
(407) 385-2630

Preparer No.: 3
Client No. : XXX-XX-3115
Invoice Date: 12/12/2025
Invoice No. : 284

INVOICE

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)		
FORM 1040 SCHEDULE 3 (ADDITIONAL CREDITS AND PAYMENTS)		
SCHEDULE B (INTEREST & DIVIDENDS)		
SCHEDULE C (BUSINESS PROFIT/LOSS) (2)		
SCHEDULE D (CAPITAL GAINS & LOSS)		
FORM 8949 (SALES OF CAPITAL ASSETS) (2)		
CAPITAL GAIN TAX WORKSHEET		
SCHEDULE SE (SELF-EMPLOYMENT TAX) (2)		
FORM W-2 (WAGES AND TAX)		
FORM 1099-NEC (NONEMPLOYEE COMPENSATION) (2)		
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)		
FORM 8812 (QUALIFYING CHILDREN & OTHER DEPENDENTS CREDITS)		
FORM 8863 (EDUCATION CREDIT)		
FORM 8867 (DUE DILIGENCE CHECKLIST)		
FORM 8962 (PREMIUM TAX CREDIT)		
FORM 8995 (QUALIFIED BUSINESS INCOME DEDUCTION - SIMPLIFIED)		
GA STATE RESIDENT RETURN		
ELECTRONIC FILING FEE		
Total Invoice		\$655.00
Amount Paid		\$0.00
Balance Due		\$655.00

TAX YEAR: 2024

PROCESS DATE: 12/12/2025

CLIENT : 855-32-3115 JOSE SIERRA
SPOUSE : 024-55-3274 ALONDRA I MARIN

BIRTH DATE : 11/25/1995 Age:29
BIRTH DATE : 02/03/1998 Age:26

ADDRESS : 593 SUMMIT PT
: CANTON GA 30114

PREPARER : 3

Phone #1: (407) 385-2630

Phone #2:

Phone #3:

STATUS : MARRIED JOINT

FED TYPE: Electronic Mail

ST TYPE : Electronic Mail

E-MAIL : J.SIERRA@GMAIL.COM

PREPARER FEE : 620.00

ELECTRONIC : 35.00

TOTAL FEES : 655.00

EFFECTIVE RATE: 17.74%

DEPENDENT NAME	BIRTH DATE	AGE	SSN	RELATIONSHIP	MONTHS
CARLOTA SIERRA MARIN	12/01/2018	6	025-55-2224	DAUGHTER	12

LISTING OF FORMS FOR THIS RETURN

FORM 1040

SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)

SCHEDULE 2 (ADDITIONAL TAXES)

SCHEDULE 3 (ADDITIONAL CREDITS AND PAYMENTS)

FORM W-2

FORM 1099-NEC (NONEMPLOYEE COMPENSATION)

SCHEDULE B (INTEREST/DIVIDEND INCOME)

SCHEDULE C (BUSINESS INCOME)

SCHEDULE D (CAPITAL GAINS/LOSSES)

SCHEDULE SE (SELF EMPLOYMENT TAX)

FORM 8812 (CREDITS FOR QUALIFYING CHILDREN AND OTHER DEPENDENTS)

FORM 8863 (EDUCATION CREDITS)

FORM 8867 (DUE DILIGENCE CHECKLIST)

FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)

FORM 8949 (SALES AND OTHER DISPOSITIONS OF CAPITAL ASSETS)

FORM 8962 (PREMIUM TAX CREDIT)

FORM 8995 (QUALIFIED BUSINESS INCOME DEDUCTION)

GA STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	GA RESIDENT
FILING STATUS	2	2
TOTAL INCOME	162277	0
TOTAL ADJUSTMENTS	968	0
ADJUSTED GROSS INCOME	161309	161309
DEDUCTIONS	29200	24000
EXEMPTIONS	0	0
TAXABLE INCOME	129563	133309
TAX	23471	7185
CREDITS	2421	0
OTHER TAXES	1935	0
PAYMENTS	25881	7352
REFUND	2896	167
AMOUNT DUE	0	0

CLIENT : JOSE SIERRA
SPOUSE : ALONDRA MARIN

855-32-3115
024-55-3274

PREPARER : 3 DATE : 12/12/2025

* 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	20-3859138	GERBER PAYROLL SERV	146931	25599	9110	2130	7352 GA
TOTALS.....				146931	25599	9110	2130	7352

* 1099-MISC/1099-NEC INCOME FORMS SUMMARY *

	[T/S]	EIN	PAYER	RENTS	ROYALTIES	OTHER INCOME	FEDERAL WITH	NONEMPL COMP
1.	T	91-1646860	AMAZON COM INC	0	0	0	0	17188
2.	T	46-2852392	DOORDASH INC	0	0	0	0	5664
TOTALS.....				0	0	0	0	22852

		a Employee's social security number 855 - 32 - 3115		OMB No. 1545-0008							
b Employer identification number (EIN) 20 - 3859138			1 Wages, tips, other compensation 146931		2 Federal income tax withheld 25599						
c Employer's name, address, and ZIP code GERBER PAYROLL SERVICES 1745 ELLICE AVE UNIT C WINNIPEG CANADA R3H			3 Social security wages 146931		4 Social security tax withheld 9110						
			5 Medicare wages and tips 146931		6 Medicare tax withheld 2130						
			7 Social security tips		8 Allocated tips						
d Control number 114809CHIC/3UT			9		10 Dependent care benefits						
e Employee's first name and initial JOSE 593 SUMMIT PT CANTON GA 30114 f Employee's address and ZIP code			Last name SIERRA		Suff.						
			11 Nonqualified plans		12a C o d e DD 19744						
			13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12b C o d e 						
			14 Other		12c C o d e 12d C o d e 						
15 State Employer's state ID number GA 2292162CT		16 State wages, tips, etc. 146931		17 State income tax 7352		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

		a Employee's social security number OMB No. 1545-0008									
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld						
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld						
			5 Medicare wages and tips		6 Medicare tax withheld						
			7 Social security tips		8 Allocated tips						
d Control number			9		10 Dependent care benefits						
e Employee's first name and initial f Employee's address and ZIP code			Last name		Suff.						
			11 Nonqualified plans		12a C o d e 						
			13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12b C o d e 						
			14 Other		12c C o d e 12d C o d e 						
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	

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. AMAZON COM INC PO BOX 80683 SEATTLE WA 98108		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2024) For calendar year 2024		Nonemployee Compensation
PAYER'S TIN 91-1646860	RECIPIENT'S TIN 855-32-3115	1 Nonemployee compensation \$ 17188		
RECIPIENT'S name JOSE SIERRA Street address (including apt. no.) 593 SUMMIT PT City or town, state or province, country, and ZIP or foreign postal code CANTON GA 30114		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐		
		3		
		4 Federal income tax withheld \$		
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no.	7 State income \$

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DOORDASH INC 303 2ND STREET SUITE 800 SAN FRANCISCO CA 94107		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2024) For calendar year 2024		Nonemployee Compensation
PAYER'S TIN 46-2852392	RECIPIENT'S TIN 855-32-3115	1 Nonemployee compensation \$ 5664		
RECIPIENT'S name JOSE SIERRA Street address (including apt. no.) 593 SUMMIT PT City or town, state or province, country, and ZIP or foreign postal code CANTON GA 30114		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐		
		3		
		4 Federal income tax withheld \$		
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no.	7 State income \$

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 JOSE SIERRA	Social security number 855-32-3115
Spouse's name ALONDRA I MARIN	Spouse's social security number 024-55-3274

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	161309
2	Total tax	2	22985
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	25601
4	Amount you want refunded to you	4	2896
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

- ☒ I authorize A&F SPECIAL SERVICES, LLC to enter or generate my PIN

1	3	1	1	5
---	---	---	---	---

 as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.
- ☐ 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 A&F SPECIAL SERVICES, LLC to enter or generate my PIN

1	3	2	7	4
---	---	---	---	---

 as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.
- ☐ 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 ► 12/12/2025

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

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 JOSE		Last name SIERRA		Your social security number 855-32-3115	
If joint return, spouse's first name and middle initial ALONDRA I		Last name MARIN		Spouse's social security number 024-55-3274	
Home address (number and street). If you have a P.O. box, see instructions. 593 SUMMIT PT				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. CANTON			State GA		ZIP code 30114
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)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

☐ 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
CARLOTA	SIERRA MARIN	025-55-2224	DAUGHTER	☒	☐
				☐	☐
				☐	☐
				☐	☐

Income

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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	146931
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	146931
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	98
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions)		☐
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	1439
8	Additional income from Schedule 1, line 10	8	13699
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	162277
10	Adjustments to income from Schedule 1, line 26	10	968
11	Subtract line 10 from line 9. This is your adjusted gross income	11	161309
12	Standard deduction or itemized deductions (from Schedule A)	12	29200
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	2546
14	Add lines 12 and 13	14	31746
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	129563

Form **1040** (2024)

QNA

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

JOSE SIERRA & ALONDRA MARIN

855-32-3115

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	13699
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		13699

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	968
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	968

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

JOSE SIERRA & ALONDRA MARIN

Your social security number

855-32-3115

Part I Tax

1 Additions to tax:

- a** Excess advance premium tax credit repayment. Attach Form 8962
- 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)
- 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)
- d** Recapture of net EPE from Form 4255, line 2a, column (l)
- 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)
- 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)
- y** Other additions to tax (see instructions): _____

1a 4868

1b

1c

1d

1e

1f

1y

z Add lines 1a through 1y **1z** 4868

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** 4868

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE **4** 1935

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**

1935

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

2024
Attachment
Sequence No. **03**

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

JOSE SIERRA & ALONDRA MARIN

Your social security number

855-32-3115

Part I 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	
3	Education credits from Form 8863, line 19	3	421
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	421

Part II 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	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions): _____	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	

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

Schedule 3 (Form 1040) 2024

QNA

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2024
Attachment
Sequence No. 08

Name(s) shown on return: JOSE SIERRA & ALONDRA MARIN
Your social security number: 855 - 32 - 3115

Part I
Interest

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Table with 3 columns: Line number, Description, and Amount. Includes entries for AMERICAN EXPRESS NATIONAL BANK, CAPITAL ONE NA, and ROBINHOOD MARKETS INC.

Note: If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Table with 3 columns: Line number, Description, and Amount. Includes entry for INTERACTIVE BROKERS LLC.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Table with 3 columns: Line number, Description, and Yes/No columns. Includes questions about foreign financial interest and distributions.

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 JOSE SIERRA		Link: 4	Social security number (SSN) 855-32-3115
A	Principal business or profession, including product or service (see instructions) COURIERS	B Enter code from instructions 4 9 2 1 1 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	22852
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	22852
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	22852
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	22852

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	10563	19	Pension and profit-sharing plans .	19			
10	Commissions and fees	10		20	Rent or lease (see instructions):				
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a			
12	Depletion	12		b	Other business property	20b			
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21			
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III) .	22			
15	Insurance (other than health)	15		23	Taxes and licenses	23			
16	Interest (see instructions):			24	Travel and meals:				
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a			
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			28	10563				
29	Tentative profit or (loss). Subtract line 28 from line 7			29	12289				
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								
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. }							31	12289
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. }							32a	☐ All investment is at risk.
		32b	☐ Some investment is not at risk.						

For Paperwork Reduction Act Notice, see the separate instructions.

QNA

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) <u>02 / 28 /2024</u>	
44	Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:	
	a Business <u>15766</u> b Commuting (see instructions) _____ c Other _____	
45	Was your vehicle available for personal use during off-duty hours?	☒ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?.	☒ Yes ☐ No
47a	Do you have evidence to support your deduction?	☒ Yes ☐ No
	b If "Yes," is the evidence written?	☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

48	Total other expenses. Enter here and on line 27a

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 ALONDRA I MARIN		Link: 23	Social security number (SSN) 024-55-3274
A Principal business or profession, including product or service (see instructions) OTHER SUPPORT SERVICES		B Enter code from instructions 5 6 1 9 2 0	
C Business name. If no separate business name, leave blank. ALONDRA'S EVENT LLC		D Employer ID number (EIN) (see instr.) 8 8 2 5 3 6 9 5 7	
E Business address (including suite or room no.) City, town or post office, state, and ZIP code		182 NORTH CARTON RD SUITE 20 CARROLLTON GA 30117	
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	6720
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	6720
4 Cost of goods sold (from line 42)	4	370
5 Gross profit. Subtract line 4 from line 3	5	6350
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	122
7 Gross income. Add lines 5 and 6	7	6472

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

8 Advertising	8		18	40
9 Car and truck expenses (see instructions)	9		19	
10 Commissions and fees	10		20	
11 Contract labor (see instructions)	11		a	
12 Depletion	12		b	2996
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	
14 Employee benefit programs (other than on line 19)	14		22	
15 Insurance (other than health)	15		23	
16 Interest (see instructions):			24	
a Mortgage (paid to banks, etc.)	16a		a	86
b Other	16b		b	6
17 Legal and professional services	17		25	1800
18 Office expense (see instructions)			26	
19 Pension and profit-sharing plans			27a	134
20 Rent or lease (see instructions):			b	
a Vehicles, machinery, and equipment			27b	
b Other business property			28	5062
21 Repairs and maintenance			29	1410
22 Supplies (not included in Part III)				
23 Taxes and licenses				
24 Travel and meals:				
a Travel				
b Deductible meals (see instructions)				
25 Utilities				
26 Wages (less employment credits)				
27a Other expenses (from line 48)				
27b Energy efficient commercial bldgs deduction (attach Form 7205)				
28 Total expenses before expenses for business use of home. Add lines 8 through 27b				
29 Tentative profit or (loss). Subtract line 28 from line 7				
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			31	1410
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

QNA

Schedule C (Form 1040) 2024

Part III **Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	☐ Yes ☒ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38 370
39	Other costs	39
40	Add lines 35 through 39	40 370
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 370

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

43	When did you place your vehicle in service for business purposes? (month/day/year) _____ / _____ / _____	
44	Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for: a Business _____ b Commuting (see instructions) _____ c Other _____	
45	Was your vehicle available for personal use during off-duty hours?	☐ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?.	☐ Yes ☐ No
47a	Do you have evidence to support your deduction?	☐ Yes ☐ No
b	If "Yes," is the evidence written?	☐ Yes ☐ No

Part V **Other Expenses.** List below business expenses not included on lines 8–26, line 27b, or line 30.

GENERAL BUSINESS EXPENSES	134	
48	Total other expenses. Enter here and on line 27a	48 134

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

2024

Attachment
Sequence No. **12**

Name(s) shown on return

JOSE SIERRA & ALONDRA MARIN

Your social security number

855-32-3115

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.

Part I 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 .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	22326	20677		1649
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
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 1649

Part II 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 .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	4097	4307		- 210
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 - 210

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

Schedule D (Form 1040) 2024

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	1439
• 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 you are 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) } Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	()
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) 2024

QNA

855-32-3115

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **17**

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

JOSE SIERRA

Social security number of person
with **self-employment** income

855-32-3115

Part I Self-Employment Tax

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

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

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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b (	)

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

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	12289
3 Combine lines 1a, 1b, and 2	3	12289
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.	4a	11349
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	11349
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	11349
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	7	168,600
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	8a	146931
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	
d Add lines 8a, 8b, and 8c	8d	146931
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	21669
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	1407
11 Multiply line 6 by 2.9% (0.029)	11	329
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	12	1736
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	868

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

Schedule SE (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) ALONDRA I MARIN
Social security number of person with self-employment income 024-55-3274

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

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children
and Other Dependents

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. 47

Name(s) shown on return

Your social security number

JOSE SIERRA & ALONDRA MARIN

855-32-3115

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	161309
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b		
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d		
3	Add lines 1 and 2d	3	161309	
4	Number of qualifying children under age 17 with the required social security number	4	1	
5	Multiply line 4 by \$2,000	5	2000	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6		
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8	2000	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400000	
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10		
11	Multiply line 10 by 5% (0.05)	11		
12	Is the amount on line 8 more than the amount on line 11?	12	2000	
☐ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
☒ Yes. Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from Credit Limit Worksheet A	13	23050	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	2000	

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

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

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

Schedule 8812 (Form 1040) 2024

QNA

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	☐
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a
b	Number of qualifying children under age 17 with the required social security number: _____ x \$1,700. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b
TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17
18a	Earned income (see instructions)	18a
b	Nontaxable combat pay (see instructions)	18b
19	Is the amount on line 18a more than \$2,500? ☐ No. Leave line 19 blank and enter -0- on line 20. ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$5,100 or more? ☐ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. ☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20

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

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.	21
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22
23	Add lines 21 and 22	23
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24
25	Subtract line 24 from line 23. If zero or less, enter -0-	25
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26

Part II-C Additional Child Tax Credit

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

Education Credits
(American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

Your social security number

855-32-3115

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	1	750
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . .	2	180000
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead . . .	3	161309
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit . . .	4	18691
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . .	5	20000
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . .	6	0.935
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box ☐ . . .	7	701
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . .	8	280

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . .	9	421
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . .	10	
11	Enter the smaller of line 10 or \$10,000 . . .	11	
12	Multiply line 11 by 20% (0.20) . . .	12	
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . .	13	
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead . . .	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . .	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . .	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 . . . • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . .	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) . . .	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . .	19	421

Name(s) shown on return

JOSE SIERRA & ALONDRA MARIN

Your social security number

855-32-3115

Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) ALONDRA MARIN	21 Student social security number (as shown on page 1 of your tax return) 024-55-3274
22 Educational institution information (see instructions)	
a. Name of first educational institution KENNESAW STATE UNIVERSITY (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 395 COBB AVENUE KENNESAW GA 30144 (2) Did the student receive Form 1098-T from this institution for 2024? ☒ Yes ☐ No (3) Did the student receive Form 1098-T from this institution for 2023 with box ☐ Yes ☒ No 7 checked? (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 5 8 - 0 9 6 5 7 8 6	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. (2) Did the student receive Form 1098-T from this institution for 2024? ☐ Yes ☐ No (3) Did the student receive Form 1098-T from this institution for 2023 with box ☐ Yes ☐ No 7 checked? (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. - - - - -
23 Has the American opportunity credit been claimed for this student for any 4 prior tax years? ☐ Yes — Stop! Go to line 31 for this student. ☒ No — Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2024 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. ☒ Yes — Go to line 25. ☐ No — Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2024? See instructions. ☐ Yes — Stop! Go to line 31 for this student. ☒ No — Go to line 26.	
26 Was the student convicted, before the end of 2024, of a felony for possession or distribution of a controlled substance? ☐ Yes — Stop! Go to line 31 for this student. ☒ No — Complete lines 27 through 30 for this student.	



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	750
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	
29 Multiply line 28 by 25% (0.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	750

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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**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

JOSE SIERRA & ALONDRA MARIN

Your taxpayer identification number

855-32-3115

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	COURIERS	855-32-3115	11421
ii	ALONDRA'S EVENT LLC	88-2536957	1310
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	12731	
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	12731	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		2546
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	2	
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	2	
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		2546
11	Taxable income before qualified business income deduction (see instructions)	11	132109	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	98	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	132011	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		26402
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		2546
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

JOSE SIERRA**855-32-3115****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	3
2a	Modified AGI. Enter your modified AGI. See instructions	2a	161309
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	161309
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	24860
5	Household income as a percentage of federal poverty line (see instructions)	5	401 %
6	Reserved for future use		
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0850
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount 8a	8b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount 8b
	13711		1143

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						
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	464	454	1143			437
13 February	464	454	1143			437
14 March	464	454	1143			437
15 April	464	454	1143			437
16 May	443	407	1143			390
17 June	443	407	1143			390
18 July	443	407	1143			390
19 August	443	407	1143			390
20 September	443	407	1143			390
21 October	443	407	1143			390
22 November	443	407	1143			390
23 December	443	407	1143			390
24	Total PTC. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					24
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 4868
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	4868
28	Repayment limitation (see instructions)	28	
29	Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a	29	4868

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

Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

OMB No. 1545-0074

For tax year
20 **24**

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

JOSE SIERRA & ALONDRA MARIN

Taxpayer identification number

855-32-3115

Preparer's name

CARLOS DEMILITA

Preparer tax identification number

P02318285

Part I Due Diligence Requirements

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

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . .	☒	☐	☐
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	☐	☒	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	☒	☐	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	☒	☐	☐
a Did you complete the required recertification Form 8862?	☐	☐	☐
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☒	☐	☐

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (Rev. 11-2024)

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

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

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

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

Qualified Dividends and Capital Gain Tax Worksheet—Line 16

Keep for Your Records

**Before you begin:**

- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1.	Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	<u>129563</u>	
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	<u>98</u>	
3.	Are you filing Schedule D?*			
	☒ Yes. Enter the smaller of line 15 or line 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-.			
	☐ No. Enter the amount from Form 1040 or 1040-SR, line 7.	3.	<u> </u>	
4.	Add lines 2 and 3	4.	<u>98</u>	
5.	Subtract line 4 from line 1. If zero or less, enter -0-	5.	<u>129465</u>	
6.	Enter: \$47,025 if single or married filing separately, \$94,050 if married filing jointly or qualifying surviving spouse, \$63,000 if head of household.			
		6.	<u>94050</u>	
7.	Enter the smaller of line 1 or line 6	7.	<u>94050</u>	
8.	Enter the smaller of line 5 or line 7	8.	<u>94050</u>	
9.	Subtract line 8 from line 7. This amount is taxed at 0%	9.	<u> </u>	
10.	Enter the smaller of line 1 or line 4	10.	<u>98</u>	
11.	Enter the amount from line 9	11.	<u> </u>	
12.	Subtract line 11 from line 10	12.	<u>98</u>	
13.	Enter: \$518,900 if single, \$291,850 if married filing separately, \$583,750 if married filing jointly or qualifying surviving spouse, \$551,350 if head of household.			
		13.	<u>583750</u>	
14.	Enter the smaller of line 1 or line 13	14.	<u>129563</u>	
15.	Add lines 5 and 9	15.	<u>129465</u>	
16.	Subtract line 15 from line 14. If zero or less, enter -0-	16.	<u>98</u>	
17.	Enter the smaller of line 12 or line 16	17.	<u>98</u>	
18.	Multiply line 17 by 15% (0.15)	18.	<u>15</u>	
19.	Add lines 9 and 17	19.	<u>98</u>	
20.	Subtract line 19 from line 10	20.	<u> </u>	
21.	Multiply line 20 by 20% (0.20)	21.	<u> </u>	
22.	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	<u>18588</u>	
23.	Add lines 18, 21, and 22	23.	<u>18603</u>	
24.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	<u>18610</u>	
25.	Tax on all taxable income. Enter the smaller of line 23 or line 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	<u>18603</u>	

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

2. Add the following amounts (if applicable) from:

Enter the total.

3. Subtract line 2 from line 1.

Complete the Credit Limit Worksheet B **only** if you meet all of the following.

1. You are claiming one or more of the following credits.
 - a. Mortgage interest credit, Form 8396.
 - b. Adoption credit, Form 8839.
 - c. Residential clean energy credit, Form 5695, Part I.
 - d. District of Columbia first-time homebuyer credit, Form 8859.
2. You are not filing Form 2555.
3. Line 4 of Schedule 8812 is more than zero.

4. If you are **not** completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet B.

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13.

5	23050
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Enter the amount from Part III, line 31. If you're claiming the lifetime learning credit for more than one student, add the amounts from each student's Part III, line 31, and enter the total for all those students on line 10.

Line 14

Generally, your MAGI is the amount on your Form 1040 or 1040-SR, line 11. However, if you're filing Form 2555, or Form 4563, or are excluding income from Puerto Rico, you must include on line 14 the amount of income you excluded. For details, see Pub. 970.

Line 18

Enter the amount from line 18 on the Credit Limit Worksheet, line 1, later.

Line 19

Enter the amount from line 7 of the Credit Limit Worksheet here and on Schedule 3 (Form 1040), line 3.

Credit Limit Worksheet

Complete this worksheet to figure the amount to enter on line 19.

1. Enter the amount from Form 8863, line 18	1. _____
2. Enter the amount from Form 8863, line 9	2. _____ 421
3. Add lines 1 and 2	3. _____ 421
4. Enter the amount from: Form 1040 or 1040-SR, line 18	4. _____ 23471
5. Enter the total of your credits from: Schedule 3 (Form 1040), lines 1, 2, 6d, and 6l	5. _____
6. Subtract line 5 from line 4	6. _____ 23471
7. Enter the smaller of line 3 or line 6 here and on Form 8863, line 19	7. _____ 421



You must complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit before you complete either Part I or Part II. Use additional copies of page 2 as needed for each student.

Part III—Student and Educational Institution Information

Line 20

Enter the student's name as shown on page 1 of your tax return.

Line 21

Enter the student's social security number (or other TIN, if applicable) as shown on page 1 of your tax return.

Line 22

If the student attended only one educational institution, enter the information about the institution and answer the questions about Form 1098-T in column (a). If the student attended a second educational institution, enter the information and answers for the second educational institution in column (b). If the student attended more than two educational institutions, attach an additional page 2 completed only through line 22.

855-32-3115
If the educational institution has a foreign address, enter the foreign address here and don't abbreviate the country name. Follow the country's practice for entering the postal code and name of the province, county, or state.

The educational institution's EIN must be provided on line 22(4) if the American opportunity credit is claimed for this student.

Line 23

If the American opportunity credit has been claimed for this student for any 4 tax years before 2024, the American opportunity credit cannot be claimed for this student for 2024. Check "Yes" and go to line 31.

If the American opportunity credit has been claimed for this student for 3 or fewer prior tax years, check "No." See [Student qualifications](#), earlier.

Line 24

Check "Yes" if the student enrolled at least half-time for at least one academic period that began or is treated as having begun (see below) in 2024 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential. Otherwise, check "No."

If any qualified education expenses for the student were paid in 2024 for an academic period beginning in the first 3 months of 2025, treat that academic period as if it began in 2024. See [Student qualifications](#) and [Prepaid Expenses](#), earlier.

If you checked "Yes," go to line 25. If you checked "No," the student isn't eligible for the American opportunity credit; skip lines 25 through 30 and go to line 31.

Line 25

Check "Yes" if the student completed the first 4 years of postsecondary education before 2024. Otherwise, check "No."

A student has completed the first 4 years of postsecondary education before 2024 if the educational institution has awarded the student 4 years of academic credit at that institution for postsecondary coursework the student completed before 2024. Disregard any academic credit awarded solely on the basis of the student's performance on proficiency examinations.

If you checked "No," go to line 26. If you checked "Yes," the student isn't eligible for the American opportunity credit; skip lines 26 through 30 and go to line 31.

Line 26

Check "Yes" if the student was convicted, before the end of 2024, of a federal or state felony for possession or distribution of a controlled substance.

If you checked "No," complete lines 27 through 30 for this student. If you checked "Yes," the student isn't eligible for the American opportunity credit; skip lines 27 through 30 and go to line 31.



You cannot claim the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

Line 27

Enter the student's adjusted qualified education expenses for line 27. See [Qualified Education Expenses](#), earlier. Use the Adjusted Qualified Education Expenses Worksheet, later, to

SIERRA (Student: ALONDRA MARIN)
figure each student's adjusted qualified education expenses.
Don't enter more than \$4,000. Enter the total of all amounts from
all Parts III, line 30, on Part I, line 1.

855-32-3115



If you're claiming an education credit for more than one student, complete a separate Part III for each student before returning to page 1 to complete Parts I and II.

Lifetime Learning Credit

Line 31

Enter the student's adjusted qualified education expenses on line 31. See [Qualified Education Expenses](#), earlier. Use the Adjusted Qualified Education Expenses Worksheet next to figure each student's adjusted qualified education expenses. Enter the total of all amounts from Part III, line 31, on Part II, line 10.

Adjusted Qualified Education Expenses Worksheet

See [Qualified Education Expenses](#), earlier, before completing.

Complete a separate worksheet for each student for each academic period beginning or treated as beginning (see below) in 2024 for which you paid (or are treated as having paid) qualified education expenses in 2024.

1. Total qualified education expenses paid for or on behalf of the student in 2024 for the academic period	4447
2. Less adjustments:	
a. Tax-free educational assistance received in 2024 allocable to the academic period	3697
b. Tax-free educational assistance received in 2025 (and before you file your 2024 tax return) allocable to the academic period	
c. Refunds of qualified education expenses paid in 2024 if the refund is received in 2024 or in 2025 before you file your 2024 tax return	
3. Total adjustments (add lines 2a, 2b, and 2c)	3697
4. Adjusted qualified education expenses. Subtract line 3 from line 1. If zero or less, enter -0-	750

Dependent Information:

Name....: CARLOTA SIERRA MARIN
SSN.....: 025-55-2224 Relationship.....: DAUGHTER
Student.: YES School Attended...: SIMON BOLIVAR ELEMENTARY
Disabled: NO Type of Disability:
Notes...:

Due Diligence Notes:

*** FILE COPY ONLY -- DO NOT MAIL ***

**** SUPPORTING NOTES FOR SCHEDULE C

024-55-3274

ALONDRA I MARIN

ALONDRA'S EVENT LLC

Schedule of Other Income:

<u>Description</u>	<u>Amount</u>
CREDIT CARD REWARDS	72
INTEREST EARNEST	50
<u>Total Other Income:</u>	<u>122</u>



2500403816



Georgia Form **500** (Rev. 08/01/24)

Individual Income Tax Return

Georgia Department of Revenue

2024 (Approved software version)

Page **1**

Fiscal Year
Beginning

STATE **GA**
ISSUED

Fiscal Year
Ending

YOUR DRIVER'S
LICENSE/STATE ID **060802404**

YOUR FIRST NAME
1. **JOSE**

MI YOUR SOCIAL SECURITY NUMBER
855-32-3115

LAST NAME (For Name Change See IT-511 Tax Booklet)
SIERRA

SUFFIX

SPOUSE'S FIRST NAME
ALONDRA

MI SPOUSE'S SOCIAL SECURITY NUMBER
I 024-55-3274

LAST NAME
MARIN

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. **593 SUMMIT PT**

CITY (Please insert a space if the city has multiple names)
3. **CANTON**

STATE ZIP CODE
GA 30114

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. **1**

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. **B**

A. Single

C. Married filing separately (Spouse's social security number must be entered above)

B. Married filing jointly

D. Head of household or Qualifying surviving spouse

6a. Your Date of Birth **11/25/1995**

6b. Spouse's Date of Birth **02/03/1998**

7a. Number of Qualified Dependents* **1** 7b. Number of Unborn Dependents 7c. Total Number of Dependents **1**

*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

All Pages (1-5) are required for processing



YOUR SOCIAL SECURITY NUMBER
855 - 32 - 3115

7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).

First Name, MI.	Last Name
CARLOTA	SIERRA MARIN
Social Security Number	Relationship to You
025 - 55 - 2224	DAUGHTER

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

- | | | |
|--|------|--------|
| 8. Federal adjusted gross income (From Federal Form 1040)..... | 8. | 161309 |
| (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1. | | |
| 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) | 9. | |
| 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... | 10. | 161309 |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... | 11. | 24000 |
| (See IT-511 Tax Booklet) | | |
| Enter \$12,000 if the filing status from Line 5 is A, C, or D. If the filing status is B, enter \$24,000. | | |
| Use EITHER Line 11 OR Line 12c. (Do not write on both lines). | | |
| 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A. | | |
| a. Federal Itemized Deductions (Schedule A- Form 1040)..... | 12a. | |
| b. Less adjustments: (See IT-511 Tax Booklet)..... | 12b. | |
| c. Georgia Total Itemized Deductions..... | 12c. | |
| 13. Subtract either Line 11 or Line 12c from Line 10; enter balance..... | 13. | 137309 |



YOUR SOCIAL SECURITY NUMBER
855-32-3115

Page **3**

14. Enter the number from Line 7c. **1** Multiply by \$4,000..... 14. **4000**

15a. Income before GA NOL (Line 13 less Line 14 or Schedule 3, Line 14)..... 15a. **133309**

15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after
applying the 80% limitation, see IT-511 Tax Booklet for more information)... 15b.

15c. Georgia Taxable Income (Subtract Line 15b from Line 15a)..... 15c. **133309**

16. Tax (Multiply Line 15c by 5.39%. Round to the nearest dollar) 16. **7185**

17. Low Income Credit 17a. 17b. 17c.

18. Other State(s) Tax Credit (Include a copy of the other state(s) return) 18.

19. Georgia Resident Itemizer Tax Credit (**See IT-511 Tax Booklet**)..... 19.

20. Credits used from IND-CR Summary Worksheet 20.

21. **Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)** 21.

22. Total Credits Used (sum of Lines 17-21) cannot exceed Line 16 22.

23. Balance (Subtract Line 22 from Line 16) if zero or less than zero, enter zero.... 23. **7185**

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP	1. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP	1. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 203859138	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID 2292162CT	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME 146931	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5. GA TAX WITHHELD 7352	5. GA TAX WITHHELD	5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.
All Pages (1-5) are required for processing



YOUR SOCIAL SECURITY NUMBER
855-32-3115

Page 4

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL**
ID NUMBER (FEIN) SSN
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL**
ID NUMBER (FEIN) SSN
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL**
ID NUMBER (FEIN) SSN
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

24. **Georgia Income Tax Withheld on Wages and 1099s** 24. **7352**
(Enter Tax Withheld Only and include W-2s and/or 1099s)
25. **Other Georgia Income Tax Withheld** 25.
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)
26. **Estimated Tax paid for 2024 and Form IT-560** 26.
27. **Schedule 2B Refundable Tax Credits** 27.
(Cannot be claimed unless filed electronically)
28. **Total prepayment credits (Add Lines 24, 25, 26 and 27)** 28. **7352**
29. **If Line 23 exceeds Line 28, subtract Line 28 from Line 23 and enter**
balance due 29.
30. **If Line 28 exceeds Line 23, subtract Line 23 from Line 28 and enter**
overpayment 30. **167**
31. **Amount to be credited to 2025 ESTIMATED TAX** 31.
32. **Georgia Wildlife Conservation Fund (No gift of less than \$1.00)** 32.
33. **Georgia Fund for Children and Elderly (No gift of less than \$1.00)** 33.
34. **Georgia Cancer Research Fund (No gift of less than \$1.00)** 34.
35. **Georgia Land Conservation Program (No gift of less than \$1.00)** 35.
36. **Georgia National Guard Foundation (No gift of less than \$1.00)** 36.
37. **Dog & Cat Sterilization Fund (No gift of less than \$1.00)** 37.
38. **Saving the Cure Fund (No gift of less than \$1.00)** 38.
39. **Realizing Educational Achievement Can Happen (REACH) Program** 39.
(No gift of less than \$1.00)



YOUR SOCIAL SECURITY NUMBER
855 - 32 - 3115

40. Public Safety Memorial Grant (No gift of less than \$1.00)..... 40.
41. Disabled Veterans' Scholarship Fund (No gift of less than \$1.00)..... 41.
42. Form 500 UET (Estimated tax penalty) 500 UET exception attached..... 42.
43. Penalty: Late Payment and/or Late Filing..... 43.
44. Interest 44.
45. (If you owe) Add Lines 29, 32 through 44 45.
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740399 ATLANTA, GA 30374-0399

46. (If you are due a refund) Subtract the sum of Lines 31 thru 44 from Line 30
THIS IS YOUR REFUND..... 46.
Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740392 ATLANTA, GA 30374-0392

167

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

46a. Direct Deposit (U.S. Accounts Only) Type: Checking Savings

Routing Number	Account Number
-------------------	-------------------

Mail pages 1-5 and any applicable schedules, forms, documentation. DO NOT staple pages.

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number

407 - 385 - 2630

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address
J.SIERRA@GMAIL.COM

X

I authorize DOR to discuss this return with the named preparer.

Signature of Preparer

Name of Preparer Other Than Taxpayer
CARLOS R DEMILITA

Preparer's Firm Name
A&F SPECIAL SERVICES LLC

Preparer's Phone Number
954 - 534 - 3056

Preparer's FEIN
82 - 5143932

Preparer's SSN/PTIN/SIDN
P02318285