July 23, 2026

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
National Benefits Center
P.O. Box 648004
Lee's Summit, MO 64002

U.S. Citizenship and Immigration Services

IOE0937691095

A236-962-874

OTAVIO HAVERROTH SILVA
HS LAW CORP
PO BOX 90487
SAN DIEGO, CA 92169

RE: GUILHERME TAVARES DE OLIVEIRA
I-485, Application to Register Permanent Residence or Adjust Status

REQUEST FOR EVIDENCE (FORM I-485)

Dear GUILHERME TAVARES DE OLIVEIRA:

Why We Are Writing You

On July 10, 2026, you submitted your Form I-485. We are writing to inform you that we need more information from you to make a decision on your case. Please read this letter carefully and follow all of the instructions below.

What You Need To Do

You must provide the following information in order for us to make a final decision on your case. **Please include a copy of ALL pages of this letter with your response.**

- Based on the documents submitted, we could not determine that the joint sponsor, ANTONIO PEDRO RODRIGUES, on Form I-864, Affidavit of Support, is qualified. In order to be a qualified sponsor, the joint sponsor's Form I-864 must be properly completed and signed, and the supporting documents must establish that the joint sponsor's income meets 125 percent of the federal poverty guideline for the sponsor's household size. See Form I-864P for information on the Federal Poverty Guidelines.

  If the joint sponsor's income does not meet 125 percent of the federal poverty guideline for his or her household size, you must obtain a qualifying joint sponsor who demonstrates the ability to support you or submit evidence of assets. See Form I-864 Instructions for more information. If you decide to obtain a different joint sponsor, you will need to:

  - Submit a completed and signed Form I-864, Affidavit of Support, from the joint sponsor. A valid signature consists of any handwritten mark or sign made by an individual, and does not include signatures created by a typewriter, word processor, stamp, auto-pen, or similar device. All pages must be present and of the latest edition date.
  - Provide the joint sponsor's Social Security Number on Form I-864.

- Provide a complete and correctly calculated household size on Form I-864.
- Submit a complete copy of the joint sponsor's Federal income tax return and all supporting tax documents (W-2s, 1099s, Form 2555, and tax schedules) for the most recent tax year.
- Submit evidence of the joint sponsor's status as a United States citizen, United States National, or Lawful Permanent Resident.

The "Total Income" line on IRS Form 1040 is used to determine qualifying income for a sponsor, not the "Gross Receipts" line from IRS Schedule C or C-EZ.

If the petitioning sponsor or the joint sponsor is unable to meet the income requirements, he or she may qualify based on the cash value of his or her significant assets. Assets must equal the stated difference between the sponsor's income and 125 percent of the federal poverty guideline for the sponsor's household size.

- Assets must equal the difference for applicants filing as orphans.
- Assets must equal three times the difference for a spouse or child of a United States citizen.
- Assets must equal five times the difference for all others.

Acceptable evidence of assets:

- Bank statements covering the last 12 months (statements will be averaged over a 12 month period) or a statement from an officer of the bank or other financial institution in which the sponsor has deposits, the account balance averaged over a 12 month period, and current balance;
- Evidence of ownership, value, and dates acquired of stocks, bonds, and certificates of deposit;
- Evidence of ownership, value/equity, and dates acquired of other personal property;
- Evidence of ownership, a recent licensed appraisal or county tax assessment, any mortgage/lien or lien release of any real estate, and dates acquired.

For further instructions and the latest edition of Form I-864, visit the USCIS website at www.uscis.gov. See Specific Instructions and Specific Requirements listed in the Form I-864 instructions for complete information.

- Based on the documents submitted, we could not determine that the petitioning sponsor on Form I-864, Affidavit of Support, is qualified. In order to be a qualified sponsor, the petitioning sponsor's Form I-864 must be properly completed and signed, and the supporting documents must establish that the petitioning sponsor's income meets 125 percent of the federal poverty guideline for the sponsor's household size. See Form I-864P for information on the Federal Poverty Guidelines.

  If the petitioning sponsor's income does not meet 125 percent of the federal poverty guideline for his or her household size, you must obtain a qualifying joint sponsor who demonstrates the ability to support you or submit evidence of assets. See Form I-864 Instructions for more information. If you decide to obtain a joint sponsor (or a different joint sponsor), you will need to:

  - Submit a completed and signed Form I-864, Affidavit of Support, from the joint sponsor. A valid signature consists of any handwritten mark or sign made by an individual, and does not include signatures created by a typewriter, word processor, stamp, auto-pen, or similar device. All pages must be present and of the latest edition date.
  - Provide the joint sponsor's Social Security Number on Form I-864.
  - Provide a complete and correctly calculated household size on Form I-864.
  - Submit a complete copy of the joint sponsor's Federal income tax return and all supporting tax documents (W-2s, 1099s, Form 2555, and tax schedules) for the most recent tax year.

- Submit evidence of the joint sponsor's status as a United States citizen, United States National, or Lawful Permanent Resident.

The "Total Income" line on IRS Form 1040 is used to determine qualifying income for a sponsor, not the "Gross Receipts" line from IRS Schedule C or C-EZ.

If the petitioning sponsor or the joint sponsor is unable to meet the income requirements, he or she may qualify based on the cash value of his or her significant assets. Assets must equal the stated difference between the sponsor's income and 125 percent of the federal poverty guideline for the sponsor's household size.

- Assets must equal the difference for applicants filing as orphans.
- Assets must equal three times the difference for a spouse or child of a United States citizen.
- Assets must equal five times the difference for all others.

Acceptable evidence of assets:

- Bank statements covering the last 12 months (statements will be averaged over a 12 month period) or a statement from an officer of the bank or other financial institution in which the sponsor has deposits, the account balance averaged over a 12 month period, and current balance;
- Evidence of ownership, value, and dates acquired of stocks, bonds, and certificates of deposit;
- Evidence of ownership, value/equity, and dates acquired of other personal property;
- Evidence of ownership, a recent licensed appraisal or county tax assessment, any mortgage/lien or lien release of any real estate, and dates acquired.

For further instructions and the latest edition of Form I-864, visit the USCIS website at www.uscis.gov. See Specific Instructions and Specific Requirements listed in the Form I-864 instructions for complete information.

When You Need To Do It

You must submit the requested information by October 18, 2026. You must either mail the requested information to the address shown below or scan and upload your response using your USCIS online account (if applicable).

You must submit all of the requested evidence at one time. If you submit only part of the evidence, we will make a decision based on the evidence that you submit. We will not consider any evidence that is submitted after the due date. If you do not respond to this request by the date shown above, we will deny your case.

If you submit a document in any language other than English, you must provide: (1) a copy of the original document in its foreign language; and (2) a full English translation of the document. The translator must certify that the translation is complete and accurate, and that he or she is competent to translate from the foreign language to English.

We strongly recommend you keep a copy of all documents that you submit to USCIS in response to this request.

Please include a copy of ALL pages of this letter with your response.

Submit your response with requested document(s), information, etc. to this address:

Regular Mail	Express Mail or Courier Deliveries

U.S. Department of Homeland Security	USCIS, Attention: Adjustment of Status
PO Box 648004	850 NW Chipman Rd
Lee's Summit, MO 64002	Lee's Summit, MO 64063

Please do not forget to include a copy of ALL pages of this letter with your response.

Sincerely,

Rose M. Kendrick
Acting Director

USCIS, Attention: Adjustment of Status
850 NW Chipman Rd
Lee's Summit, MO 64063

RE: Response to Request for Evidence (RFE)
I-485, Application to Register Permanent Residence or Adjust Status
Applicant: Guilherme Tavares de Oliveira
Petitioner: Flávia Silva Liborio (U.S Citizen)
Joint Sponsor: Antonio Pedro Rodrigues
RFE Date: July 23, 2026
USCIS Receipt Number of Form I-485: IOE0937691095

Dear Sir or Madam,

We respectfully submit this response to the Request for Evidence (RFE) concerning the Affidavit of Support for the adjustment of status application of Mr. Guilherme Tavares de Oliveira, with Mrs. Flávia Silva Liborio as the petitioner of Form I-130.

The matter is regarding the qualification of Mr. Antonio Pedro Rodrigues as the joint sponsor in Mr. Guilherme Tavares de Oliveira application.

We are including an updated copy of Antonio Pedro Rodrigues's Form I-864, Affidavit of Support, as requested. The form was previously submitted with the original application, and is now being updated simply to reflect his most recent annual income.

As required, we have attached all the essential documentation to ensure that the USCIS financial requirements are satisfied, guaranteeing Mr. Antonio Pedro Rodrigues income ultrapasses more than a 125% of the federal poverty guideline.

Specifically, the 2025 Joint Federal Income Tax Return (IRS Form 1040) reports a total income of $242,757 for Antonio and his spouse, as they filed a joint tax return. Accordingly, the amount reported on Form I-864 for Antonio's current individual annual income reflects only his individual income, rather than the combined income reported on the joint tax

return. Antonio's current individual annual income is $88,000.00 as evidenced by the attached 2025 Forms W-2 issued to him individually. This individual income alone exceeds 125% of the Federal Poverty Guidelines applicable to his household size; therefore, no income from his spouse or any other household member is being relied upon, and Form I-864A is not required, as supported by the enclosed documentation :

1. **Copy of Antonio Pedro Rodrigues's Form I-864, Affidavit of Support**

2. **Antonio Pedro Rodrigues' Personal Documentation.**

3. **Supporting Documentation - Joint Sponsor: Antonio Pedro Rodrigues:**
   - Antonio Pedro Rodrigues' U.S. IRS Federal Income Tax Return - 2025
   - Antonio Pedro Rodrigues' U.S. IRS Federal Income Tax Return - 2024
   - Antonio Pedro Rodrigues ' U.S. IRS Federal Income Tax Return - 2023
   - Antonio Pedro Rodrigues' W-2 and Earnings Summary - 2025
   - Antonio Pedro Rodrigues' Bank statement - December, 2025
   - Antonio Pedro Rodrigues' Bank statement - November, 2025
   - Antonio Pedro Rodrigues' Bank statement - October, 2025
   - Antonio Pedro Rodrigues' Bank statement- September, 2025
   - Antonio Pedro Rodrigues' Bank statement - August, 2025
   - Antonio Pedro Rodrigues' Bank statement - July, 2025
   - Antonio Pedro Rodrigues' Bank statement - June, 2025
   - Antonio Pedro Rodrigues' Bank statement - May, 2025
   - Antonio Pedro Rodrigues' Bank statement - April, 2025
   - Antonio Pedro Rodrigues' Bank statement - March, 2025
   - Antonio Pedro Rodrigues' Bank statement - February, 2025
   - Antonio Pedro Rodrigues' Bank statement - January, 2025

All documents are clearly labeled and organized in the order referenced above for your convenience. We believe this submission fully addresses the concerns raised in the RFE and

demonstrates that the financial sponsorship requirements are met, as permitted by USCIS regulations.

Should you require any further information or clarification, please do not hesitate to contact us.

Thank you for your attention to this matter.



_____ 10/15/2026

Otavio Haverroth Silva (SBN: 343486)
Attorney at Law
510-241-9336

Affidavit of Support Under Section 213A of the INA

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-864
OMB No. 1615-0075
Expires 10/31/2027

For USCIS Use Only	Affidavit of Support Submitter	Section 213A Review	Number of Support Affidavits in File
	☐ Petitioner ☐ 1st Joint Sponsor ☐ 2nd Joint Sponsor ☐ Substitute Sponsor ☐ 5% Owner	☐ MEETS requirements ☐ DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date (mm/dd/yyyy): _____	☐ 1 ☐ 2 **Remarks**

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

► **START HERE - Type or print in black ink.**

Part 1. Basis For Filing Affidavit of Support

I am the sponsor submitting this affidavit of support because (Select **only one** box).

1.a. ☐ I am the petitioner. I filed or am filing for the immigration of my relative.

1.b. ☐ I filed an alien worker petition on behalf of the intending immigrant,who is related to me as my _____

1.c. ☐ I have an ownership interest of at least 5 percent in _____ which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____

1.d. ☒ I am the only joint sponsor.

1.e. ☐ I am the ☐ first ☐ second of two joint sponsors.

1.f. ☐ The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's _____

NOTE: As a sponsor, you must include proof of your U.S. citizenship, U.S. national status, or lawful permanent resident status.

Part 2. Information About You (Sponsor)

1. Sponsor's Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
RODRIGUES	Antonio	Pedro

Part 2. Information About You (Sponsor) (continued)

2. Sponsor's Current Mailing Address

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name
PO Box 90487

Apt. Ste. Flr. Number
☐ ☐ ☐

City or Town
San Diego

State
CA

ZIP Code
92169

Province

Postal Code

Country
USA

3. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

If you answered "No" to **Item Number 3.**, provide your physical address in **Item Number 4.**

4. Sponsor's Physical Address (if different from the address above)

Street Number and Name
6 Nottingham Way

Apt. Ste. Flr. Number
☐ ☐ ☐

City or Town
Assonet

State
MA

ZIP Code
02726

Province

Postal Code

Country
USA

Other Information

5. Country of Domicile
USA

6. Date of Birth (mm/dd/yyyy)
06/13/1976

7. Country of Birth
Cape Verde

8. U.S. Social Security Number (Required)
► 0 2 4 8 2 4 4 3 6

9. Immigration Status

☒ I am a U.S. citizen.

☐ I am a U.S. national.

☐ I am a lawful permanent resident.

10 Sponsor's A-Number (if any)
► A- 0 7 3 6 1 8 3 9 2

11. USCIS Online Account Number (if any)
► N / A

Military Service (To be completed by petitioner sponsors only.)

12. I am currently on **active duty** in the United States Armed Forces or U.S. Coast Guard. ☐ Yes ☒ No

Part 3. Information About the Principal Immigrant

1. Principal Immigrant's Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
TAVARES DE OLIVEIRA	Guilherme	N/A

2. Current Mailing Address

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name	Apt. Ste. Flr.	Number
PO Box 90487	☐ ☐ ☐	

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
		USA

Other Information

3. Country of Citizenship or Nationality

Brazil

4. Date of Birth (mm/dd/yyyy)

10/28/1989

5. Alien Registration Number (A-Number) (if any)

► A- N / A

6. USCIS Online Account Number (if any)

► N / A

7. Daytime Telephone Number

(321)314-3606

Part 4. Information About the Immigrants You Are Sponsoring

1. I am sponsoring the principal immigrant named in **Part 3.**

☒ Yes ☐ No, I am sponsoring family members in **Part 4.** as the second joint sponsor or I am sponsoring family members who are immigrating more than six months after the principal immigrant.

2. ☐ I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in **Part 3.** (List family members in **Item Numbers 4. - 7.** Do not include any relative listed on a separate visa petition.)

3. ☐ I am sponsoring the following family members who are immigrating more than six months after the principal immigrant. (List family members in **Item Numbers 4. - 7.**)

4. **Family Member 1**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	► N/A

USCIS Online Account Number (if any)

► N/A

Part 4. Information About the Immigrants You Are Sponsoring (continued)

5. Family Member 2

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	▶ N/A

USCIS Online Account Number (if any)
▶ N/A

6. Family Member 3

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	▶ N/A

USCIS Online Account Number (if any)
▶ N/A

7. Family Member 4

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	▶ N/A

USCIS Online Account Number (if any)
▶ N/A

If you need additional space, use the space provided in **Part 11. Additional Information**.

For USCIS Use Only	

Part 5. Sponsor's Household Size

NOTE: Do not count any member of your household more than once.

Persons you are sponsoring in this affidavit:

1. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in **Part 3.**, any immigrants listed in **Part 4.**, **Item Numbers 4. - 7.** and, any additional sponsored immigrants you listed in **Part 11. Additional Information**. Do not count the principal immigrant if you are only sponsoring family members entering more than six months after the principal immigrant. **1**

Persons NOT sponsored in this affidavit:

2. Yourself. **1**

3. If you are currently married, enter "1" for your spouse. (**NOTE:** Enter "0" if you already counted your spouse in **Item Number 1.**) **1**

4. If you have dependent children, enter the number here. (**NOTE:** Enter "0" if you already counted your dependent children in **Item Number 1.**) **2**

5. If you have any other dependents, enter the number here. (**NOTE:** Enter "0" if you already counted your other dependents in **Item Number 1.**) **none**

6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents and you are still obligated to support, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) **none**

7. If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) **none**

8. Add together **Part 5.**, **Item Numbers 1. - 7.** and enter the number here.

Household Size: **5**

Part 6. Sponsor's Employment and Income

I am currently:

1. ☐ Employed as a/an

2. Name of Employer 1

3. Name of Employer 2 (if applicable)

4. ☒ Self-Employed as a/an (Occupation) President-TNT Cleaning Services INC/Auto Select INC

5. ☐ Retired Since (mm/dd/yyyy)

6. ☐ Unemployed Since (mm/dd/yyyy)

7. My current individual annual income is: $ 88,000.00

Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See Form I-864 Instructions.) Please indicate name, relationship, and income.

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Part 6. Sponsor's Employment and Income (continued)

8. **Person 1**

Name: N/A

Relationship: N/A

Current Income $ N/A

9. **Person 2**

Name: N/A

Relationship: N/A

Current Income $ N/A

10. **Person 3**

Name: N/A

Relationship: N/A

Current Income $ N/A

11. **Person 4**

Name: N/A

Relationship: N/A

Current Income $ N/A

If you need additional space, use the space provided in **Part 11. Additional Information**

Remarks

12. **My Current Annual Household Income** (Total all lines **from Part 6. Item Numbers 7. - 11.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) $ 88,000.00

13. ☐ The people listed in **Item Numbers 8. - 11.** have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people.

14. ☐ One or more of the people listed in **Item Numbers 8. - 11.** do not need to complete Form I-864A because he or she is the intending immigrant and has no accompanying dependents. N/A

Federal Tax Return Information

15. Have you filed a Federal income tax return for each of the three most recent tax years? ☒ Yes ☐ No

NOTE: You **MUST** attach a photocopy or transcript of your Federal income tax return for only the most recent tax year and complete **Item Number 16.a.** If you believe additional returns may help you to establish your ability to maintain sufficient income, you may submit transcripts or photocopies of your Federal individual income tax returns for the three most recent years and complete **Item Numbers 16.a. - 16.c.**

Type or print the most recent tax year and your total income for that most recent tax year. If the amount was zero, type or print "zero" or if you were not required to file a Federal income tax return type or print "N/A" for not applicable. Type or print "N/A" for not applicable for **Item Numbers 16.b. - 16.c.** if you do are not submitting any additional tax returns.

For USCIS Use Only	

Part 6. Sponsor's Employment and Income (continued)

My total income (adjusted gross income on IRS Form 1040EZ) as reported on my Federal income tax returns for the most recent year was:

	Tax Year	Total Income
16.a. Most Recent	2025	$ 242,757
16.b. 2nd Most Recent	2024	$ (275,974)
16.c. 3rd Most Recent	2023	$ (303,930)

17. ☐ I was not required to file a Federal income tax return as my income was below the IRS required level and I have attached evidence to support this.

For USCIS Use Only	Household Size	Poverty Guideline	Sponsor's Household Income *(Page 5, Line 10)*	Remarks
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ Other_____	Year: 2 0____ Poverty Line: $_____	$_____	*The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of USCs, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 10.*

Part 7. Use of Assets to Supplement Income (if Applicable)

If your income, or the total income for you and your household, from **Part 6.**, **Item Numbers 12.** or **16.** exceeds the Federal Poverty Guidelines for your household size, **YOU ARE NOT REQUIRED** to complete this **Part 7.** Skip to **Part 8.**

Your Assets (if applicable)

1. Enter the balance of all cash, savings, and checking accounts. $ none

2. Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.) $ $ none

3. Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in **Item Number 1.** or **Item Number 2.** $ none

4. Add together **Item Numbers 1. - 3.** and enter the number here. $ none

Assets of your household members (if applicable)

Your household members who are combining their income with yours, report their assets on Form I-864A **Part 4.**, in **Item Number 6.**

5. Add together the household members' assets reported on all the Form I-864A **Part 4.**, **Item Number 6.** and enter the number here. **TOTAL:** $ none

Part 7. Use of Assets to Supplement Income (if Applicable) (continued)

Assets of the principal sponsored immigrant (if applicable).

The principal sponsored immigrant is the person listed in **Part 3.**, **Item Number 1.** Only include the assets if the principal immigrant is being sponsored by this affidavit of support.

6. Enter the balance of the principal immigrant's savings and checking accounts. $ none

7. Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.) $ none

8. Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in **Item Number 6.** or **Item Number 7.** $ none

9. Add together **Item Numbers 6. - 8.** and enter the number here. $ none

Total Value of Assets

10. Add together **Item Numbers 4.**, **5.**, and **9.** and enter the number here. **TOTAL: $** none

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-864 Instructions before completing this part.

Sponsor's Contract

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

What is the Legal Effect of My Signing Form I-864?

If you sign Form I-864 on behalf of any person (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to a lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.

What If I Choose Not to Sign Form I-864?

The U.S. Government cannot make you sign Form 1-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.

What Does Signing Form I-864 Require Me To Do?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, you must:

A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and

B. Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.

What Other Consequences Are There?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the person.

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)

This provision does **not** apply to public benefits specified in section 403(c) of the Welfare Reform Act such as emergency Medicaid, short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, that person may sue you for this support.

If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

When Will These Obligations End?

Your obligations under a Form I-864 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:

- **A.** Becomes a U.S. citizen;
- **B.** Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;
- **C.** No longer has lawful permanent resident status and has departed the United States;
- **D.** Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
- **E.** Dies.

NOTE: Divorce **does not** terminate your obligations under Form I-864.

Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

A. ☒ I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question.

B. ☐ The interpreter named in **Part 9.** read to me every question and instruction on this affidavit and my answer to every question in `N/A`, a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 10.**, `Otavio Haverroth Silva`, prepared this affidavit for me based only upon information I provided or authorized.

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number

`+15084004508`

4. Sponsor's Mobile Telephone Number (if any)

`+15084004508`

5. Sponsor's Email Address (if any)

`trod61376@gmail.com`

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)

Sponsor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the U.S. Department of State (DOS) may require that I submit original documents to USCIS or DOS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS or DOS may need to determine my eligibility for the immigration benefit I seek.

I authorize USCIS and DOS to request, and any consumer reporting agency to provide, information from one or more consumer reporting agencies in order to obtain or verify information, including credit reports and scores, in connection with the sufficiency determination of my Form I-864. I further authorize the disclosure of this information to the immigrant I am sponsoring for purposes of responding to any derogatory information pursuant to 8 C.F.R. 103.2(b)(16).

Photocopies of this authorization bearing my handwritten signature are valid. This authorization shall remain in effect until the earliest of the following: (1) the application for visa, admission, or adjustment of status (s) of the beneficiary and accompanying derivative(s), if any, I have agreed to sponsor are approved; (2) the application(s) for visa, adjustment of status or admission are refused and the one-year period to overcome the refusal has lapsed pursuant to 22 CFR 42.81(e), provided that this authorization shall remain valid during any period in which an application is pending administrative processing; or (3) a properly submitted request to withdraw my Form I-864, been effectuated. I understand that a new authorization may be required if I wish to sponsor future individuals, including following-to-join derivative beneficiaries.

I furthermore authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or DOS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that all of the information in my affidavit and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my affidavit, and that all of this information is complete, true, and correct.

A. I know the contents of this affidavit of support that I signed;

B. I have read and I understand each of the obligations described in **Part 8.**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrant indicated in **Part 3.** to become a lawful permanent resident of the United States;

C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864EZ;

D. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;

E. I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864EZ; and

F. I authorize the Social Security Administration to release information about me in its records to the USCIS and DOS.

Sponsor's Signature

6. Sponsor's Signature ➡ [signature] Date of Signature (mm/dd/yyyy) 10/13/2026

NOTE TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or DOS may deny your request.

NOTE REGARDING CONSUMER OR CREDIT REPORT FILES: If you have a credit or security freeze on your consumer or credit report file, we may not be able to access the information necessary to assess the sufficiency of your Form I-864. To avoid any delays, you should expeditiously respond to any requests made to release the credit or security freeze.

Part 9. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

N/A

Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name

N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

N/A

4. Interpreter's Mobile Telephone Number (if any)

N/A

5. Interpreter's Email Address (if any)

N/A

Interpreter's Certification and Signature

I certify, under penalty of perjury, that: that I am fluent in English and N/A, and I have interpreted every question on the affidavit and Instructions and interpreted the sponsor's answers to the questions in that language, and the sponsor informed me that they understood every instruction, question, and answer on the affidavit.

6. Interpreter's Signature

N/A

Date of Signature (mm/dd/yyyy)

N/A

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

4. Preparer's Mobile Telephone Number (if any)

5102419336

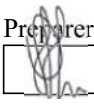
5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this affidavit for the sponsor at their request and with express consent and that all of the responses and information contained in and submitted with the affidavit are complete, true, and correct and reflects only information provided by the sponsor. The sponsor reviewed the responses and information and informed me that they understand the responses and information in or submitted with the affidavit.

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)

10/13/2026

Part 11. Additional Information

If you need extra space to provide any additional information within this contract, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this contract or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): RODRIGUES | Given Name (First Name): Antonio | Middle Name (if applicable): Pedro

2. A-Number (if any) ► A- 0 7 3 6 1 8 3 9 2

3. Page Number: 5 | Part Number: 6 | Item Number: 7

The 2025 Joint Federal Income Tax Return (IRS Form 1040) reports total income of $242,757 for Antonio and his spouse, as they filed a joint tax return. Accordingly, the amount reported on page 5 (part 6, item 7) for Antonio's current individual annual income reflects only his individual income, rather than the combined income reported on the joint tax return.

Antonio's current individual annual income is $88,000.00 as evidenced by the attached 2025 Forms W-2 issued to him individually. This individual income alone exceeds 125% of the Federal Poverty Guidelines applicable to his household size. Therefore, no income from his spouse or any other household member is being relied upon, and Form I-864A is not required.

4. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

5. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

6. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

Exhibit list

Exhibits:	Pages:
Exhibit 1 - Antonio Pedro Rodrigues's Personal Documentation	
Antonio Pedro Rodrigues' Valid Passport	1
Exhibit 2 - Antonio Pedro Rodrigues's Financial Documentation	
Antonio Pedro Rodrigues's U.S. IRS Federal Income Tax Return - 2025	2-24
Antonio Pedro Rodrigues's W-2 and Earnings Summary - 2025	25-37
Antonio Pedro Rodrigues's U.S. IRS Federal Income Tax Return - 2024	38-118
Antonio Pedro Rodrigues's U.S. IRS Federal Income Tax Return - 2023	119-209
Antonio Pedro Rodrigues's Bank Statements (Tax Year 2025)	210-237

Exhibit 1 - Antonio Pedro Rodrigues's Personal Documentation

Endorsements / Mentions Spéciales / Anotaciones

If your passport expires within six months of your date of departure, you may be denied entry into some countries.



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

USA

Type/Type/Tipo: P
Code/Code/Código: USA
Passport No./No. du Passeport/No. de Pasaporte: A11796967



Surname/Nom/Apellidos
RODRIGUES

Given names/Prénoms/Nombres
ANTONIO PEDRO

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
13 JUN 1976

Sex/Sexe/Sexo
M

Place of birth/Lieu de naissance/Lugar de nacimiento
CABO VERDE

Date of issue/Date de délivrance/Fecha de expedición
02 DEC 2022

Date of expiration/Date d'expiration/Fecha de caducidad
01 DEC 2032

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USARODRIGUES<<ANTONIO<PEDRO<<<<<<<<<<<<<<<

A11796967 4USA7606135M3212013696621785<215202

Exhibit 2 - Antonio Pedro Rodrigues's Financial Documentation

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2025** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased Spouse

☐ Other

Your first name and middle initial	Last name	Your social security number
ANTONIO	RODRIGUES	024 82 4436
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
NANCY	RODRIGUES	031 70 9960

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
6 NOTINGHAM WAY

Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☒

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
ASSONET	MA	02702

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund.
☐ **You** ☐ **Spouse**

Filing Status

Check only one box.

☐ Single
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
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 2025, 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**

Dependents

(see instructions)

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

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	NOAH	NADIA		
(2) Last name	RODRIGUES	RODRIGUES		
(3) SSN	015-94-8475	015-94-8476		
(4) Relationship	Son	Daughter		
(5) Check if lived with you more than half of 2025	**(a)** ☒ Yes **(b)** ☒ And in the U.S.	**(a)** ☒ Yes **(b)** ☒ And in the U.S.	**(a)** ☐ Yes **(b)** ☐ And in the U.S.	**(a)** ☐ Yes **(b)** ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☒ Child tax credit ☐ Credit for other dependents	☒ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

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**	196,784.
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 31	**1f**	
g	Wages from Form 8919, line 6	**1g**	
h	Other earned income (see instructions). Enter type and amount:	**1h**	0.
i	Nontaxable combat pay election (see instructions) **1i**		
z	Add lines 1a through 1h	**1z**	196,784.
2a	Tax-exempt interest **2a** **b** Taxable interest	**2b**	37.
3a	Qualified dividends **3a** **b** Ordinary dividends	**3b**	
c	Check if your child's dividends are included in **1** ☐ Line 3a **2** ☐ Line 3b		
4a	IRA distributions **4a** **b** Taxable amount	**4b**	
c	Check if (see instructions) **1** ☐ Rollover **2** ☐ QCD **3** ☐		
5a	Pensions and annuities **5a** **b** Taxable amount	**5b**	
c	Check if (see instructions) **1** ☐ Rollover **2** ☐ PSO **3** ☐		
6a	Social security benefits **6a** **b** Taxable amount	**6b**	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐		
7a	Capital gain or (loss). Attach Schedule D if required	**7a**	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
8	Additional income from Schedule 1, line 10	**8**	45,936.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**	**9**	242,757.
10	Adjustments to income from Schedule 1, line 26	**10**	3,000.
11a	Subtract line 10 from line 9. This is your **adjusted gross income**	**11a**	239,757.

Attach Sch. B if required.

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	239,757.
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
	b	☐ Spouse itemizes on a separate return **c** ☐ You were a dual-status alien		
	d	**You:** ☐ Were born before January 2, 1961 ☐ Are blind		
		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
Standard deduction for— • Single or Married filing separately, $15,750 • Married filing jointly or Qualifying surviving spouse, $31,500 • Head of household, $23,625 • If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	53,569.
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	9,763.
	b	Additional deductions from Schedule 1-A, line 38	13b	
	14	Add lines 12e, 13a, and 13b	14	63,332.
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	176,425.
	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	28,642.
	17	Amount from Schedule 2, line 3	17	0.
	18	Add lines 16 and 17	18	28,642.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,400.
	20	Amount from Schedule 3, line 8	20	1,200.
	21	Add lines 19 and 20	21	5,600.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	23,042.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	23,042.
Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 15,750.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	15,750.
	26	2025 estimated tax payments and amount applied from 2024 return	26	
If you have a qualifying child, you may need to attach Sch. EIC.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
	27a	Earned income credit (EIC) — 27a:		
	b	Clergy filing Schedule SE (see instructions) ☐		
	c	If you do not want to claim the EIC, check here ☐		
	28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Refundable adoption credit from Form 8839, line 13 — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	15,750.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X **c** Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want **applied to your 2026 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	7,525.
	38	Estimated tax penalty (see instructions) — 38: 233.		

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		BUSINESS OWNER	
Joint return? See instructions. Keep a copy for your records. Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		ADMINISTRATIVE ASSISTANCE	

Phone no. (508)400-4508 Email address tony@autoselectus.com

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
BERGSON MARCELINO	BERGSON MARCELINO	10/14/2026	P03233644	☐ Self-employed

Firm's name TLB CONSULTING & SERVICES INC Phone no. (508)360-7055

Firm's address 1815 FALMOUTH RD APT A3 CENTERVILLE MA 02632 Firm's EIN 32-0638065

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

2025

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	**Your social security number**
ANTONIO & NANCY RODRIGUES	024-82-4436

For 2025, 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**	0.
2a	Alimony received			**2a**	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			**3**	
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684			**4**	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			**5**	45,936.
6	Farm income or (loss). Attach Schedule F			**6**	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid: _____			**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 nonqualifed 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**	45,936.

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	3,000.
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐		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	3,000.

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

2025

Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: ANTONIO & NANCY RODRIGUES

Your social security number: 024-82-4436

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	
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	1,200.
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
m	Credit for previously owned clean vehicles. Attach Form 8936	6m			
z	Other nonrefundable credits. List type and amount: _____	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	1,200.

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	

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

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

OMB No. 1545-0074

2025

Attachment Sequence No. **07**

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

ANTONIO & NANCY RODRIGUES

Your social security number

024-82-4436

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	**1**			
	2	Enter amount from Form 1040 or 1040-SR, line 11b (**2**)				
	3	Multiply line 2 by 7.5% (0.075)	**3**			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			**4**	
Taxes You Paid	**5**	State and local taxes (SALT).				
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐	**5a**	10,150.		
	b	State and local real estate taxes (see instructions)	**5b**	14,394.		
	c	State and local personal property taxes	**5c**			
	d	Add lines 5a through 5c	**5d**	24,544.		
	e	Enter the smaller of line 5d or $40,000 ($20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than $500,000 ($250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions	**5e**	24,544.		
	6	Other taxes. List type and amount:	**6**			
	7	Add lines 5e and 6			**7**	24,544.
Interest You Paid	**8**	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐				
Caution: Your mortgage interest deduction may be limited. See instructions.	**a**	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	**8a**	29,025.		
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	**8b**			
	c	Points not reported to you on Form 1098. See instructions for special rules	**8c**			
	d	Reserved for future use	**8d**			
	e	Add lines 8a through 8c	**8e**	29,025.		
	9	Investment interest. Attach Form 4952 if required. See instructions	**9**			
	10	Add lines 8e and 9			**10**	29,025.
Gifts to Charity	**11**	Gifts by cash or check. If you made any gift of $250 or more, see instructions	**11**			
Caution: If you made a gift and got a benefit for it, see instructions.	**12**	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	**12**			
	13	Carryover from prior year	**13**			
	14	Add lines 11 through 13			**14**	
Casualty and Theft Losses	**15**	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			**15**	
Other Itemized Deductions	**16**	Other—from list in instructions. List type and amount:			**16**	
Total Itemized Deductions	**17**	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12e			**17**	53,569.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐				

SCHEDULE E (Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **13**

Name(s) shown on return: ANTONIO & NANCY RODRIGUES

Your social security number: 024-82-4436

Part I Income or Loss From Rental Real Estate and Royalties

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

A Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions . . . . ☐ **Yes** ☒ **No**

B If "Yes," did you or will you file required Form(s) 1099? . . . . . ☐ **Yes** ☐ **No**

1a Physical address of each property (street, city, state, ZIP code)

A	1821 COUNTY ST Somerset MA 02726
B	
C	

1b Type of Property (from list below)		**2** For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.		**Fair Rental Days**	**Personal Use Days**	**QJV**
A	4		**A**	365	0	☐
B			**B**			☐
C			**C**			☐

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:		**Properties: A**	**B**	**C**
3 Rents received	**3**	108,000.		
4 Royalties received	**4**			
Expenses:				
5 Advertising	**5**			
6 Auto and travel (see instructions)	**6**			
7 Cleaning and maintenance	**7**			
8 Commissions	**8**			
9 Insurance	**9**	3,565.		
10 Legal and other professional fees	**10**			
11 Management fees	**11**			
12 Mortgage interest paid to banks, etc. (see instructions)	**12**	56,829.		
13 Other interest	**13**			
14 Repairs	**14**			
15 Supplies	**15**			
16 Taxes	**16**	17,378.		
17 Utilities	**17**			
18 Depreciation expense or depletion	**18**	29,091.		
19 Other (list) _____	**19**			
20 Total expenses. Add lines 5 through 19	**20**	106,863.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198**	**21**	1,137.		
22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	**22**	( )	( )	( )

23a Total of all amounts reported on line 3 for all rental properties	**23a**	108,000.	
b Total of all amounts reported on line 4 for all royalty properties	**23b**		
c Total of all amounts reported on line 12 for all properties	**23c**	56,829.	
d Total of all amounts reported on line 18 for all properties	**23d**	29,091.	
e Total of all amounts reported on line 20 for all properties	**23e**	106,863.	

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses	**24**	1,137.
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	**25**	( )
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	**26**	1,137.

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

ANTONIO & NANCY RODRIGUES | 024-82-4436

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

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

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

28	**(a)** Name	**(b)** Enter **P** for partnership; **S** for S corporation	**(c)** Check if foreign partnership	**(d)** Employer identification number	**(e)** Check if basis computation is required	**(f)** Check if any amount is not at risk
A	CAR CONNECTIONS INC	S	☐	83-1369722	☐	☐
B	TNT CLEANING SERVICES, INC	S	☐	45-3766642	☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		**Nonpassive Income and Loss**		
	(g) Passive loss allowed (attach **Form 8582** if required)	**(h)** Passive income from **Schedule K-1**	**(i)** Nonpassive loss allowed (see **Schedule K-1**)	**(j)** Section 179 expense deduction from **Form 4562**	**(k)** Nonpassive income from **Schedule K-1**
A			2,877.		
B					47,676.
C					
D					
29a Totals					47,676.
b Totals			2,877.		

30	Add columns (h) and (k) of line 29a	**30**	47,676.
31	Add columns (g), (i), and (j) of line 29b	**31**	(2,877.)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	**32**	44,799.

Part III Income or Loss From Estates and Trusts

33	**(a)** Name	**(b)** Employer identification number
A		
B		

	Passive Income and Loss		**Nonpassive Income and Loss**	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	**(d)** Passive income from **Schedule K-1**	**(e)** Deduction or loss from **Schedule K-1**	**(f)** Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	**35**	
36	Add columns (c) and (e) of line 34b	**36**	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	**37**	

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

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

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

Part V Summary

40	Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below	**40**	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	**41**	45,936.
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	**42**	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	**43**	

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

2025

Attachment Sequence No. **47**

Name(s) shown on return: ANTONIO & NANCY RODRIGUES

Your social security number: 024-82-4436

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR			**1**	239,757.
2a	Enter income from Puerto Rico that you excluded	**2a**			
b	Enter the amounts from lines 45 and 50 of your Form 2555	**2b**	0.		
c	Enter the amount from line 15 of your Form 4563	**2c**			
d	Add lines 2a through 2c			**2d**	0.
3	Add lines 1 and 2d			**3**	239,757.
4	Number of qualifying children under age 17 with the required social security number	**4**	2		
5	Multiply line 4 by $2,200			**5**	4,400.
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**	0		
	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**	4,400.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			**9**	400,000.
10	Subtract line 9 from line 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**	0.
11	Multiply line 10 by 5% (0.05)			**11**	0.
12	Is the amount on line 8 more than the amount on line 11?			**12**	4,400.
	☐ **No. Stop here.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			**13**	27,442.
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents**			**14**	4,400.
	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 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

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	Reserved for future use		**15**	
16a	Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit		**16a**	0.
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		**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		**20**	
	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.			

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

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**	

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **52**

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

ANTONIO RODRIGUES

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

024-82-4436

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2025. See instructions		☒ Self-only ☐ Family
2	HSA contributions you made for 2025 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2025. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	3,000.
3	If you were under age 55 at the end of 2025 and, on the first day of **every** month during 2025, you were, or were considered, an eligible individual with the **same** coverage, enter $4,300 ($8,550 for family coverage). **All others**, see the instructions for the amount to enter	3	4,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2025 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2025, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	4,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2025, see the instructions for the amount to enter	6	4,300.
7	If you were age 55 or older at the end of 2025, married, and you or your spouse had family coverage under an HDHP at any time during 2025, enter your additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	4,300.
9	Employer contributions made to your HSAs for 2025 — 9		
10	Qualified HSA funding distributions — 10		
11	Add lines 9 and 10	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	4,300.
13	**HSA deduction** (see instructions)	13	3,000.

Part II **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2025 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	**Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	**Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.
Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **55**

Name(s) shown on return	Your taxpayer identification number
ANTONIO & NANCY RODRIGUES	024-82-4436

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 $197,300 ($394,600 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	A. RODRIGUES LLC	83-1014187	1,137.
ii	TNT CLEANING SERVICES, INC	45-3766642	47,676.
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	48,813.		
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	48,813.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	9,763.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	9,763.
11	Taxable income before qualified business income deduction (see instructions)	11	186,188.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	186,188.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	37,238.
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	9,763.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

Form **8867**

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service

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 25

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
ANTONIO & NANCY RODRIGUES	024-82-4436
Preparer's name	**Preparer tax identification number**
BERGSON MARCELINO	P03233644

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)?	☐	☐	☐

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:

A. 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);

B. 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;

C. Submit Form 8867 in the manner required; **and**

D. 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*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. 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).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

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

Form **5695**

Department of the Treasury
Internal Revenue Service

Residential Energy Credits

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form5695* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **75**

Name(s) shown on return: ANTONIO & NANCY RODRIGUES

Your social security number: 024 82 4436

Part I **Residential Clean Energy Credit** (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a **credit carryforward from 2024**.

Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b. For more than one home, see instructions.

Number and street | Unit no. | City or town | State | ZIP code

1	Qualified solar electric property costs	1	
2	Qualified solar water heating property costs	2	
3	Qualified small wind energy property costs	3	
4	Qualified geothermal heat pump property costs	4	
5a	Qualified battery storage technology. Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified battery storage technology	5a	☐ Yes ☐ No
b	If you checked the "Yes" box, enter the qualified battery technology costs	5b	
6a	Add lines 1 through 5b	6a	
b	Multiply line 6a by 30% (0.30)	6b	
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your **main home** located in the United States? (See instructions.)	7a	☐ Yes ☐ No

If you checked the "No" box, you cannot claim a credit for qualified fuel cell property. Skip lines 7b through 11.

b Enter the complete address of the main home where you installed the fuel cell property.

Number and street | Unit no. | City or town | State | ZIP code

Caution: You can only have one main home at a time. (See instructions.)

c If the special rule for joint occupants applies, check here ☐ and attach a statement. (See instructions.)

8	Qualified fuel cell property costs	8		
9	Multiply line 8 by 30% (0.30)	9		
10	Kilowatt capacity of property on line 8 above. If less than 0.5 kW, enter -0-. (See instructions.) _____ x $1,000	10		
11	Enter the smaller of line 9 or line 10		11	
12	Credit carryforward from 2024. Enter the amount, if any, from your 2024 Form 5695, line 16		12	
13	Add lines 6b, 11, and 12		13	
14	Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet. (See instructions.)		14	
15	**Residential clean energy credit.** Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5a		15	
16	Credit carryforward to 2026. If line 15 is less than line 13, subtract line 15 from line 13	16		

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

ANTONIO & NANCY RODRIGUES | 024 82 4436

Part II Energy Efficient Home Improvement Credit

Section A—Qualified Energy Efficiency Improvements

17a Are the qualified energy efficiency improvements installed in or on your main home located in the United States? (See instructions.) . . . . . 17a ☒ Yes ☐ No

b Are you the original user of the qualified energy efficiency improvements? . . . . . 17b ☒ Yes ☐ No

c Are the components reasonably expected to remain in use for at least 5 years? . . . . . 17c ☒ Yes ☐ No

If you checked the "No" box for line 17a, 17b, or 17c, you cannot claim the energy efficient home improvement credit. Do not complete Part II, Section A.

d Enter the complete address of the main home where you made the qualifying improvements.

Caution: You can only have one main home at a time. (See instructions.)

61 SUNFLOWER DR		RAYNHAM	MA	02767
Number and street	Unit no.	City or town	State	ZIP code

e Were any of these improvements related to the construction of this main home? . . . . . 17e ☐ Yes ☒ No

If you checked the "Yes" box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.

18 Insulation or air sealing material or system.

a Enter the cost of insulation material or system (include air sealing material or system) specifically and primarily designed to reduce heat loss or gain of your home that meets the criteria established by the IECC. (See instructions.) . . 18a 4,280.

b Multiply line 18a by 30% (0.30). Enter the results. Do **not** enter more than $1,200 . . . . . 18b 1,200.

19 Exterior doors that meet the applicable Energy Star requirements.

a Enter the cost of the most expensive door you bought 19a

b Enter the Qualified Manufacturer Identification Number of the door.

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

c Multiply line 19a by 30% (0.30). Do **not** enter more than $250 . . . . . 19c

d Enter the Qualified Manufacturer Identification Number(s) and cost(s) of the two next most expensive door(s) 19d

(i) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ $_____

(ii) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ $_____

e Enter the cost of all other qualifying exterior doors. If none, enter -0- . . . 19e

f Add lines 19d and 19e 19f

g Multiply line 19f by 30% (0.30) 19g

h Add lines 19c and 19g. Do **not** enter more than $500 . . . . . 19h

20 Windows and skylights that meet the Energy Star certification requirements.

a Enter the Qualified Manufacturer Identification Number(s) and cost(s) of the four most expensive window(s)/skylight(s) 20a

(i) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ $_____

(ii) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ $_____

(iii) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ $_____

(iv) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ $_____

b Enter the cost of all other exterior windows and skylights. If none, enter -0-. (See instructions.) 20b

c Add lines 20a and 20b 20c

d Multiply line 20c by 30% (0.30). Enter the results. Do **not** enter more than $600 . . . . . 20d

Section B—Residential Energy Property Expenditures

21a Did you incur costs for qualified energy property installed on or in connection with a home located in the United States that you use as a residence? . . . . . **21a** ☐ Yes ☐ No

b Was the qualified energy property originally placed into service by you? . . . . . **21b** ☐ Yes ☐ No

If you checked the "No" box for line 21a or 21b, you cannot claim the credit for your residential energy property costs. Skip lines 22 through 25 and line 29. Go to line 26.

c Enter the complete address of each home where you installed qualified energy property.

Number and street	Unit no.	City or town	State	ZIP code

22 Residential energy property costs (include labor costs for onsite preparation, assembly, and original installation). (See instructions.)

a Enter the Qualified Manufacturer Identification Number and cost of the most expensive central air conditioner **22a**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

b Enter the cost of all other central air conditioners. If none, enter -0- . . . **22b**

c Add lines 22a and 22b **22c**

d Multiply line 22c by 30% (0.30). Enter the results. Do **not** enter more than $600 . . . . . **22d**

23a Enter the Qualified Manufacturer Identification Number(s) and cost(s) of the two most expensive natural gas, propane, or oil water heater(s). If none, enter -0- . **23a**

(i) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ $_____

(ii) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ $_____

b Enter the cost of all other natural gas, propane, or oil water heaters. If none, enter -0- **23b**

c Add lines 23a and 23b **23c**

d Multiply line 23c by 30% (0.30). Enter the results. Do **not** enter more than $600 . . . . . **23d**

24a Enter the Qualified Manufacturer Identification Number and cost of the most expensive natural gas, propane, or oil furnace or hot water boiler **24a**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

b Enter the cost of all other natural gas, propane, or oil furnace or hot water boilers. If none, enter -0- **24b**

c Add lines 24a and 24b **24c**

d Multiply line 24c by 30% (0.30). Enter the results. Do **not** enter more than $600 . . . . . **24d**

25a Did you install improvements or replacements of panelboards, subpanelboards, branch circuits, or feeders (enabling property) to enable the installation and use of a separate qualified energy efficient improvement or qualified energy property (enabled property), and were both the enabling property and the enabled property installed in 2025? (See instructions if some of the property was installed in 2024.) . . . . . **25a** ☐ Yes ☐ No

If you checked the "No" box, you cannot claim the credit for enabling property. Skip lines 25b through 25e. Go to line 26. (See instructions.)

b If you checked the "Yes" box for line 25a, enter the code for the type of enabled property. (See instructions.)

Code(s) _____ _____ _____ _____ _____ _____ _____

c Enter the cost of improvements or replacement of enabling property . . . **25c**

d Enter the Qualified Manufacturer Identification Number(s) of the enabling property.

(i) ☐☐☐☐

(ii) ☐☐☐☐

e Multiply line 25c by 30% (0.30). Enter the results. Do **not** enter more than $600 . . . . . **25e**

Section B—Residential Energy Property Expenditures *(continued)*

26	Home energy audits.				
a	Did you incur costs for a home energy audit that included an inspection of your main home located in the United States and a written report prepared by a certified home energy auditor? (See instructions.) If you checked the "No" box, you cannot claim the home energy audit credit. Stop. Go to line 27.			**26a**	☐ **Yes** ☒ **No**
b	Enter the cost of the home energy audits	**26b**			
c	Multiply line 26b by 30% (0.30). Enter the results. Do **not** enter more than $150			**26c**	
27	Add lines 18b, 19h, 20d, 22d, 23d, 24d, 25e, and 26c	**27**	1,200.		
28	Enter the smaller of line 27 or $1,200			**28**	1,200.
29	Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.				
a	Enter the Qualified Manufacturer Identification Number and cost of the most expensive electric or natural gas heat pump ☐☐☐☐	**29a**			
b	Enter the cost of all other electric or natural gas heat pumps. If none, enter -0-	**29b**			
c	Enter the Qualified Manufacturer Identification Number and cost of the most expensive electric or natural gas heat pump water heater ☐☐☐☐	**29c**			
d	Enter the cost of all other electric or natural gas heat pump water heaters. If none, enter -0-	**29d**			
e	Enter the Qualified Manufacturer Identification Number and cost of the most expensive biomass stove or boiler ☐☐☐☐	**29e**			
f	Enter the cost of all other biomass stoves and biomass boilers. If none, enter -0-	**29f**			
g	Add lines 29a through 29f	**29g**			
h	Multiply line 29g by 30% (0.30). Enter the results. Do **not** enter more than $2,000			**29h**	
30	Add lines 28 and 29h			**30**	1,200.
31	Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet. (See instructions.)			**31**	28,642.
32	**Energy efficient home improvement credit.** Enter the smaller of line 30 or line 31. Also include this amount on Schedule 3 (Form 1040), line 5b			**32**	1,200.
a	If the special rule for joint occupants applies, check here ☐ and attach a statement. (See instructions.)				
b	If you live in a condominium or cooperative and have a fractional share of the qualified energy efficiency improvements or residential energy property expenditures, check here ☐. (See instructions.)				

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2025

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
ANTONIO & NANCY RODRIGUES	Sch E 1821 COUNTY ST	024-82-4436

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	4,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2024 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (**Don't** include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (**Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

	(a) Classification of property (see instructions)	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	50-year property			50 yrs.	MM	S/L	
i	Residential rental property	07/18	800,000.	27.5 yrs.	MM	S/L	29,091.
				27.5 yrs.	MM	S/L	
j	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year			12 yrs.	S/L	
c	30-year			30 yrs.	MM	S/L
d	40-year			40 yrs.	MM	S/L
e	50-year			50 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	**21**	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	**22**	29,091.
23a	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	**23a**	
b	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	**23b**	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (**Caution:** See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No**

b If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

c Do you own, lease, or charter an aircraft? Check all that apply. See instructions ☐ **Own** ☐ **Lease** ☐ **Charter**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L –		
		%				S/L –		
		%				S/L –		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) *(continued)*

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

		Yes	No
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI **Amortization**

	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins during your 2025 tax year (see instructions):					
43	Amortization of costs that began before your 2025 tax year				**43**	
44	**Total.** Add amounts in column (f). See the instructions for where to report				**44**	

Form **8582**

Department of the Treasury
Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to *www.irs.gov/Form8582* for instructions and the latest information.

OMB No. 1545-1008

2025

Attachment Sequence No. **858**

Name(s) shown on return: ANTONIO & NANCY RODRIGUES

Identifying number: 024-82-4436

Part I 2025 Passive Activity Loss

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

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

1a	Activities with net income (enter the amount from Part IV, column (a))	**1a**			
b	Activities with net loss (enter the amount from Part IV, column (b))	**1b**	( )		
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	**1c**	( )		
d	Combine lines 1a, 1b, and 1c			**1d**	

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	**2a**	1,137.		
b	Activities with net loss (enter the amount from Part V, column (b))	**2b**	(0.)		
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	**2c**	( )		
d	Combine lines 2a, 2b, and 2c			**2d**	1,137.

3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	**3**	1,137.

If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

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

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

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

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

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	**10**	
11	**Total losses allowed from all passive activities for 2025.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	**11**	

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

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	**(b)** Net loss (line 2b)	**(c)** Unallowed loss (line 2c)	**(d)** Gain	**(e)** Loss
1821 COUNTY ST	1,137.	0.		1,137.	
Total. Enter on Part I, lines 2a, 2b, and 2c	1,137.	0.			

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

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

Part VII **Allocation of Unallowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Ratio	**(c)** Unallowed loss
Total			1.00	

Part VIII **Allowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Unallowed loss	**(c)** Allowed loss
Total				

a Employee's SSN 024-82-4436

b Employer identification number (EIN) 45-3766642

OMB No. 1545-0008

c Employer's name, address, and ZIP code
TNT CLEANING SERVICES INC

1821 COUNTY ST

SOMERSET MA 02726

1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages
84000.00	4714.08	84000.00
4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld
5208.00	84000.00	1218.00
7 Social security tips	8 Allocated tips	9

Form **W-2**
Wage and Tax Statement
2025

d Control number
17970939

10 Depdnt care benefits	11 Nonqualified plans	12a
		12b
13 Statutory employee ☐ Retirement plan ☐ Third party sick pay ☐	14 Other MA PFML 386.40	12c
		12d

e Employee's name, address, and ZIP code Suff.
ANTONIO P RODRIGUES
6 NOTTINGHAM WAY

ASSONET MA 02702

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

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
MA	WTH-10884855-003	84000.00	3905.42			

Department of the Treasury — IRS

REV 01/21/26 OSP

a Employee's SSN 024-82-4436

b Employer identification number (EIN) 45-3766642

OMB No. 1545-0008

c Employer's name, address, and ZIP code
TNT CLEANING SERVICES INC

1821 COUNTY ST

SOMERSET MA 02726

1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages
84000.00	4714.08	84000.00
4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld
5208.00	84000.00	1218.00
7 Social security tips	8 Allocated tips	9

Form **W-2**
Wage and Tax Statement
2025

d Control number
17970939

10 Depdnt care benefits	11 Nonqualified plans	12a
		12b
13 Statutory employee ☐ Retirement plan ☐ Third party sick pay ☐	14 Other MA PFML 386.40	12c
		12d

e Employee's name, address, and ZIP code Suff.
ANTONIO P RODRIGUES
6 NOTTINGHAM WAY

ASSONET MA 02702

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

15 State	Employer's state ID No.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
MA	WTH-10884855-003	84000.00	3905.42			

REV 01/21/26 OSP

REV 01/21/26 OSP

a Employee's SSN 024-82-4436

b Employer identification number (EIN) 45-3766642

OMB No. 1545-0008

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

c Employer's name, address, and ZIP code
TNT CLEANING SERVICES INC

1821 COUNTY ST

SOMERSET MA 02726

1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages
84000.00	4714.08	84000.00
4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld
5208.00	84000.00	1218.00
7 Social security tips	8 Allocated tips	9

Form **W-2**
Wage and Tax Statement
2025

d Control No.
17970939

10 Depdnt care benefits	11 Nonqualified plans	12a
		12b
13 Statutory employee ☐ Retirement plan ☐ Third party sick pay ☐	14 Other MA PFML 386.40	12c
		12d

e Employee's name, address, and ZIP code Suff.
ANTONIO P RODRIGUES
6 NOTTINGHAM WAY

ASSONET MA 02702

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)

15 State	Employer's state ID No.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
MA	WTH-10884855-003	84000.00	3905.42			

2025 W-2 and EARNINGS SUMMARY

Employee Reference Copy
W-2 Wage and Tax Statement 2025

OMB No. 1545-0029

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
000045 R6/QYQ			A 8

c Employer's name, address, and ZIP code

TOP SHELF BUILDING
MAINTENANCE INC
950 WATERTOWN ST
7
WEST NEWTON, MA 02465
Batch #98587

e/f Employee's name, address, and ZIP code

ANTONIO RODRIGUES
6 NOTTINGHAM WAY
ASSONET, MA 02702-1403

b Employer's FED ID number	a Employee's SSA number
81-3355671	XXX-XX-4436
1 Wages, tips, other comp. 4000.00	2 Federal income tax withheld 169.34
3 Social security wages 4000.00	4 Social security tax withheld 248.00
5 Medicare wages and tips 4000.00	6 Medicare tax withheld 58.00
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 18.40 MAPFML	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay
15 State MA / Employer's state ID no. WTH-10738854-004	16 State wages, tips, etc. 4000.00
17 State income tax 180.08	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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

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

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	4,000.00	4,000.00	4,000.00	4,000.00
Reported W-2 Wages	**4,000.00**	**4,000.00**	**4,000.00**	**4,000.00**

2. Employee Name and Address.

ANTONIO RODRIGUES
6 NOTTINGHAM WAY
ASSONET, MA 02702-1403

© 2025 ADP, Inc.

Fold and Detach Here

Federal Filing Copy
W-2 Wage and Tax Statement 2025

OMB No. 1545-0029

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 4000.00	2 Federal income tax withheld 169.34
3 Social security wages 4000.00	4 Social security tax withheld 248.00
5 Medicare wages and tips 4000.00	6 Medicare tax withheld 58.00
d Control number 000045 R6/QYQ / Dept. / Corp. / Employer use only A 8	

c Employer's name, address, and ZIP code

TOP SHELF BUILDING
MAINTENANCE INC
950 WATERTOWN ST
7
WEST NEWTON, MA 02465

b Employer's FED ID number	a Employee's SSA number
81-3355671	XXX-XX-4436
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 18.40 MAPFML	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code

ANTONIO RODRIGUES
6 NOTTINGHAM WAY
ASSONET, MA 02702-1403

15 State / Employer's state ID no.	16 State wages, tips, etc.
MA WTH-10738854-004	4000.00
17 State income tax 180.08	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

FOLD AND DETACH HERE

MA.State Reference Copy
W-2 Wage and Tax Statement 2025

OMB No. 1545-0029

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 4000.00	2 Federal income tax withheld 169.34
3 Social security wages 4000.00	4 Social security tax withheld 248.00
5 Medicare wages and tips 4000.00	6 Medicare tax withheld 58.00
d Control number 000045 R6/QYQ / Dept. / Corp. / Employer use only A 8	

c Employer's name, address, and ZIP code

TOP SHELF BUILDING
MAINTENANCE INC
950 WATERTOWN ST
7
WEST NEWTON, MA 02465

b Employer's FED ID number	a Employee's SSA number
81-3355671	XXX-XX-4436
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other 18.40 MAPFML	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code

ANTONIO RODRIGUES
6 NOTTINGHAM WAY
ASSONET, MA 02702-1403

15 State / Employer's state ID no.	16 State wages, tips, etc.
MA WTH-10738854-004	4000.00
17 State income tax 180.08	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

FOLD AND DETACH HERE

MA.State Filing Copy
W-2 Wage and Tax Statement 2025

OMB No. 1545-0029

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 4000.00	2 Federal income tax withheld 169.34
3 Social security wages 4000.00	4 Social security tax withheld 248.00
5 Medicare wages and tips 4000.00	6 Medicare tax withheld 58.00
d Control number 000045 R6/QYQ / Dept. / Corp. / Employer use only A 8	

c Employer's name, address, and ZIP code

TOP SHELF BUILDING
MAINTENANCE INC
950 WATERTOWN ST
7
WEST NEWTON, MA 02465

b Employer's FED ID number	a Employee's SSA number
81-3355671	XXX-XX-4436
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other 18.40 MAPFML	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code

ANTONIO RODRIGUES
6 NOTTINGHAM WAY
ASSONET, MA 02702-1403

15 State / Employer's state ID no.	16 State wages, tips, etc.
MA WTH-10738854-004	4000.00
17 State income tax 180.08	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

FOLD AND DETACH HERE

Commonwealth of Massachusetts
Department of Revenue
Geoffrey E. Snyder, Commissioner

mass.gov/dor

Letter ID: L1366443616
Notice Date: January 2, 2026
Account ID: PIT-14466660-002

NOTICE OF IMPORTANT TAX INFORMATION - 1099-G

Instructions for Recipient
Box 1: Shows the refund recipient's identification or Social Security number. If a joint return was filed, the first number listed on the return appears in this box.
Box 2: Shows refunds, credits or offsets of state income tax you received. It may be taxable to you if you deducted the state tax paid as an itemized deduction on your federal income tax return. Even if you did not receive the amount shown, for example, because it was credited to your state estimated tax, it is still taxable if it was deducted. If you received interest on this, report it as interest income on your tax return. See the instructions for Form 1040 or 1040A for more information. The amount in Box 2 is **not reportable** on your **2025** Massachusetts income tax return.
Box 3: Identifies the tax year for which the refund, credit or offset shown in Box 2 was made.

THIS IS NOT A BILL OR NOTICE OF REFUND. THE AMOUNT IN BOX 2 MAY BE TAXABLE INCOME ON YOUR FEDERAL TAX RETURN. (SEE INSTRUCTIONS ABOVE)

For more information visit the IRS website at www.irs.gov or call 1-800-829-1040.

PAYER:
Massachusetts Department of Revenue
PO Box 7010
Boston, MA 02204
Telephone: (617) 887-6367
Federal ID 046-002-284-W

OMB No. 1545-0120

2025

Form 1099-G

Certain Government Payments

COPY-B - FOR RECIPIENT
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

RECIPIENT'S name, address and ZIP code:
ANTONIO RODRIGUES
and NANCY RODRIGUES
6 NOTTINGHAM WAY
ASSONET MA 02702-1403

☐ CORRECTED (if checked)

THIS IS AN INFORMATION-ONLY STATEMENT. THIS IS NOT A BILL OR NOTICE OF REFUND.

1 RECIPIENT'S identification number:	2 State or local income tax refunds, credits, or offsets:	3 Box 2 amount is for tax year:
XXX-XX-4436	$16,652.00	2023

Form 1099-G — Keep for your records. — Department of the Treasury - Internal Revenue Service

Commonwealth of Massachusetts
Department of Revenue
Geoffrey E. Snyder, Commissioner

mass.gov/dor

Letter ID: L0992364128
Notice Date: January 2, 2026
Account ID: PIT-14466660-002

NOTICE OF IMPORTANT TAX INFORMATION - 1099-G

Instructions for Recipient
Box 1: Shows the refund recipient's identification or Social Security number. If a joint return was filed, the first number listed on the return appears in this box.
Box 2: Shows refunds, credits or offsets of state income tax you received. It may be taxable to you if you deducted the state tax paid as an itemized deduction on your federal income tax return. Even if you did not receive the amount shown, for example, because it was credited to your state estimated tax, it is still taxable if it was deducted. If you received interest on this, report it as interest income on your tax return. See the instructions for Form 1040 or 1040A for more information. The amount in Box 2 is **not reportable** on your **2025** Massachusetts income tax return.
Box 3: Identifies the tax year for which the refund, credit or offset shown in Box 2 was made.

THIS IS NOT A BILL OR NOTICE OF REFUND. THE AMOUNT IN BOX 2 MAY BE TAXABLE INCOME ON YOUR FEDERAL TAX RETURN. (SEE INSTRUCTIONS ABOVE)

For more information visit the IRS website at www.irs.gov or call 1-800-829-1040.

PAYER:
Massachusetts Department of Revenue
PO Box 7010
Boston, MA 02204
Telephone: (617) 887-6367
Federal ID 046-002-284-W

OMB No. 1545-0120

2025

Form 1099-G

Certain Government Payments

COPY-B - FOR RECIPIENT
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

RECIPIENT'S name, address and ZIP code:
ANTONIO RODRIGUES
and NANCY RODRIGUES
6 NOTTINGHAM WAY
ASSONET MA 02702-1403

☐ CORRECTED (if checked)

THIS IS AN INFORMATION-ONLY STATEMENT. THIS IS NOT A BILL OR NOTICE OF REFUND.

1 RECIPIENT'S identification number:	2 State or local income tax refunds, credits, or offsets:	3 Box 2 amount is for tax year:
XXX-XX-4436	$10,486.00	2024

Form 1099-G — Keep for your records. — Department of the Treasury - Internal Revenue Service

099-A

ST. ANNE S CREDIT UNION
286 OLIVER ST.
FALL RIVER MA 02724-0386

00003984 3861865 01 00001 0 370460

NANCY L RODRIGUES
6 NOTTINGHAM WAY
ASSONET MA 02702-1403

2025 FORM 1099-INT - INTEREST INCOME STATEMENT

ACCOUNT NUMBER	ACCT OWNER	AMOUNT	ADDITIONAL INFORMATION
06-02038306		37.25	(1) INTEREST

ACCOUNT NUMBER	ACCT OWNER	AMOUNT	ADDITIONAL INFORMATION

TOTAL (1) INTEREST INCOME NOT IN (3)	37.25
TOTAL (2) EARLY WITHDRAWAL PENALTY	0.00
TOTAL (3) BOND/TREAS. OBLIG. INTEREST	0.00
TOTAL (4) FEDERAL INCOME TAX WITHHELD	0.00
TOTAL (5) INVESTMENT EXPENSES	0.00
TOTAL (6) FOREIGN TAX PAID	0.00
TOTAL (8) TAX EXEMPT INCOME	0.00
TOTAL (9) SPEC ACT BOND INTEREST	0.00
TOTAL (10) MARKET DISCOUNT	0.00
TOTAL (11) BOND PREMIUM	0.00
TOTAL (13) TAX EXEMPT BOND PREMIUM	0.00
TOTAL (12) BD PRM TREASURY OBLIGATION	0.00

☐ 2ND TIN NOTC

ST. ANNE S CREDIT UNION
286 OLIVER ST.
FALL RIVER MA 02724-0386

☐ FATCA Filing

508-324-7300 877-782-6637
PAYOR FEDERAL ID NUMBER: 04-2128094

RECIPIENT TAX ID NUMBER: XXX-XX-9960
RECIPIENT TAX ID NUMBER:

099-A

Copy B for Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanctions may be imposed on you if this income is taxable and the IRS determines that it has not been reported. **(Keep for your records)** OMB 1545-0112

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer must generally report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s); or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

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

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

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

Payer's Routing Transit Number (RTN). A payer may include the RTN to identify the bank or financial institution where your account is held.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during the calendar year on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1. **Note:** This amount is not deductible.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

Box 7. Shows the country or U.S. territory to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(3), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(6) that you did not want to make a constant yield election for market discount under section 1278(b). Report the accrued market discount on your income tax return as directed in the instructions for Form 1040. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-SR. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15–17. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1096-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096, list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

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

005984 3861865 887967 887967 01/02

NOWPAY
4751 WILSHIRE BLVD. #100
ATTN: OPERATIONS
LOS ANGELES, CA 90010

For 1099K questions, please call 888-880-6563

Tony

**N0146285

CAR CONNECTIONS
1821 COUNTY ST
ANTONIO RODRIGUES
SOMERSET, MA 02726

Instructions for Payee

You have received this form because you have either (a) accepted payment cards for payments, or (b) received payments through a third party network in the calendar year reported on this form. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSEs), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

If the Form 1099-K is related to your business, see Pub. 334 for more information. If the Form 1099-K is related to your work as part of the gig economy, see *www.IRS.gov/GigEconomy*.

See the separate instructions for your income tax return for using the information reported on this form.

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

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

Box 1a. Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

Box 1b. Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, Card Not Present transactions will not be reported.

Box 2. Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

Box 3. Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld.

Boxes 5a-5l. Show the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6-8. Show state and local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099K*.

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

☐ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	FILER'S TIN	OMB No. 1545-2205	**Payment Card and Third Party Network Transactions**
NOWPAY 4751 WILSHIRE BLVD #100 LOS ANGELES, CA 90010	871475048	Form **1099-K** (Rev. January 2022)	
	PAYEE'S TIN 831369722		
	1a Gross amount of payment card/third party network transactions $ 68,982.40	For calendar year 2025	
	1b Card Not Present transactions $ 68,982.40	2 Merchant category code 5521	**Copy B** **For Payee**
Check to indicate if FILER is a (an): Payment settlement entity (PSE) [X] Electronic Payment Facilitator (EPF)/Other third party [ ] Check to indicate transactions reported are: Payment card [X] Third party network [ ]	3 Number of payment transactions 261	4 Federal income tax withheld $ 0.00	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
PAYEE'S name CAR CONNECTIONS Street address (including apt. no.) 1821 COUNTY ST ANTONIO RODRIGUES City or town, state or province, country, and ZIP or foreign postal code SOMERSET, MA 027265448	5a January $ 0.00	5b February $ 0.00	
	5c March $ 0.00	5d April $ 0.00	
	5e May $ 0.00	5f June $ 0.00	
	5g July $ 0.00	5h August $ 30,316.00	
	5i September $ 38,666.40	5j October $ 0.00	
PSE'S name and telephone number SYNOVUS 706-649-4900	5k November $ 0.00	5l December $ 0.00	
Account number (see instructions) 675500000167361	6 State MA	7 State identification no.	8 State income tax withheld $ 0.00 $

Form **1099-K** (Rev. 1-2022) (Keep for your records) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service

01/15/2026

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

41-0852411
OMB No. 1545-0029

a Employee's soc. sec. no	1 Wages, tips, other comp.	2 Federal income tax withheld
XXX-XX-9960	108783.58	10866.58
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	0.00	0.00
04-6001387	5 Medicare wages and tips	6 Medicare tax withheld
	123294.71	1787.76

c Employer's name, address, and ZIP code

CITY OF FALL RIVER
ONE GOVERNMENT CENTER
FALL RIVER, MA 02722

d Control number
S026

e Employee's name, address, and ZIP code — Suff.

NANCY L RODRIGUES
6 NOTTINGHAM WAY
ASSONET, MA 02702

7 Social security tips	8 Allocated tips	9
0.00	0.00	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
0.00	0.00	DD 25606.19
13 Statutory employee	14 Other	12b Code
Retirement plan: X	RETIREMENT - 14511.13 HEALTH INS - 8995.64	12c Code
Third-party sick pay		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
MA	04-6001387	123294.71	6064.76

18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2025** Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service
www.irs.gov/efile

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

41-0852411
OMB No. 1545-0029

a Employee's soc. sec. no	1 Wages, tips, other comp.	2 Federal income tax withheld
XXX-XX-9960	108783.58	10866.58
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	0.00	0.00
04-6001387	5 Medicare wages and tips	6 Medicare tax withheld
	123294.71	1787.76

c Employer's name, address, and ZIP code

CITY OF FALL RIVER
ONE GOVERNMENT CENTER
FALL RIVER, MA 02722

d Control number
S026

e Employee's name, address, and ZIP code — Suff.

NANCY L RODRIGUES
6 NOTTINGHAM WAY
ASSONET, MA 02702

7 Social security tips	8 Allocated tips	9
0.00	0.00	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
0.00	0.00	DD 25606.19
13 Statutory employee	14 Other	12b Code
Retirement plan: X	RETIREMENT - 14511.13 HEALTH INS - 8995.64	12c Code
Third-party sick pay		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
MA	04-6001387	123294.71	6064.76

18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2025** Dept. of the Treasury -- IRS

Copy C - For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)

41-0852411
OMB No. 1545-0029

a Employee's soc. sec. no	1 Wages, tips, other comp.	2 Federal income tax withheld
XXX-XX-9960	108783.58	10866.58
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	0.00	0.00
04-6001387	5 Medicare wages and tips	6 Medicare tax withheld
	123294.71	1787.76

c Employer's name, address, and ZIP code

CITY OF FALL RIVER
ONE GOVERNMENT CENTER
FALL RIVER, MA 02722

d Control number
S026

e Employee's name, address, and ZIP code — Suff.

NANCY L RODRIGUES
6 NOTTINGHAM WAY
ASSONET, MA 02702

7 Social security tips	8 Allocated tips	9
0.00	0.00	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
0.00	0.00	DD 25606.19
13 Statutory employee	14 Other	12b Code
Retirement plan: X	RETIREMENT - 14511.13 HEALTH INS - 8995.64	12c Code
Third-party sick pay		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
MA	04-6001387	123294.71	6064.76

18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2025** Dept. of the Treasury -- IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 1 - For State, City, or Local Tax Department

41-0852411
OMB No. 1545-0029

a Employee's soc. sec. no	1 Wages, tips, other comp.	2 Federal income tax withheld
XXX-XX-9960	108783.58	10866.58
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	0.00	0.00
04-6001387	5 Medicare wages and tips	6 Medicare tax withheld
	123294.71	1787.76

c Employer's name, address, and ZIP code

CITY OF FALL RIVER
ONE GOVERNMENT CENTER
FALL RIVER, MA 02722

d Control number
S026

e Employee's name, address, and ZIP code — Suff.

NANCY L RODRIGUES
6 NOTTINGHAM WAY
ASSONET, MA 02702

7 Social security tips	8 Allocated tips	9
0.00	0.00	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
0.00	0.00	DD 25606.19
13 Statutory employee	14 Other	12b Code
Retirement plan: X	RETIREMENT - 14511.13 HEALTH INS - 8995.64	12c Code
Third-party sick pay		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
MA	04-6001387	123294.71	6064.76

18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2025** Dept. of the Treasury -- IRS

Citizens Securities, Inc.

CITIZENS BANK
MAILSTOP JCB135, PO BOX 42033
PROVIDENCE RI 029409867

2025 Form 5498 IRA Contribution Information		
Account No.	Participant TIN	Page
N6M-309647	***-**-4436	1 of 4

TRUSTEE'S or ISSUER'S TIN: 05-0487400

Envelope 5285 003209 14

SP 01 003209 15077 H 8 ASNGLP

ANTONIO P RODRIGUES
6 NOTTINGHAM WAY
ASSONET MA 02702-1403

Customer Service: 800-942-8300

To see the IRS instructions and other tax and regulatory information, visit www.mybrokerageinfo.com.

Form 5498 — **2025 IRA Contribution Information** — OMB No.1545-0747

This information is being furnished to the Internal Revenue Service.

Account Number N6M-309647

1.IRA contributions (other than amounts in boxes 2-4, 8-10, 13a and 14a)	$3,000.00
5.Fair market value of account	$0.00
7.IRA Type	IRA
11.Required Minimum Distribution for 2026	☐

Please review beneficiaries listed on your account to ensure our information is up-to-date.

For a list of account positions see your December statement.

Continued on next page

MECHANICS COOPERATIVE BANK
470 MYLES STANDISH BOULEVARD
TAUNTON, MA 02780

Return Service Requested

000001131 TP01308430109261644O 01 000000 001137 002

A. RODRIGUES LLC
1821 COUNTY ST
SOMERSET, MA 02726-5448

Summary Totals

IRS BOX	Amount Value
1	$74,922.33
2	$1,289,704.36
4	$0.00
5	$0.00
6	$0.00

Total 1098 Forms: 2

☐ CORRECTED (if checked)

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

MECHANICS COOPERATIVE BANK
470 MYLES STANDISH BOULEVARD
TAUNTON, MA 02780
(508)823-7744

*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-1380
Form **1098**
(Rev. April 2025)
For calendar year **2025**

Mortgage Interest Statement

1 Mortgage interest received from payer(s)/borrower(s)*
$ 56,829.03

RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN
04-1608620	XX-XXX4187

2 Outstanding mortgage principal
$ 984,663.35

3 Mortgage origination date
07/22/2022

4 Refund of overpaid interest
$ 0.00

5 Mortgage insurance premiums
$ 0.00

6 Points paid on purchase of principal residence
$ 0.00

7 ☐ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.

8 Address or description of property securing mortgage
1821 COUNTY ST SOMERSET MA 02726

PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

A. RODRIGUES LLC
1821 COUNTY ST
SOMERSET, MA 02726-5448

9 Number of properties securing the mortgage
2

10 Other
Tax Pd: 17377.76

Account number (see instructions)
CL 000125904641

Copy B
For Payer/ Borrower

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

11 Mortgage acquisition date

000001131 01996 001 002 0 130843010926164400 0 000001137

MECHANICS COOPERATIVE BANK
470 MYLES STANDISH BOULEVARD
TAUNTON, MA 02780

Return Service Requested

A. RODRIGUES LLC
1821 COUNTY ST
SOMERSET, MA 02726-5448

00001131 01367 0002-0002 DP01368430108259926 00 L 00001137

☐ CORRECTED (if checked)

Mortgage Interest Statement

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

MECHANICS COOPERATIVE BANK
470 MYLES STANDISH BOULEVARD
TAUNTON, MA 02780
(508)823-7744

*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-1380
Form **1098**
(Rev. April 2025)
For calendar year **2025**

1 Mortgage interest received from payer(s)/borrower(s)*
$ 18,093.30

Copy B
For Payer/ Borrower
The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN
04-1608620	XX-XXX4187

2 Outstanding mortgage principal
$ 305,041.01

3 Mortgage origination date
07/22/2022

4 Refund of overpaid interest
$ 0.00

5 Mortgage insurance premiums
$ 0.00

PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

A. RODRIGUES LLC
1821 COUNTY ST
SOMERSET, MA 02726-5448

6 Points paid on purchase of principal residence
$ 0.00

7 ☐ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.

8 Address or description of property securing mortgage
61 SUNFLOWER DR RAYNHAM MA 02767

9 Number of properties securing the mortgage

10 Other
Tax Pd: 7975.09

11 Mortgage acquisition date

Account number (see instructions)
CL 000125904642

(203) 266-4152

PAYER'S name, address, ZIP/postal code, country & phone no.
HHB OF CRANSTON INC
C/O BALDELLI & COMPANY CPAS LLC
PO BOX 1129
WOODBURY CT 06798

PAYER'S TIN	RECIPIENT'S TIN
88-3019370	XX-XXX6642

RECIPIENT'S name, address, ZIP/postal code & country
TNT CLEANING SERVICES INC
1821 COUNTY STREET
SOMERSET MA 02726

Account number	For calendar year
SERVICES	2025

1 Nonemployee compensation: 18200.00

2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐

3 Excess golden parachute payments

4 Federal income tax withheld

5 State tax withheld

6 State/Payer's state no. | 7 State income

1099-NEC Nonemployee Compensation
Copy 2 — To be filed with Recipient's State Tax Return
(Rev. 4-2025) Dept. of Treasury – IRS
☐ CORRECTED OMB No. 1545-0116

(203) 266-4152
PAYER'S name, address, ZIP/postal code, country & phone no.
HHB OF CRANSTON INC
C/O BALDELLI & COMPANY CPAS LLC
PO BOX 1129
WOODBURY CT 06798
PAYER'S TIN 88-3019370 | RECIPIENT'S TIN XX-XXX6642
RECIPIENT'S name, address, ZIP/postal code & country
TNT CLEANING SERVICES INC
1821 COUNTY STREET
SOMERSET MA 02726
Account number SERVICES | For calendar year 2025
1 Nonemployee compensation 18200.00
2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐
3 Excess golden parachute payments
4 Federal income tax withheld
5 State tax withheld
6 State/Payer's state no. | 7 State income
1099-NEC Nonemployee Compensation
Copy 2 — To be filed with Recipient's State Tax Return
(Rev. 4-2025) Dept. of Treasury – IRS
☐ CORRECTED OMB No. 1545-0116

(203) 266-4152
PAYER'S name, address, ZIP/postal code, country & phone no.
HHB OF CRANSTON INC
C/O BALDELLI & COMPANY CPAS LLC
PO BOX 1129
WOODBURY CT 06798
PAYER'S TIN 88-3019370 | RECIPIENT'S TIN XX-XXX6642
RECIPIENT'S name, address, ZIP/postal code & country
TNT CLEANING SERVICES INC
1821 COUNTY STREET
SOMERSET MA 02726
Account number SERVICES | For calendar year 2025
1 Nonemployee compensation 18200.00
2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐
3 Excess golden parachute payments
4 Federal income tax withheld
5 State tax withheld
6 State/Payer's state no. | 7 State income
1099-NEC Nonemployee Compensation
Copy 2 — To be filed with Recipient's State Tax Return
(Rev. 4-2025) Dept. of Treasury – IRS
☐ CORRECTED OMB No. 1545-0116

(203) 266-4152
PAYER'S name, address, ZIP/postal code, country & phone no.
HHB OF CRANSTON INC
C/O BALDELLI & COMPANY CPAS LLC
PO BOX 1129
WOODBURY CT 06798
PAYER'S TIN 88-3019370 | RECIPIENT'S TIN XX-XXX6642
RECIPIENT'S name, address, ZIP/postal code & country
TNT CLEANING SERVICES INC
1821 COUNTY STREET
SOMERSET MA 02726
Account number SERVICES | For calendar year 2025
1 Nonemployee compensation 18200.00
2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐
3 Excess golden parachute payments
4 Federal income tax withheld
5 State tax withheld
6 State/Payer's state no. | 7 State income
1099-NEC Nonemployee Compensation
Copy B — For Recipient
(Rev. 4-2025) Dept. of Treasury – IRS
☐ CORRECTED (if checked) OMB No. 1545-0116

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Instructions for Recipient

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

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

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

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

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

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

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

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

Box 3. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

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

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099NEC*.

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

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

113589008987

HHB OF CRANSTON INC
C/O BALDELLI & COMPANY CPAS LLC
PO BOX 1129
WOODBURY CT 06798

IMPORTANT TAX RETURN DOCUMENT ENCLOSED
FIRST-CLASS MAIL

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE
PAID
MAILED FROM ZIP CODE 97701
PERMIT NO. 3

113465*352*1*****AUTO**ALL FOR AADC 028

TNT CLEANING SERVICES INC
1821 COUNTY STREET
SOMERSET MA 02726

113589008987
69037

113589

00123022-384

PAYER'S name, address, ZIP/postal code, country & phone no.
HAWK & HAY OF SOMERSET LLC
PO BOX 1129
WOODBURY CT 06798
(203) 266-4152

PAYER'S TIN	RECIPIENT'S TIN
47-4952852	XX-XXX6642

RECIPIENT'S name, address, ZIP/postal code & country
TNT CLEANING SERVICE INC
1821 COUNTY STREET
SOMERSET MA 02726

Account number	For calendar year
SERVICES	2025

1 Nonemployee compensation: 31200.00

2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐

3 Excess golden parachute payments

4 Federal income tax withheld

5 State tax withheld

6 State/Payer's state no. | 7 State income

1099-NEC Nonemployee Compensation
Copy 2 — To be filed with Recipient's State Tax Return
(Rev. 4-2025) Dept. of Treasury – IRS
☐ CORRECTED OMB No. 1545-0116

PAYER'S name, address, ZIP/postal code, country & phone no.
HAWK & HAY OF SOMERSET LLC
PO BOX 1129
WOODBURY CT 06798
(203) 266-4152

PAYER'S TIN	RECIPIENT'S TIN
47-4952852	XX-XXX6642

RECIPIENT'S name, address, ZIP/postal code & country
TNT CLEANING SERVICE INC
1821 COUNTY STREET
SOMERSET MA 02726

Account number	For calendar year
SERVICES	2025

1 Nonemployee compensation: 31200.00

2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐

3 Excess golden parachute payments

4 Federal income tax withheld

5 State tax withheld

6 State/Payer's state no. | 7 State income

1099-NEC Nonemployee Compensation
Copy 2 — To be filed with Recipient's State Tax Return
(Rev. 4-2025) Dept. of Treasury – IRS
☐ CORRECTED OMB No. 1545-0116

PAYER'S name, address, ZIP/postal code, country & phone no.
HAWK & HAY OF SOMERSET LLC
PO BOX 1129
WOODBURY CT 06798
(203) 266-4152

PAYER'S TIN	RECIPIENT'S TIN
47-4952852	XX-XXX6642

RECIPIENT'S name, address, ZIP/postal code & country
TNT CLEANING SERVICE INC
1821 COUNTY STREET
SOMERSET MA 02726

Account number	For calendar year
SERVICES	2025

1 Nonemployee compensation: 31200.00

2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐

3 Excess golden parachute payments

4 Federal income tax withheld

5 State tax withheld

6 State/Payer's state no. | 7 State income

1099-NEC Nonemployee Compensation
Copy B — For Recipient
(Rev. 4-2025) Dept. of Treasury – IRS
☐ CORRECTED (if checked) OMB No. 1545-0116

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Instructions for Recipient

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

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

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

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

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

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

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

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

Box 3. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

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

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099NEC*.

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

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

113589008985

HAWK & HAY OF SOMERSET LLC
PO BOX 1129
WOODBURY CT 06798

IMPORTANT TAX RETURN DOCUMENT ENCLOSED
FIRST-CLASS MAIL

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE
PAID
MAILED FROM ZIP CODE 97701
PERMIT NO. 3

113463*352*1*****AUTO**ALL FOR AADC 028

TNT CLEANING SERVICE INC
1821 COUNTY STREET
SOMERSET MA 02726

113589008985
69037

113589

00123022-379

PAYER'S name, address, ZIP/postal code, country & phone no.
HAWK & HAY OF WARWICK LLC
P O BOX 1129
WOODBURY CT 06798
(203) 266-4152

PAYER'S TIN	RECIPIENT'S TIN
82-2393064	XX-XXX6642

RECIPIENT'S name, address, ZIP/postal code & country
TNT CLEANING SERVICE INC
1821 COUNTY STREET
SOMERSET MA 02726

Account number	For calendar year
SERVICES	2025

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6 State/Payer's state no. | 7 State income

1099-NEC Nonemployee Compensation
Copy 2 — To be filed with Recipient's State Tax Return
(Rev. 4-2025) Dept. of Treasury - IRS
☐ CORRECTED OMB No. 1545-0116

PAYER'S name, address, ZIP/postal code, country & phone no.
HAWK & HAY OF WARWICK LLC
P O BOX 1129
WOODBURY CT 06798
(203) 266-4152

PAYER'S TIN	RECIPIENT'S TIN
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RECIPIENT'S name, address, ZIP/postal code & country
TNT CLEANING SERVICE INC
1821 COUNTY STREET
SOMERSET MA 02726

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HAWK & HAY OF WARWICK LLC
P O BOX 1129
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TNT CLEANING SERVICE INC
1821 COUNTY STREET
SOMERSET MA 02726

113589008986
69037

113589

00123022-382

FOR TAX YEAR 2024

ANTONIO & NANCY RODRIGUES

RichardsTimko, P.C.

151 State Road Unit 2

Westport, MA 02790

(508)679-5259

RichardsTimko, P.C.

151 State Road Unit 2
Westport, MA 02790
office@richardstimko.com
Phone: (508)679-5259 | Fax: (508)679-5125

November 21, 2025

Antonio & Nancy Rodrigues
6 NOTINGHAM WAY
ASSONET, MA 02702

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (508)679-5259.

Sincerely,

Nicholas Richards, CPA
RichardsTimko, P.C.

Form **9325**
(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name
Antonio & Nancy Rodrigues

Taxpayer address (optional)
6 Notingham Way
Assonet, MA 02702

1. ☐ Your federal income tax return for **2024** was filed electronically with the **IRS** Submission Processing Center. The electronic filing services were provided by **RichardsTimko, P.C.** .

2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____ .

3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.

4. ☐ Your electronic funds withdrawal payment request was accepted for processing.

5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.

6. ☒ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on **04-02-2025** . The Submission ID assigned to your extension is **XXXXXX20250920g0fryt** .
DCN:00-XXXXXX-007115

DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Client Copy

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at *www.irs.gov*, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to *www.irs.gov* and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to *www.irs.gov/e-pay*.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to *www.irs.gov*. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

Client Copy

Antonio & Nancy Rodrigues

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
Antonio	Rodrigues	XXX-XX-4436
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Nancy	Rodrigues	XXX-XX-9960

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
6 Notingham Way

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Assonet MA 02702

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
Noah	Rodrigues	XXX-XX-8475	Son	☒	☐
Nadia	Rodrigues	XXX-XX-8476	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	206,091
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	206,091
2a	Tax-exempt interest	2a	b Taxable interest	2b	108
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	
8	Additional income from Schedule 1, line 10			8	(482,173)
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	(275,974)
10	Adjustments to income from Schedule 1, line 26			10	6,000
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	(281,974)
12	**Standard deduction or itemized deductions** (from Schedule A)			12	29,200
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	29,200
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	0

Attach Sch. B if required.

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

Client Copy

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐ _____		16	0
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	0
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	
	24	Add lines 22 and 23. This is your **total tax**		24	0
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 16,007		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	16,007
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28 3,400		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	3,400
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	19,407
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	19,407
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	19,407
Direct deposit? See instructions.	b	Routing number 011075150 **c** Type: ☒ Checking ☐ Savings			
	d	Account number XXXXXXX7028			
	36	Amount of line 34 you want **applied to your 2025 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	0
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name: Nicholas Richards, CPA | Phone no.: 508-679-5259 | Personal identification number (PIN): 45664

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
82818	11-20-2025	Business Owner	
Spouse's signature. If a joint return, both must sign.	**Date**	**Spouse's occupation**	**If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)**
50150	11-20-2025		

Joint return? See instructions. Keep a copy for your records.

Phone no. 508-644-5010 | Email address tony@tntcleaningma.com

Paid Preparer Use Only

Preparer's signature	Date 11-21-2025	PTIN XXXXX6886	Check if: ☐ Self-employed
Preparer's name Nicholas Richards, CPA	Phone no. 508-679-5259		
Firm's name RichardsTimko, P.C.			
Firm's address 151 State Road Unit 2 Westport, MA 02790		Firm's EIN 81-1246619	

Client Copy

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

Antonio & Nancy Rodrigues

Your social security number

XXX-XX-4436

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**	
4	Other gains or (losses). Attach Form 4797		**4**	**(151,177)**
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		**5**	**(330,996)**
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**	**(482,173)**

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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	
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	6,000
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	6,000

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SCHEDULE E (Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2024

Attachment Sequence No. **13**

Name(s) shown on return

Antonio & Nancy Rodrigues

Your social security number

XXX-XX-4436

Part I Income or Loss From Rental Real Estate and Royalties

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

A Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions . . . . . ☐ **Yes** ☒ **No**

B If "Yes," did you or will you file required Form(s) 1099? . . . . . ☐ **Yes** ☐ **No**

1a Physical address of each property (street, city, state, ZIP code)

A	**1821 County St, Somerset, MA 02726**
B	
C	

1b Type of Property (from list below)		**2** For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.		**Fair Rental Days**	**Personal Use Days**	**QJV**
A	**4**		**A**	**365**	**0**	☐
B			**B**			☐
C			**C**			☐

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

			Properties: A	B	C
Income:					
3	Rents received	**3**	**108,500**		
4	Royalties received	**4**			
Expenses:					
5	Advertising	**5**			
6	Auto and travel (see instructions)	**6**			
7	Cleaning and maintenance	**7**			
8	Commissions	**8**			
9	Insurance	**9**			
10	Legal and other professional fees	**10**	**100**		
11	Management fees	**11**			
12	Mortgage interest paid to banks, etc. (see instructions)	**12**			
13	Other interest	**13**			
14	Repairs	**14**			
15	Supplies	**15**			
16	Taxes	**16**	**3,834**		
17	Utilities	**17**			
18	Depreciation expense or depletion	**18**	**6,287**		
19	Other (list) _____	**19**			
20	Total expenses. Add lines 5 through 19	**20**	**10,221**		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198**	**21**	**98,279**		
22	Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	**22**	( )	( )	( )

23a	Total of all amounts reported on line 3 for all rental properties	**23a**	**108,500**	
b	Total of all amounts reported on line 4 for all royalty properties	**23b**	**0**	
c	Total of all amounts reported on line 12 for all properties	**23c**	**0**	
d	Total of all amounts reported on line 18 for all properties	**23d**	**6,287**	
e	Total of all amounts reported on line 20 for all properties	**23e**	**10,221**	
24	**Income.** Add positive amounts shown on line 21. **Do not** include any losses	**24**		**98,279**
25	**Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	**25**		**(0)**
26	**Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	**26**		**98,279**

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Name(s) shown on return. Do not enter name and social security number if shown on page 1. | Your social security number

Antonio & Nancy Rodrigues | XXX-XX-4436

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	TNT Cleaning Services Inc	S	☐	45-3766642	☒	☐
B	Car Connections Inc	S	☐	83-1369722	☒	☐
C	Car Connections Transportation Inc	S	☐	87-2140044	☐	☐
D			☐		☐	☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					237,218
B			666,493		
C			0		
D					
29a	Totals				237,218
b	Totals		666,493		

30	Add columns (h) and (k) of line 29a	30	237,218
31	Add columns (g), (i), and (j) of line 29b	31	(666,493)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	(429,275)

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a	Totals			
b	Totals			

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

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

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

Part V Summary

40	Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below	40	
41	**Total income or (loss)**. Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	(330,996)
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

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Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.
Go to *www.irs.gov/Form4797* for instructions and the latest information.

OMB No. 1545-0184

2024

Attachment Sequence No. **27**

Name(s) shown on return: **Antonio & Nancy Rodrigues**

Identifying number: **XXX-XX-4436**

1a	Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	**1a**	
b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	**1b**	
c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	**1c**	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
FROM K-1 See Statement						**(151,177)**

3	Gain, if any, from Form 4684, line 39	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	**7**	**(151,177)**
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	**8**	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	**9**	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	**11**	(**151,177**)
12	Gain, if any, from line 7 or amount from line 8, if applicable	**12**	
13	Gain, if any, from line 31	**13**	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	**14**	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	**15**	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	**16**	
17	Combine lines 10 through 16	**17**	**(151,177)**
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	**18a**	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	**18b**	**(151,177)**

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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: **Antonio & Nancy Rodrigues**

Your social security number: XXX-XX-4436

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	(281,974)
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	(281,974)
4	Number of qualifying children under age 17 with the required social security number	4	2		
5	Multiply line 4 by $2,000			5	4,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6			
	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	4,000
9	Enter the amount shown below for your filing status. • Married filing jointly-$400,000 • All other filing statuses-$200,000			9	400,000
10	Subtract line 9 from line 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	0
11	Multiply line 10 by 5% (0.05)			11	
12	Is the amount on line 8 more than the amount on line 11?			12	4,000
	☐ **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	0
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			14	0

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.

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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	4,000
b	Number of qualifying children under age 17 with the required social security number: **2** 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	3,400
	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	3,400
18a	Earned income (see instructions)	18a 206,091		
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	19 203,591		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result		20	30,539
	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.			

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

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	3,400

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Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2024

Attachment Sequence No. **55**

Name(s) shown on return

Antonio & Nancy Rodrigues

Your taxpayer identification number

XXX-XX-4436

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	K1S: TNT Cleaning Services Inc	45-3766642	237,218
ii	K1S: Car Connections Inc	83-1369722	(817,670)
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	(580,452)		
3	Qualified business net (loss) carryforward from the prior year	3	(821,997)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	0
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0		
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	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	0
11	Taxable income before qualified business income deduction (see instructions)	11	(311,174)		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	0
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(1,402,449)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0)

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For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8995** (2024)

EEA

Amount from Form 1040, line 11..... (281,974)
Amount from Form 1040, line 12..... 29,200

Line 11 above is the difference between these amounts..... (311,174)

Form **8867**

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service

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

2024

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
Antonio & Nancy Rodrigues	XXX-XX-4436
Preparer's name	**Preparer tax identification number**
Nicholas Richards, CPA	XXXXX6886

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: Healthcare Statement			
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)?	☐	☐	☒

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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:

A. 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);

B. 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;

C. Submit Form 8867 in the manner required; **and**

D. 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.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. 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).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. 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?	☒	☐

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THIS FORM IS BEING USED AS A WORKSHEET FOR THE 2025 NII NOL RATIO CALCULATION. IT WILL NOT BE E-FILED.

Form **8960**

Department of the Treasury
Internal Revenue Service

Net Investment Income Tax- Individuals, Estates, and Trusts

KEEP FOR YOUR RECORDS. Attach to your tax return. XXXXXXXXXXXXX DO NOT SEND TO THE IRS.

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

OMB No. 1545-2227

2024

Attachment Sequence No. **72**

Name(s) shown on your tax return: **Antonio & Nancy Rodrigues**

Your social security number or EIN: **XXX-XX-4436**

Part I Investment Income

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

1	Taxable interest (see instructions)			1	108
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	(330,996)		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	429,275		
c	Combine lines 4a and 4b			4c	98,279
5a	Net gain or loss from disposition of property (see instructions)	5a	(151,177)		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	(151,177)
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	(52,790)

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	0
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	0

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-			12	(52,790)
	Individuals:				SEE BELOW
13	Modified adjusted gross income (see instructions)	13			
14	Threshold based on filing status (see instructions)	14			
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0		
16	Enter the smaller of line 12 or line 15			16	0
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			17	0
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			21	

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EEA

1. Net investment income not including prior year NII NOL deduction.....: (52,790)
2. Current year NOL from Form 1045, page 3, plus any ELA from Form 461..: (276,082)
3. Ratio of net investment income to current year NOL.....: 0.1912

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
Antonio & Nancy Rodrigues	SCHEDULE E PG 2	XXX-XX-4436

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,220,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	10,470
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	10,470

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
Antonio & Nancy Rodrigues	A Rodrigues LLC	XXX-XX-4436

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,287

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	6,287
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder	Identifying number
Antonio Rodrigues	XXX-XX-4436
A Name of S corporation	**B** Employer identification number
TNT Cleaning Services Inc	45-3766642

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation . . . . . ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	1,012,366
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	237,218		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d	1		
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	237,219
5	Stock basis before distributions. Add lines 1, 2, and 4			5	1,249,585
6	Distributions (excluding dividend distributions)			6	114,226
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	1,135,359
8a	Nondeductible expenses	8a	4,450		
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	4,450
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	1,130,909
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	2,582
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	2,582
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	1,128,327

Part II Shareholder Debt Basis

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

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

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Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

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

Section C - Gain on Loan Repayment

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

Part III Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss					
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions	2,582		2,582		
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	2,582		2,582		0

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Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder: **Antonio Rodrigues**

Identifying number: XXX-XX-4436

A Name of S corporation: **Car Connections Inc**

B Employer identification number: **83-1369722**

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation . . . . . ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	0
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	1,118,817
3a	Ordinary business income (enter losses in Part III)	3a			
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d	53		
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	53
5	Stock basis before distributions. Add lines 1, 2, and 4			5	1,118,870
6	Distributions (excluding dividend distributions)			6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	1,118,870
8a	Nondeductible expenses	8a	216		
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	216
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	1,118,654
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	817,670
12	Debt basis restoration (see net increase in instructions for line 23)			12	362,084
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	1,179,754
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	0

Part II Shareholder Debt Basis

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

	Description	(a) Debt 1 ☒ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16	Loan balance at the beginning of the corporation's tax year	1,012,716			1,012,716
17	Additional loans (see instructions)				
18	Loan balance before repayment. Combine lines 16 and 17	1,012,716			1,012,716
19	Principal portion of debt repayment (this line doesn't include interest)	1,012,716			1,012,716
20	Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

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Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

	Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the corporation's tax year	650,632			650,632
22	Enter the amount, if any, from line 17				
23	Debt basis restoration (see instructions)	362,084			362,084
24	Debt basis before repayment. Add lines 21, 22, and 23	1,012,716			1,012,716
25	Divide line 24 by line 18	1.00000			
26	Nontaxable debt repayment. Multiply line 25 by line 19	1,012,716			1,012,716
27	Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28	Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29	Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30	Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31	**Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-	0			

Section C - Gain on Loan Repayment

32	Repayment. Enter the amount from line 19	1,012,716			1,012,716
33	Nontaxable repayments. Enter the amount from line 26	1,012,716			1,012,716
34	**Reportable gain.** Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss	666,493		666,493		
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss	151,177		151,177		
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	817,670		817,670		0

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Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302
Attachment Sequence No. **203**

Name of shareholder: **Antonio Rodrigues**
Identifying number: XXX-XX-4436

A Name of S corporation: **Car Connections Transportation Inc**
B Employer identification number: **87-2140044**

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation . . . . . ☐

Part I Shareholder Stock Basis

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

Part II Shareholder Debt Basis

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

	Description	(a) Debt 1 ☒ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16	Loan balance at the beginning of the corporation's tax year	190,040			190,040
17	Additional loans (see instructions)				
18	Loan balance before repayment. Combine lines 16 and 17	190,040			190,040
19	Principal portion of debt repayment (this line doesn't include interest)				
20	Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18	190,040			190,040

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Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

	Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the corporation's tax year	130,952			130,952
22	Enter the amount, if any, from line 17				
23	Debt basis restoration (see instructions)				
24	Debt basis before repayment. Add lines 21, 22, and 23	130,952			130,952
25	Divide line 24 by line 18	0.68908			
26	Nontaxable debt repayment. Multiply line 25 by line 19				
27	Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24	130,952			130,952
28	Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29	Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-	130,952			130,952
30	Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31	**Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-	130,952			130,952

Section C - Gain on Loan Repayment

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

Part III Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss					
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30					0

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Name(s) as shown on return: Antonio & Nancy Rodrigues

Tax ID Number: XXX-XX-4436

Schedule 1 - Line 8a - NOL Explanation — Statement #1

2023 NOL CF = $466,298.
Total NOL deduction on Schedule 1, line 8 = $0.

Amounts from K-1 to Form 4797, Part I, Line 2 — Statement #2

Car Connections Inc 83-1369722	**(151,177)**
Total	**(151,177)**

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Federal Supporting Statements

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Your Social Security Number: **XXX-XX-4436**

Form 8960 Line 4b Item Detail

K-1: TNT Cleaning Services Inc	**(237,218)**
K-1: Car Connections Inc	**666,493**
Total	**429,275**

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1040	**Overflow Statement** (This page is not filed with the return. It is for your records only.)	2024 Page 1

Name(s) as shown on return: Antonio & Nancy Rodrigues

Tax Identification Number: XXX-XX-4436

Schedule E, Line 3 - Rent

Description	Amount
Car Connections	$ 60,000
TNT	48,500
Total:	**$ 108,500**

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Federal Income Tax Withheld

(This page is not filed with the return. It is for your records only.)

2024 PG01

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

Description	Amount
W2 - City of Fall River	**9,119**
W2 - TNT Cleaning Services, Inc.	**6,387**
W2 - Car Connections Inc	**501**
W-2 Subtotal	**16,007**
Total Withholdings	**16,007**

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W-2 Detail Listing

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: Antonio & Nancy Rodrigues

Tax ID Number: XXX-XX-4436

			FEDERAL		STATE	
T/S	Employer Name	Gross	W/H	State Code	Gross	W/H
S	City of Fall River	96,091	9,119	MA	108,993	5,350
T	TNT Cleaning Services, Inc.	102,000	6,387	MA	102,000	4,784
T	Car Connections Inc	8,000	501	MA	8,000	352
	Taxpayer Totals	110,000	6,888		110,000	5,136
	Spouse Totals	96,091	9,119		108,993	5,350
	Totals	206,091	16,007		218,993	10,486

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Form 1040 or 1040-SR	**Investment Income for the Earned Income Credit** (This page is not filed with the return. It is for your records only.)	2024

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b 1. **108**
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b . . . . . 2.
3. Enter any amount from Form 1040 or 1040-SR, line 3b . . . . . 3.
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) . . . . . 4.

Capital Gain Net Income

5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0- . . . . . 5.
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) . . . . . 6.
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) . . . . . 7.

Royalties and Rental Income From Personal Property

8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8l. Subtract any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 24b. (If the result is less than zero, enter -0-) . . . . . 8.

Passive Activities

9. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-.) 9. **98,279**
10. Adjustment from EIC screen . . . . . 10.
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your investment income** 11. **98,387**
12. Is the amount on line 11 more than **$11,600?**

[X] **Yes.** You can't take the credit.

[ ] **No.** Go to *Step 3* of the Form 1040 instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to *Rule 7*, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, enter "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

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Charitable Deduction Carryover Worksheet

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return | Tax ID Number

Antonio & Nancy Rodrigues | **XXX-XX-4436**

1.	Adjusted Gross Income	0	
	Cash contributions subject to the limit based on 60% of AGI		
2.	Multiply Line 1 by .6	0	
3.	Current year 60% limit contributions	2,582	
4.	Carryover of prior year 60% contributions	15,404	
5.	Add lines 3 and 4	17,986	
6.	Enter the lesser of line 2 or line 5		0
7.	Subtract line 6 from line 5. If zero or less enter zero	17,986	
	This is your carryover to next year of 60% limit contributions.		
	Noncash contributions subject to the limit based on 50% of AGI		
8.	Multiply line 1 by .5	0	
9.	Subtract line 6 from line 8. If zero or less enter zero	0	
10.	Current year 50% limit contributions	0	
11.	Carryover of prior year 50% contributions	0	
12.	Add lines 10 and 11	0	
13.	Enter the lesser of line 9 or line 12		0
14.	Subtract line 13 from line 12	0	
	This is your carryover to next year of 50% limit contributions.		
	Contributions (other than capital gain property) subject to limit based on 30% of AGI		
15.	Multiply line 1 by .3	0	
16.	Subtract line 13 from line 9. If zero or less enter zero	0	
17.	Current year 30% limit contributions not capital gain property	0	
18.	Carryover of prior year 30% limit contributions	0	
19.	Add lines 17 and 18	0	
20.	Enter the smallest of line 15, line 16 or line 19		0
21.	Subtract line 20 from line 19. If zero or less enter zero	0	
	This is your carryover to next year of 30% contributions that are not capital gain property.		
	Contributions of capital gain property subject to limit based on 30% of AGI		
22.	Subtract line 20 from line 16. If zero or less enter zero	0	
23.	Current year 30% capital gain property contributions	0	
24.	Carryover of prior year 30% limit contributions	0	
25.	Add lines 22 and 23	0	
26.	Enter the smallest of line 15, line 22, or line 25		0
27.	Subtract line 26 from line 25. If zero or less enter zero	0	
	This is your carryover to next year of contributions of 30% capital gain property.		
	Contributions subject to the limit based on 20% of AGI		
28.	Multiply line 1 by .2	0	
29.	Add lines 20 and 26	0	
30.	Subtract line 29 from line 22. If zero or less enter zero	0	
31.	Current year 20% limit contributions	0	
32.	Carryover of prior year 20% limit contributions	0	
33.	Add lines 31 and 32	0	
34.	Enter the smallest of line 28, line 30, or line 33		0
35.	Subtract line 34 from line 33. If zero or less enter zero	0	
	This is your carryover to next year of 20% limit contributions.		

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(continued on next page)

Charitable Deduction Carryover Worksheet
(continued)

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return | Tax ID Number

Antonio & Nancy Rodrigues | **XXX-XX-4436**

QCCs subject to limit based on 50% of AGI

36.	Subtract line 34 from line 30. If zero or less enter zero	0	
37.	Current year 50% Qualified Conservation Contributions	0	
38.	Carryover of prior year 50% QCCs	0	
39.	Add lines 37 and 38	0	
40.	Enter the lesser of line 36 or line 39		0
41.	Subtract line 40 from line 39. If zero or less enter zero	0	

This is your carryover to next year of 50% QCCs.

QCCs subject to limit based on 100% of AGI

42.	Add lines 6, 13, 20, 26, 34, and 40	0	
43.	Subtract line 42 from line 1	0	
44.	Current year 100% Qualified Conservation Contributions	0	
45.	Carryover of prior year 100% QCCs	0	
46.	Add lines 44 and 45	0	
47.	Enter the lesser of line 43 or line 46		0
48.	Subtract line 46 from line 45. If zero or less enter zero	0	

This is your carryover to next year of 100% QCCs.

Deduction for the year

49.	Add lines 6, 13, 20, 26, 34, 40, 47	

This is your total charitable deduction amount for the current year.

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Modified Adjusted Gross Income (MAGI)
Form 8582, Line 6

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

	Regular tax	Alt Min Tax
Income		
Wages	206,091	206,091
Interest income before Series EE bond exclusion	108	108
Dividend income		
Taxable state and local refunds		
Alimony received		
Nonpassive business income or (loss)		
Schedule D and Form 4797	(151,177)	(151,177)
Taxable IRA distributions		
Taxable pensions and annuities		
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)		
Nonpassive S corporation income or (loss)	(429,275)	(429,275)
Nonpassive estate and trust income or (loss)		
Real Estate Mortgage Investment Conduits (REMICS)		
Royalty Income		
Net rental real estate gains for a real estate professional or non-passive rental		
Overall loss from the entire disposition of a passive activity		
Nonpassive farm income or (loss)		
Unemployment compensation		
Other income		
Total income	(374,253)	(374,253)
Adjustments		
Educator expenses		
Certain business expenses of reservists, performing artists, and fee-based government officials		
Health savings account deduction		
Moving expenses		
Self-employed SEP, SIMPLE, and qualified plans		
Self-employed health insurance deduction		
Penalty on early withdrawal of savings		
Alimony paid		
Other adjustments		
Total adjustments	0	0
Subtract total adjustments from total income	(374,253)	(374,253)
MAGI adjustment from input screen E2		
Modified adjusted gross income	(374,253)	(374,253)

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IRA Deduction Worksheet - Schedule 1, Line 20

Form 1040 (This page is not filed with the return. It is for your records only.) **2024**

Name(s) as shown on return | Tax ID Number

Antonio & Nancy Rodrigues | **XXX-XX-4436**

Before you begin:

- Be sure you have read the instructions for this line. You may not be able to use this worksheet.
- Figure any write-in adjustments to be entered on Schedule 1, line 24z (see the instructions for Schedule 1, line 24z).
- If you are married filing separately and you lived apart from your spouse for all of 2024, enter "D" on the dotted line next to Schedule 1, line 20. If you don't, you may get a math error notice from the IRS.

		Your IRA	Spouse's IRA
1a.	Were you covered by a retirement plan (see *Were You Covered by a Retirement Plan*)? . . **1a.** ☐ Yes ☒ No		
b.	If married filing jointly, was your spouse covered by a retirement plan? . . . . . **1b.** ☒ Yes ☐ No		
	Next. If you checked "No" on line 1a (and "No" on line 1b if married filing jointly), skip lines 2 through 6, enter the applicable amount below on line 7a (and line 7b, if applicable), and go to line 8. • $7,000, if under age 50 at the end of 2024. • $8,000, if age 50 or older at the end of 2024. Otherwise, go to line 2.		
2.	Enter the amount shown below that applies to you. • Single, head of household, or married filing separately and you **lived apart** from your spouse for all of 2024, enter $87,000. • Qualifying surviving spouse, enter $143,000. • Married filing jointly, enter $143,000 in both columns. But if you checked "No" on either line 1a or 1b, enter $240,000 for the person who wasn't covered by a plan. • Married filing separately and you lived with your spouse at any time in 2024, enter $10,000.	**2a.** 240,000	**2b.** 143,000
3.	Enter the amount from Form 1040 or 1040-SR, line 9 . . . . . **3.** (275,974)		
4.	Enter the total of the amounts from Schedule 1, lines 11 through 19a, plus 23 and 25 . . . . . **4.**		
5.	Subtract line 4 from line 3. If married filing jointly, enter the result in both columns.	**5a.** (275,974)	**5b.** (275,974)
6.	Is the amount on line 5 less than the amount on line 2?		
	☐ **No.** **STOP!** None of your IRA contributions are deductible. For details on nondeductible IRA contributions, see Form 8606.		
	☒ **Yes.** Subtract line 5 from line 2 in each column. Follow the instruction below that applies to you. • If single, head of household, or married filing separately, and the result is $10,000 or more, enter the applicable amount below on line 7 for that column and go to line 8. **i.** $7,000, if under age 50 at the end of 2024. **ii.** $8,000, if age 50 or older at the end of 2024. If the result is less than $10,000, go to line 7. • If married filing jointly or qualifying surviving spouse, and the result is $20,000 or more ($10,000 or more in the column for the IRA of a person who wasn't covered by a retirement plan), enter the applicable amount below on line 7 for that column and go to line 8. **i.** $7,000, if under age 50 at the end of 2024. **ii.** $8,000, if age 50 or older at the end of 2024. Otherwise, go to line 7.	**6a.** 515,974	**6b.** 418,974

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IRA Deduction Worksheet - *Continued*

Form 1040 (This page is not filed with the return. It is for your records only.) **2024**

Name(s) as shown on return | Tax ID Number

Antonio & Nancy Rodrigues

	Your IRA	Spouse's IRA
7. Multiply lines 6a and 6b by the percentage below that applies to you. If the result isn't a multiple of $10, increase it to the next multiple of $10 (for example, increase $490.30 to $500). If the result is $200 or more, enter the result. But if it is less than $200, enter $200. • Single, head of household, or married filing separately, multiply by 70% (0.70) (or by 80% (0.80) in the column for the IRA of a person who is age 50 or older at the end of 2024). • Married filing jointly or qualifying surviving spouse, multiply by 35% (0.35) (or by 40% (0.40) in the column for the IRA of a person who is age 50 or older at the end of 2024). But if you checked "No" on either line 1a or 1b, then in the column for the IRA of the person who wasn't covered by a retirement plan, multiply by 70% (0.70) (or by 80% (0.80) if age 50 or older at the end of 2024).	**7a.** 7,000	**7b.**
8. Enter the total of your (and your spouse's if filing jointly): • Wages, salaries, tips, etc. Generally, this is the amount reported in box 1 of Form W-2. Exceptions are explained earlier in these instructions for line 20. • Alimony and separate maintenance payments reported on Schedule 1, line 2a. • Nontaxable combat pay. This amount should be reported in box 12 of Form W-2 with code Q or reported on Form 1040, line 1i.	**8.** 206,091	
9. Enter the earned income you (and your spouse if filing jointly) received as a self-employed individual or a partner. Generally, this is your (and your spouse's if filing jointly) net earnings from self-employment if your personal services were a material income-producing factor, minus any deductions on Schedule 1, lines 15 and 16. If zero or less, enter -0-. For more details, see Pub. 590-A	**9.**	
10. Add lines 8 and 9	**10.** 206,091	

CAUTION! *If married filing jointly and line 10 is less than $14,000 ($15,000 if one spouse is age 50 or older at the end of 2024; $16,000 if both spouses are age 50 or older at the end of 2024),* ***stop here*** *and use the worksheet in Pub. 590-A to figure your IRA deduction.*

11. Enter traditional IRA contributions made, or that will be made by the due date of your 2024 return not counting extensions (April 15, 2025, for most people), for 2024 to your IRA on line 11a and to your spouse's IRA on line 11b	**11a.** 6,000	**11b.**	
12. On line 12a, enter the **smallest** of line 7a, 10, or 11a. On line 12b, enter the **smallest** of line 7b, 10, or 11b. This is the most you can deduct. Add the amounts on lines 12a and 12b and enter the total on Schedule 1, line 20. Or, if you want, you can deduct a smaller amount and treat the rest as a nondeductible contribution (see Form 8606)	**12a.** 6,000	**12b.**	

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Credit Limit Worksheet A

Schedule 8812 | (This page is not filed with the return. It is for your records only.) | **2024**

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

Credit Limit Worksheet A

1. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR **1.** **0**

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

Schedule 3, Line 1	+
Schedule 3, Line 2	+
Schedule 3, Line 3	+
Schedule 3, Line 4	+
Schedule 3, line 5b	+
Schedule 3, line 6d	+
Schedule 3, line 6f	+
Schedule 3, line 6l	+
Schedule 3, line 6m	+

Enter the total. **2.**

3. Subtract line 2 from line 1 . . . . . **3.**

Complete 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 Credit Limit Worksheet B **4.** **0**

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13 . . . . . **5.** **0**

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Earned Income Worksheet

Schedule 8812 (This page is not filed with the return. It is for your records only.) **2024**

Name(s) as shown on return | Tax ID Number

Antonio & Nancy Rodrigues | **XXX-XX-4436**

Before you begin:

- Use this worksheet only if you were sent here from the Credit Limit Worksheet B, earlier, or the instructions for line 18a.
- Disregard community property laws when figuring the amounts to enter on this worksheet.
- If married filing jointly, include your spouse's amounts with yours when completing this worksheet.

1. a. Enter the amount from line 1z of Form 1040, 1040-SR, or 1040-NR **1a.** **206,091**

b. Enter the amount of any nontaxable combat pay received. Also enter this amount on Schedule 8812, line 18b. This amount will be reported either on line 1i of Form 1040 or 1040-SR, or should be shown in Form(s) W-2, box 12, with code **Q** . . . . . **1b.**

Next, if you are filing Schedule C, F, or SE, or you received a Schedule K-1 (Form 1065), go to line 2a. Otherwise, skip lines 2a through 2e and go to line 3.

2. a. Enter any statutory employee income reported on line 1 of Schedule C . . . . . **2a.**

b. Enter any net profit or (loss) from Schedule C, line 31, and Schedule K-1 (Form 1065), box 14, code A (other than farming). Reduce any Schedule K-1 amounts as described in the instructions for completing Schedule SE in the Partner's Instructions for Schedule K-1. **Do not** include on this line any statutory employee income or any other amounts exempt from self-employment tax. Options and commodities dealers must add any gain or subtract any loss (in the normal course of dealing in or trading section 1256 contracts) from section 1256 contracts or related property . . . . . **2b.**

c. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*. Reduce any Schedule K-1 amounts as described in the instructions for completing Schedule SE in the Partner's Instructions for Schedule K-1. **Do not** include on this line any amounts exempt from self-employment tax . . . . . **2c.**

d. If you used the farm optional method to figure net earnings from self-employment, enter the amount from Schedule SE, line 15. Otherwise, skip this line and enter on line 2e the amount from line 2c . . . . . **2d.**

e. If line 2c is a profit, enter the **smaller** of line 2c or line 2d. If line 2c is a (loss), enter the (loss) from line 2c . . . . . **2e.**

3. Combine lines 1a, 1b, 2a, 2b, and 2e. If zero or less, **stop.** Do not complete the rest of this worksheet. Instead, enter -0- on line 3 of Credit Limit Worksheet B or line 18a of Schedule 8812, whichever applies **3.** **206,091**

4. Enter the Medicaid waiver payment amounts excluded from income on Schedule 1 (Form 1040), line 8s, unless you choose to include these amounts in earned income. See the instructions for Schedule 1, line 8s. If you and your spouse both received Medicaid waiver payments during the year, you and your spouse can make different choices about including the full amount of your payments in earned income. Enter only the amount of the Medicaid waiver payments that you or your spouse, if filing a joint return, do not want to include in earned income. To include all nontaxable Medicaid waiver payment amounts in earned income, enter -0- . . . . . **4.**

5. Enter the amount from Schedule 1 (Form 1040), line 15 . . . . . **5.**

6. Add lines 4 and 5 . . . . . **6.**

7. Subtract line 6 from line 3 . . . . . **7.** **206,091**

- If you were sent here from Credit Limit Worksheet B, enter this amount on line 3 of that worksheet.
- If you were sent here from the instructions for line 18a, enter this amount on line 18a of Schedule 8812.

** If you have any Schedule K-1 amounts and you are not required to file Schedule SE, complete the appropriate line(s) of Schedule SE. Put your name and social security number on Schedule SE and attach it to your return.*

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* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

A Rodrigues LLC

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Antonio & Nancy Rodrigues

Social security number/EIN

XXX-XX-4436

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Land	07-31-2018	154,800	154,800	100.00			0	0		0				
2	Building	07-31-2018	245,200 *		100.00			245,200	39	SL MM	2.564	34,055	6,287	40,342	6,287
	Totals		400,000					245,200				34,055	6,287	40,342	6,287

Land Amount
Net Depreciable Cost 400,000

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus 6,287

ST ADJ:
UBIA: 245,200

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Section 179 Business Income Limit

Form 1040 (This page is not filed with the return. It is for your records only.) **2024**

Name(s) as shown on return | Tax ID Number

Antonio & Nancy Rodrigues | **XXX-XX-4436**

1	Dollar limitation for tax year. Enter amount from Form 4562 line 5	**1,220,000**
2	Wages, salaries, tips, etc. (Line 1 of 1040)	**206,091**
3	Non-passive Section 1231 Gains (losses)	**(151,177)**
4	Income (loss) from Schedule C line 31 (Unless Materially Participated = "NO")	
5	Income (loss) from Schedule E line 26 (If Non-Passive)	
6	Income (loss) from Form 4835, line 32 (If Non-Passive)	
7	Income (loss) from Schedule F line 36 (If Non-Passive)	
8	Income (loss) from Sch. K-1S (If Non-Passive): Boxes 1, 2, 3, 4, 5a, 6, 7, 8a/b/c, and 10	**(429,221)**
9	Income (loss) from Sch. K-1PTR (If Non-Passive): Boxes 1, 2, 3, 5, 6a, 7, 8, 9a/b/c, and 11	
10	Total business income (loss). Combine lines 2 through 9	**(374,307)**
11	**Business income limitation.** Lesser of line 1 or line 10, but not less than zero. Enter here and on Form 4562, line 11	**0**

Distribution among assets	Year Acquired	Elected Section 179	Used in prior years	Used in 2024	Remaining carryover
K1S TNT Cleaning Services	2023	10,470			10,470
TOTAL ALLOWABLE (4562 LN 12)				0	
TOTAL C/O TO NEXT YEAR (4562 LN 13)					10,470
TOTAL C/O FROM PRIOR YRS (4562 LN 10)			10,470		

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Section 179 Business Income Limit

RESIDENT STATE CALCULATION

Form 1040 (This page is not filed with the return. It is for your records only.) **2024**

Name(s) as shown on return | Tax ID Number

Antonio & Nancy Rodrigues | **XXX-XX-4436**

1	Dollar limitation for tax year. Enter amount from Form 4562 line 5 . . . . . **RESIDENT STATE . . . . . MA**	**1,220,000**
2	Wages, salaries, tips, etc. (Line 1 of 1040)	**206,091**
3	Non-passive Section 1231 Gains (losses)	**(151,177)**
4	Income (loss) from Schedule C line 31 (Unless Materially Participated = "NO")	
5	Income (loss) from Schedule E line 26 (If Non-Passive)	
6	Income (loss) from Form 4835, line 32 (If Non-Passive)	
7	Income (loss) from Schedule F line 36 (If Non-Passive)	
8	Income (loss) from Sch. K-1S (If Non-Passive): Boxes 1, 2, 3, 4, 5a, 6, 7, 8a/b/c, and 10	**(429,221)**
9	Income (loss) from Sch. K-1PTR (If Non-Passive): Boxes 1, 2, 3, 5, 6a, 7, 8, 9a/b/c, and 11	
10	Total business income (loss). Combine lines 2 through 9	**(374,307)**
11	**Business income limitation.** Lesser of line 1 or line 10, but not less than zero. Enter here and on Form 4562, line 11	**0**

Distribution among assets	Year Acquired	Elected Section 179	Used in prior years	Used in 2024	Remaining carryover
K1S TNT Cleaning Services	2023	10,470			10,470
TOTAL ALLOWABLE (4562 LN 12)				0	
TOTAL C/O TO NEXT YEAR (4562 LN 13)					10,470
TOTAL C/O FROM PRIOR YRS (4562 LN 10)			10,470		

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Carryover Worksheet
List of items that will carryover to the 2025 tax return

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

Itemized Deductions

	Carryover Amount
Contributions subject to 100% of AGI limitations	
Contributions subject to 60% of AGI limitations	**17,986**
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	
State/local taxes paid in 2025 to flow to the Schedule A	
State donations and contributions carryover	
State overpayment applied to next year	

Expenses

Office in home operating expenses					
Office in home excess casualty losses and depreciation					
Disallowed investment interest expense	AMT		Reg. Tax		
Section 179 expense					**10,470**
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use					
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use					

Losses

Short-term capital loss	AMT		Reg. Tax		
Long-term capital loss	AMT		Reg. Tax		
Net operating loss	AMT	**742,380**	Reg. Tax		**742,380**
Excess business loss from Form 461 (becomes part of NOL next year)	AMT		Reg. Tax		
Qualified REIT and PTP loss carryover					
QBI loss carryover					**1,402,449**
Nonrecaptured net section 1231 losses from WK_1231C	AMT	**185,873**	Reg. Tax		**185,873**

Credits

Mortgage interest credit					
Credit for prior year minimum tax					
Foreign Tax credit	AMT		Reg. Tax		
District of Columbia first time home owner's credit					
Residential clean energy credit					

Other

Preparer Fee					
Overpayment applied to next year's estimates					
Estimated Tax Payment 1			Estimated Tax Payment 2		
Estimated Tax Payment 3			Estimated Tax Payment 4		
Federal tax liability for 2210 calculation					**0**
State tax liability for state 2210 calculation					
IRA basis	Taxpayer	**22,992**	Spouse		
Disaster distributions taxable in 2025	Taxpayer		Spouse		
Disaster distributions taxable in 2026	Taxpayer		Spouse		
Excess repayments from 8915-F	Taxpayer		Spouse		

Passive Activity

At Risk Limitations

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Worksheet for NOL Carryover From 2024 to 2025 (For an NOL Year Before 2018)

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

USE YOUR 2024 FORM 1040, 1040-SR, OR 1040-NR, TO COMPLETE THIS WORKSHEET:

1.	Enter as a positive number your NOL deduction from Schedule 1 (Form 1040) or Form 1040-NR, line 8a		
2.	Enter your taxable income without the NOL deduction for 2024. See instructions	(311,174)	
3.	Enter as a positive number any net capital loss deduction		
4.	Enter as a positive number any gain excluded on the sale or exchange of qualified small business stock		
5.	Enter as a positive number any qualified business income deduction		
6.	Enter any adjustments to your adjusted gross income. See instructions		
7.	Enter any adjustments to your itemized deductions from line 26 below. See instructions		
8.	**Modified taxable income.** Combine lines 2 through 7. Enter the result (but not less than zero)		0
9.	**NOL carryover to 2025.** Subtract line 8 from line 1. Enter the result (but not less than zero) here and on the "Other income" line 8z of Schedule 1 (Form 1040) or Form 1040-NR in 2025		0
	ADJUSTMENTS TO ITEMIZED DEDUCTIONS:		
10.	Enter your adjusted gross income without the NOL deduction for the NOL year entered above or later years. See instructions		
11.	Combine lines 3, 4, and 6 above		
12.	**Modified adjusted gross income.** Combine lines 10 and 11 above		
	ADJUSTMENT TO MEDICAL EXPENSES:		
13.	Enter your medical expenses from Schedule A (Form 1040), line 4		
14.	Enter your medical expenses from Schedule A (Form 1040), line 1		
15.	Multiply line 12 above by 7.5% (0.075)		
16.	Subtract line 15 from line 14. Enter the result (but not less than zero)		
17.	Subtract line 16 from line 13		
	ADJUSTMENT TO CHARITABLE CONTRIBUTIONS:		
18.	Enter your charitable contributions deductions from Schedule A (Form 1040), line 14; or Schedule A (Form 1040-NR), line 5		
19.	Refigure your charitable contributions deduction using line 12 above as your adjusted gross income. See instructions		
20.	Subtract line 19 from line 18		
	ADJUSTMENT TO CASUALTY AND THEFT LOSSES:		
21.	Enter your casualty and theft losses from Form 4684, line 18		
22.	Enter your casualty and theft losses from Form 4684, line 16		
23.	Multiply line 12 above by 10% (0.10)		
24.	Subtract line 23 from line 22. Enter the result (but not less than zero)		
25.	Subtract line 24 from line 21		
26.	Combine lines 17, 20, and 25, and enter the result here and on line 7		

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Net Operating Loss Carryover / Carryback Worksheet

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Antonio Rodrigues

Tax ID Number

XXX-XX-4436

Year Carried From	Amount Available For Carryover/Carryback	Amount Used Prior to 2024	Amount Used In 2024	Remaining Carryover
2004				
2005				
2006				
2007				
2008				
2009				
2010				
2011				
2012				
2013				
2014				
2015				
2016				
2017				
2018				
2019				
2020				
2021				
2022				
2023	466,298			466,298
2024	276,082			276,082
Totals	742,380			742,380

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The required prior-year NOL Deduction statement for Form 1040, Schedule 1, line 8 has been generated based on the information above. To append anything to that statement, open the SCH screen and select "051" from the "Type of attachment" drop list.

$466,298 of the post-2017 NOL carryforward was not included on Schedule 1, line 8, due to the 80% of taxable income limitation.

1.	Enter the amount from Form 1045, page 3, line 24, if less than zero	(276,082)
2.	Portion of line 1 that is a farming loss that was carried back. Enter as a positive number.	
3.	Excess business loss from Form 461, line 16. Enter as a negative number	
4.	Combine lines 1 through 3. This is your 2024 NOL to carry over to 2025	(276,082)

Nonrecaptured Net Section 1231 Losses Carryover Worksheet

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Antonio & Nancy Rodrigues

Tax ID Number

XXX-XX-4436

Year Carried From	Nonrecaptured net Sec 1231 loss	Amount Used In 2024	Remaining Carryover
2019	**0**		**0**
2020	**0**		**0**
2021	**0**		**0**
2022	**34,696**		**34,696**
2023	**0**		**0**
2024	**151,177**		**151,177**
Totals	**185,873**		**185,873**

Net Section 1231 gains are generally treated as long-term capital gains; however, they are treated as ordinary gains to the extent of any net Section 1231 losses recognized in the prior five years. The above worksheet shows the balance of any remaining nonrecaptured net Section 1231 losses that haven't expired or been offset by net Section 1231 gains that will carry over to next year. (The amount will be carried over to Form 4797, line 8, if line 7 results in a gain on the 2025 tax return.) Code Sec. 1231(c)(1-2).

Client Copy

RichardsTimko, P.C.

151 State Road Unit 2
Westport, MA 02790
office@richardstimko.com
Phone: (508)679-5259 | Fax: (508)679-5125

November 21, 2025

Antonio & Nancy Rodrigues
6 NOTINGHAM WAY
ASSONET, MA 02702

Subject: Preparation of Your 2024 Tax Returns

Antonio & Nancy Rodrigues:

Thank you for choosing RichardsTimko, P.C. to assist you with your 2024 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2024 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover. The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2024 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (508)679-5259.

Sincerely,

Nicholas Richards, CPA
RichardsTimko, P.C.

(Both spouses must sign for preparation of joint returns.)

Accepted By:

_____
Taxpayer

_____
Spouse

_____
Date

TAX RETURN COMPARISON
2022 / 2023 / 2024

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Identifying number: **XXX-XX-4436**

	2022	2023	2024	Difference 2023-2024
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents	2	2	2	
Income				
Wages, salaries, tips, etc.	298,127	274,019	206,091	(67,928)
Taxable interest and dividends	7,150	51	108	57
Taxable state and local refunds				
Alimony				
Business income (loss)	(585,994)			
Gains (losses)	41,074		(151,177)	(151,177)
Pensions and IRA distributions				
Rent and royalty income (loss)	103,751	127,143	98,279	(28,864)
Part, S-corps, trusts income (loss)	438,536	(867,460)	(429,275)	438,185
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)		162,317		(162,317)
Total Income	302,644	(303,930)	(275,974)	27,956
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction		6,000	6,000	
Other adjustments				
Total Adjusted Gross Income	302,644	(309,930)	(281,974)	27,956
Deductions				
Medical deductions				
State and local taxes	10,000	10,000		(10,000)
Interest	9,225	12,548		(12,548)
Contributions	14,900			
Other deductions				
Total itemized deductions	34,125	22,548		(22,548)
Standard deduction	25,900	27,700	29,200	1,500
Total deductions claimed	34,125	27,700	29,200	1,500
Qualified Business Income Deduction				
Tax and Credits				
Taxable Income	268,519			
Tax	52,116			
Credits	4,000			
Self-employment tax				
Other taxes	2,547	330		(330)
Total Tax	50,663	330		(330)
Payments				
Withholdings	26,055	25,214	16,007	(9,207)
Estimated tax payments				
Earned income credit				
Other payments and credits	28,472	14,428	3,400	(11,028)
Estimated tax penalty	644			
Overpayment	3,864	39,312	19,407	(19,905)
Overpayment applied				
Refund	3,220	39,312	19,407	(19,905)
Balance Due				
Marginal tax rate	24.00	10.00	10.00	
Effective tax rate	19.41			

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Schedule E Comparison

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: **Antonio Rodrigues**

Tax ID Number: **XXX-XX-4436**

Property description and address: **A Rodrigues LLC - 1821 County St, Somerset, MA 02726**

Input order: **1**

	2023	2024	Difference
Income			
Rents received	232,500	108,500	(124,000)
Royalties received			
Expenses			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance			
Legal & professional fees	100	100	
Management fees			
Mortgage interest	77,362		(77,362)
Other interest			
Repairs			
Supplies			
Taxes	21,608	3,834	(17,774)
Utilities			
Depreciation expense	6,287	6,287	
Other			
Total expenses	105,357	10,221	(95,136)
Net income or (loss)	127,143	98,279	(28,864)
Allowed on return after Form 6198 and Form 8582 limitations	127,143	98,279	(28,864)

Property description and address

Input order

	2023	2024	Difference
Income			
Rents received			
Royalties received			
Expenses			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance			
Legal & professional fees			
Management fees			
Mortgage interest			
Other interest			
Repairs			
Supplies			
Taxes			
Utilities			
Depreciation expense			
Other			
Total expenses			
Net income or (loss)			
Allowed on return after Form 6198 and Form 8582 limitations			

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Account Transaction Summary

2024

Name(s) as shown on return	Tax ID Number
Antonio & Nancy Rodrigues	XXX-XX-4436

Account #1

Financial Institution	Santander
Routing Transit Number	011075150
Account Number	XXXXXXX7028
Account Type	checking

Federal Main Form	
Federal Deposit	19,407
State Main Form(s)	
MA Deposit	10,486
Net Deposit	**29,893**

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PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize RichardsTimko, P.C. to use this account.

Your Signature	Date	Spouse's Signature (If Married Filing Jointly)	Date
	11-21-2025		11-21-2025

Form **172**
(December 2024)
Department of the Treasury
Internal Revenue Service

Net Operating Losses (NOLs)

For Individuals, Estates, and Trusts.
Go to *www.irs.gov/Form172* for instructions and the latest information.

OMB No. 1545-0074

For calendar year **2024** , or other tax year beginning _____ and ending _____

Name(s) shown on return			Social security or employer identification number
Antonio & Nancy Rodrigues			**XXX-XX-4436**
Address (number and street). If you have a P.O. box, see instructions.		Apt. or suite no.	Spouse's social security number (SSN)
6 Notingham Way			**XXX-XX-9960**
City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	Daytime phone number
Assonet	**MA**	**02702**	**508-644-5010**
Foreign country name	Foreign province/county		Foreign postal code

Part I NOL (see instructions)

1	For individuals, subtract your standard deduction or itemized deductions from your adjusted gross income (AGI) and enter it here. For estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount			1	(311,174)
2	Nonbusiness capital losses before limitation. Enter as a positive number		2		
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)		3		
4	If line 2 is more than line 3, enter the difference. Otherwise, enter -0-		4		
5	If line 3 is more than line 2, enter the difference. Otherwise, enter -0-	5			
6	Nonbusiness deductions (see instructions). Enter as a positive number		6	35,200	
7	Nonbusiness income other than capital gains (see instructions)	7 108			
8	Add lines 5 and 7		8	108	
9	If line 6 is more than line 8, enter the difference. Otherwise, enter -0-			9	35,092
10	If line 8 is more than line 6, enter the difference. Otherwise, enter -0-. **But don't enter more than line 5**	10			
11	Business capital losses before limitation. Enter as a positive number		11		
12	Business capital gains (without regard to any section 1202 exclusion)	12			
13	Add lines 10 and 12		13		
14	Subtract line 13 from line 11. If zero or less, enter -0-		14		
15	Add lines 4 and 14		15		
16	Enter, if any, the combined net short-term and long-term capital loss from your Schedule D (Form 1040). Estates and trusts, enter, if any, the total net short-term and long-term loss from Schedule D (Form 1041). Enter as a positive number. If you don't have a loss on that line (and don't have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15		16		
17	Section 1202 exclusion. Enter as a positive number			17	
18	Subtract line 17 from line 16. If zero or less, enter -0-		18		
19	If line 16 is a loss, enter, as a positive number, the smaller of: • The loss on line 16; or • $3,000 (If filing Form 1040, $1,500 when married filing separately)		19		
20	If line 18 is more than line 19, enter the difference. Otherwise, enter -0-		20		
21	If line 19 is more than line 18, enter the difference. Otherwise, enter -0-			21	
22	Subtract line 20 from line 15. If zero or less, enter -0-			22	
23	NOL deduction for losses from other years. Enter as a positive number			23	
24	**NOL. Combine lines 1, 9, 17, and 21 through 23. If the result is less than zero, enter it here. If the result is zero or more, you don't have an NOL**			24	(276,082)

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FOR ALT MIN TAX PURPOSES ONLY

Form **172** (December 2024)
Department of the Treasury
Internal Revenue Service

Net Operating Losses (NOLs)

For Individuals, Estates, and Trusts.
Go to *www.irs.gov/Form172* for instructions and the latest information.

OMB No. 1545-0074

For calendar year **2024** , or other tax year beginning _____ and ending _____

Name(s) shown on return			Social security or employer identification number
Antonio & Nancy Rodrigues			**XXX-XX-4436**
Address (number and street). If you have a P.O. box, see instructions.		Apt. or suite no.	Spouse's social security number (SSN)
6 Notingham Way			**XXX-XX-9960**
City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	Daytime phone number
Assonet	**MA**	**02702**	**508-644-5010**
Foreign country name	Foreign province/county		Foreign postal code

Part I NOL (see instructions)

1	For individuals, subtract your standard deduction or itemized deductions from your adjusted gross income (AGI) and enter it here. For estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount			1	(311,174)
2	Nonbusiness capital losses before limitation. Enter as a positive number		2		
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)		3		
4	If line 2 is more than line 3, enter the difference. Otherwise, enter -0-		4		
5	If line 3 is more than line 2, enter the difference. Otherwise, enter -0-	5			
6	Nonbusiness deductions (see instructions). Enter as a positive number		6	35,200	
7	Nonbusiness income other than capital gains (see instructions)	7 108			
8	Add lines 5 and 7		8	108	
9	If line 6 is more than line 8, enter the difference. Otherwise, enter -0-			9	35,092
10	If line 8 is more than line 6, enter the difference. Otherwise, enter -0-. **But don't enter more than line 5**	10			
11	Business capital losses before limitation. Enter as a positive number		11		
12	Business capital gains (without regard to any section 1202 exclusion)	12			
13	Add lines 10 and 12		13		
14	Subtract line 13 from line 11. If zero or less, enter -0-		14		
15	Add lines 4 and 14		15		
16	Enter, if any, the combined net short-term and long-term capital loss from your Schedule D (Form 1040). Estates and trusts, enter, if any, the total net short-term and long-term loss from Schedule D (Form 1041). Enter as a positive number. If you don't have a loss on that line (and don't have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15		16		
17	Section 1202 exclusion. Enter as a positive number			17	
18	Subtract line 17 from line 16. If zero or less, enter -0-		18		
19	If line 16 is a loss, enter, as a positive number, the smaller of: • The loss on line 16; or • $3,000 (If filing Form 1040, $1,500 when married filing separately)		19		
20	If line 18 is more than line 19, enter the difference. Otherwise, enter -0-		20		
21	If line 19 is more than line 18, enter the difference. Otherwise, enter -0-			21	
22	Subtract line 20 from line 15. If zero or less, enter -0-			22	
23	NOL deduction for losses from other years. Enter as a positive number			23	
24	**NOL. Combine lines 1, 9, 17, and 21 through 23. If the result is less than zero, enter it here. If the result is zero or more, you don't have an NOL**			24	(276,082)

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2024 MA1 Filing Instructions
Antonio & Nancy Rodrigues

Form filed:

MA1 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

10-15-2025

Refund:

$10,486.00

Transaction method:

The refund will be directly deposited into your checking account at Santander ending in 7028.

2024 Form 1

MA24001011024

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2024 or other taxable

Year beginning Ending

ANTONIO	RODRIGUES	XXX-XX-4436
NANCY	RODRIGUES	XXX-XX-9960
6 NOTINGHAM WAY	ASSONET	MA 02702

Fill in if: Amended return Other jurisdiction change Enter date of change

Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund: $1 You $1 Spouse TOTAL

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula You Spouse

Taxpayer deceased You Spouse

Fill in if under age 18 You Spouse

Fill in if name change You Spouse

a. Total federal income -275974

b. Federal adjusted gross income -281974

Fill in if noncustodial parent

Fill in if you are a custodial parent who has released claim to exemption for child(ren)

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

1. Filing status (select one only):

Fill in if not using the same filing status on the federal form

Single

X Married filing jointly

Head of household

Married filing separate return NRA

Fill in if joint filing exemption for spouse with Massachusetts gross income under $8,000

2. Exemptions

a. Personal exemptions			**2a**	8800
b. Number of dependents. (Do not include yourself or your spouse.) Enter number	2	x $1,000 =	**2b**	2000
c. Age 65 or over before 2025	You + Spouse =	x $700 =	**2c**	
d. Blindness	You + Spouse =	x $2,200 =	**2d**	
e. Medical/dental			**2e**	
f. Adoption			**2f**	
g Total exemptions. Add items 2a through 2f. Enter here and on line 18			**2g**	10800

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

TONY@TNTCLEANINGMA.COM 5086445010

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

11-21-2025

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MA24001021024

Massachusetts Resident Income Tax Return

XXX-XX-4436

3.	Wages, salaries, tips	**3**	218993
4.	Taxable pensions and annuities	**4**	
5.	Mass. bank interest	**5**	
6a.	Business/profession income/loss	**6a**	
6b.	Farming income/loss	**6b**	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	**7**	-330996
8a.	Unemployment	**8a**	
8b.	Mass. lottery winnings	**8b**	
9.	Other income from Schedule X, line 7	**9**	
10.	**TOTAL 5.0% INCOME**	**10**	-112003
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	**11a**	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	**11b**	2000
12.	Reserved for future use	**12**	
13.	Reserved for future use	**13**	
14.	Rental deduction. a.	÷ 2 = **14**	
15.	Other deductions from Schedule Y, line 19	**15**	
16.	**Total deductions.** Add lines 11 through 15	**16**	4000
17.	**5.0% INCOME AFTER DEDUCTIONS.** Subtract line 16 from line 10. Not less than "0"	**17**	
18.	Exemption amount	**18**	10800
19.	**5.0% INCOME AFTER EXEMPTIONS.** Subtract line 18 from line 17. Not less than "0"	**19**	
20.	**INTEREST AND DIVIDEND INCOME**	**20**	
21.	**TOTAL TAXABLE 5.0% INCOME.** Add lines 19 and 20	**21**	0
22.	**TAX ON 5.0% INCOME. Note:** If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	**22**	0
23.	**INCOME FROM SCHEDULE B.** Not less than "0."		
	a. x .085 = **23a**		
	b. x .12 = **23b**		
	TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b	**23**	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

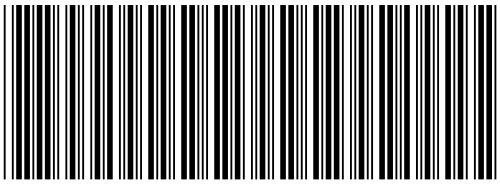
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2024 Form 1, pg. 3
MA24001031024
Massachusetts Resident Income Tax Return
XXX-XX-4436

24.	**TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."** Fill in if filing Schedule D-IS			**24**
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24			
25.	Credit recapture amount (from Credit Recapture Schedule)			**25**
26.	Additional tax on installment sale			**26**
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28		X	
28.	**TOTAL INCOME TAX.**			
	a. Income tax. Add lines 22 through 26	28a		
	b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b		
	c. Total tax. Add lines 28a and 28b			**28**
29.	Limited Income Credit			**29**
30.	Income tax due to another state or jurisdiction			**30**
31.	Other credits from Credit Manager Schedule			**31**
32.	**INCOME TAX AFTER CREDITS.** Subtract the total of lines 29 through 31 from line 28. **Not less than "0"**			**32**
33.	**Voluntary Contributions**			
	a. Endangered Wildlife Conservation			**33a**
	b. Organ Transplant Fund			**33b**
	c. Massachusetts Public Health HIV and Hepatitis Fund			**33c**
	d. Massachusetts U.S. Olympic Fund			**33d**
	e. Massachusetts Military Family Relief Fund			**33e**
	f. Homeless Animal Prevention and Care			**33f**
	Total. Add lines 33a through 33f			**33**
34.	Use tax due on Internet, mail order and other out-of-state purchases			**34**
35.	Health care penalty a. You + b. Spouse			**35**
36.	**Amended return only.** Overpayment from original return			**36**
37.	**INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.** Add lines 32 through 36			**37**
38.	a. Massachusetts income tax withheld from Form(s) W-2	38a	10486	
	b. Massachusetts income tax withheld from Form(s) 1099	38b		
	c. Massachusetts income tax withheld from other forms	38c		
	Total. Add lines 38a through 38c			**38** 10486

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11-21-2025





2024 Form 1, pg. 4

MA24001041024

Massachusetts Resident Income Tax Return

XXX-XX-4436

39.	2023 overpayment applied to your 2024 estimated tax		**39**	
40.	2024 Massachusetts estimated tax payments		**40**	
41.	Payments made with extension		**41**	
42.	**Amended return only.** Payments made with original return. Not less than "0"		**42**	
43.	Earned Income Credit. a. Number of qualifying children	b. Amount from U.S. return x .40 =	**43**	
	Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception			
44.	Senior Circuit Breaker Credit		**44**	
45.	Reserved for future use		**45**	
46.	Child and Family Tax Credit			
	a.	x $440 =	**46**	
47.	Other Refundable Credits		**47**	
48.	**Total Refundable Credit.** Add lines 43 through 47		**48**	
49.	Excess Paid Family Leave Withholding		**49**	
50.	**TOTAL.** Add lines 38 through 42 and lines 48 and 49		**50**	10486
51.	**Overpayment.** Subtract line 37 from line 50		**51**	10486
52.	Amount of overpayment you **want applied to your 2025 estimated tax**		**52**	
53.	**Refund.** Subtract line 52 from line 51. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204		**53**	10486

Direct deposit of refund. Type of account X checking savings

RTN # 011075150 account # XXXXXXX7028

54.	**Tax due. Pay online at www.mass.gov/dor/payonline.** Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204		**54**	
	Interest	Penalty	M-2210 amt.	EX enclose Form M-2210

May the Department of Revenue discuss this return with the preparer shown here? X

I do not want preparer to file my return electronically (this may delay your refund)

Print paid preparer's name	Date	Check if self-employed	Paid preparer's SSN/PTIN
NICHOLAS RICHARDS, CPA	11212025		XXXXX6886
Paid preparer's signature	**Paid preparer's phone**		**Paid preparer's EIN**
	508-679-5259		81-1246619

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

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11-21-2025

2024 Schedule HC

MA24029011024

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).
Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

ANTONIO RODRIGUES XXX-XX-4436

1a. Date of birth 06131976 1b. Spouse's date of birth 12091981 1c. Family size 4

2. Federal adjusted gross income **2** -281974

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2024, you turned 18, you were a part-year resident or a taxpayer was deceased.

3a You:	X Full-year MCC	Part-year MCC	No MCC/None
3b Spouse:	X Full-year MCC	Part-year MCC	No MCC/None

If you filled in the full-year or part-year MCC box, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2024, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	X You	X Spouse
4b. MassHealth. Fill in and go to line 5	You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5	You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5	You	Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage.	You	Spouse

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

BLUE CROSS BLUE SHIELD 984376421

4g. Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

BLUE CROSS BLUE SHIELD 984376421

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2024, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

11-21-2025

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Schedule HC Worksheets and Tables

(Keep for your records)

2024

Name(s) as shown on return

ANTONIO RODRIGUES

Your social security number

XXX-XX-4436

Schedule HC Worksheet for Line 6: Federal Poverty Level

1. Enter your federal adjusted gross income from Schedule HC, line 2 . . . . . **1** -281974

2. Enter the income amount that corresponds to your family size (as entered on Schedule HC, line 1c) from the 150% FPL column from Table 1 . . . . . **2** 45000

If line 1 is less than or equal to line 2, your income in 2024 was at or below 150% of the Federal Poverty Level and the penalty does not apply to you in 2024. Fill in the Yes box in line 6 of Schedule HC, skip the remainder of Schedule HC and continue completing your tax return.

If line 1 is greater than line 2, your income in 2024 was above 150% of the Federal Poverty Level. Fill in the No box in line 6 of Schedule HC and go to line 7 of Schedule HC.

Table 1: Federal Poverty Level, Annual Income Standards

Family size*	150% FPL
1	$21,870
2	$29,580
3	$37,290
4	$45,000
5	$52,710
6	$60,420
7	$68,130
8	$75,840
additional	+ $ 7,710

***Include only yourself, your spouse (if living in the same household at any point during the year), and any dependents as claimed on Form 1, line 2b or Form 1-NR/PY, line 4b. If married filing separately and living in the same household at any point during the year, include all dependents claimed by you and your spouse.**

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2024 Schedule B

MA24010011024

ANTONIO RODRIGUES XXX-XX-4436

Part 1. Interest and Dividend Income

1.	Total interest income	**1**	108
2.	Total ordinary dividends	**2**	
3.	Other interest and dividends not included above	**3**	
4.	Total interest and dividends	**4**	108
5.	Total interest from Massachusetts banks	**5**	
6a.	Other interest and dividends to be excluded	**6a**	
6b.	Part-year/Nonresidents only	**6b**	
7.	Subtotal	**7**	108
8.	Allowable deductions from your trade or business	**8**	
9.	Subtotal	**9**	108

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10.	Massachusetts short-term capital gains	**10**	
11.	Massachusetts long-term capital gains on collectibles and pre-1996 installment sales	**11**	
12.	Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	**12**	
13a.	Add lines 10 through 12	**13a**	
13b.	Part-year/Nonresidents only	**13b**	
13c.	Subtract line 13b from line 13a. Not less than 0	**13c**	
14.	Allowable deductions from your trade or business	**14**	
15.	Subtotal	**15**	
16.	Massachusetts short-term capital losses	**16**	
17.	Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	**17**	
18.	Prior short-term unused losses for years beginning after 1981	**18**	

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19a.	Combine lines 15 through 18	**19a**
19b.	Part-year/Nonresidents only	**19b**
19c.	Exclude line 19b losses from line 19a	**19c**
20.	Short-term losses applied against interest and dividends	**20**
21.	Available short-term losses	**21**
22.	Short-term losses applied against long-term gains	**22**
23.	Short-term losses available for carryover in 2025	**23**
24.	Short-term gains and long-term gains on collectibles	**24**
25.	Long-term losses applied against short-term gain	**25**
26.	Subtotal	**26**
27.	Long-term gains deduction	**27**
28.	Short-term gains after long-term gains deduction	**28**

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29.	Enter the amount from line 9	**29**	108
30.	Short-term losses applied against interest and dividends	**30**	
31.	Subtotal interest and dividends	**31**	108
32.	Long-term losses applied against interest and dividends	**32**	108
33.	Adjusted interest and dividends	**33**	
34.	Enter the amount from line 28	**34**	
35.	Adjusted gross interest, dividends and certain capital gains	**35**	
36.	Excess exemptions	**36**	
37.	Subtract line 36 from line 35	**37**	
38.	Interest and dividends taxable at 5.0%	**38**	
39.	Total taxable 8.5% and 12% capital gains	**39**	
40.	Available short-term losses for carryover in 2025	**40**	

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2024 Schedule D

MA24012011024

Long-Term Capital Gains and Losses
Excluding Collectibles

ANTONIO RODRIGUES XXX-XX-4436

Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

1.	Enter amounts from U.S. Schedule D, lines 8a and 8b, col. h	**1**	
2.	Enter amounts from U.S. Schedule D, line 9, col. h	**2**	
3.	Enter amounts from U.S. Schedule D, line 10, col. h	**3**	
4.	Enter amounts from U.S. Schedule D, line 11, col. h	**4**	
5.	Enter amounts from U.S. Schedule D, line 12, col. h	**5**	
6.	Enter amounts from U.S. Schedule D, line 13, col. h	**6**	
7.	Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	**7**	-151177
8.	Carryover losses from prior years	**8**	
9.	Combine lines 1 through 8	**9**	-151177
10a.	Massachusetts adjustments	**10a**	
10b.	Part-year/Nonresidents only	**10b**	
10c.	Combine lines 10a and 10b	**10c**	
11.	Massachusetts capital gains and losses	**11**	-151177
12.	Long-term gains on collectibles and pre-1996 installment sales	**12**	
13.	Subtotal	**13**	-151177
14.	Capital losses applied against capital gains	**14**	
15.	Subtotal	**15**	-151177
16.	Long-term capital losses applied against interest and dividends	**16**	108
17.	Subtotal	**17**	-151069
18.	Allowable deductions from your trade or business	**18**	
19.	Subtotal	**19**	
20.	Excess exemptions	**20**	
21.	Taxable long-term capital gains	**21**	
22.	Tax on long-term capital gains	**22**	
23.	Massachusetts available losses for carryover	**23**	-151069

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2024 Schedule DI
MA24SDI011024

ANTONIO	RODRIGUES	XXX-XX-4436

Schedule DI. Dependent Information

NOAH	RODRIGUES	XXX-XX-8475
SON	Is dependent a qualifying child for earned income credit?	11102010
	Is dependent disabled?	
NADIA	RODRIGUES	XXX-XX-8476
DAUGHTER	Is dependent a qualifying child for earned income credit?	11102010
	Is dependent disabled?	

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

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2024 Schedule E

MA24013041024

ANTONIO RODRIGUES XXX-XX-4436

Income or Loss from Real Estate and Royalties

Income

1.	Rents received	1	108500
2.	Royalties received	2	

Expenses

3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	100
9.	Management fees	9	
10.	Mortgage interest paid to banks, etc.	10	
11.	Other interest	11	
12.	Repairs	12	
13.	Supplies	13	
14.	Taxes	14	3834
15.	Utilities	15	
16.	Other expenses	16	
17.	Add lines 3 through 16	17	3934
18.	Depreciation expense or depletion	18	6287
19.	Total expenses. Add lines 17 and 18	19	10221
20.	Income or loss from rental real estate or royalty properties	20	98279
21.	Deductible rental real estate loss	21	
22.	Income. Enter positive amounts shown on line 20	22	98279
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	
24.	Rental real estate and royalty income or loss	24	98279

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2024 Schedule E, pg. 2
MA24013051024

XXX-XX-4436

Income or Loss from Partnerships and S Corporations

25.	Passive loss allowed	**25**	
26.	Passive income	**26**	54
27.	Non-passive loss	**27**	666493
28.	Section 179 expense deduction	**28**	
29.	Non-passive income	**29**	237218
30.	Combine lines 26 and 29	**30**	237272
31.	Combine lines 25, 27 and 28	**31**	-666493
32.	Partnership and S corporation income or loss. Combine lines 30 and 31	**32**	-429221
33.	Interest (other than MA banks) and dividends if included in line 32	**33**	54
34.	Interest from Massachusetts banks if included in line 32	**34**	
35.	Total income or loss from partnerships and S corporations	**35**	-429275
36.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses		

Income or Loss from Estates and Trusts

37.	Passive deduction or loss allowed	**37**	
38.	Passive income	**38**	
39.	Non-passive deduction or loss	**39**	
40.	Non-passive other income	**40**	
41.	Add lines 38 and 40	**41**	
42.	Add lines 37 and 39	**42**	
43.	Estate and trust income or loss. Combine lines 41 and 42	**43**	
44.	Estate or non-grantor-type trust income	**44**	
45.	Grantor-type trust and non-Massachusetts estate and trust income	**45**	
46.	Interest and dividends if included in line 45	**46**	
47.	Adjustments to 5.0% income	**47**	
48.	Subtotal. Combine lines 46 and 47	**48**	
49.	Income or loss from grantor type and non-Mass estates and trusts	**49**	

Income or Loss from REMICs

50.	Excess inclusion	**50**	
51.	Taxable income or loss	**51**	
52.	Income	**52**	
53.	Combine lines 51 and 52	**53**	

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2024 Schedule E, pg. 3
MA24013061024

XXX-XX-4436

Farm Income

54.	Net farm rental income or loss	**54**	

Summary

55.	Income or loss. Combine lines 24, 35, 49, 53 and 54	**55**	-330996
56.	Massachusetts differences Enclose statements	**56**	
57.	Abandoned building renovation deduction	**57**	
58.	Total income or loss. Combine lines 55 through 57	**58**	-330996

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2024 Schedule E-1

MA24013011024

ANTONIO RODRIGUES XXX-XX-4436
A RODRIGUES LLC
1821 COUNTY ST SOMERSET MA 02726

Check one: X Real estate Royalty Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Income

1.	Rents received	**1**	108500
2.	Royalties received	**2**	

Expenses

3.	Advertising	**3**	
4.	Auto and travel	**4**	
5.	Cleaning and maintenance	**5**	
6.	Commissions	**6**	
7.	Insurance	**7**	
8.	Legal and other professional fees	**8**	100
9.	Management fees	**9**	
10.	Mortgage interest paid to banks, etc	**10**	
11.	Other interest	**11**	
12.	Repairs	**12**	
13.	Supplies	**13**	
14.	Taxes	**14**	3834
15.	Utilities	**15**	
16.	Other expenses	**16**	
17.	Add lines 3 through 16	**17**	3934
18.	Depreciation expense or depletion	**18**	6287
19.	Total expenses. Add lines 17 and 18	**19**	10221
20.	Income or loss from rental real estate or royalty properties	**20**	98279
21.	Deductible rental real estate loss	**21**	
22.	Income. Enter positive amounts shown on line 20	**22**	98279
23.	Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	**23**	
24.	Rental real estate and royalty income or loss	**24**	98279
25.	Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		

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2024 Schedule E-2

MA24013021024

ANTONIO RODRIGUES XXX-XX-4436

TNT CLEANING SERVICES INC XXXXX6642

Check one: X S corp. partnership

Enter amount of 90% refundable PTE Excise Credit claimed from the Massachusetts K-1 issued by this entity

Income or Loss from Partnerships and S Corporations

1.	Passive loss allowed	**1**	
2.	Passive income	**2**	1
3.	Non-passive loss	**3**	
4.	Section 179 expense deduction	**4**	
5.	Non-passive income	**5**	237218
6.	Combine lines 2 and 5	**6**	237219
7.	Combine lines 1, 3 and 4	**7**	
8.	Partnership and S corporation income or loss. Combine lines 6 and 7	**8**	237219
9.	Interest (other than MA banks) and dividends if included in line 8	**9**	1
10.	Interest from Massachusetts banks if included in line 8	**10**	
11.	Total income or loss from partnerships and S corporations	**11**	237218
12.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses		
13.	Check if any amount of this investment not at risk		

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2024 Schedule E-2

MA24013021024

ANTONIO RODRIGUES XXX-XX-4436

CAR CONNECTIONS INC XXXXX9722

Check one: X S corp. partnership

Enter amount of 90% refundable PTE Excise Credit claimed from the Massachusetts K-1 issued by this entity

Income or Loss from Partnerships and S Corporations

1.	Passive loss allowed	1	
2.	Passive income	2	53
3.	Non-passive loss	3	666493
4.	Section 179 expense deduction	4	
5.	Non-passive income	5	
6.	Combine lines 2 and 5	6	53
7.	Combine lines 1, 3 and 4	7	-666493
8.	Partnership and S corporation income or loss. Combine lines 6 and 7	8	-666440
9.	Interest (other than MA banks) and dividends if included in line 8	9	53
10.	Interest from Massachusetts banks if included in line 8	10	
11.	Total income or loss from partnerships and S corporations	11	-666493
12.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses		
13.	Check if any amount of this investment not at risk		

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2024 Schedule INC
MA24INC011024

ANTONIO RODRIGUES XXX-XX-4436

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
04-6001387	5350	108993		1580	W2
45-3766642	4784	102000	7803		W2
83-1369722	352	8000	612		W2
TOTALS	10486	218993	8415	1580	

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Massachusetts AGI Worksheet / Limited Income Credit

2024

Name(s): ANTONIO & NANCY RODRIGUES

SSN: XXX-XX-4436

Form 1, Line 27 Massachusetts AGI Worksheet. No Tax Status (Only if Single, Head of Household or Married Filing Jointly)

If your Massachusetts AGI was $8,000 or less if single, $14,400 or less plus $1,000 per dependent if head of household, or $16,400 or less plus $1,000 per dependent if married filing a joint return, you qualify for No Tax Status and are not required to pay any Massachusetts income taxes.

1.	Enter your total 5.0% income from Form 1, line 10. Not less than 0. (Add back any Abandoned Building Renovation deduction claimed on Schedule(s) C and/or E before entering an amount in line 1.)	1 -112003
2.	Add Schedule Y, lines 2 to 9b and line 10	2
3.	Subtract line 2 from line 1. Not less than 0	3
4.	Reserved	4
5.	Enter amount from Schedule B, line 35. If there is no entry in Schedule B, line 35 or if not filing Schedule B, enter the amount from Form 1, line 20	5
6.	Enter the amount from Schedule D, line 19. Not less than 0. (If filing Schedule D-IS, Installment Sales, see the Schedule D-IS instructions, available at mass.gov/dor, for the amount to enter in line 6.)	6
7.	Add lines 3 through 6	7

If you are single and the total in line 7 is $8,000 or less, you qualify for No Tax Status. Check the box in line 27, enter 0 in line 28 and omit lines 29 through 31. Also, enter 0 in line 32 and complete Form 1. However, if there is an amount entered in line 25, Credit Recapture Amount and/or line 26, Additional Tax on Installment Sales, enter that amount in line 28 and complete line 31. If you are single but do not qualify for No Tax Status, and your total in line 7 is $14,000 or less, complete Form 1, line 28 and see Form 1, line 29 instructions for the Limited Income Credit. If you are filing as head of household or married filing a joint return, compare line 7 with the No Tax Status/Limited Income Credit Chart to see if you may qualify for No Tax Status or the Limited Income Credit.

No Tax Status/Limited Income Credit Chart

Number of dependents (from Form 1, line 2b):	**Filing status: Head of household.** Line 7 of the AGI worksheet is less than or equal to:		**Married filing a joint return.** Line 7 of the AGI worksheet is less than or equal to:	
0	$14,400	**$25,200**	$16,400	**$28,700**
1	15,400	**26,950**	17,400	**30,450**
2	16,400	**28,700**	18,400	**32,200**
3	17,400	**30,450**	19,400	**33,950**
4	18,400	**32,200**	20,400	**35,700**
5	19,400	**33,950**	21,400	**37,450**
6	20,400	**35,700**	22,400	**39,200**
	you qualify for **No Tax Status**	you may qualify for the **Limited Income Credit**	you qualify for **No Tax Status**	you may qualify for the **Limited Income Credit**

If the number of dependents is more than 6, add $1,000 per dependent to the No Tax Status column, or $1,750 per dependent to the Limited Income Credit column.

If you qualify for No Tax Status, check the box in line 27, enter "0" in line 28 and omit lines 29 through 31. Also, enter "0" in line 32 and complete Form 1. However, if there is an amount entered in line 25, Credit Recapture Amount and/or line 26, Additional Tax on Installment Sales, enter that amount in line 28 and complete line 31. To see if you may qualify for the Limited Income Credit, go to line 28 and complete the worksheet for line 29.

Form 1, Line 29 Worksheet. Limited Income Credit (Only if Single, Head of Household, or Married Filing Jointly)

If you do not qualify for No Tax Status, but you are single and your Massachusetts AGI is between $8,000 and $14,000, or if you are filing as head of household and your Massachusetts AGI is between $14,400 and $25,200 plus $1,750 per dependent, or if you are married filing a joint return and your Massachusetts AGI is between $16,400 and $28,700 plus $1,750 per dependent, you may qualify for the Limited Income Credit. This credit is an alternative tax calculation that can result in a significant tax reduction for people whose income is close to the No Tax Status threshold.

1.	Enter amount from line 7 of Massachusetts AGI Worksheet	1
2.	Enter $8,000 if single. If married filing a joint return or head of household, enter the amount from the No Tax Status column of the No Tax Status/Limited Income Credit chart	2
3.	Subtract line 2 from line 1	3
4.	Enter in line 4 the amount of tax from Form 1, line 28 less any Credit Recapture Amount entered in line 25 and/or Additional Tax on Installment Sales in line 26	4
5.	Multiply line 3 by 10% (.10)	5
6.	If line 4 is smaller than line 5, you are not eligible for this credit. Enter 0. If line 4 is larger than line 5, subtract line 5 from line 4 and enter result here and on Form 1, line 29	6 0

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MAWK_AGI.LD

Do not file with Massachusetts. Keep for your records.

	Long-Term Capital Losses Applied Against Interest and Dividends Worksheet (Keep for your records)	2024

Name(s) as shown on the return: ANTONIO & NANCY RODRIGUES

Your social security number: XXX-XX-4436

Complete only if Schedule B, line 31 is a positive amount and Schedule D, line 15 is a loss. Enter all losses as positive amounts.

1.	Enter amount from Schedule B, line 29	1	108
2.	Enter the lesser of line 1 or $2,000	2	108
3.	Enter the amount from Schedule B, line 30	3	
4.	Subtract line 3 from line 2. If 0 or less omit the remainder of worksheet. Otherwise, complete lines 5 and 6	4	108
5.	Enter any loss from Schedule D, line 15, as a positive amount. Otherwise, enter 0	5	151177
6.	If line 4 is less than or equal to line 5, enter line 4 here and in Schedule B, line 32 and in Schedule D, line 16. If line 4 is larger than line 5, enter line 5 here and in Schedule B, line 32 and in Schedule D, line 16	6	108

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2024

Massachusetts Department of Revenue

Form M-9325
Electronic Filing Information Handout

Electronic Filing Program PO Box 7013, Boston, MA 02204

Thank you for participating in the Massachusetts Department of Revenue (MDOR) Electronic Filing Program. Your state tax return for tax year 2024 is being filed electronically with MDOR by RICHARDSTIMKO, P.C. . Your return was accepted by MDOR on _____.

General Information

Important
Do not send the paper copies of your return, schedules and supporting documentation to MDOR, this information is for your records.

If you need to amend your return
If you need to amend or correct the return you filed electronically, go to www.mass.gov/dor/amend. Please contact your paid preparer to inquire about filing this form electronically or the MDOR Customer Service Bureau at (617) 887-MDOR.

If you are receiving a refund
Your refund check will be mailed to you as soon as we have completed processing your return. If you have not received your check within 21 days from the date you filed, please contact the MDOR Customer Service Bureau at (617) 887-MDOR.

If you owe a balance
If your electronically filed return showed a balance due, you must pay the amount you owe on or before April 15, 2025. If your payment is not received by April 15, 2025, you will be sent a Notice of Assessment (NOA). This notice will show your tax due, plus any interest and penalty assessments for late payment.

We appreciate your taking advantage of MDOR Electronic Filing. We are continuing to look for new methods and technologies to make filing your tax returns simple and easy.

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MA-COMP	Three-year State Tax Return Comparison	2024

Name(s) as shown on return
Antonio & Nancy Rodrigues

Taxpayer ID Number
XXX-XX-4436

[State] Income Tax Return	2022	2023	2024	Difference 2023-2024
Filing Status	MFJ	MFJ	MFJ	
Gross Income	312,960	(291,307)	(112,003)	179,304
Additions		162,317		(162,317)
Subtractions				
Exemptions	10,800	10,800	10,800	
Standard Deduction				
Itemized Deduction				
Deductions	3,563	4,000	4,000	
Taxable Income	298,525			
Actual State Income	298,525			
State Income Tax	17,635			
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	14,802	13,652	10,486	(3,166)
Estimates and Extension payments	5,000	3,000		(3,000)
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund	2,167	16,652	10,486	(6,166)
Balance Due				
Marginal tax rate	5.000000	5.000000	5.000000	
Effective tax rate	5.907400			

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2024 RI1040NR Filing Instructions
Antonio & Nancy Rodrigues

Form filed:

RI1040NR and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

10-15-2025

Other instructions:

The return reflects neither a refund nor a balance due

State of Rhode Island Division of Taxation

2024 Form RI-1040NR

Nonresident Individual Income Tax Return

24100410240101

Your social security number	Spouse's social security number
XXX-XX-4436	XXX-XX-9960

Your first name	MI	Last name	Suffix
ANTONIO		RODRIGUES	

Spouse's name	MI	Last name	Suffix
NANCY		RODRIGUES	

Address: 6 NOTINGHAM WAY

City, town or post office: ASSONET | State: MA | ZIP code: 02702

City or town of legal residence: OUT OF STATE

Check each box that applies. Otherwise, leave blank.

Primary deceased?	Spouse deceased?	New address?	Amended Return? *

ELECTORAL CONTRIBUTION If you want $5.00 ($10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.) Yes

If you wish the 1st $2.00 ($4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.

FILING STATUS Check one

Single → | Married filing jointly → X | Married filing separately → | Head of household → | Qualifying widow(er) →

INCOME, TAX AND CREDITS

Rhode Island Standard Deduction	
Single	**$10,550**
Married filing jointly or Qualifying widow(er)	**$21,150**
Married filing separately	**$10,575**
Head of household	**$15,850**

1	Federal AGI from Federal Form 1040 or 1040-SR, line 11		1	-281974 00
2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line		2	0 00
3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases)		3	-281974 00
4	RI Standard Deduction from left. If line 3 is over $246,450, see Standard Deduction Worksheet		4	21150 00
5	Subtract line 4 from line 3. If zero or less, enter 0		5	0 00
6	Enter # of exemptions from RI Sch E, line 5 in box, multiply by $4,950 and enter result on line 6. If line 3 is over $246,450, see Exemption Worksheet	4 **X $4,950 =**	6	19800 00
7	RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0		7	0 00
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet		8	0 00
9	RI percentage of allowable Federal credit from page 3, RI Sch I, line 25		9	00
10	Rhode Island tax after allowable Federal credit - before allocation. Subtract line 9 from line 8		10	0 00
11	RI allocated income tax. Check only one box. **A**ll income is from RI, enter amount from line 10 on this line. X **N**onresident with income from outside RI, complete Sch II and enter result on this line. **P**art-year resident with income from outside RI, complete Sch III and enter result on this line.		11	00
12	Other Rhode Island Credits from RI Schedule CR, line 9		12	00
13a	Rhode Island income tax after credits. Subtract line 12 from line 11 (not less than zero)		13a	00
b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 12		13b	0 00
14	RI checkoff contributions from page 3, RI Checkoff Schedule, line 34.	Contributions reduce your refund or increase your balance due	14	00
15a	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies. Check to certify use tax amount on line 15a is accurate.		15a	00
b	Individual Mandate Penalty (see instructions). Check to certify full year coverage.		15b	00
16a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 13a, 13b, 14, 15a and 15b		16a	00

Using a paper clip, please attach Forms W-2 and 1099 here.

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

Mailing address: RI Division of Taxation, One Capitol Hill, Providence, RI 02908-5806

* If filing an amended return, attach the Explanation of Changes supplemental page

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State of Rhode Island Division of Taxation

2024 Form RI-1040NR

Nonresident Individual Income Tax Return - page 2

24100410240102

Name(s) shown on Form RI-1040 or RI-1040NR

ANTONIO & NANCY RODRIGUES

Your social security number

XXX-XX-4436

16 b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 16a			16b	00
17 a RI 2024 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding . . .	17a	00		
b 2024 estimated tax payments and amount applied from 2023 return . .	17b	00		
c Nonresident withholding on real estate sales in 2024.	17c	00		
d RI earned income credit from page 3, RI Schedule EIC, line 39	17d	00		
e Other payments	17e	00		
f TOTAL PAYMENTS AND CREDITS. Add lines 17a, 17b, 17c, 17d and 17e			17f	00
g Previously issued overpayments (if filing an amended return)			17g	00
h NET PAYMENTS. Subtract line 17g from line 17f			17h	00
18 a AMOUNT DUE. If line 16b is LARGER than line 17h, subtract line 17h from line 16b			18a	00
b Enter the amount of undrestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 18a or subtracted from line 19, whichever applies			18b	00
c TOTAL AMOUNT DUE. Add lines 18a and 18b. Complete RI-1040V and send in with your payment ☹			18c	00
19 AMOUNT OVERPAID. If line 17h is LARGER than line 16b, subtract line 16b from line 17h. If there is an amount due for underestimating interest on line 18b, subtract line 18b from line 19 . . . . . ☺			19	00
20 Amount of overpayment to be refunded			20	00
21 Amount of overpayment to be applied to 2025 estimated tax	21	00		

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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Your driver's license number and state	Date	Telephone number
		11/21/2025	508-644-5010
Spouse's signature	**Spouse's driver's license number and state**	**Date**	**Telephone number**
		11/21/2025	
Paid preparer signature	**Print name**	**Date**	**Telephone number**
	NICHOLAS RICHARDS, CPA	11/21/2025	508-679-5259
Paid preparer address	**City, town or post office**	**State / ZIP code**	**PTIN**
151 STATE ROAD UNIT 2	WESTPORT	MA 02790	XXXXX6886

May the Division of Taxation contact your preparer? YES X

Revised
09/2024

State of Rhode Island Division of Taxation

2024 Form RI-1040NR

Nonresident Individual Income Tax Return - page 3

24100410240103

Name(s) shown on Form RI-1040 or RI-1040NR

ANTONIO & NANCY RODRIGUES

Your social security number

XXX-XX-4436

RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

22	RI income tax from page 1, line 8	22	00
23	Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2	23	00
24	Tentative allowable federal credit. Multiply line 23 by 25% (0.2500)	24	00
25	MAXIMUM CREDIT. Line 22 or 24, whichever is SMALLER. Enter here and on page 1, line 9	25	00

RI SCHEDULE II AND III - ALLOCATION AND MODIFICATION FOR NONRESIDENTS

Schedule II should be completed by NONRESIDENTS with income from outside Rhode Island.
RI Schedule II is located on page 13.

Schedule III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island.
RI Schedule III is located on page 15.

NONRESIDENTS and PART-YEAR RESIDENTS with all income from Rhode Island sources do not need to complete either schedule II or III.

RI CHECKOFF CONTRIBUTIONS SCHEDULE

		$1.00 $5.00 $10.00 Other		
26	Drug program account **RIGL §44-30-2.4**		26	00
27	Olympic Contribution **RIGL §44-30-2.1**	Yes $1.00 contribution ($2.00 if a joint return)	27	00
28	RI Organ Transplant Fund **RIGL §44-30-2.5**		28	00
29	RI Council on the Arts **RIGL §42-75.1-1**		29	00
30	Nongame Wildlife Fund **RIGL §44-30-2.2**		30	00
31	Childhood Disease Victim's Fund **RIGL §44-30-2.3**		31	00
32	RI Military Family Relief Fund **RIGL §44-30-2.9**		32	00
33	Behavioral health education, training, and coordination fund **RIGL §44-30-2.12**		33	00
34	TOTAL CONTRIBUTIONS. Add lines 26 through 33. Enter here and on RI-1040NR, page 1, line 14		34	00

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

35	Federal earned income credit from Federal Form 1040 or 1040-SR, line 27	35		00
36	Rhode Island percentage	36	16%	
37	RI EARNED INCOME CREDIT. Multiply line 35 by line 36	37		00
38	Rhode Island allocation from RI-1040NR, page 11, Schedule II, line 13 or RI-1040NR, page 13, Schedule III, line 14. If all income is from RI, enter 1.0000	38		1.0000
39	TOTAL RI EARNED INCOME CREDIT. Multiply line 37 by line 38. Enter here and on RI-1040NR, pg 2, line 17d	39		00

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State of Rhode Island Division of Taxation

2024 RI Schedule E

Exemption Schedule for RI-1040 and RI-1040NR

24105910240101

Name(s) shown on Form RI-1040 or RI-1040NR: ANTONIO & NANCY RODRIGUES

Your social security number: XXX-XX-4436

EXEMPTIONS

Complete this Schedule listing all individuals you can claim as a dependent.
ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN Failure to do so may delay the processing of your return.

1a	Yourself	X
b	Spouse	X

	(A) Name of Dependent	(B) Social Security Number	(C) Date of Birth	(D) Relationship
2a	NOAH RODRIGUES	XXXXX8475	11102010	SON
b	NADIA RODRIGUES	XXXXX8476	11102010	DAUGHTER
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				

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Exemption Number Summary

3	Enter the number of boxes checked on lines 1a and 1b	3	2
4a	Enter the number of children from lines 2a through 2m who lived with you	4a	2
b	Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation	4b	0
c	Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b . .	4c	0
5	Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6 . .	5	4

State of Rhode Island Division of Taxation

2024 RI Schedule II

Full Year Nonresident Tax Calculation

24100510240101

Name(s) shown on Form RI-1040NR: ANTONIO & NANCY RODRIGUES

Your social security number: XXX-XX-4436

THIS SCHEDULE IS ONLY TO BE COMPLETED BY FULL YEAR NONRESIDENTS.

PART-YEAR RESIDENTS COMPLETE RI SCHEDULE III.

PART 1: ALLOCATION AND TAX WORKSHEET

			Column A Rhode Island	Column B Federal
1	Wages, salaries, tips, etc from Federal Form 1040 or 1040-SR, line 1z	1	00	206091 00
2	Interest and dividends from Federal Form 1040 or 1040-SR, lines 2b and 3b	2	00	108 00
3	Business income from Federal Form 1040 or 1040-SR, Schedule 1, line 3	3	00	00
4	Sale or exchange of property from Federal Form 1040 or 1040-SR, line 7 or Federal Form 1040 or 1040-SR, Schedule 1, line 4	4	00	-151177 00
5	Pension and annuities; rents, royalties, etc. from Federal Form 1040 or 1040-SR, lines 4b and 5b, and Federal Form 1040 or 1040-SR, Schedule 1, line 5	5	-107193 00	-330996 00
6	Farm income from Federal Form 1040 or 1040-SR, Schedule 1, line 6	6	00	00
7	Miscellaneous income from Federal Form 1040 or 1040-SR, line 6b, and Federal Form 1040 or 1040-SR, Schedule 1, lines 1, 2a, 7, and 9	7	00	00
8	TOTAL. Add lines 1 through 7	8	-107193 00	-275974 00
9	Adjustments to AGI from Federal Form 1040 or 1040-SR, line 10	9	00	6000 00
10	Adjusted gross income. Subtract line 9 from line 8	10	-107193 00	-281974 00
11	Net modifications to Federal AGI from RI-1040NR, RI Schedule M, line 3	11	00	00
12	Modified Federal AGI. Combine lines 10 and 11. The amount in column B must equal the amount on RI-1040NR, page 1, line 3	12	-107193 00	-281974 00
13	Allocation. Divide line 12, col. A by line 12, col. B. If amount on line 12, col. A is greater than line 12, col. B, enter 1.0000. If zero or less, enter 0.0000	13		1.0000
14	RI tax after allowable federal credits before allocation from RI-1040NR, page 1, line 10	14		00
15	**RI INCOME TAX.** Multiply line 14 by line 13. Enter here and on RI-1040NR, page 1, line 11. Check the Nonresident box.	15		00

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RI-COMP	Three-year State Tax Return Comparison	2024

Name(s) as shown on return
Antonio & Nancy Rodrigues

Taxpayer ID Number
XXX-XX-4436

[State] Income Tax Return	2022	2023	2024	Difference 2023-2024
Filing Status	MFJ	MFJ	MFJ	
Gross Income	302,789	(309,930)	(281,974)	27,956
Additions	145			
Subtractions				
Exemptions		18,800	19,800	1,000
Standard Deduction		20,050	21,150	1,100
Itemized Deduction				
Deductions		20,050		(20,050)
Taxable Income	302,789			
Actual State Income	2,665			
State Income Tax	137			
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	145			
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund	8			
Balance Due				
Marginal tax rate	5.990000	3.750000	3.750000	
Effective tax rate	0.050000			

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FOR TAX YEAR 2023

ANTONIO & NANCY RODRIGUES

RichardsTimko, P.C.

151 State Road Unit 2

Westport, MA 02790

(508)679-5259

RichardsTimko, P.C.

151 State Road Unit 2
Westport, MA 02790
office@richardstimko.com
Phone: (508)679-5259 | Fax: (508)679-5125

December 02, 2024

Antonio & Nancy Rodrigues
6 NOTINGHAM WAY
ASSONET, MA 02702

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (508)679-5259.

Sincerely,

Nicholas Richards, CPA
RichardsTimko, P.C.

Form **9325**
(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name
Antonio & Nancy Rodrigues

Taxpayer address (optional)
6 Notingham Way
Assonet, MA 02702

1. ☐ Your federal income tax return for **2023** was filed electronically with the **IRS** Submission Processing Center. The electronic filing services were provided by **RichardsTimko, P.C.** .

2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____ .

3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.

4. ☐ Your electronic funds withdrawal payment request was accepted for processing.

5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.

6. ☒ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on **04-17-2024** . The Submission ID assigned to your extension is **XXXXXX2024108k11c3w3** .
DCN:00-XXXXXX-012924

DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

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If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at *www.irs.gov*, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to *www.irs.gov* and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to *www.irs.gov/e-pay*.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to *www.irs.gov*. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

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Antonio & Nancy Rodrigues

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
Antonio	Rodrigues	XXX-XX-4436
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Nancy	Rodrigues	XXX-XX-9960

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
6 Notingham Way

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Assonet MA 02702

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

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

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
Noah	Rodrigues	XXX-XX-8475	Son	☒	☐
Nadia	Rodrigues	XXX-XX-8476	Daughter	☒	☐
				☐	☐
				☐	☐

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

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	274,019
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	274,019
2a	Tax-exempt interest	2a	b Taxable interest	2b	51
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	
8	Additional income from Schedule 1, line 10			8	(578,000)
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	(303,930)
10	Adjustments to income from Schedule 1, line 26			10	6,000
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	(309,930)
12	**Standard deduction or itemized deductions** (from Schedule A)			12	27,700
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	27,700
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	0

Attach Sch. B if required.

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

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Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐ _____		16	0
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	0
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	330
	24	Add lines 22 and 23. This is your **total tax**		24	330
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 25,214		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	25,214
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return		26	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28 3,200		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31 11,228		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	14,428
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	39,642
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	39,312
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	39,312
Direct deposit? See instructions.	b	Routing number 011075150 **c** Type: ☒ Checking ☐ Savings			
	d	Account number XXXXXXX7028			
	36	Amount of line 34 you want **applied to your 2024 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	0
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name: Nicholas Richards, CPA | Phone no.: 508-679-5259 | Personal identification number (PIN): 45664

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
82818	11-22-2024	Business Owner	
Spouse's signature. If a joint return, both must sign.	**Date**	**Spouse's occupation**	**If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)**
50150	11-22-2024		

Joint return? See instructions. Keep a copy for your records.

Phone no. 508-644-5010 | Email address tony@tntcleaningma.com

Paid Preparer Use Only

Preparer's signature	Date 12-02-2024	PTIN XXXXX6886	Check if: ☐ Self-employed
Preparer's name Nicholas Richards, CPA	Phone no. 508-679-5259		
Firm's name RichardsTimko, P.C.			
Firm's address 151 State Road Unit 2 Westport, MA 02790		Firm's EIN 81-1246619	

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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

2023

Attachment Sequence No. **01**

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

Antonio & Nancy Rodrigues

Your social security number

XXX-XX-4436

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			**1**	
2a	Alimony received			**2a**	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			**3**	
4	Other gains or (losses). Attach Form 4797			**4**	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			**5**	**(740,317)**
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**	**162,317**		
q	Taxable distributions from an ABLE account (see instructions)	**8q**			
r	Scholarship and fellowship grants not reported on Form W-2	**8r**			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	**8s**	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	**8t**			
u	Wages earned while incarcerated	**8u**			
z	Other income. List type and amount:	**8z**			
9	Total other income. Add lines 8a through 8z			**9**	**162,317**
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**	**(578,000)**

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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	
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	6,000
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	6,000

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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

2023

Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Antonio & Nancy Rodrigues

Your social security number
XXX-XX-4436

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			8	
9	Household employment taxes. Attach Schedule H			9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11	Additional Medicare Tax. Attach Form 8959			11	330
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)

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Part II Other Taxes *(continued)*

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

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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

2023

Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Antonio & Nancy Rodrigues

Your social security number
XXX-XX-4436

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**	
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**	**0**

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(continued on page 2)

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	10,000
11	Excess social security and tier 1 RRTA tax withheld			11	1,228
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	11,228

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SCHEDULE E (Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **13**

Name(s) shown on return

Antonio & Nancy Rodrigues

Your social security number

XXX-XX-4436

Part I Income or Loss From Rental Real Estate and Royalties

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

A Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . ☐ **Yes** ☒ **No**

B If "Yes," did you or will you file required Form(s) 1099? . . . . . ☐ **Yes** ☐ **No**

1a Physical address of each property (street, city, state, ZIP code)

A	**1821 Country St, Somerset, MA 02726**
B	
C	

1b Type of Property (from list below)		**2** For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.		**Fair Rental Days**	**Personal Use Days**	**QJV**
A	**4**		**A**	**365**	**0**	☐
B			**B**			☐
C			**C**			☐

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		**Properties: A**	**B**	**C**
3 Rents received	**3**	**232,500**		
4 Royalties received	**4**			
Expenses:				
5 Advertising	**5**			
6 Auto and travel (see instructions)	**6**			
7 Cleaning and maintenance	**7**			
8 Commissions	**8**			
9 Insurance	**9**			
10 Legal and other professional fees	**10**	**100**		
11 Management fees	**11**			
12 Mortgage interest paid to banks, etc. (see instructions)	**12**	**77,362**		
13 Other interest	**13**			
14 Repairs	**14**			
15 Supplies	**15**			
16 Taxes	**16**	**21,608**		
17 Utilities	**17**			
18 Depreciation expense or depletion	**18**	**6,287**		
19 Other (list) _____	**19**			
20 Total expenses. Add lines 5 through 19	**20**	**105,357**		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198**	**21**	**127,143**		
22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	**22**	( )	( )	( )

23a Total of all amounts reported on line 3 for all rental properties	**23a**	**232,500**		
b Total of all amounts reported on line 4 for all royalty properties	**23b**	**0**		
c Total of all amounts reported on line 12 for all properties	**23c**	**77,362**		
d Total of all amounts reported on line 18 for all properties	**23d**	**6,287**		
e Total of all amounts reported on line 20 for all properties	**23e**	**105,357**		
24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses			**24**	**127,143**
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . .			**25**	**(0)**
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .			**26**	**127,143**

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Name(s) shown on return. Do not enter name and social security number if shown on page 1. | Your social security number

Antonio & Nancy Rodrigues | XXX-XX-4436

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	TNT Cleaning Services Inc	S	☐	45-3766642	☒	☐
B	Car Connections Inc	S	☐	83-1369722	☒	☐
C	Car Connections Transportation Inc	S	☐	87-2140044	☐	☐
D			☐		☐	☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					250,657
B			1,118,117		
C			0		
D					
29a	Totals				250,657
b	Totals		1,118,117		

30	Add columns (h) and (k) of line 29a	30	250,657
31	Add columns (g), (i), and (j) of line 29b	31	(1,118,117)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	(867,460)

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a	Totals			
b	Totals			

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

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

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

Part V Summary

40	Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below	40	
41	**Total income or (loss)**. Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	(740,317)
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

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SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **47**

Name(s) shown on return: **Antonio & Nancy Rodrigues**

Your social security number: XXX-XX-4436

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	(309,930)
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	(309,930)
4	Number of qualifying children under age 17 with the required social security number	4	2		
5	Multiply line 4 by $2,000			5	4,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6			
	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	4,000
9	Enter the amount shown below for your filing status. • Married filing jointly-$400,000 • All other filing statuses-$200,000			9	400,000
10	Subtract line 9 from line 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	0
11	Multiply line 10 by 5% (0.05)			11	
12	Is the amount on line 8 more than the amount on line 11?			12	4,000
	☐ **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 the **Credit Limit Worksheet A**			13	0
14	Enter the smaller of line 12 or 13. **This is your child tax credit and credit for other dependents.** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			14	0

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.

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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**	**4,000**
b	Number of qualifying children under 17 with the required social security number: **2** x $1,600. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27			**16b**	**3,200**
	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**	**3,200**
18a	Earned income (see instructions)	**18a**	**274,019**		
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**	**271,519**		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result			**20**	**40,728**
	Next. On line 16b, is the amount $4,800 or more?				
	☒ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.				
	☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.				

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

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions	**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			**26**	
	Next, enter the **smaller** of line 17 or line 26 on line 27.				

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**	**3,200**

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Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55**

Name(s) shown on return

Antonio & Nancy Rodrigues

Your taxpayer identification number

XXX-XX-4436

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 $182,100 ($364,200 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	K1S: TNT Cleaning Services Inc	45-3766642	240,187
ii	K1S: Car Connections Inc	83-1369722	(955,800)
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	(715,613)		
3	Qualified business net (loss) carryforward from the prior year	3	(106,384)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	0
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0		
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	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	0
11	Taxable income before qualified business income deduction (see instructions)	11	(337,630)		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	0
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(821,997)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0)

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For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8995** (2023)

EEA

Amount from Form 1040, line 11..... (309,930)
Amount from Form 1040, line 12..... 27,700

Line 11 above is the difference between these amounts..... (337,630)

Form **461**

Department of the Treasury
Internal Revenue Service

Limitation on Business Losses

Attach to your tax return.

Go to *www.irs.gov/Form461* for instructions and the latest information.

OMB No. 1545-2283

2023

Attachment Sequence No. **64**

Name(s) shown on return

Antonio & Nancy Rodrigues

Identifying number

XXX-XX-4436

Part I **Total Income/Loss Items**
See instructions if you are filing a tax return other than Form 1040 or 1040-SR.

1	Reserved for future use	**1**	
2	Enter amount from Schedule 1 (Form 1040), line 3	**2**	
3	Enter amount from Form 1040 or 1040-SR, line 7. See instructions	**3**	
4	Enter amount from Schedule 1 (Form 1040), line 4	**4**	
5	Enter amount from Schedule 1 (Form 1040), line 5	**5**	**(740,317)**
6	Enter amount from Schedule 1 (Form 1040), line 6	**6**	
7	Reserved for future use	**7**	
8	Enter other income, gain, or losses from a trade or business not reported on lines 1 through 7	**8**	
9	Combine lines 1 through 8	**9**	**(740,317)**

Part II **Adjustment for Amounts Not Attributable to Trade or Business**
See instructions if you are filing a tax return other than Form 1040 or 1040-SR.

10	Enter any income or gain reported on lines 1 through 8 that is not attributable to a trade or business	**10**	
11	Enter any losses or deductions reported on lines 1 through 8 that are not attributable to a trade or business. See instructions	**11**	
12	Subtract line 11 from line 10	**12**	**0**

Part III **Limitation on Losses**

13	If line 12 is a negative number, enter it here as a positive number. If line 12 is a positive number, enter it here as a negative number	**13**	
14	Add lines 9 and 13	**14**	**(740,317)**
15	Enter $289,000 (or $578,000 if married filing jointly)	**15**	**578,000**
16	Add lines 14 and 15. If less than zero, enter the amount from line 16 as a positive number on Schedule 1 (Form 1040), line 8p. See instructions if you are filing a tax return other than a Form 1040 or 1040-SR. If zero or greater, do not attach this form to your tax return	**16**	**(162,317)**

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **461** (2023)

EEA

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Form **8867**

(Rev. November 2023)

Department of the Treasury
Internal Revenue Service

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, 1040-PR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
Antonio & Nancy Rodrigues	XXX-XX-4436
Preparer's name	**Preparer tax identification number**
Nicholas Richards, CPA	XXXXX6886

Part I Due Diligence Requirements

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

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • 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: Healthcare Statement	☒	☐	
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)?	☐	☐	☒

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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:

A. 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);

B. 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;

C. Submit Form 8867 in the manner required; **and**

D. 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.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. 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).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. 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?	☒	☐

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Form **8959**

Department of the Treasury
Internal Revenue Service

Additional Medicare Tax

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

OMB No. 1545-0074

2023

Attachment Sequence No. **71**

Name(s) shown on return

Antonio & Nancy Rodrigues

Your social security number

XXX-XX-4436

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5		1	**286,642**	
2	Unreported tips from Form 4137, line 6		2		
3	Wages from Form 8919, line 6		3		
4	Add lines 1 through 3		4	**286,642**	
5	Enter the following amount for your filing status:				
	Married filing jointly	$250,000			
	Married filing separately	$125,000			
	Single, Head of household, or Qualifying surviving spouse	$200,000	5	**250,000**	
6	Subtract line 5 from line 4. If zero or less, enter -0-				6 **36,642**
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II				7 **330**

Part II Additional Medicare Tax on Self-Employment Income

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

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

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

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18	**330**

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6		19	**4,156**	
20	Enter the amount from line 1		20	**286,642**	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages		21	**4,156**	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages				22 **0**
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)				23
24	**Total Additional Medicare Tax withholding.** Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)				24

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
Antonio & Nancy Rodrigues	SCHEDULE E PG 2	XXX-XX-4436

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,160,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	FROM K1 - TNT Cleaning Services I	10,470	10,470

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	10,470
9	Tentative deduction. Enter the **smaller** of line 5 or line 8		9	10,470
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562		10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12	0
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	10,470	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
Antonio & Nancy Rodrigues	A Rodrigues LLC	XXX-XX-4436

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,287

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	6,287
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder	Identifying number
Antonio Rodrigues	XXX-XX-4436
A Name of S corporation	**B** Employer identification number
TNT Cleaning Services Inc	45-3766642

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation . . . . . ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	857,181
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	250,657		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d	3		
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	250,660
5	Stock basis before distributions. Add lines 1, 2, and 4			5	1,107,841
6	Distributions (excluding dividend distributions)			6	69,601
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	1,038,240
8a	Nondeductible expenses	8a			
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	1,038,240
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	25,874
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	25,874
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	1,012,366

Part II Shareholder Debt Basis

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

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

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Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

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

Section C - Gain on Loan Repayment

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

Part III Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss					
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions	10,470		10,470		
42	Charitable contributions	15,404		15,404		
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	25,874		25,874		0

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Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302
Attachment Sequence No. **203**

Name of shareholder: **Antonio Rodrigues**
Identifying number: XXX-XX-4436

A Name of S corporation: **Car Connections Inc**
B Employer identification number: **83-1369722**

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation . . . . . ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	756,033
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a			
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	
5	Stock basis before distributions. Add lines 1, 2, and 4			5	756,033
6	Distributions (excluding dividend distributions)			6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	756,033
8a	Nondeductible expenses	8a			
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	756,033
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	756,033
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	756,033
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	0

Part II Shareholder Debt Basis

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

	Description	(a) Debt 1 ☐ Formal note ☒ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16	Loan balance at the beginning of the corporation's tax year	414,386			414,386
17	Additional loans (see instructions)	598,330			598,330
18	Loan balance before repayment. Combine lines 16 and 17	1,012,716			1,012,716
19	Principal portion of debt repayment (this line doesn't include interest)				
20	Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18	1,012,716			1,012,716

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Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

	Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the corporation's tax year	414,386			414,386
22	Enter the amount, if any, from line 17	598,330			598,330
23	Debt basis restoration (see instructions)				
24	Debt basis before repayment. Add lines 21, 22, and 23	1,012,716			1,012,716
25	Divide line 24 by line 18	1.00000			
26	Nontaxable debt repayment. Multiply line 25 by line 19				
27	Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24	1,012,716			1,012,716
28	Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29	Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-	1,012,716			1,012,716
30	Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)	362,084			362,084
31	**Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-	650,632			650,632

Section C - Gain on Loan Repayment

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

Part III Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss	1,118,117		756,033	362,084	
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	1,118,117		756,033	362,084	0

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Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302
Attachment Sequence No. **203**

Name of shareholder: **Antonio Rodrigues**
Identifying number: XXX-XX-4436

A Name of S corporation: **Car Connections Transportation Inc**
B Employer identification number: **87-2140044**

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation . . . . . ☐

Part I Shareholder Stock Basis

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

Part II Shareholder Debt Basis

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

	Description	(a) Debt 1 ☐ Formal note ☒ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16	Loan balance at the beginning of the corporation's tax year	190,040			190,040
17	Additional loans (see instructions)				
18	Loan balance before repayment. Combine lines 16 and 17	190,040			190,040
19	Principal portion of debt repayment (this line doesn't include interest)				
20	Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18	190,040			190,040

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Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

	Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the corporation's tax year	130,952			130,952
22	Enter the amount, if any, from line 17				
23	Debt basis restoration (see instructions)				
24	Debt basis before repayment. Add lines 21, 22, and 23	130,952			130,952
25	Divide line 24 by line 18	0.68908			
26	Nontaxable debt repayment. Multiply line 25 by line 19				
27	Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24	130,952			130,952
28	Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29	Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-	130,952			130,952
30	Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31	**Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-	130,952			130,952

Section C - Gain on Loan Repayment

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

Part III Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss					
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30					0

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Schedule A - NOL (see instructions)

1	For individuals, subtract your standard deduction or itemized deductions from your adjusted gross income and enter it here. For estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount (see instructions)			**1**	**(337,630)**
2	Nonbusiness capital losses before limitation. Enter as a positive number (see instructions)		**2**		
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)		**3**		
4	If line 2 is more than line 3, enter the difference. Otherwise, enter -0-		**4**		
5	If line 3 is more than line 2, enter the difference. Otherwise, enter -0-	**5**			
6	Nonbusiness deductions (see instructions)		**6**	**33,700**	
7	Nonbusiness income other than capital gains (see instructions)	**7** **51**			
8	Add lines 5 and 7		**8**	**51**	
9	If line 6 is more than line 8, enter the difference. Otherwise, enter -0-			**9**	**33,649**
10	If line 8 is more than line 6, enter the difference. Otherwise, enter -0-. **But don't enter more than line 5**	**10**			
11	Business capital losses before limitation. Enter as a positive number		**11**		
12	Business capital gains (without regard to any section 1202 exclusion)	**12**			
13	Add lines 10 and 12		**13**		
14	Subtract line 13 from line 11. If zero or less, enter -0-		**14**		
15	Add lines 4 and 14		**15**		
16	Enter the loss, if any, from line 16 of your 2023 Schedule D (Form 1040). (For estates and trusts, enter the loss, if any, from line 19, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you don't have a loss on that line (and don't have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15		**16**		
17	Section 1202 exclusion. Enter as a positive number (see instructions)			**17**	
18	Subtract line 17 from line 16. If zero or less, enter -0-		**18**		
19	Enter the loss, if any, from line 21 of your 2023 Schedule D (Form 1040). (For estates and trusts, enter the loss, if any, from line 20 of Schedule D (Form 1041).) Enter as a positive number		**19**		
20	If line 18 is more than line 19, enter the difference. Otherwise, enter -0-		**20**		
21	If line 19 is more than line 18, enter the difference. Otherwise, enter -0-			**21**	
22	Subtract line 20 from line 15. If zero or less, enter -0-			**22**	
23	NOL deduction for losses from other years. Enter as a positive number			**23**	
24	**NOL.** Combine lines 1, 9, 17, and 21 through 23. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you **don't** have an NOL			**24**	**(303,981)**

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1040	Overflow Statement (This page is not filed with the return. It is for your records only.)	2023 Page 1

Name(s) as shown on return: Antonio & Nancy Rodrigues

Tax Identification Number: XXX-XX-4436

Schedule E, Line 3 - Rent

Description	Amount
Car Connections	$ 97,500
TNT	135,000
Total:	**$ 232,500**

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W-2 Detail Listing

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return: Antonio & Nancy Rodrigues

Tax ID Number: XXX-XX-4436

			FEDERAL		STATE	
T/S	Employer Name	Gross	W/H	State Code	Gross	W/H
S	City of Fall River	94,019	9,043	MA	106,642	5,232
T	TNT Cleaning Services, Inc.	80,000	7,498	MA	80,000	3,731
T	TNT Cleaning Services, Inc.	100,000	8,673	MA	100,000	4,689
	Taxpayer Totals	180,000	16,171		180,000	8,420
	Spouse Totals	94,019	9,043		106,642	5,232
	Totals	274,019	25,214		286,642	13,652

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Excess Social Security - Nonrailroad Employees Worksheet - Form 1040, Schedule 3, Line 11

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return: **Antonio Rodrigues**

Tax ID Number: **XXX-XX-4436**

If you are filing a joint return, you must figure any excess tax withheld separately for each spouse. DO NOT combine amount of both husband and wife.

1. Add all social security tax withheld (but not more than $9,932 for each employer). This tax should be shown in box 4 of your Forms W-2. Enter the total here	**1.**	**11,160**
2. Enter any uncollected social security tax on tips or group-term life insurance on Form 1040 or Form 1040-SR, Schedule 2, line 13	**2.**	
3. Add lines 1 and 2. If $9,932 or less, **stop** here. You cannot claim the credit	**3.**	**11,160**
4. Social security limit	**4.**	$9,932
5. Excess. Subtract line 4 from line 3	**5.**	**1,228**

Excess Tier 1 RRTA - Railroad Employees Worksheet - Form 1040, Schedule 3, Line 11

If you are filing a joint return, you must figure any excess tax withheld separately for each spouse. DO NOT combine amount of both husband and wife.

1. Add all Tier 1 RRTA tax withheld (but not more than $9,932 for each employer). This tax should be shown in box 14 of your Forms W-2. Enter the total here	**1.**	
2. Enter any uncollected RRTA tax on tips or group-term life insurance on Form 1040 or Form 1040-SR, Schedule 2, line 13	**2.**	
3. Add lines 1 and 2. If $9,932 or less, **stop** here. You cannot claim the credit	**3.**	
4. Tier 1 RRTA limit	**4.**	$9,932
5. Excess. Subtract line 4 from line 3	**5.**	

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Worksheet 2 - Applying the Deduction Limits

If the result on any line is less than zero, enter zero.

(This page is not filed with the return. It is for your records only)

2023

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

Step 1. Enter any qualified conservation contributions (QCCs) made during the year.

1.	If you are a qualified farmer or rancher, enter any QCCs subject to the limit based on 100% of AGI	1	0
2.	Enter any QCCs not entered on line 1	2	0

Step 2. Enter your other charitable contributions made during the year.

3.	Reserved for future use		
4.	Enter your contributions of capital gain property "for the use of" any qualified organization	4	0
5.	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	5	0
6.	Enter your contributions of capital gain property to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	6	0
7.	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	7	0
8.	Enter your contributions of capital gain property to 50% limit organizations deducted at FMV. Don't include any contributions you entered on a previous line	8	0
9.	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at FMV. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's FMV. Don't include any contributions you entered on a previous line	9	0
10.	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	10	15,404

Step 3. Figure your deduction for the year (if any result is zero or less, enter -0-)

11.	Enter your (AGI)	11	0

Cash contributions subject to the limit based on 60% of AGI

(If line 10 is zero, enter -0- on lines 12 through 14.)

12.	Multiply line 11 by 0.6	12	0	
13.	**Deductible amount.** Enter the smaller of line 10 or line 12	13	0	
14.	Carryover. Subtract line 13 from line 10	14		15,404

Noncash contributions subject to the limit based on 50% of AGI

(If line 9 is zero, enter -0- on lines 15 through 18.)

15.	Multiply line 11 by 0.5	15	0	
16.	Subtract line 13 from line 15	16	0	
17.	**Deductible amount.** Enter the smaller of line 9 or line 16	17	0	
18.	Carryover. Subtract line 17 from line 9	18		0

Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 5 and 7 are both zero, enter -0- on lines 19 through 25.)

19.	Multiply line 11 by 0.5	19	0	
20.	Add lines 8, 9, and 10	20	0	
21.	Subtract line 20 from line 19	21	0	
22.	Multiply line 11 by 0.3	22	0	
23.	Add lines 5 and 7	23	0	
24.	**Deductible amount.** Enter the smallest of line 21, 22, or 23	24	0	
25.	Carryover. Subtract line 24 from line 23	25		0

Contributions of capital gain property subject to limit based on 30% of AGI

(If line 8 is zero, enter -0- on lines 26 through 31.)

26.	Multiply line 11 by 0.5	26	0	
27.	Add lines 9 and 10	27	0	
28.	Subtract line 27 from line 26	28	0	
29.	Multiply line 11 by 0.3	29	0	
30.	**Deductible amount.** Enter the smallest of line 8, 28, or 29	30	0	
31.	Carryover. Subtract line 30 from line 8	31		0

Contributions subject to the limit based on 20% of AGI

(If lines 4 and 6 are both zero, enter -0- on lines 32 through 41.)

32.	Multiply line 11 by 0.5	32	0	
33.	Add lines 13, 17, 24, and 30	33	0	
34.	Subtract line 33 from line 32	34	0	
35.	Multiply line 11 by 0.3	35	0	
36.	Subtract line 24 from line 35	36	0	
37.	Subtract line 30 from line 35	37	0	
38.	Multiply line 11 by 0.2	38	0	
39.	Add lines 4 and 6	39	0	
40.	**Deductible amount.** Enter the smallest of line 34, 36, 37, 38, or 39	40	0	
41.	Carryover. Subtract line 40 from line 39	41		0

QCCs subject to limit based on 50% of AGI

(If line 2 is zero, enter -0- on lines 42 through 46.)

Note: Worksheet 2 continues on the next page.

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Worksheet 2 - Applying the Deduction Limits - continued

If the result on any line is less than zero, enter zero.

(This page is not filed with the return. It is for your records only)

2023

Name(s) as shown on return | Tax ID Number

42.	Multiply line 11 by 0.5	42	0	
43.	Add lines 13, 17, 24, 30, and 40	43	0	
44.	Subtract line 43 from line 42	44	0	
45.	**Deductible amount.** Enter the smaller of line 2 or line 44	45	0	
46.	Carryover. Subtract line 45 from line 2	46		0
	QCCs subject to limit based on 100% of AGI (If line 1 is zero, enter -0- on lines 47 through 51.)			
47.	Enter the amount from line 11	47	0	
48.	Add lines 13, 17, 24, 30, 40, and 45	48	0	
49.	Subtract line 48 from line 47	49	0	
50.	**Deductible amount.** Enter the smaller of line 1 or line 49	50	0	
51.	Carryover. Subtract line 50 from line 1	51		0
	Deduction for the year			
52.	Add lines 13, 17, 24, 30, 40, 45, and 50. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12, whichever is appropriate	52	0	

Note. Any amounts in the carryover column are not deductible this year but can be carried over to next year. See *Carryovers*, later, for more information about how you will use them next year.

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Earned Income Worksheet

Schedule 8812 (This page is not filed with the return. It is for your records only.) **2023**

Name(s) as shown on return | Tax ID Number

Antonio & Nancy Rodrigues | **XXX-XX-4436**

Before you begin:

- Use this worksheet only if you were sent here from the Credit Limit Worksheet B, earlier, or the instructions for line 18a.
- Disregard community property laws when figuring the amounts to enter on this worksheet.
- If married filing jointly, include your spouse's amounts with yours when completing this worksheet.

1. a. Enter the amount from line 1z of Form 1040, 1040-SR, or 1040-NR **1a.** **274,019**

b. Enter the amount of any nontaxable combat pay received. Also enter this amount on Schedule 8812, line 18b. This amount will be reported either on line 1i of Form 1040 or 1040-SR, or should be shown in Form(s) W-2, box 12, with code **Q** . . . . . **1b.**

Next, if you are filing Schedule C, F, or SE, or you received a Schedule K-1 (Form 1065), go to line 2a. Otherwise, skip lines 2a through 2e and go to line 3.

2. a. Enter any statutory employee income reported on line 1 of Schedule C . . . . . **2a.**

b. Enter any net profit or (loss) from Schedule C, line 31, and Schedule K-1 (Form 1065), box 14, code A (other than farming). Reduce any Schedule K-1 amounts as described in the instructions for completing Schedule SE in the Partner's Instructions for Schedule K-1. **Do not** include on this line any statutory employee income or any other amounts exempt from self-employment tax. Options and commodities dealers must add any gain or subtract any loss (in the normal course of dealing in or trading section 1256 contracts) from section 1256 contracts or related property . . . . . **2b.**

c. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*. Reduce any Schedule K-1 amounts as described in the instructions for completing Schedule SE in the Partner's Instructions for Schedule K-1. **Do not** include on this line any amounts exempt from self-employment tax . . . . . **2c.**

d. If you used the farm optional method to figure net earnings from self-employment, enter the amount from Schedule SE, line 15. Otherwise, skip this line and enter on line 2e the amount from line 2c . . . . . **2d.**

e. If line 2c is a profit, enter the **smaller** of line 2c or line 2d. If line 2c is a (loss), enter the (loss) from line 2c . . . . . **2e.**

3. Combine lines 1a, 1b, 2a, 2b, and 2e. If zero or less, **stop.** Do not complete the rest of this worksheet. Instead, enter -0- on line 3 of Credit Limit Worksheet B or line 18a of Schedule 8812, whichever applies **3.** **274,019**

4. Enter the Medicaid waiver payment amounts excluded from income on Schedule 1 (Form 1040 line 8s, unless you choose to include these amounts in earned income. See the instructions for Schedule 1, line 8s. If you and your spouse both received Medicaid waiver payments during the year, you and your spouse can make different choices about including the full amount of your payments in earned income. Enter only the amount of the Medicaid waiver payments that you or your spouse, if filing a joint return, do not want to include in earned income. To include all nontaxable Medicaid waiver payment amounts in earned income, enter -0- . . . . . **4.**

5. Enter the amount from Schedule 1 (Form 1040), line 15 . . . . . **5.**

6. Add lines 4 and 5 . . . . . **6.**

7. Subtract line 6 from line 3 . . . . . **7.** **274,019**

- If you were sent here from Credit Limit Worksheet B, enter this amount on line 3 of that worksheet.
- If you were sent here from the instructions for line 18a, enter this amount on line 18a of Schedule 8812.

** If you have any Schedule K-1 amounts and you are not required to file Schedule SE, complete the appropriate line(s) of Schedule SE. Put your name and social security number on Schedule SE and attach it to your return.*

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QBI Explanation Worksheet

Form 1040 | (This page is not filed with the return. It is for your records only.) | **2023**

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

Name of business activity: **K1S: TNT Cleaning Services Inc**

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	250,657	250,657
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction	10,470	10,470
7. Other deductions		
8. Deduction for half of SE tax		
9. Self-employed health insurance deduction		
10. Self-employed pension deduction		
11. QBI amount carried to Form 8995 / 8995-A		**240,187**
12. W-2 wages carried to Form 8995 / 8995-A		**838,276**
13. UBIA of qualified property carried to Form 8995 / 8995-A		**347,700**
14. Section 199A REIT dividends		
15. 199(A)(g) deduction		
16. QBI allocable to cooperative payments		
17. W-2 wages allocable to cooperative payments		

The income amount from line 11 will show on one of the following lines, depending on circumstances:

- [X] Form 8995, line 1
- [ ] Form 8995-A, line 2
- [ ] Form 8995-A, Schedule A, line 2
- [ ] Form 8995-A, Schedule A, line 16
- [ ] Form 8995-A, Schedule B, line 3
- [ ] Form 8995-A, Schedule C, line 1

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Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

QBI Explanation Worksheet

Form 1040 | (This page is not filed with the return. It is for your records only.) | **2023**

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

Name of business activity: **K1S: Car Connections Inc**

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	(1,118,117)	0
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Other deductions		
8. Deduction for half of SE tax		
9. Self-employed health insurance deduction		
10. Self-employed pension deduction		
11. QBI amount carried to Form 8995 / 8995-A		**0**
12. W-2 wages carried to Form 8995 / 8995-A		**320,089**
13. UBIA of qualified property carried to Form 8995 / 8995-A		**5,065,523**
14. Section 199A REIT dividends		
15. 199(A)(g) deduction		
16. QBI allocable to cooperative payments		
17. W-2 wages allocable to cooperative payments		

The income amount from line 11 will show on one of the following lines, depending on circumstances:

- ☐ Form 8995, line 1
- ☐ Form 8995-A, line 2
- ☐ Form 8995-A, Schedule A, line 2
- ☐ Form 8995-A, Schedule A, line 16
- ☐ Form 8995-A, Schedule B, line 3
- ☐ Form 8995-A, Schedule C, line 1

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Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

QBI Explanation Worksheet

Form 1040 | (This page is not filed with the return. It is for your records only.) | **2023**

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

Name of business activity: **K1S: Car Connections Inc**

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	(1,118,117)	(1,118,117)
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Other deductions		162,317
8. Deduction for half of SE tax		
9. Self-employed health insurance deduction		
10. Self-employed pension deduction		
11. QBI amount carried to Form 8995 / 8995-A		**(955,800)**
12. W-2 wages carried to Form 8995 / 8995-A		**320,089**
13. UBIA of qualified property carried to Form 8995 / 8995-A		**5,065,523**
14. Section 199A REIT dividends		
15. 199(A)(g) deduction		
16. QBI allocable to cooperative payments		
17. W-2 wages allocable to cooperative payments		

Excess Loss Adjustment apportioned to this activity: 162,317

The income amount from line 11 will show on one of the following lines, depending on circumstances:

- [X] Form 8995, line 1
- [ ] Form 8995-A, line 2
- [ ] Form 8995-A, Schedule A, line 2
- [ ] Form 8995-A, Schedule A, line 16
- [ ] Form 8995-A, Schedule B, line 3
- [ ] Form 8995-A, Schedule C, line 1

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Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

Allocation of Excess Business Losses

For informational purposes and use by certain states

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Antonio & Nancy Rodrigues

Tax ID Number

XXX-XX-4436

Activity Name	Loss	Ratio	Total 461 addback	Excess loss apportioned to this activity	Current year loss allowed
Total 461 AddBack			**162,317**		
SBS Car Connections Inc	**1,118,117**	**100.0000**		**162,317**	**955,800**

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Antonio Rodrigues
Nancy
FEDERAL DEPRECIATION SCHEDULE
Tax Year End : 12-31-2023
ID Number : XXX-XX-4436

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr
Furniture & Fixtures	07-31-2018	50,000	50,000	200 DBHY	5	0	0	50,000	0
Goodwill	07-31-2018	150,000	150,000	AMT	15	0	0	54,167	10,000
Trailor	05-04-2019	6,400	6,400	200 DBHY	5	0	0	6,400	0
Security System	03-13-2020	6,563	6,563	200 DBHY	5	0	0	6,563	0
Vehicle 351529	04-17-2020	14,371	14,371	SL HY	5	0	0	10,107	2,874
Vehicle 9461	04-20-2020	2,546	2,546	SL HY	5	0	0	1,670	509
Vehicle 9897	04-23-2020	15,900	15,900	SL HY	5	0	0	10,803	3,180
Vehicle 287466	05-07-2020	7,126	7,126	SL HY	5	0	0	4,893	1,425
Vehicle 1038	05-12-2020	16,404	16,404	SL HY	5	0	0	9,607	3,281
Vehicle 859186	05-12-2020	9,684	9,684	SL HY	5	0	0	5,612	1,937
Vehicle 973746	05-13-2020	12,074	12,074	SL HY	5	0	0	6,872	2,415
Vehicle 3460	05-14-2020	2,888	2,888	SL HY	5	0	0	1,445	578
Vehicle 1080	05-25-2020	12,433	12,433	SL HY	5	0	0	7,126	2,487
Vehicle 3874	05-27-2020	13,676	13,676	SL HY	5	0	0	8,056	2,735
Vehicle 5505	05-27-2020	9,550	9,550	SL HY	5	0	0	5,439	1,910
Vehicle 7714	06-01-2020	16,469	16,469	SL HY	5	0	0	9,499	3,294
Vehicle 5005	06-03-2020	13,000	13,000	SL HY	5	0	0	7,423	2,600
Vehicle 641361	06-15-2020	16,239	16,239	SL HY	5	0	0	9,256	3,248
Vehicle 086192	06-18-2020	6,530	6,530	SL HY	5	0	0	3,696	1,306
Vehicle 7592	06-18-2020	11,600	11,600	SL HY	5	0	0	6,912	2,320
Vehicle 8253	06-18-2020	15,640	15,640	SL HY	5	0	0	9,042	3,128
Vehicle 113990	06-22-2020	11,855	11,855	SL HY	5	0	0	6,832	2,371
Vehicle 437723	06-23-2020	16,715	16,715	SL HY	5	0	0	9,641	3,343
Vehicle 1839	06-24-2020	24,379	24,379	SL HY	5	0	0	14,201	4,876
Vehicle 0602	06-26-2020	11,775	11,775	SL HY	5	0	0	6,707	2,355
Vehicle 172243	06-26-2020	17,860	17,860	SL HY	5	0	0	10,294	3,572
Vehicle 543160	07-10-2020	9,910	9,910	SL HY	5	0	0	5,519	1,982
Vehicle 196170	07-24-2020	14,273	14,273	SL HY	5	0	0	8,039	2,855
Vehicle 7960	08-10-2020	11,366	11,366	SL HY	5	0	0	6,373	2,273
Vehicle 9633	09-09-2020	6,435	6,435	SL HY	5	0	0	3,518	1,287
Vehicle 100816	09-16-2020	5,370	5,370	SL HY	5	0	0	2,906	1,074
Vehicle 147352	09-19-2020	12,225	12,225	SL HY	5	0	0	6,606	2,445
Vehicle 548363	10-10-2020	13,333	13,333	SL HY	5	0	0	7,142	2,667
Vehicle 123396	10-22-2020	6,490	6,490	SL HY	5	0	0	3,381	1,298
Vehicle 067628	10-24-2020	12,336	12,336	SL HY	5	0	0	6,456	2,467
Vehicle 014884	10-31-2020	7,333	7,333	SL HY	5	0	0	3,805	1,467
Vehicle 6268	11-15-2020	6,000	6,000	SL HY	5	0	0	3,084	1,200
Vehicle 736385	12-03-2020	5,939	5,939	SL HY	5	0	0	2,970	1,188
Vehicle F00832	12-03-2020	20,625	20,625	SL HY	5	0	0	10,592	4,125

Vehicle 0052	12-05-2020	13,300	13,300	SL HY	5	0	0	6,738	2,660
Vehicle 698761	12-07-2020	20,540	20,540	SL HY	5	0	0	10,467	4,108
Vehicle 311114	01-04-2021	10,000	0	EXP	5	0	0	10,000	0
Vehicle 125460	02-11-2021	4,555	0	EXP	5	0	0	4,555	0
Vehicle 2078	02-22-2021	4,200	0	EXP	5	0	0	4,200	0
Vehicle 718227	02-22-2021	5,885	0	EXP	5	0	0	5,885	0
Vehicle 732063	02-26-2021	4,035	0	EXP	5	0	0	4,035	0
Vehicle 9135	02-27-2021	15,146	0	EXP	5	0	0	15,146	0
Vehicle 185101	02-28-2021	19,063	0	EXP	5	0	0	19,063	0
Vehicle 111841	03-17-2021	3,645	3,645	SL HY	5	0	0	1,823	729
Vehicle 438804	03-24-2021	5,200	0	EXP	5	0	0	5,200	0
Vehicle 574143	03-24-2021	5,285	0	EXP	5	0	0	5,285	0
Vehicle 025366	03-29-2021	11,650	0	EXP	5	0	0	11,650	0
Vehicle 535498	04-06-2021	4,535	4,535	SL HY	5	0	0	2,268	907
Vehicle 8974	05-06-2021	5,085	0	EXP	5	0	0	5,085	0
Vehicle 079236	05-17-2021	4,000	4,000	SL HY	5	0	0	2,000	800
Vehicle 710165	05-31-2021	7,899	0	EXP	5	0	0	7,899	0
Vehicle 932815	06-08-2021	9,138	0	EXP	5	0	0	9,138	0
Vehicle 204392	06-18-2021	5,682	0	EXP	5	0	0	5,682	0
Vehicle 311295	06-18-2021	5,021	0	EXP	5	0	0	5,021	0
Vehicle 107581	06-26-2021	7,012	1,012	EXP	5	0	0	6,000	0
Vehicle 716196	06-26-2021	5,602	0	EXP	5	0	0	5,602	0
Vehicle 113575	07-14-2021	10,381	0	EXP	5	0	0	10,381	0
Vehicle 226067	07-15-2021	5,818	0	EXP	5	0	0	5,818	0
Vehicle 900355	07-17-2021	10,500	0	EXP	5	0	0	10,500	0
Vehicle 125097	07-31-2021	4,881	4,881	SL HY	5	0	0	2,440	976
Vehicle 236098	07-31-2021	6,228	0	EXP	5	0	0	6,228	0
Vehicle 532013	07-31-2021	6,846	0	EXP	5	0	0	6,846	0
Vehicle 124868	08-02-2021	6,460	0	EXP	5	0	0	6,460	0
Vehicle 061531	08-10-2021	6,324	0	EXP	5	0	0	6,324	0
Vehicle 236341	08-10-2021	5,903	0	EXP	5	0	0	5,903	0
Vehicle B54412	08-10-2021	7,898	0	EXP	5	0	0	7,898	0
Vehicle 169353	08-16-2021	6,469	0	EXP	5	0	0	6,469	0
Vehicle 725152	08-25-2021	5,654	0	EXP	5	0	0	5,654	0
Vehicle M19083	08-25-2021	5,550	0	EXP	5	0	0	5,550	0
Vehicle 531852	08-30-2021	8,775	0	EXP	5	0	0	8,775	0
Vehicle 801757	08-31-2021	5,402	0	EXP	5	0	0	5,402	0
Vehicle 414684	09-09-2021	5,850	0	EXP	5	0	0	5,850	0
Vehicle 652606	09-14-2021	5,005	0	EXP	5	0	0	5,005	0
Vehicle 018222	09-15-2021	6,310	0	EXP	5	0	0	6,310	0
Vehicle 557344	09-16-2021	5,994	0	EXP	5	0	0	5,994	0
Vehicle 131324	09-20-2021	5,690	0	EXP	5	0	0	5,690	0
Vehicle 066573	09-23-2021	13,000	0	EXP	5	0	0	13,000	0
Vehicle 241457	09-25-2021	4,335	4,335	SL HY	5	0	0	2,168	867
Vehicle 8953	09-28-2021	23,563	0	EXP	5	0	0	23,563	0
Vehicle 8699	09-30-2021	7,590	0	EXP	5	0	0	7,590	0

Vehicle 690584	10-05-2021	4,930	4,930	SL HY	5	0	0	2,465	986
Vehicle 696776	10-18-2021	6,347	0	EXP	5	0	0	6,347	0
Vehicle 196907	10-20-2021	4,113	4,113	SL HY	5	0	0	2,057	823
Vehicle 181422	10-22-2021	5,921	0	EXP	5	0	0	5,921	0
Vehicle C85644	10-22-2021	6,250	0	EXP	5	0	0	6,250	0
Vehicle 171479	10-31-2021	3,640	3,640	SL HY	5	0	0	1,820	728
Vehicle 508218	10-31-2021	5,900	0	EXP	5	0	0	5,900	0
Vehicle 895420	10-31-2021	5,400	0	EXP	5	0	0	5,400	0
Vehicle 014935	11-02-2021	8,274	0	EXP	5	0	0	8,274	0
Vehicle 210014	11-04-2021	7,199	0	EXP	5	0	0	7,199	0
Vehicle 593373	11-04-2021	6,584	0	EXP	5	0	0	6,584	0
Vehicle 234472	11-08-2021	6,550	0	EXP	5	0	0	6,550	0
Vehicle 379505	11-13-2021	6,836	0	EXP	5	0	0	6,836	0
Vehicle 894796	11-15-2021	6,506	0	EXP	5	0	0	6,506	0
Vehicle 174548	11-19-2021	5,700	0	EXP	5	0	0	5,700	0
Vehicle 638259	11-19-2021	5,501	0	EXP	5	0	0	5,501	0
Vehicle 329141	11-22-2021	4,945	4,945	SL HY	5	0	0	2,473	989
Vehicle 050015	11-24-2021	3,899	3,899	SL HY	5	0	0	1,950	780
Vehicle 206416	11-26-2021	4,000	4,000	SL HY	5	0	0	2,000	800
Vehicle 213913	11-26-2021	7,275	0	EXP	5	0	0	7,275	0
Vehicle 997433	11-28-2021	5,770	0	EXP	5	0	0	5,770	0
Vehicle 336502	11-30-2021	4,430	4,430	SL HY	5	0	0	2,215	886
Vehicle 0730	12-06-2021	12,839	0	EXP	5	0	0	12,839	0
Vehicle 120742	12-09-2021	3,833	3,833	SL HY	5	0	0	1,917	767
Vehicle 501840	12-10-2021	4,470	4,470	SL HY	5	0	0	2,235	894
Vehicle 642115	12-21-2021	4,770	4,770	SL HY	5	0	0	2,385	954
Vehicle 720711	12-21-2021	9,114	0	EXP	5	0	0	9,114	0
Vehicle 546506	12-22-2021	8,845	0	EXP	5	0	0	8,845	0
Vehicle 500071	12-28-2021	6,620	0	EXP	5	0	0	6,620	0
Vehicle 100672	12-30-2021	3,064	3,064	SL HY	5	0	0	1,532	613
Vehicle 240376	12-30-2021	5,100	0	EXP	5	0	0	5,100	0
Vehicle 267346	12-30-2021	6,470	0	EXP	5	0	0	6,470	0
Loan Costs	01-01-2022	35,000	35,000	SL HY	5	0	0	10,500	7,000
Vehicle 153909	01-03-2022	9,540	9,540	SL HY	5	0	0	2,862	1,908
Vehicle 441091	01-07-2022	8,775	8,775	SL HY	5	0	0	2,633	1,755
Vehicle 107314	01-10-2022	7,010	7,010	SL HY	5	0	0	2,103	1,402
Vehicle 005813	01-11-2022	8,470	8,470	SL HY	5	0	0	2,541	1,694
Vehicle 010979	01-11-2022	8,000	8,000	SL HY	5	0	0	2,400	1,600
Vehicle 050798	01-11-2022	10,763	10,763	SL HY	5	0	0	3,229	2,153
Vehicle 342571	01-11-2022	8,200	8,200	SL HY	5	0	0	2,460	1,640
Vehicle 010874	01-12-2022	8,020	8,020	SL HY	5	0	0	2,406	1,604
Vehicle 188853	01-13-2022	9,065	9,065	SL HY	5	0	0	2,720	1,813
Vehicle 513036	01-13-2022	4,395	4,395	SL HY	5	0	0	1,319	879
Vehicle 406714	01-18-2022	8,020	8,020	SL HY	5	0	0	2,406	1,604
Vehicle 668780	01-18-2022	8,050	8,050	SL HY	5	0	0	2,415	1,610
Vehicle 142848	01-22-2022	8,625	8,625	SL HY	5	0	0	2,588	1,725

Vehicle 226256	01-22-2022	7,950	7,950	SL HY	5	0	0	2,385	1,590
Vehicle 384706	01-22-2022	5,405	5,405	SL HY	5	0	0	1,622	1,081
Vehicle 823968	01-22-2022	7,800	7,800	SL HY	5	0	0	2,340	1,560
Vehicle S81897	01-22-2022	7,975	7,975	SL HY	5	0	0	2,393	1,595
Vehicle 303000	01-24-2022	8,450	8,450	SL HY	5	0	0	2,535	1,690
Vehicle 567847	01-24-2022	8,975	8,975	SL HY	5	0	0	2,693	1,795
Vehicle 127205	01-26-2022	8,234	8,234	SL HY	5	0	0	2,470	1,647
Vehicle 130782	01-26-2022	9,475	9,475	SL HY	5	0	0	2,843	1,895
Vehicle 357965	01-26-2022	8,355	8,355	SL HY	5	0	0	2,507	1,671
Vehicle 288034	01-27-2022	6,470	6,470	SL HY	5	0	0	1,941	1,294
Vehicle 460837	01-31-2022	7,470	7,470	SL HY	5	0	0	2,241	1,494
Vehicle 158213	02-08-2022	7,655	7,655	SL HY	5	0	0	2,297	1,531
Vehicle 207481	02-09-2022	11,470	11,470	SL HY	5	0	0	3,441	2,294
Vehicle 367804	02-14-2022	7,400	7,400	SL HY	5	0	0	2,220	1,480
Vehicle 611867	02-15-2022	9,270	9,270	SL HY	5	0	0	2,781	1,854
Vehicle B52546	02-15-2022	10,620	10,620	SL HY	5	0	0	3,186	2,124
Vehicle 333672	02-16-2022	7,880	7,880	SL HY	5	0	0	2,364	1,576
Vehicle 364618	02-18-2022	9,470	9,470	SL HY	5	0	0	2,841	1,894
Vehicle 227338	02-21-2022	4,850	4,850	SL HY	5	0	0	1,455	970
Vehicle 437588	02-22-2022	11,120	11,120	SL HY	5	0	0	3,336	2,224
Vehicle 226270	02-23-2022	8,000	8,000	SL HY	5	0	0	2,400	1,600
Vehicle 187310	02-28-2022	7,200	7,200	SL HY	5	0	0	2,160	1,440
Vehicle 253071	02-28-2022	9,470	9,470	SL HY	5	0	0	2,841	1,894
Vehicle 117254	03-07-2022	10,595	10,595	SL HY	5	0	0	3,179	2,119
Vehicle A93985	03-07-2022	10,575	10,575	SL HY	5	0	0	3,173	2,115
Vehicle 100623	03-09-2022	11,695	11,695	SL HY	5	0	0	3,509	2,339
Vehicle 219897	03-09-2022	10,035	10,035	SL HY	5	0	0	3,011	2,007
Vehicle 107425	03-11-2022	8,280	8,280	SL HY	5	0	0	2,484	1,656
Vehicle 553964	03-11-2022	6,050	6,050	SL HY	5	0	0	1,815	1,210
Vehicle 168687	03-12-2022	12,075	12,075	SL HY	5	0	0	3,623	2,415
Vehicle 330271	03-15-2022	5,500	5,500	SL HY	5	0	0	1,650	1,100
Vehicle 276305	03-19-2022	8,900	8,900	SL HY	5	0	0	2,670	1,780
Vehicle 109241	03-23-2022	8,020	8,020	SL HY	5	0	0	2,406	1,604
Vehicle 110721	03-23-2022	10,100	10,100	SL HY	5	0	0	3,030	2,020
Vehicle 355689	03-24-2022	6,700	6,700	SL HY	5	0	0	2,010	1,340
Vehicle 165290	03-28-2022	9,495	9,495	SL HY	5	0	0	2,849	1,899
Vehicle 301698	03-29-2022	9,013	9,013	SL HY	5	0	0	2,704	1,803
Vehicle 766952	03-30-2022	9,375	9,375	SL HY	5	0	0	2,813	1,875
Vehicle 039951	03-31-2022	8,900	8,900	SL HY	5	0	0	2,670	1,780
Vehicle 113154	03-31-2022	8,067	8,067	SL HY	5	0	0	2,420	1,613
Vehicle 122260	03-31-2022	7,175	7,175	SL HY	5	0	0	2,153	1,435
Vehicle 196555	03-31-2022	7,650	7,650	SL HY	5	0	0	2,295	1,530
Vehicle 205698	03-31-2022	8,830	8,830	SL HY	5	0	0	2,649	1,766
Vehicle 215218	03-31-2022	7,541	7,541	SL HY	5	0	0	2,262	1,508
Vehicle 253590	04-01-2022	10,535	10,535	SL HY	5	0	0	3,161	2,107
Vehicle 155327	04-02-2022	11,700	11,700	SL HY	5	0	0	3,510	2,340

Vehicle 245795	04-02-2022	8,730	8,730	SL HY	5	0	0	2,619	1,746
Vehicle 158071	04-05-2022	7,955	7,955	SL HY	5	0	0	2,387	1,591
Vehicle 222537	04-06-2022	11,175	11,175	SL HY	5	0	0	3,353	2,235
Vehicle 178940	04-07-2022	11,095	11,095	SL HY	5	0	0	3,329	2,219
Vehicle 258395	04-07-2022	11,535	11,535	SL HY	5	0	0	3,461	2,307
Vehicle 17143	04-08-2022	10,391	10,391	SL HY	5	0	0	3,117	2,078
Vehicle 140321	04-11-2022	11,295	11,295	SL HY	5	0	0	3,389	2,259
Vehicle 524890	04-12-2022	8,610	8,610	SL HY	5	0	0	2,583	1,722
Vehicle 172146	04-15-2022	11,700	11,700	SL HY	5	0	0	3,510	2,340
Vehicle 216760	04-15-2022	10,945	10,945	SL HY	5	0	0	3,284	2,189
Vehicle 845699	04-18-2022	10,030	10,030	SL HY	5	0	0	3,009	2,006
Vehicle 330208	04-19-2022	10,995	10,995	SL HY	5	0	0	3,299	2,199
Vehicle 9249	04-20-2022	10,200	10,200	SL HY	5	0	0	3,060	2,040
Vehicle 172675	04-23-2022	10,995	10,995	SL HY	5	0	0	3,299	2,199
Vehicle B04672	04-25-2022	9,435	9,435	SL HY	5	0	0	2,831	1,887
Vehicle 241066	04-26-2022	8,770	8,770	SL HY	5	0	0	2,631	1,754
Vehicle 4356	04-27-2022	10,400	10,400	SL HY	5	0	0	3,120	2,080
Vehicle B57448	04-27-2022	8,435	8,435	SL HY	5	0	0	2,531	1,687
Vehicle 340709	04-30-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle 612776	04-30-2022	11,475	11,475	SL HY	5	0	0	3,443	2,295
Vehicle P87896	04-30-2022	11,470	11,470	SL HY	5	0	0	3,441	2,294
Vehicle 031292	05-02-2022	10,695	10,695	SL HY	5	0	0	3,209	2,139
Vehicle 543024	05-03-2022	11,000	11,000	SL HY	5	0	0	3,300	2,200
Vehicle B66875	05-03-2022	11,075	11,075	SL HY	5	0	0	3,323	2,215
Vehicle 61479	05-07-2022	8,700	8,700	SL HY	5	0	0	2,610	1,740
Vehicle A87213	05-07-2022	9,130	9,130	SL HY	5	0	0	2,739	1,826
Vehicle 171479	05-10-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle 626596	05-10-2022	9,515	9,515	SL HY	5	0	0	2,855	1,903
Vehicle 458986	05-12-2022	11,100	11,100	SL HY	5	0	0	3,330	2,220
Vehicle 061078	05-17-2022	8,375	8,375	SL HY	5	0	0	2,513	1,675
Vehicle 173857	05-19-2022	11,400	11,400	SL HY	5	0	0	3,420	2,280
Vehicle 332564	05-19-2022	10,550	10,550	SL HY	5	0	0	3,165	2,110
Vehicle 126253	05-20-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle 169168	05-20-2022	10,700	10,700	SL HY	5	0	0	3,210	2,140
Vehicle B63019	05-20-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle 436835	05-23-2022	10,000	10,000	SL HY	5	0	0	3,000	2,000
Vehicle 548020	05-23-2022	9,700	9,700	SL HY	5	0	0	2,910	1,940
Vehicle 132800	05-25-2022	8,700	8,700	SL HY	5	0	0	2,610	1,740
Vehicle 283457	05-25-2022	10,200	10,200	SL HY	5	0	0	3,060	2,040
Vehicle 102353	05-26-2022	8,600	8,600	SL HY	5	0	0	2,580	1,720
Vehicle 18482	05-26-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle 440495	05-26-2022	9,700	9,700	SL HY	5	0	0	2,910	1,940
Vehicle 542336	05-26-2022	10,500	10,500	SL HY	5	0	0	3,150	2,100
Vehicle 260559	05-30-2022	10,825	10,825	SL HY	5	0	0	3,248	2,165
Vehicle 102065	05-31-2022	10,200	10,200	SL HY	5	0	0	3,060	2,040
Vehicle 102547	05-31-2022	10,700	10,700	SL HY	5	0	0	3,210	2,140

Vehicle 110840	05-31-2022	10,400	10,400	SL HY	5	0	0	3,120	2,080
Vehicle 302516	05-31-2022	10,900	10,900	SL HY	5	0	0	3,270	2,180
Vehicle 75094	05-31-2022	8,700	8,700	SL HY	5	0	0	2,610	1,740
Vehicle 815391	05-31-2022	11,005	11,005	SL HY	5	0	0	3,302	2,201
Vehicle 157397	06-01-2022	10,500	10,500	SL HY	5	0	0	3,150	2,100
Vehicle 304775	06-07-2022	8,650	8,650	SL HY	5	0	0	2,595	1,730
Vehicle 7247	06-07-2022	11,000	11,000	SL HY	5	0	0	3,300	2,200
Vehicle 402167	06-10-2022	8,200	8,200	SL HY	5	0	0	2,460	1,640
Vehicle 607483	06-10-2022	9,400	9,400	SL HY	5	0	0	2,820	1,880
Vehicle B28675	06-10-2022	10,700	10,700	SL HY	5	0	0	3,210	2,140
Vehicle 439759	06-11-2022	9,800	9,800	SL HY	5	0	0	2,940	1,960
Vehicle 570594	06-14-2022	10,900	10,900	SL HY	5	0	0	3,270	2,180
Vehicle 300725	06-15-2022	10,400	10,400	SL HY	5	0	0	3,120	2,080
Vehicle 172064	06-16-2022	8,950	8,950	SL HY	5	0	0	2,685	1,790
Vehicle 263311	06-16-2022	10,700	10,700	SL HY	5	0	0	3,210	2,140
Vehicle C90276	06-16-2022	9,700	9,700	SL HY	5	0	0	2,910	1,940
Vehicle 315994	06-20-2022	10,800	10,800	SL HY	5	0	0	3,240	2,160
Vehicle 348400	06-20-2022	10,000	10,000	SL HY	5	0	0	3,000	2,000
Vehicle A05196	06-20-2022	11,800	11,800	SL HY	5	0	0	3,540	2,360
Vehicle 252004	06-21-2022	10,200	10,200	SL HY	5	0	0	3,060	2,040
Vehicle A35614	06-23-2022	9,400	9,400	SL HY	5	0	0	2,820	1,880
Vehicle C46530	06-23-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle 195958	06-24-2022	10,400	10,400	SL HY	5	0	0	3,120	2,080
Vehicle A87832	06-25-2022	9,700	9,700	SL HY	5	0	0	2,910	1,940
Vehicle 421442	06-27-2022	9,900	9,900	SL HY	5	0	0	2,970	1,980
Vehicle 106105	06-28-2022	10,500	10,500	SL HY	5	0	0	3,150	2,100
Vehicle 222832	06-28-2022	10,700	10,700	SL HY	5	0	0	3,210	2,140
Vehicle 260857	06-29-2022	10,400	10,400	SL HY	5	0	0	3,120	2,080
Vehicle 5771	06-29-2022	4,500	4,500	SL HY	5	0	0	1,350	900
Vehicle 132565	06-30-2022	9,700	9,700	SL HY	5	0	0	2,910	1,940
Vehicle 139164	06-30-2022	10,400	10,400	SL HY	5	0	0	3,120	2,080
Vehicle 14057	06-30-2022	7,915	7,915	SL HY	5	0	0	2,375	1,583
Vehicle 172022	06-30-2022	10,000	10,000	SL HY	5	0	0	3,000	2,000
Vehicle 186398	06-30-2022	11,350	11,350	SL HY	5	0	0	3,405	2,270
Vehicle 224879	06-30-2022	8,200	8,200	SL HY	5	0	0	2,460	1,640
Vehicle 377379	06-30-2022	10,500	10,500	SL HY	5	0	0	3,150	2,100
Vehicle 44831	06-30-2022	8,900	8,900	SL HY	5	0	0	2,670	1,780
Vehicle 81790	06-30-2022	11,100	11,100	SL HY	5	0	0	3,330	2,220
Vehicle A26645	06-30-2022	11,600	11,600	SL HY	5	0	0	3,480	2,320
Vehicle 086877	07-07-2022	9,200	9,200	SL HY	5	0	0	2,760	1,840
Vehicle 330657	07-07-2022	11,500	11,500	SL HY	5	0	0	3,450	2,300
Vehicle 218119	07-11-2022	10,700	10,700	SL HY	5	0	0	3,210	2,140
Vehicle 202097	07-12-2022	10,700	10,700	SL HY	5	0	0	3,210	2,140
Vehicle 721731	07-12-2022	11,700	11,700	SL HY	5	0	0	3,510	2,340
Vehicle 146877	07-13-2022	9,700	9,700	SL HY	5	0	0	2,910	1,940
Vehicle 503260	07-13-2022	10,200	10,200	SL HY	5	0	0	3,060	2,040

Vehicle 110660	07-15-2022	9,200	9,200	SL HY	5	0	0	2,760	1,840
Vehicle 359779	07-18-2022	8,175	8,175	SL HY	5	0	0	2,453	1,635
Vehicle 160160	07-21-2022	7,400	7,400	SL HY	5	0	0	2,220	1,480
Vehicle C44215	07-21-2022	7,900	7,900	SL HY	5	0	0	2,370	1,580
Vehicle 594346	07-22-2022	11,825	11,825	SL HY	5	0	0	3,548	2,365
Vehicle C86268	07-25-2022	12,200	12,200	SL HY	5	0	0	3,660	2,440
Vehicle 045194	07-26-2022	10,200	10,200	SL HY	5	0	0	3,060	2,040
Vehicle 231900	07-26-2022	10,700	10,700	SL HY	5	0	0	3,210	2,140
Vehicle 436593	07-27-2022	6,700	6,700	SL HY	5	0	0	2,010	1,340
Vehicle A16013	07-27-2022	7,300	7,300	SL HY	5	0	0	2,190	1,460
Vehicle B19145	07-30-2022	10,700	10,700	SL HY	5	0	0	3,210	2,140
Vehicle 621238	08-11-2022	4,200	4,200	SL HY	5	0	0	1,260	840
Vehicle 257649	08-16-2022	9,200	9,200	SL HY	5	0	0	2,760	1,840
Vehicle 106941	08-18-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle 269544	08-18-2022	8,000	8,000	SL HY	5	0	0	2,400	1,600
Vehicle 432368	08-18-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle 190817	08-21-2022	8,700	8,700	SL HY	5	0	0	2,610	1,740
Vehicle 352130	08-22-2022	12,105	12,105	SL HY	5	0	0	3,632	2,421
Vehicle D01588	08-24-2022	11,300	11,300	SL HY	5	0	0	3,390	2,260
Vehicle 000338	08-25-2022	9,400	9,400	SL HY	5	0	0	2,820	1,880
Vehicle 056333	08-25-2022	9,400	9,400	SL HY	5	0	0	2,820	1,880
Vehicle 106191	08-25-2022	11,100	11,100	SL HY	5	0	0	3,330	2,220
Vehicle 199868	08-25-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle 238746	08-25-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle 245428	08-25-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle 249381	08-25-2022	10,700	10,700	SL HY	5	0	0	3,210	2,140
Vehicle 275387	08-25-2022	9,100	9,100	SL HY	5	0	0	2,730	1,820
Vehicle 335156	08-25-2022	10,200	10,200	SL HY	5	0	0	3,060	2,040
Vehicle 630360	08-25-2022	10,900	10,900	SL HY	5	0	0	3,270	2,180
Vehicle 924264	08-25-2022	11,100	11,100	SL HY	5	0	0	3,330	2,220
Vehicle A75010	08-25-2022	9,200	9,200	SL HY	5	0	0	2,760	1,840
Vehicle 029120	08-26-2022	12,200	12,200	SL HY	5	0	0	3,660	2,440
Vehicle 062782	08-26-2022	10,500	10,500	SL HY	5	0	0	3,150	2,100
Vehicle C61479	08-26-2022	8,700	8,700	SL HY	5	0	0	2,610	1,740
Vehicle 002832	08-29-2022	12,050	12,050	SL HY	5	0	0	3,615	2,410
Vehicle 050453	08-30-2022	11,700	11,700	SL HY	5	0	0	3,510	2,340
Vehicle 366673	08-30-2022	10,200	10,200	SL HY	5	0	0	3,060	2,040
Vehicle 135429	08-31-2022	9,700	9,700	SL HY	5	0	0	2,910	1,940
Vehicle 239990	08-31-2022	8,700	8,700	SL HY	5	0	0	2,610	1,740
Vehicle 676006	08-31-2022	10,300	10,300	SL HY	5	0	0	3,090	2,060
Vehicle Lift	08-31-2022	7,175	7,175	SL HY	5	0	0	2,153	1,435
Vehicle Lift	08-31-2022	7,175	7,175	SL HY	5	0	0	2,153	1,435
Vehicle 232687	09-10-2022	12,745	12,745	SL HY	5	0	0	3,824	2,549
Vehicle 277323	09-12-2022	11,400	11,400	SL HY	5	0	0	3,420	2,280
Vehicle 536507	09-14-2022	5,300	5,300	SL HY	5	0	0	1,590	1,060
Vehicle 039330	09-19-2022	9,700	9,700	SL HY	5	0	0	2,910	1,940

Vehicle 060769	09-20-2022	11,100	11,100	SL HY	5	0	0	3,330	2,220
Vehicle 091507	09-20-2022	12,500	12,500	SL HY	5	0	0	3,750	2,500
Vehicle 127972	09-20-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle 479960	09-20-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle A39497	09-20-2022	12,200	12,200	SL HY	5	0	0	3,660	2,440
Vehicle C35413	09-20-2022	11,900	11,900	SL HY	5	0	0	3,570	2,380
Vehicle 052408	09-21-2022	11,700	11,700	SL HY	5	0	0	3,510	2,340
Vehicle C07663	09-29-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle 048191	09-30-2022	10,200	10,200	SL HY	5	0	0	3,060	2,040
Vehicle 172952	09-30-2022	11,900	11,900	SL HY	5	0	0	3,570	2,380
Vehicle 503625	09-30-2022	11,705	11,705	SL HY	5	0	0	3,512	2,341
Vehicle 589745	09-30-2022	10,700	10,700	SL HY	5	0	0	3,210	2,140
Vehicle 107237	10-01-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle 144987	10-19-2022	10,700	10,700	SL HY	5	0	0	3,210	2,140
Vehicle 179765	10-20-2022	9,600	9,600	SL HY	5	0	0	2,880	1,920
Vehicle 204461	10-20-2022	10,005	10,005	SL HY	5	0	0	3,002	2,001
Vehicle 257104	10-20-2022	11,700	11,700	SL HY	5	0	0	3,510	2,340
Vehicle 271580	10-20-2022	10,100	10,100	SL HY	5	0	0	3,030	2,020
Vehicle 275823	10-20-2022	12,400	12,400	SL HY	5	0	0	3,720	2,480
Vehicle 404255	10-20-2022	12,200	12,200	SL HY	5	0	0	3,660	2,440
Vehicle 575163	10-20-2022	9,200	9,200	SL HY	5	0	0	2,760	1,840
Vehicle 982175	10-20-2022	8,900	8,900	SL HY	5	0	0	2,670	1,780
Vehicle 671580	10-21-2022	11,700	11,700	SL HY	5	0	0	3,510	2,340
Vehicle 150839	10-22-2022	11,635	11,635	SL HY	5	0	0	3,491	2,327
Vehicle 296051	10-22-2022	10,200	10,200	SL HY	5	0	0	3,060	2,040
Vehicle 344119	10-22-2022	11,900	11,900	SL HY	5	0	0	3,570	2,380
Vehicle 069508	10-26-2022	9,700	9,700	SL HY	5	0	0	2,910	1,940
Vehicle 330830	10-26-2022	10,185	10,185	SL HY	5	0	0	3,056	2,037
Vehicle C40180	10-26-2022	9,100	9,100	SL HY	5	0	0	2,730	1,820
Vehicle 955193	10-29-2022	8,700	8,700	SL HY	5	0	0	2,610	1,740
Vehicle 280953	10-31-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle C56497	10-31-2022	10,700	10,700	SL HY	5	0	0	3,210	2,140
Vehicle 367943	11-09-2022	9,200	9,200	SL HY	5	0	0	2,760	1,840
Vehicle 136743	11-16-2022	10,500	10,500	SL HY	5	0	0	3,150	2,100
Vehicle 647638	11-16-2022	20,500	20,500	SL HY	5	0	0	6,150	4,100
Water Lines/Piping	11-17-2022	5,719	5,719	SL HY	15	0	0	572	381
Vehicle E87424	11-18-2022	10,500	10,500	SL HY	5	0	0	3,150	2,100
Vehicle 008914	11-22-2022	61,200	61,200	SL HY	5	0	0	18,360	12,240
Vehicle 027361	11-22-2022	98,110	98,110	SL HY	5	0	0	29,433	19,622
Vehicle 124007	11-22-2022	24,295	24,295	SL HY	5	0	0	7,289	4,859
Vehicle 217235	11-22-2022	61,200	61,200	SL HY	5	0	0	18,360	12,240
Vehicle 220980	11-22-2022	61,200	61,200	SL HY	5	0	0	18,360	12,240
Vehicle 234210	11-22-2022	61,400	61,400	SL HY	5	0	0	18,420	12,280
Vehicle 235057	11-22-2022	61,200	61,200	SL HY	5	0	0	18,360	12,240
Vehicle 004520	11-29-2022	6,200	6,200	SL HY	5	0	0	1,860	1,240
Vehicle 028478	11-29-2022	11,075	11,075	SL HY	5	0	0	3,323	2,215

Vehicle 055003	11-29-2022	10,200	10,200	SL HY	5	0	0	3,060	2,040
Vehicle 0623	11-29-2022	29,554	29,554	SL HY	5	0	0	8,866	5,911
Vehicle 3420	11-29-2022	17,390	17,390	SL HY	5	0	0	5,217	3,478
Vehicle 390510	11-29-2022	4,225	4,225	SL HY	5	0	0	1,268	845
Vehicle 4237	11-29-2022	26,200	26,200	SL HY	5	0	0	7,860	5,240
Vehicle 425444	11-29-2022	6,200	6,200	SL HY	5	0	0	1,860	1,240
Vehicle 435391	11-29-2022	6,300	6,300	SL HY	5	0	0	1,890	1,260
Vehicle 446321	11-29-2022	6,200	6,200	SL HY	5	0	0	1,860	1,240
Vehicle 4926	11-29-2022	17,200	17,200	SL HY	5	0	0	5,160	3,440
Vehicle 511445	11-29-2022	5,200	5,200	SL HY	5	0	0	1,560	1,040
Vehicle 691791	11-29-2022	13,200	13,200	SL HY	5	0	0	3,960	2,640
Vehicle 694741	11-29-2022	13,435	13,435	SL HY	5	0	0	4,031	2,687
Vehicle 702836	11-29-2022	13,200	13,200	SL HY	5	0	0	3,960	2,640
Vehicle 800308	11-29-2022	5,200	5,200	SL HY	5	0	0	1,560	1,040
Vehicle 0241	11-30-2022	26,200	26,200	SL HY	5	0	0	7,860	5,240
Vehicle 093168	11-30-2022	19,860	19,860	SL HY	5	0	0	5,958	3,972
Vehicle 6687	11-30-2022	16,314	16,314	SL HY	5	0	0	4,894	3,263
Vehicle 807905	11-30-2022	16,900	16,900	SL HY	5	0	0	5,070	3,380
Vehicle A62979	11-30-2022	16,738	16,738	SL HY	5	0	0	5,022	3,348
Vehicle C16886	11-30-2022	15,250	15,250	SL HY	5	0	0	4,575	3,050
Vehicle 022865	12-01-2022	11,900	11,900	SL HY	5	0	0	3,570	2,380
Vehicle 3732	12-02-2022	18,200	18,200	SL HY	5	0	0	5,460	3,640
Vehicle 13154	12-06-2022	9,130	9,130	SL HY	5	0	0	2,739	1,826
Vehicle 150233	12-06-2022	11,200	11,200	SL HY	5	0	0	3,360	2,240
Vehicle 227971	12-12-2022	14,900	14,900	SL HY	5	0	0	4,470	2,980
Vehicle 257135	12-15-2022	10,485	10,485	SL HY	5	0	0	3,146	2,097
Vehicle 720502	12-15-2022	9,400	9,400	SL HY	5	0	0	2,820	1,880
Building	07-31-2018	245,200	245,200	SL MM	39	0	0	34,055	6,287
Land	07-31-2018	154,800	0			0	0	0	0
Total		4,718,245	4,117,788			0	0	1,826,281	747,251

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

A Rodrigues LLC

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2023

Name(s) as shown on return

Antonio & Nancy Rodrigues

Social security number/EIN

XXX-XX-4436

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Land	07-31-2018	154,800	154,800	100.00			0	0		0				
2	Building	07-31-2018	245,200 *		100.00			245,200	39	SL MM	2.564	27,768	6,287	34,055	6,287
	Totals		400,000					245,200				27,768	6,287	34,055	6,287

Land Amount
Net Depreciable Cost 400,000

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus 6,287

ST ADJ:
UBIA: 245,200

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Next Year's Depreciation Worksheet

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2023

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
E	1	Land	07-31-2018			0	
E	1	Building	07-31-2018	245,200	SL MM	39	6,287
		TOTAL					6,287

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Section 179 Business Income Limit

Form 1040 (This page is not filed with the return. It is for your records only.) **2023**

Name(s) as shown on return | Tax ID Number

Antonio & Nancy Rodrigues | **XXX-XX-4436**

1	Dollar limitation for tax year. Enter amount from Form 4562 line 5	**1,160,000**
2	Wages, salaries, tips, etc. (Line 1 of 1040)	**274,019**
3	Non-passive Section 1231 Gains (losses)	
4	Income (loss) from Schedule C line 31 (Unless Materially Participated = "NO")	
5	Income (loss) from Schedule E line 26 (If Non-Passive)	
6	Income (loss) from Form 4835, line 32 (If Non-Passive)	
7	Income (loss) from Schedule F line 36 (If Non-Passive)	
8	Income (loss) from Sch. K-1S (If Non-Passive): Boxes 1, 2, 3, 4, 5a, 6, 7, 8a/b/c, and 10	**(867,457)**
9	Income (loss) from Sch. K-1PTR (If Non-Passive): Boxes 1, 2, 3, 5, 6a, 7, 8, 9a/b/c, and 11	
10	Total business income (loss). Combine lines 2 through 9	**(593,438)**
11	**Business income limitation.** Lesser of line 1 or line 10, but not less than zero. Enter here and on Form 4562, line 11	**0**

Distribution among assets	Year Acquired	Elected Section 179	Used in prior years	Used in 2023	Remaining carryover
K1S TNT Cleaning Services	2023	10,470			10,470
TOTAL ALLOWABLE (4562 LN 12)				0	
TOTAL C/O TO NEXT YEAR (4562 LN 13)					10,470
TOTAL 2023 ELEC. COST (4562 LN 8)			10,470		

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Carryover Worksheet
List of items that will carryover to the 2024 tax return

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2023

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

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Itemized Deductions

	Carryover Amount
Contributions subject to 100% of AGI limitations	
Contributions subject to 60% of AGI limitations	**15,404**
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	
State/local taxes paid in 2024 to flow to the Schedule A	
State donations and contributions carryover	
State overpayment applied to next year	

Expenses

Office in home operating expenses					
Office in home excess casualty losses and depreciation					
Disallowed investment interest expense	AMT		Reg. Tax		
Section 179 expense					**10,470**
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use					
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use					

Losses

Short-term capital loss	AMT		Reg. Tax		
Long-term capital loss	AMT		Reg. Tax		
Net operating loss	AMT	**303,981**	Reg. Tax		**303,981**
Excess business loss from Form 461 (becomes part of NOL next year)	AMT	**162,317**	Reg. Tax		**162,317**
Qualified REIT and PTP loss carryover					
QBI loss carryover					**821,997**
Nonrecaptured net section 1231 losses from WK_1231C	AMT	**34,696**	Reg. Tax		**34,696**

Credits

Mortgage interest credit					
Credit for prior year minimum tax					
Foreign Tax credit	AMT		Reg. Tax		
District of Columbia first time home owner's credit					
Residential clean energy credit					

Other

Preparer Fee					
Overpayment applied to next year's estimates					
Estimated Tax Payment 1			Estimated Tax Payment 2		
Estimated Tax Payment 3			Estimated Tax Payment 4		
Federal tax liability for 2210 calculation					**0**
State tax liability for state 2210 calculation					
IRA basis	Taxpayer	**22,992**	Spouse		
Disaster distributions taxable in 2024	Taxpayer		Spouse		
Disaster distributions taxable in 2025	Taxpayer		Spouse		
Excess repayments from 8915-F	Taxpayer		Spouse		

Passive Activity

At Risk Limitations

Net Operating Loss Carryover / Carryback Worksheet

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2023

Name(s) as shown on return: **Antonio Rodrigues**

Tax ID Number: **XXX-XX-4436**

Year Carried From	Amount Available For Carryover/Carryback	Amount Used Prior to 2023	Amount Used In 2023	Remaining Carryover
2003				
2004				
2005				
2006				
2007				
2008				
2009				
2010				
2011				
2012				
2013				
2014				
2015				
2016				
2017				
2018				
2019				
2020				
2021				
2022				
2023	303,981			303,981
Totals	303,981			303,981

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1.	Enter the amount from Form 1045, page 3, line 24, if less than zero	(303,981)
2.	Portion of line 1 that is a farming loss that was carried back. Enter as a positive number.	
3.	Excess business loss from Form 461, line 16. Enter as a negative number	(162,317)
4.	Combine lines 1 through 3. This is your 2023 NOL to carry over to 2024	(466,298)

Nonrecaptured Net Section 1231 Losses Carryover Worksheet

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

Year Carried From	Nonrecaptured net Sec 1231 loss	Amount Used In 2023	Remaining Carryover
2018	**0**		**0**
2019	**0**		**0**
2020	**0**		**0**
2021	**0**		**0**
2022	**34,696**		**34,696**
2023	**0**		**0**
Totals	**34,696**		**34,696**

Net Section 1231 gains are generally treated as long-term capital gains; however, they are treated as ordinary gains to the extent of any net Section 1231 losses recognized in the prior five years. The above worksheet shows the balance of any remaining nonrecaptured net Section 1231 losses that haven't expired or been offset by net Section 1231 gains that will carry over to next year. (The amount will be carried over to Form 4797, line 8, if line 7 results in a gain on the 2024 tax return.) Code Sec. 1231(c)(1-2).

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Schedule A - NOL (see instructions)

1	For individuals, subtract your standard deduction or itemized deductions from your adjusted gross income and enter it here. For estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount (see instructions)			**1**	**(337,630)**
2	Nonbusiness capital losses before limitation. Enter as a positive number (see instructions)	**2**			
3	Nonbusiness capital gains (without regard to any section 1202 exclusion) .	**3**			
4	If line 2 is more than line 3, enter the difference. Otherwise, enter -0- . .	**4**			
5	If line 3 is more than line 2, enter the difference. Otherwise, enter -0- **5**				
6	Nonbusiness deductions (see instructions)	**6**	**33,700**		
7	Nonbusiness income other than capital gains (see instructions) **7** **51**				
8	Add lines 5 and 7	**8**	**51**		
9	If line 6 is more than line 8, enter the difference. Otherwise, enter -0-			**9**	**33,649**
10	If line 8 is more than line 6, enter the difference. Otherwise, enter -0-. **But don't enter more than line 5** **10**				
11	Business capital losses before limitation. Enter as a positive number . . .	**11**			
12	Business capital gains (without regard to any section 1202 exclusion) **12**				
13	Add lines 10 and 12	**13**			
14	Subtract line 13 from line 11. If zero or less, enter -0-	**14**			
15	Add lines 4 and 14	**15**			
16	Enter the loss, if any, from line 16 of your 2023 Schedule D (Form 1040). (For estates and trusts, enter the loss, if any, from line 19, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you don't have a loss on that line (and don't have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15	**16**			
17	Section 1202 exclusion. Enter as a positive number (see instructions)			**17**	
18	Subtract line 17 from line 16. If zero or less, enter -0-	**18**			
19	Enter the loss, if any, from line 21 of your 2023 Schedule D (Form 1040). (For estates and trusts, enter the loss, if any, from line 20 of Schedule D (Form 1041).) Enter as a positive number	**19**			
20	If line 18 is more than line 19, enter the difference. Otherwise, enter -0- . .	**20**			
21	If line 19 is more than line 18, enter the difference. Otherwise, enter -0-			**21**	
22	Subtract line 20 from line 15. If zero or less, enter -0-			**22**	
23	NOL deduction for losses from other years. Enter as a positive number			**23**	
24	**NOL.** Combine lines 1, 9, 17, and 21 through 23. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you **don't** have an NOL			**24**	**(303,981)**

Client Copy

RichardsTimko, P.C.

151 State Road Unit 2
Westport, MA 02790
office@richardstimko.com
Phone: (508)679-5259 | Fax: (508)679-5125

December 02, 2024

Antonio & Nancy Rodrigues
6 NOTINGHAM WAY
ASSONET, MA 02702

Antonio & Nancy Rodrigues:

Because Rhode Island acknowledges the federal extension application for state returns, no additional form is required for an extension of time to file the Income Tax return. If a payment is required, it must be made by the original due date of the return to avoid penalties and interest.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (508)679-5259.

Sincerely,

Nicholas Richards, CPA
RichardsTimko, P.C.

TAX RETURN COMPARISON
2021 / 2022 / 2023

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Identifying number: **XXX-XX-4436**

	2021	2022	2023	Difference 2022-2023
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents	2	2	2	
Income				
Wages, salaries, tips, etc.	141,535	298,127	274,019	(24,108)
Taxable interest and dividends	2	7,150	51	(7,099)
Taxable state and local refunds				
Alimony				
Business income (loss)	(207,407)	(585,994)		585,994
Gains (losses)		41,074		(41,074)
Pensions and IRA distributions				
Rent and royalty income (loss)	56,365	103,751	127,143	23,392
Part, S-corps, trusts income (loss)	291,039	438,536	(867,460)	(1,305,996)
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)			162,317	162,317
Total Income	281,534	302,644	(303,930)	(606,574)
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction			6,000	6,000
Other adjustments				
Total Adjusted Gross Income	281,534	302,644	(309,930)	(612,574)
Deductions				
Medical deductions				
State and local taxes	10,000	10,000	10,000	
Interest	19,397	9,225	12,548	3,323
Contributions	775	14,900		(14,900)
Other deductions				
Total itemized deductions	30,172	34,125	22,548	(11,577)
Standard deduction		25,900	27,700	1,800
Total deductions claimed	30,172	34,125	27,700	(6,425)
Qualified Business Income Deduction	16,726			
Tax and Credits				
Taxable Income	234,636	268,519		(268,519)
Tax	44,355	52,116		(52,116)
Credits		4,000		(4,000)
Self-employment tax				
Other taxes	1,198	2,547	330	(2,217)
Total Tax	45,553	50,663	330	(50,333)
Payments				
Withholdings	12,762	26,055	25,214	(841)
Estimated tax payments				
Earned income credit				
Other payments and credits	2,000	28,472	14,428	(14,044)
Estimated tax penalty	502	644		(644)
Overpayment		3,864	39,312	35,448
Overpayment applied				
Refund		3,220	39,312	36,092
Balance Due	31,293			
Marginal tax rate	24.00	24.00	10.00	(14.00)
Effective tax rate	18.90	19.41		(19.41)

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Schedule E Comparison

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return: **Antonio Rodrigues**

Tax ID Number: **XXX-XX-4436**

Property description and address: **A Rodrigues LLC - 1821 Country St, Somerset, MA 02726**

Input order: **1**

	2022	2023	Difference
Income			
Rents received	140,000	232,500	92,500
Royalties received			
Expenses			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance			
Legal & professional fees	200	100	(100)
Management fees			
Mortgage interest	25,143	77,362	52,219
Other interest			
Repairs			
Supplies			
Taxes	4,619	21,608	16,989
Utilities			
Depreciation expense	6,287	6,287	
Other			
Total expenses	36,249	105,357	69,108
Net income or (loss)	103,751	127,143	23,392
Allowed on return after Form 6198 and Form 8582 limitations	103,751	127,143	23,392

Property description and address:

Input order:

	2022	2023	Difference
Income			
Rents received			
Royalties received			
Expenses			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance			
Legal & professional fees			
Management fees			
Mortgage interest			
Other interest			
Repairs			
Supplies			
Taxes			
Utilities			
Depreciation expense			
Other			
Total expenses			
Net income or (loss)			
Allowed on return after Form 6198 and Form 8582 limitations			

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	Account Transaction Summary	2023
Name(s) as shown on return		Tax ID Number
Antonio & Nancy Rodrigues		XXX-XX-4436

Account #1

Financial Institution	Santander
Routing Transit Number	011075150
Account Number	XXXXXXX7028
Account Type	checking

Federal Main Form	
Federal Deposit	39,312
State Main Form(s)	
MA Deposit	16,652
Net Deposit	**55,964**

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PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize RichardsTimko, P.C. to use this account.

Your Signature	12-02-2024 Date	Spouse's Signature (If Married Filing Jointly)	12-02-2024 Date

2023 MA1 Filing Instructions
Antonio & Nancy Rodrigues

Form filed:

MA1 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

10-15-2024

Refund:

$16,652.00

Transaction method:

The refund will be directly deposited into your checking account at Santander ending in 7028.

2023 Form 1

MA23001011024

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2023 or other taxable

Year beginning Ending

ANTONIO	RODRIGUES	XXX-XX-4436	
NANCY	RODRIGUES	XXX-XX-9960	
6 NOTINGHAM WAY		ASSONET	MA 02702

Fill in if: Amended return Other jurisdiction change Enter date of change

Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund: $1 You $1 Spouse TOTAL

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula You Spouse

Taxpayer deceased You Spouse

Fill in if under age 18 You Spouse

Fill in if name change You Spouse

a. Total federal income -303930

b. Federal adjusted gross income -309930

Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

1. Filing status (select one only):

Single

X Married filing jointly

Married filing separate return NRA

Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

a. Personal exemptions			**2a**	8800
b. Number of dependents. (Do not include yourself or your spouse.) Enter number	2	x $1,000 =	**2b**	2000
c. Age 65 or over before 2024	You + Spouse =	x $700 =	**2c**	
d. Blindness	You + Spouse =	x $2,200 =	**2d**	
e. Medical/dental			**2e**	
f. Adoption			**2f**	
g Total exemptions. Add items 2a through 2f. Enter here and on line 18			**2g**	10800

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

TONY@TNTCLEANINGMA.COM 5086445010

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

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12-02-2024

2023 Form 1, pg. 2

MA23001021024

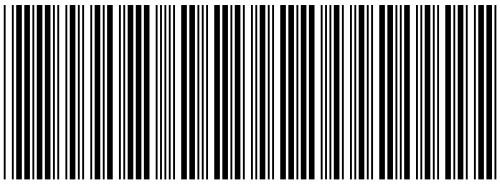
Massachusetts Resident Income Tax Return

XXX-XX-4436

3.	Wages, salaries, tips	**3**	286642
4.	Taxable pensions and annuities	**4**	
5.	Mass. bank interest: a. 48 - b. exemption 200	= **5**	
6a.	Business/profession income/loss	**6a**	
6b.	Farming income/loss	**6b**	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	**7**	-740317
8a.	Unemployment	**8a**	
8b.	Mass. lottery winnings	**8b**	
9.	Other income from Schedule X, line 7	**9**	162317
10.	**TOTAL 5.0% INCOME**	**10**	-291358
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	**11a**	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	**11b**	2000
12.	Reserved for future use	**12**	
13.	Reserved for future use	**13**	
14.	Rental deduction. a.	÷ 2 = **14**	
15.	Other deductions from Schedule Y, line 19	**15**	
16.	**Total deductions.** Add lines 11 through 15	**16**	4000
17.	**5.0% INCOME AFTER DEDUCTIONS.** Subtract line 16 from line 10. Not less than "0"	**17**	
18.	Exemption amount	**18**	10800
19.	**5.0% INCOME AFTER EXEMPTIONS.** Subtract line 18 from line 17. Not less than "0"	**19**	
20.	**INTEREST AND DIVIDEND INCOME**	**20**	
21.	**TOTAL TAXABLE 5.0% INCOME.** Add lines 19 and 20	**21**	0
22.	**TAX ON 5.0% INCOME. Note:** If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	**22**	0
23.	**INCOME FROM SCHEDULE B.** Not less than "0."		
	a. x .085 = **23a**		
	b. x .12 = **23b**		
	TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b	**23**	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

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2023 Form 1, pg. 3
MA23001031024
Massachusetts Resident Income Tax Return
XXX-XX-4436

24.	**TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."** Fill in if filing Schedule D-IS			**24**	
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24		X		
25.	Credit recapture amount (from Credit Recapture Schedule)			**25**	
26.	Additional tax on installment sale			**26**	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28		X		
28.	**TOTAL INCOME TAX.**				
	a. Income tax. Add lines 22 through 26	28a	0		
	b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b	0		
	c. Total tax. Add lines 28a and 28b			**28**	0
29.	Limited Income Credit			**29**	
30.	Income tax due to another state or jurisdiction			**30**	
31.	Other credits from Credit Manager Schedule			**31**	
32.	**INCOME TAX AFTER CREDITS.** Subtract the total of lines 29 through 31 from line 28. **Not less than "0"**			**32**	0
33.	**Voluntary Contributions**				
	a. Endangered Wildlife Conservation			**33a**	
	b. Organ Transplant Fund			**33b**	
	c. Massachusetts Public Health HIV and Hepatitis Fund			**33c**	
	d. Massachusetts U.S. Olympic Fund			**33d**	
	e. Massachusetts Military Family Relief Fund			**33e**	
	f. Homeless Animal Prevention and Care			**33f**	
	Total. Add lines 33a through 33f			**33**	
34.	Use tax due on Internet, mail order and other out-of-state purchases			**34**	0
35.	Health care penalty a. You + b. Spouse			**35**	
36.	**Amended return only.** Overpayment from original return			**36**	
37.	**INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.** Add lines 32 through 36			**37**	0
38.	a. Massachusetts income tax withheld from Form(s) W-2	38a	13652		
	b. Massachusetts income tax withheld from Form(s) 1099	38b			
	c. Massachusetts income tax withheld from other forms	38c			
	Total. Add lines 38a through 38c			**38**	13652

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2023 Form 1, pg. 4

MA23001041024

Massachusetts Resident Income Tax Return

XXX-XX-4436

39.	2022 overpayment applied to your 2023 estimated tax		**39**	
40.	2023 Massachusetts estimated tax payments		**40**	
41.	Payments made with extension		**41**	3000
42.	**Amended return only.** Payments made with original return. Not less than "0"		**42**	
43.	Earned Income Credit. a. Number of qualifying children 0 b. Amount from U.S. return 0	x .40 =	**43**	0
	Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception			
44.	Senior Circuit Breaker Credit		**44**	
45.	Reserved for future use		**45**	
46.	Child and Family Tax Credit			
	a.	x $310 =	**46**	
47.	Other Refundable Credits		**47**	
48.	**Total Refundable Credit.** Add lines 43 through 47		**48**	
49.	Excess Paid Family Leave Withholding		**49**	
50.	**TOTAL.** Add lines 38 through 42 and lines 48 and 49		**50**	16652
51.	**Overpayment.** Subtract line 37 from line 50		**51**	16652
52.	Amount of overpayment you **want applied to your 2024 estimated tax**		**52**	
53.	**Refund.** Subtract line 52 from line 51. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204		**53**	16652

Direct deposit of refund. Type of account X checking savings

RTN # 011075150 account # XXXXXXX7028

54.	**Tax due. Pay online at www.mass.gov/dor/payonline.** Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204		**54**	
	Interest	Penalty	M-2210 amt.	EX enclose Form M-2210

May the Department of Revenue discuss this return with the preparer shown here? X

I do not want preparer to file my return electronically (this may delay your refund)

Print paid preparer's name	Date	Check if self-employed	Paid preparer's SSN/PTIN
NICHOLAS RICHARDS, CPA	12022024		XXXXX6886
Paid preparer's signature	**Paid preparer's phone**		**Paid preparer's EIN**
	508-679-5259		81-1246619

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

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2023 Schedule HC

MA23029011024

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).
Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

ANTONIO RODRIGUES XXX-XX-4436

1a. Date of birth 06131976 1b. Spouse's date of birth 12091981 1c. Family size 4

2. Federal adjusted gross income **2** -309930

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2023, you turned 18, you were a part-year resident or a taxpayer was deceased.

3a You:	X Full-year MCC	Part-year MCC	No MCC/None
3b Spouse:	X Full-year MCC	Part-year MCC	No MCC/None

If you filled in the full-year or part-year MCC box, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2023, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	X You	X Spouse
4b. MassHealth. Fill in and go to line 5	You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5	You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5	You	Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage.	You	Spouse

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

BLUE CROSS BLUE SHIELD 041045815 984376421

4g. Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

BLUE CROSS BLUE SHIELD 041045815 984376421

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2023, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

12-02-2024

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Schedule HC Worksheets and Tables

(Keep for your records)

2023

Name(s) as shown on return

ANTONIO RODRIGUES

Your social security number

XXX-XX-4436

Schedule HC Worksheet for Line 6: Federal Poverty Level

1. Enter your federal adjusted gross income from Schedule HC, line 2 . . . . . **1** -309930

2. Enter the income amount that corresponds to your family size (as entered on Schedule HC, line 1c) from the 150% FPL column from Table 1 . . . . . **2** 41625

If line 1 is less than or equal to line 2, your income in 2023 was at or below 150% of the Federal Poverty Level and the penalty does not apply to you in 2023. Fill in the Yes box in line 6 of Schedule HC, skip the remainder of Schedule HC and continue completing your tax return.

If line 1 is greater than line 2, your income in 2023 was above 150% of the Federal Poverty Level. Fill in the No box in line 6 of Schedule HC and go to line 7 of Schedule HC.

Table 1: Federal Poverty Level, Annual Income Standards

Family size*	150% FPL
1	$20,385
2	$27,465
3	$34,545
4	$41,625
5	$48,705
6	$55,785
7	$62,865
8	$69,945
additional	+ $ 7,080

***Include only yourself, your spouse (if living in the same household at any point during the year), and any dependents as claimed on Form 1, line 2b or Form 1-NR/PY, line 4b. If married filing separately and living in the same household at any point during the year, include all dependents claimed by you and your spouse.**

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2023 Schedule B

MA23010011024

ANTONIO RODRIGUES XXX-XX-4436

Part 1. Interest and Dividend Income

1.	Total interest income	**1**	51
2.	Total ordinary dividends	**2**	
3.	Other interest and dividends not included above	**3**	
4.	Total interest and dividends	**4**	51
5.	Total interest from Massachusetts banks	**5**	48
6a.	Other interest and dividends to be excluded	**6a**	
6b.	Part-year/Nonresidents only	**6b**	
7.	Subtotal	**7**	3
8.	Allowable deductions from your trade or business	**8**	
9.	Subtotal	**9**	3

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10.	Massachusetts short-term capital gains	**10**	
11.	Massachusetts long-term capital gains on collectibles and pre-1996 installment sales	**11**	
12.	Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	**12**	
13a.	Add lines 10 through 12	**13a**	
13b.	Part-year/Nonresidents only	**13b**	
13c.	Subtract line 13b from line 13a. Not less than 0	**13c**	
14.	Allowable deductions from your trade or business	**14**	
15.	Subtotal	**15**	
16.	Massachusetts short-term capital losses	**16**	
17.	Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	**17**	
18.	Prior short-term unused losses for years beginning after 1981	**18**	

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19a.	Combine lines 15 through 18	**19a**
19b.	Part-year/Nonresidents only	**19b**
19c.	Exclude line 19b losses from line 19a	**19c**
20.	Short-term losses applied against interest and dividends	**20**
21.	Available short-term losses	**21**
22.	Short-term losses applied against long-term gains	**22**
23.	Short-term losses available for carryover in 2024	**23**
24.	Short-term gains and long-term gains on collectibles	**24**
25.	Long-term losses applied against short-term gain	**25**
26.	Subtotal	**26**
27.	Long-term gains deduction	**27**
28.	Short-term gains after long-term gains deduction	**28**

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29.	Enter the amount from line 9	**29**	3
30.	Short-term losses applied against interest and dividends	**30**	
31.	Subtotal interest and dividends	**31**	3
32.	Long-term losses applied against interest and dividends	**32**	
33.	Adjusted interest and dividends	**33**	3
34.	Enter the amount from line 28	**34**	
35.	Adjusted gross interest, dividends and certain capital gains	**35**	3
36.	Excess exemptions	**36**	3
37.	Subtract line 36 from line 35	**37**	
38.	Interest and dividends taxable at 5.0%	**38**	
39.	Total taxable 8.5% and 12% capital gains	**39**	
40.	Available short-term losses for carryover in 2024	**40**	

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2023 Schedule DI
MA23SDI011024

ANTONIO	RODRIGUES	XXX-XX-4436

Schedule DI. Dependent Information

NOAH	RODRIGUES	XXX-XX-8475
SON	Is dependent a qualifying child for earned income credit?	11102010
	Is dependent disabled?	
NADIA	RODRIGUES	XXX-XX-8476
DAUGHTER	Is dependent a qualifying child for earned income credit?	11102010
	Is dependent disabled?	
	Is dependent a qualifying child for earned income credit?	
	Is dependent disabled?	
	Is dependent a qualifying child for earned income credit?	
	Is dependent disabled?	
	Is dependent a qualifying child for earned income credit?	
	Is dependent disabled?	
	Is dependent a qualifying child for earned income credit?	
	Is dependent disabled?	
	Is dependent a qualifying child for earned income credit?	
	Is dependent disabled?	
	Is dependent a qualifying child for earned income credit?	
	Is dependent disabled?	
	Is dependent a qualifying child for earned income credit?	
	Is dependent disabled?	

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2023 Schedule E
MA23013041024

ANTONIO RODRIGUES XXX-XX-4436

Income or Loss from Real Estate and Royalties

Income

1.	Rents received	**1**	232500
2.	Royalties received	**2**	

Expenses

3.	Advertising	**3**	
4.	Auto and travel	**4**	
5.	Cleaning and maintenance	**5**	
6.	Commissions	**6**	
7.	Insurance	**7**	
8.	Legal and other professional fees	**8**	100
9.	Management fees	**9**	
10.	Mortgage interest paid to banks, etc.	**10**	77362
11.	Other interest	**11**	
12.	Repairs	**12**	
13.	Supplies	**13**	
14.	Taxes	**14**	21608
15.	Utilities	**15**	
16.	Other expenses	**16**	
17.	Add lines 3 through 16	**17**	99070
18.	Depreciation expense or depletion	**18**	6287
19.	Total expenses. Add lines 17 and 18	**19**	105357
20.	Income or loss from rental real estate or royalty properties	**20**	127143
21.	Deductible rental real estate loss	**21**	
22.	Income. Enter positive amounts shown on line 20	**22**	127143
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	**23**	
24.	Rental real estate and royalty income or loss	**24**	127143

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2023 Schedule E, pg. 2
MA23013051024

XXX-XX-4436

Income or Loss from Partnerships and S Corporations

25.	Passive loss allowed	**25**	
26.	Passive income	**26**	3
27.	Non-passive loss	**27**	1118117
28.	Section 179 expense deduction	**28**	
29.	Non-passive income	**29**	250657
30.	Combine lines 26 and 29	**30**	250660
31.	Combine lines 25, 27 and 28	**31**	-1118117
32.	Partnership and S corporation income or loss. Combine lines 30 and 31	**32**	-867457
33.	Interest (other than MA banks) and dividends if included in line 32	**33**	3
34.	Interest from Massachusetts banks if included in line 32	**34**	
35.	Total income or loss from partnerships and S corporations	**35**	-867460
36.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses		

Income or Loss from Estates and Trusts

37.	Passive deduction or loss allowed	**37**	
38.	Passive income	**38**	
39.	Non-passive deduction or loss	**39**	
40.	Non-passive other income	**40**	
41.	Add lines 38 and 40	**41**	
42.	Add lines 37 and 39	**42**	
43.	Estate and trust income or loss. Combine lines 41 and 42	**43**	
44.	Estate or non-grantor-type trust income	**44**	
45.	Grantor-type trust and non-Massachusetts estate and trust income	**45**	
46.	Interest and dividends if included in line 45	**46**	
47.	Adjustments to 5.0% income	**47**	
48.	Subtotal. Combine lines 46 and 47	**48**	
49.	Income or loss from grantor type and non-Mass estates and trusts	**49**	

Income or Loss from REMICs

50.	Excess inclusion	**50**	
51.	Taxable income or loss	**51**	
52.	Income	**52**	
53.	Combine lines 51 and 52	**53**	

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2023 Schedule E, pg. 3
MA23013061024

XXX-XX-4436

Farm Income

54.	Net farm rental income or loss	**54**	

Summary

55.	Income or loss. Combine lines 24, 35, 49, 53 and 54	**55**	-740317
56.	Massachusetts differences Enclose statements	**56**	
57.	Abandoned building renovation deduction	**57**	
58.	Total income or loss. Combine lines 55 through 57	**58**	-740317

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2023 Schedule E-1

MA23013011024

ANTONIO RODRIGUES XXX-XX-4436
A RODRIGUES LLC
1821 COUNTRY ST SOMERSET MA 02726

Check one: X Real estate Royalty Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Income

1.	Rents received	**1**	232500
2.	Royalties received	**2**	

Expenses

3.	Advertising	**3**	
4.	Auto and travel	**4**	
5.	Cleaning and maintenance	**5**	
6.	Commissions	**6**	
7.	Insurance	**7**	
8.	Legal and other professional fees	**8**	100
9.	Management fees	**9**	
10.	Mortgage interest paid to banks, etc	**10**	77362
11.	Other interest	**11**	
12.	Repairs	**12**	
13.	Supplies	**13**	
14.	Taxes	**14**	21608
15.	Utilities	**15**	
16.	Other expenses	**16**	
17.	Add lines 3 through 16	**17**	99070
18.	Depreciation expense or depletion	**18**	6287
19.	Total expenses. Add lines 17 and 18	**19**	105357
20.	Income or loss from rental real estate or royalty properties	**20**	127143
21.	Deductible rental real estate loss	**21**	
22.	Income. Enter positive amounts shown on line 20	**22**	127143
23.	Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	**23**	
24.	Rental real estate and royalty income or loss	**24**	127143
25.	Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		

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2023 Schedule E-2

MA23013021024

ANTONIO RODRIGUES XXX-XX-4436

TNT CLEANING SERVICES INC XXXXX6642

Check one: X S corp. partnership

Enter amount of 90% refundable PTE Excise Credit claimed from the Massachusetts K-1 issued by this entity

Income or Loss from Partnerships and S Corporations

1.	Passive loss allowed	**1**	
2.	Passive income	**2**	3
3.	Non-passive loss	**3**	
4.	Section 179 expense deduction	**4**	
5.	Non-passive income	**5**	250657
6.	Combine lines 2 and 5	**6**	250660
7.	Combine lines 1, 3 and 4	**7**	
8.	Partnership and S corporation income or loss. Combine lines 6 and 7	**8**	250660
9.	Interest (other than MA banks) and dividends if included in line 8	**9**	3
10.	Interest from Massachusetts banks if included in line 8	**10**	
11.	Total income or loss from partnerships and S corporations	**11**	250657
12.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses		
13.	Check if any amount of this investment not at risk		

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2023 Schedule E-2

MA23013021024

ANTONIO RODRIGUES XXX-XX-4436

CAR CONNECTIONS INC XXXXX9722

Check one: X S corp. partnership

Enter amount of 90% refundable PTE Excise Credit claimed from the Massachusetts K-1 issued by this entity

Income or Loss from Partnerships and S Corporations

1.	Passive loss allowed	1	
2.	Passive income	2	
3.	Non-passive loss	3	1118117
4.	Section 179 expense deduction	4	
5.	Non-passive income	5	
6.	Combine lines 2 and 5	6	
7.	Combine lines 1, 3 and 4	7	-1118117
8.	Partnership and S corporation income or loss. Combine lines 6 and 7	8	-1118117
9.	Interest (other than MA banks) and dividends if included in line 8	9	
10.	Interest from Massachusetts banks if included in line 8	10	
11.	Total income or loss from partnerships and S corporations	11	-1118117
12.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses		
13.	Check if any amount of this investment not at risk		

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2023 Schedule E-2

MA23013021024

ANTONIO RODRIGUES XXX-XX-4436

CAR CONNECTIONS TRANSPORTATION INC XXXXX0044

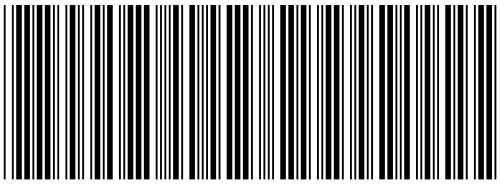
Check one: X S corp. partnership

Enter amount of 90% refundable PTE Excise Credit claimed from the Massachusetts K-1 issued by this entity

Income or Loss from Partnerships and S Corporations

1.	Passive loss allowed	**1**
2.	Passive income	**2**
3.	Non-passive loss	**3**
4.	Section 179 expense deduction	**4**
5.	Non-passive income	**5**
6.	Combine lines 2 and 5	**6**
7.	Combine lines 1, 3 and 4	**7**
8.	Partnership and S corporation income or loss. Combine lines 6 and 7	**8**
9.	Interest (other than MA banks) and dividends if included in line 8	**9**
10.	Interest from Massachusetts banks if included in line 8	**10**
11.	Total income or loss from partnerships and S corporations	**11**
12.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	
13.	Check if any amount of this investment not at risk	

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2023 Schedule INC
MA23INC011024

ANTONIO RODRIGUES XXX-XX-4436

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
04-6001387	5232	106642		1546	W2
45-3766642	3731	80000	6120		W2
45-3766642	4689	100000	7650		W2
TOTALS	13652	286642	13770	1546	

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Massachusetts AGI Worksheet / Limited Income Credit

2023

Name(s): ANTONIO & NANCY RODRIGUES

SSN: XXX-XX-4436

Form 1, Line 27 Massachusetts AGI Worksheet. No Tax Status (Only if Single, Head of Household or Married Filing Jointly)

If your Massachusetts AGI was $8,000 or less if single, $14,400 or less plus $1,000 per dependent if head of household, or $16,400 or less plus $1,000 per dependent if married filing a joint return, you qualify for No Tax Status and are not required to pay any Massachusetts income taxes.

1.	Enter your total 5.0% income from Form 1, line 10. Not less than 0. (Add back any Abandoned Building Renovation deduction claimed on Schedule(s) C and/or E before entering an amount in line 1.)	1 -291358
2.	Add Schedule Y, lines 2 to 9b and line 10	2
3.	Subtract line 2 from line 1. Not less than 0	3
4.	Enter total Massachusetts bank interest or the interest exemption amount, whichever is smaller, from Form 1, line 5a or line 5b	4

Note: If Form 1, line 10 is a loss, combine Form 1, line 10 with the smaller amount of total Massachusetts bank interest or the interest exemption amount. Enter the result in line 4, unless the result is a loss. If the result is a loss, enter 0.

5.	Enter amount from Schedule B, line 35. If there is no entry in Schedule B, line 35 or if not filing Schedule B, enter the amount from Form 1, line 20	5 3
6.	Enter the amount from Schedule D, line 19. Not less than 0. (If filing Schedule D-IS, Installment Sales, see the Schedule D-IS instructions, available at mass.gov/dor, for the amount to enter in line 6.)	6
7.	Add lines 3 through 6	7 3

If you are single and the total in line 7 is $8,000 or less, you qualify for No Tax Status. Check the box in line 27, enter 0 in line 28 and omit lines 29 through 31. Also, enter 0 in line 32 and complete Form 1. However, if there is an amount entered in line 25, Credit Recapture Amount and/or line 26, Additional Tax on Installment Sales, enter that amount in line 28 and complete line 31. If you are single but do not qualify for No Tax Status, and your total in line 7 is $14,000 or less, complete Form 1, line 28 and see Form 1, line 29 instructions for the Limited Income Credit. If you are filing as head of household or married filing a joint return, compare line 7 with the No Tax Status/Limited Income Credit Chart to see if you may qualify for No Tax Status or the Limited Income Credit.

No Tax Status/Limited Income Credit Chart

Number of dependents (from Form 1, line 2b):	Filing status: Head of household. Line 7 of the AGI worksheet is less than or equal to:		Married filing a joint return. Line 7 of the AGI worksheet is less than or equal to:	
0	$14,400	**$25,200**	$16,400	**$28,700**
1	15,400	**26,950**	17,400	**30,450**
2	16,400	**28,700**	18,400	**32,200**
3	17,400	**30,450**	19,400	**33,950**
4	18,400	**32,200**	20,400	**35,700**
5	19,400	**33,950**	21,400	**37,450**
6	20,400	**35,700**	22,400	**39,200**
	you qualify for **No Tax Status**	you may qualify for the **Limited Income Credit**	you qualify for **No Tax Status**	you may qualify for the **Limited Income Credit**

If the number of dependents is more than 6, add $1,000 per dependent to the No Tax Status column, or $1,750 per dependent to the Limited Income Credit column.

If you qualify for No Tax Status, check the box in line 27, enter "0" in line 28 and omit lines 29 through 31. Also, enter "0" in line 32 and complete Form 1. However, if there is an amount entered in line 25, Credit Recapture Amount and/or line 26, Additional Tax on Installment Sales, enter that amount in line 28 and complete line 31. To see if you may qualify for the Limited Income Credit, go to line 28 and complete the worksheet for line 29.

Form 1, Line 29 Worksheet. Limited Income Credit (Only if Single, Head of Household, or Married Filing Jointly)

If you do not qualify for No Tax Status, but you are single and your Massachusetts AGI is between $8,000 and $14,000, or if you are filing as head of household and your Massachusetts AGI is between $14,400 and $25,200 plus $1,750 per dependent, or if you are married filing a joint return and your Massachusetts AGI is between $16,400 and $28,700 plus $1,750 per dependent, you may qualify for the Limited Income Credit. This credit is an alternative tax calculation that can result in a significant tax reduction for people whose income is close to the No Tax Status threshold.

1.	Enter amount from line 7 of Massachusetts AGI Worksheet	1
2.	Enter $8,000 if single. If married filing a joint return or head of household, enter the amount from the No Tax Status column of the No Tax Status/Limited Income Credit chart	2
3.	Subtract line 2 from line 1	3
4.	Enter in line 4 the amount of tax from Form 1, line 28 less any Credit Recapture Amount entered in line 25 and/or Additional Tax on Installment Sales in line 26	4
5.	Multiply line 3 by 10% (.10)	5
6.	If line 4 is smaller than line 5, you are not eligible for this credit. Enter 0. If line 4 is larger than line 5, subtract line 5 from line 4 and enter result here and on Form 1, line 29	6 0

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Do not file with Massachusetts. Keep for your records.

	Schedule B, Line 36 and Schedule D, Line 20 Worksheet For Residents and Non Residents/Part Year Residents	2023

Name(s): ANTONIO & NANCY RODRIGUES

SSN: XXX-XX-4436

Excess Exemptions from Interest and Dividend Income, 8.5% and 12% Income and Long-Term Capital Gain Income (Only if Single, Head of Household, or Married Filing Jointly)

If your total exemptions in Form 1, line 18, or Form 1-NR/PY, line 22 are more than the amount of your 5.0% income after deductions in Form 1, line 17, or Form 1-NR/PY, line 21, the excess may be applied against any interest and dividend income and income taxed at 8.5% or 12%. Any remaining excess amount may then be applied against any long-term capital gain income. Complete this worksheet only if Form 1, line 17 is less than Form 1, line 18 or Form 1-NR/PY, line 21 is less than Form 1-NR/PY, line 22 and you received interest income (other than interest from Massachusetts banks), dividends or capital gain income to determine if you qualify for the excess exemption. Enter all losses as 0.

1.	Enter amount from Schedule B, line 35. Not less than 0	**1**	3
2.	Enter amount from Form 1, line 18 or from Form 1-NR/PY, line 22	**2**	10800
3.	Enter amount from Form 1, line 17 or Form 1-NR/PY, line 21	**3**	
4.	Subtract line 3 from line 2. If 0 or less, you do not qualify for this exemption. Omit remainder of worksheet	**4**	10800
5.	Excess exemptions applied against interest and dividend income and 8.5% or 12% income (Form 1), or 8.5% income (Form 1-NR/PY). If line 1 is larger than line 4, enter line 4 here and in Schedule B, line 36. If line 4 is equal to or larger than line 1, enter line 1 here and in Schedule B, line 36. Complete lines 6 through 8	**5**	3
6.	Subtract line 5 from line 4. If 0, omit remainder of worksheet	**6**	10797
7.	Enter Schedule D, line 19. Not less than 0	**7**	0
8.	Excess exemptions applied against long-term capital gain income. If line 7 is larger than line 6, enter line 6 here and in Schedule D, line 20. If line 6 is equal to or larger than line 7, enter line 7 here and in Schedule D, line 20	**8**	

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Form M-8453
Individual Income Tax Declaration for Electronic Filing

2023
Massachusetts Department of Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1 - December 31, 2023.

Your first name and initial	Last name	Your Social Security number
ANTONIO	RODRIGUES	XXX-XX-4436
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
NANCY	RODRIGUES	XXX-XX-9960

Present street address (and apartment number)

6 NOTINGHAM WAY

City/Town/Post Office	State	Zip	Filing status:
ASSONET	MA	02702	☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household

Part 1. Tax Return Information for Electronic Filing

1	Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	-291358
2	Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	
3	Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4	Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	13652
5	Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57)	5	16652
6	Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	6	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2023 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature	Date
	12-02-2024		12-02-2024

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN	☐ Check if self-employed
XXXXX6886	12-02-2024	81-1246619	

Firm name (or yours, if self-employed) and address	City/Town	State	Zip	☒ Check if also paid preparer
RICHARDSTIMKO, P.C. 151 STATE ROAD UNIT 2	WESTPORT	MA	02790	

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN	☐ Check if self-employed

Firm name (or yours, if self-employed) and address	City/Town	State	Zip

12-02-2024

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2023

Massachusetts Department of Revenue

Form M-9325
Electronic Filing Information Handout

Electronic Filing Program PO Box 7013, Boston, MA 02204

Thank you for participating in the Massachusetts Department of Revenue (MDOR) Electronic Filing Program. Your state tax return for tax year 2023 is being filed electronically with MDOR by RICHARDSTIMKO, P.C. . Your return was accepted by MDOR on _____.

General Information

Important
Do not send the paper copies of your return, schedules and supporting documentation to MDOR, this information is for your records.

If you need to amend your return
If you need to amend or correct the return you filed electronically, go to www.mass.gov/dor/amend. Please contact your paid preparer to inquire about filing this form electronically or the MDOR Customer Service Bureau at (617) 887-MDOR.

If you are receiving a refund
Your refund check will be mailed to you as soon as we have completed processing your return. If you have not received your check within 21 days from the date you filed, please contact the MDOR Customer Service Bureau at (617) 887-MDOR.

If you owe a balance
If your electronically filed return showed a balance due, you must pay the amount you owe on or before April 18, 2024. If your payment is not received by April 18, 2024, you will be sent a Notice of Assessment (NOA). This notice will show your tax due, plus any interest and penalty assessments for late payment.

We appreciate your taking advantage of MDOR Electronic Filing. We are continuing to look for new methods and technologies to make filing your tax returns simple and easy.

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MAWK_REF	2023 Taxable State / Local Refund Carries to Federal worksheet WK_REF23 to determine total Taxable Refunds	2023

Name(s) as shown on return: Antonio & Nancy Rodrigues

Your Social Security Number: XXX-XX-4436

A.	State / Local Refund			
A1.	Bottom line on return, after state adjustments	16,652		
A2.	Adjustments to Line A1			
A3.	Total Adjusted State/Local Refund (Line A1 Less A2)		**A.**	16,652
B.	**Applied amounts**			
B1.	Total Contributions, Donation, Checkoffs (Will carry to 2024 Sch A)			
B2.	Penalty and/or interest			
B3.	Overpayment applied to 2024 (Will carry to 2024 ES screen)			
B4.	Other Tax (Use tax, Property tax,Tangible tax, etc)			
B5.	Total applied amounts (Total of B1 thru B4)		**B.**	
C.	**Subtotal:** State / Local Refund plus Applied amounts (Line A plus line B)		**C.**	16,652
D.	**Payments**			
D1.	Tax withheld/2023 payments deducted on Schedule A	13,652		
D2.	4th quarter estimate and extension paid in 2024	3,000		
D3.	Total payments applied to 2023 State / Local tax return (Total of D1 thru D2)		**D.**	16,652
E.	**Allocation of Payments**			
E1.	Percent of payments made in 2023 (D1 divided by D3)	0.8198		
E2.	Line C multiplied by line E1	13,651		
E3.	Percent of payments made in 2024 (D2 divided by D3)	0.1802		
E4.	Line C multiplied by line E3	3,001		
F.	**Potential Taxable State / Local Refund (Lesser of E2 or D1, BUT NOT LESS THAN ZERO)**		**F.**	13,651
G.	**Taxes paid in 2024 deductible on 2024 Schedule A**			
G1.	4th quarter estimate and extension paid in 2024 (From line D2)	3,000		
G2.	Balance of refund that did not carry to the 1040, line 10 (From line E4)	3,001		
G3.	Adjusted taxes paid in 2024 allowed to carry to 2024 Sch A (Line G1 less line G2)		**G.**	0

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Subject to tax benefit rules

MA-COMP	Three-year State Tax Return Comparison	2023

Name(s) as shown on return: Antonio & Nancy Rodrigues

Taxpayer ID Number: XXX-XX-4436

[State] Income Tax Return	2021	2022	2023	Difference 2022-2023
Filing Status	MFJ	MFJ	MFJ	
Gross Income	294,789	312,960	(291,307)	(604,267)
Additions			162,317	162,317
Subtractions				
Exemptions	10,800	10,800	10,800	
Standard Deduction				
Itemized Deduction				
Deductions	4,000	3,563	4,000	437
Taxable Income	279,991	298,525		(298,525)
Actual State Income	279,991	298,525		(298,525)
State Income Tax	13,834	17,635		(17,635)
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	7,156	14,802	13,652	(1,150)
Estimates and Extension payments		5,000	3,000	(2,000)
Underpayment Penalty	101			
Overpayment Applied to Next Year				
Refund		2,167	16,652	14,485
Balance Due	7,334			
Marginal tax rate	5.000000	5.000000	5.000000	
Effective tax rate	4.940900	5.907400		(5.907400)

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2023 Schedule X
MA23SXX011024

ANTONIO RODRIGUES XXX-XX-4436

Schedule X. Other Income

1.	Alimony received	**1**	
2.	Taxable IRA/Keogh and Roth IRA conversion distributions	**2**	
3.	Other gambling winnings. Not less than "0." Certain gambling losses are deductible under Massachusetts law	**3**	
4.	Fees and other 5.0% income. Not less than "0"	**4**	
5.	PFML taxable distributions	**5**	
6.	Excess business loss adjustment	**6**	162317
7.	Total other 5.0% income. Add lines 1 throught 6. Not less than "0"	**7**	162317

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State of Rhode Island Division of Taxation

2023 Form RI-1040NR

Nonresident Individual Income Tax Return

23100410240101

Your social security number	Spouse's social security number
XXX-XX-4436	XXX-XX-9960

Your first name	MI	Last name	Suffix
ANTONIO		RODRIGUES	

Spouse's name	MI	Last name	Suffix
NANCY		RODRIGUES	

Address: 6 NOTINGHAM WAY

City, town or post office: ASSONET | State: MA | ZIP code: 02702

City or town of legal residence: OUT OF STATE

Check each box that applies. Otherwise, leave blank.

Primary deceased?	Spouse deceased?	New address?	Amended Return? *

ELECTORAL CONTRIBUTION If you want $5.00 ($10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.) Yes

If you wish the 1st $2.00 ($4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.

FILING STATUS Check one

Single → | Married filing jointly → X | Married filing separately → | Head of household → | Qualifying widow(er) →

INCOME, TAX AND CREDITS

Rhode Island Standard Deduction	
Single	**$10,000**
Married filing jointly or Qualifying widow(er)	**$20,050**
Married filing separately	**$10,025**
Head of household	**$15,050**

1	Federal AGI from Federal Form 1040 or 1040-SR, line 11		1	-309930 00
2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line		2	0 00
3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases)		3	-309930 00
4	RI Standard Deduction from left. If line 3 is over $233,750, see Standard Deduction Worksheet		4	20050 00
5	Subtract line 4 from line 3. If zero or less, enter 0		5	0 00
6	Enter # of exemptions from RI Sch E, line 5 in box, multiply by $4,700 and enter result on line 6. If line 3 is over $233,750, see Exemption Worksheet	4 **X $4,700 =**	6	18800 00
7	RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0		7	0 00
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet		8	0 00
9	RI percentage of allowable Federal credit from page 3, RI Sch I, line 25		9	00
10	Rhode Island tax after allowable Federal credit - before allocation. Subtract line 9 from line 8		10	0 00
11	RI allocated income tax. Check only one box. X **A**ll income is from RI, enter amount from line 10 on this line. **N**onresident with income from outside RI, complete Sch II and enter result on this line. **P**art-year resident with income from outside RI, complete Sch III and enter result on this line.		11	00
12	Other Rhode Island Credits from RI Schedule CR, line 9		12	00
13a	Rhode Island income tax after credits. Subtract line 12 from line 11 (not less than zero)		13a	00
b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 12		13b	0 00
14	RI checkoff contributions from page 3, RI Checkoff Schedule, line 33. Contributions reduce your refund or increase your balance due		14	00
15a	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies. Check to certify use tax amount on line 15a is accurate.		15a	00
b	Individual Mandate Penalty (see instructions). Check to certify full year coverage.		15b	00
16a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 13a, 13b, 14, 15a and 15b		16a	00

Using a paper clip, please attach Forms W-2 and 1099 here.

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RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

Mailing address: RI Division of Taxation, One Capitol Hill, Providence, RI 02908-5806

* If filing an amended return, attach the Explanation of Changes supplemental page

State of Rhode Island Division of Taxation

2023 Form RI-1040NR

Nonresident Individual Income Tax Return - page 2

23100410240102

Name(s) shown on Form RI-1040 or RI-1040NR

ANTONIO & NANCY RODRIGUES

Your social security number

XXX-XX-4436

16 b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 16a			16b	00
17 a RI 2023 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding	17a	00		
b 2023 estimated tax payments and amount applied from 2022 return	17b	00		
c Nonresident withholding on real estate sales in 2023	17c	00		
d RI earned income credit from page 3, RI Schedule EIC, line 38	17d	00		
e Other payments	17e	00		
f TOTAL PAYMENTS AND CREDITS. Add lines 17a, 17b, 17c, 17d, and 17e			17f	00
g Previously issued overpayments (if filing an amended return)			17g	00
h NET PAYMENTS. Subtract line 17g from line 17f			17h	00
18 a AMOUNT DUE. If line 16b is LARGER than line 17h, subtract line 17h from line 16b			18a	00
b Enter the amount of undrestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 18a or subtracted from line 19, whichever applies			18b	00
c TOTAL AMOUNT DUE. Add lines 18a and 18b. Complete RI-1040V and send in with your payment ☹			18c	00
19 AMOUNT OVERPAID. If line 17h is LARGER than line 16b, subtract line 16b from line 17h. If there is an amount due for underestimating interest on line 18b, subtract line 18b from line 19 ☺			19	00
20 Amount of overpayment to be refunded			20	00
21 Amount of overpayment to be applied to 2024 estimated tax	21	00		

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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Your driver's license number and state	Date	Telephone number
		12/02/2024	508-644-5010
Spouse's signature	**Spouse's driver's license number and state**	**Date**	**Telephone number**
		12/02/2024	
Paid preparer signature	**Print name**	**Date**	**Telephone number**
	NICHOLAS RICHARDS, CPA	12/02/2024	508-679-5259
Paid preparer address	**City, town or post office**	**State**	**ZIP code**	**PTIN**
151 STATE ROAD UNIT 2	WESTPORT	MA	02790	XXXXX6886

May the Division of Taxation contact your preparer? YES X

Revised
04/2023

State of Rhode Island Division of Taxation

2023 Form RI-1040NR

Nonresident Individual Income Tax Return - page 3

23100410240103

Name(s) shown on Form RI-1040 or RI-1040NR

ANTONIO & NANCY RODRIGUES

Your social security number

XXX-XX-4436

RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

22	RI income tax from page 1, line 8	22	00
23	Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2	23	00
24	Tentative allowable federal credit. Multiply line 23 by 25% (0.2500)	24	00
25	MAXIMUM CREDIT. Line 22 or 24, whichever is SMALLER. Enter here and on page 1, line 9	25	00

RI SCHEDULE II AND III - ALLOCATION AND MODIFICATION FOR NONRESIDENTS

Schedule II should be completed by NONRESIDENTS with income from outside Rhode Island. RI Schedule II is located on page 13.

Schedule III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island. RI Schedule III is located on page 15.

NONRESIDENTS and PART-YEAR RESIDENTS with all income from Rhode Island sources do not need to complete either schedule II or III.

RI CHECKOFF CONTRIBUTIONS SCHEDULE

		$1.00	$5.00	$10.00	Other		
26	Drug program account **RIGL §44-30-2.4**					26	00
27	Olympic Contribution **RIGL §44-30-2.1**	Yes			$1.00 contribution ($2.00 if a joint return)	27	00
28	RI Organ Transplant Fund **RIGL §44-30-2.5**					28	00
29	RI Council on the Arts **RIGL §42-75.1-1**					29	00
30	Nongame Wildlife Fund **RIGL §44-30-2.2**					30	00
31	Childhood Disease Victim's Fund **RIGL §44-30-2.3** and Substance Use and Mental Health Leadership Council of RI **RIGL §44-30-2.11**					31	00
32	RI Military Family Relief Fund **RIGL §44-30-2.9**					32	00
33	TOTAL CONTRIBUTIONS. Add lines 26 through 32. Enter here and on RI-1040NR, page 1, line 14					33	00

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

34	Federal earned income credit from Federal Form 1040 or 1040-SR, line 27	34		00
35	Rhode Island percentage	35	15%	
36	RI EARNED INCOME CREDIT. Multiply line 34 by line 35	36		00
37	Rhode Island allocation from RI-1040NR, page 11, Schedule II, line 13 or RI-1040NR, page 13, Schedule III, line 14. If all income is from RI, enter 1.0000	37		1.0000
38	TOTAL RI EARNED INCOME CREDIT. Multiply line 36 by line 37. Enter here and on RI-1040NR, page 2, line 17d	38		00

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State of Rhode Island Division of Taxation

2023 RI Schedule E

Exemption Schedule for RI-1040 and RI-1040NR

23105910240101

Name(s) shown on Form RI-1040 or RI-1040NR: ANTONIO & NANCY RODRIGUES

Your social security number: XXX-XX-4436

EXEMPTIONS

Complete this Schedule listing all individuals you can claim as a dependent.
ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN Failure to do so may delay the processing of your return.

1a	Yourself	X
b	Spouse	X

	(A) Name of Dependent	(B) Social Security Number	(C) Date of Birth	(D) Relationship
2a	NOAH RODRIGUES	XXXXX8475	11102010	SON
b	NADIA RODRIGUES	XXXXX8476	11102010	DAUGHTER
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				

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Exemption Number Summary

3	Enter the number of boxes checked on lines 1a and 1b	3	2
4a	Enter the number of children from lines 2a through 2m who lived with you	4a	2
b	Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation	4b	0
c	Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b . .	4c	0
5	Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6 . .	5	4

State of Rhode Island Division of Taxation

2023 RI Schedule II

Full Year Nonresident Tax Calculation

23100510240101

Name(s) shown on Form RI-1040NR: ANTONIO & NANCY RODRIGUES

Your social security number: XXX-XX-4436

THIS SCHEDULE IS ONLY TO BE COMPLETED BY FULL YEAR NONRESIDENTS.

PART-YEAR RESIDENTS COMPLETE RI SCHEDULE III.

PART 1: ALLOCATION AND TAX WORKSHEET

			Column A Rhode Island	Column B Federal
1	Wages, salaries, tips, etc from Federal Form 1040 or 1040-SR, line 1z	1	00	274019 00
2	Interest and dividends from Federal Form 1040 or 1040-SR, lines 2b and 3b	2	00	51 00
3	Business income from Federal Form 1040 or 1040-SR, Schedule 1, line 3	3	00	00
4	Sale or exchange of property from Federal Form 1040 or 1040-SR, line 7 or Federal Form 1040 or 1040-SR, Schedule 1, line 4	4	00	00
5	Pension and annuities; rents, royalties, etc. from Federal Form 1040 or 1040-SR, lines 4b and 5b, and Federal Form 1040 or 1040-SR, Schedule 1, line 5	5	-272543 00	-740317 00
6	Farm income from Federal Form 1040 or 1040-SR, Schedule 1, line 6	6	00	00
7	Miscellaneous income from Federal Form 1040 or 1040-SR, line 6b, and Federal Form 1040 or 1040-SR, Schedule 1, lines 1, 2a, 7, and 9	7	63930 00	162317 00
8	TOTAL. Add lines 1 through 7	8	-208613 00	-303930 00
9	Adjustments to AGI from Federal Form 1040 or 1040-SR, line 10	9	00	6000 00
10	Adjusted gross income. Subtract line 9 from line 8	10	-208613 00	-309930 00
11	Net modifications to Federal AGI from RI-1040NR, RI Schedule M, line 3	11	00	00
12	Modified Federal AGI. Combine lines 10 and 11. The amount in column B must equal the amount on RI-1040NR, page 1, line 3	12	-208613 00	-309930 00
13	Allocation. Divide line 12, col. A by line 12, col. B. If amount on line 12, col. A is greater than line 12, col. B, enter 1.0000. If zero or less, enter 0.0000	13		1.0000
14	RI tax after allowable federal credits before allocation from RI-1040NR, page 1, line 10	14		00
15	**RI INCOME TAX.** Multiply line 14 by line 13. Enter here and on RI-1040NR, page 1, line 11. Check the Nonresident box.	15		00

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RI-COMP	Three-year State Tax Return Comparison	2023

Name(s) as shown on return
Antonio & Nancy Rodrigues

Taxpayer ID Number
XXX-XX-4436

[State] Income Tax Return	2021	2022	2023	Difference 2022-2023
Filing Status	MFJ	MFJ	MFJ	
Gross Income	281,534	302,789	(309,930)	(612,719)
Additions		145		(145)
Subtractions				
Exemptions			18,800	18,800
Standard Deduction			20,050	20,050
Itemized Deduction				
Deductions				
Taxable Income	281,534	302,789		(302,789)
Actual State Income	3,491	2,665		(2,665)
State Income Tax	178	137		(137)
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld		145		(145)
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund		8		(8)
Balance Due	178			
Marginal tax rate	5.990000	5.990000	3.750000	(2.240000)
Effective tax rate	0.060000	0.050000		(0.050000)

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Statement Period 12/01/25 TO 12/31/25
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www.santanderbank.com

NANCY L RODRIGUES
ANTONIO RODRIGUES
6 NOTTINGHAM WAY
ASSONET MA 02702-1403

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1 7 31

Financial Summary — Statement Period 12/01/25 - 12/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Deposit Accounts	Account Number	Average Daily Balance	Current Balance
SIMPLY RIGHT CHECKING	39304957028	$5,452.99	$2,978.66
SANTANDER MONEY MARKET SAVINGS	27502118683	$41,492.13	$44,541.54
Total Deposits			**$47,520.20**

SIMPLY RIGHT CHECKING — Statement Period 12/01/25 - 12/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 39304957028

Balances

Beginning Balance	$5,688.82	Current Balance	$2,978.66
Deposits/Credits	+$25,744.19	Average Daily Balance	$5,452.99
Withdrawals/Debits	-$28,454.35		

Overdraft/Returned Item Fee Summary

Fee description	Total for this statement period	Total year to date
Total Overdraft Fees	$0.00	$15.00
Total Returned Item Fees	$0.00	$0.00

Checks Posted

Check #	Date Paid	Amount	Reference	Check #	Date Paid	Amount	Reference
1250	12/08	$769.54	0880715010	1253	12/15	$390.00	0890345965
1252*	12/09	$986.46	0880761420				

3 Check(s) Posted = $2,146.00
An asterisk (*) indicates a skip in sequential check numbers.

Account Activity

Date	Description	Additions	Subtractions	Balance
12-01	**Beginning Balance**			$5,688.82
12-01	VENMO PAYMENT 251128		$50.00	$5,638.82
12-01	VENMO PAYMENT 251128		$200.00	$5,438.82
12-01	JPMORGAN CHASE CHASE ACH 113025 ********90		$4,355.24	$1,083.58
12-02	DUNKIN' MOBILE CANTON /MA US CARD PURCHASE		$25.00	$1,058.58
12-02	SP RIDGE WALLET 065 AGOURA HILLS /CA US CARD PURCHASE		$73.31	$985.27
12-03	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$22.80	$962.47
12-03	YOUNG LIVING 8003713515 /UT US CARD PURCHASE		$131.20	$831.27

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Account Activity (Cont. for Acct# 39304957028)

Date	Description	Additions	Subtractions	Balance
12-05	CITY OF FALL RIV DIRDEPOSIT *******60	$3,464.10		$4,295.37
12-05	TNT CLEANING SER PAYROLL 251205 **********-0	$3,237.79		$7,533.16
12-05	Pandora Jewlery LLC Baltimore /MD US CARD PURCHASE		$216.73	$7,316.43
12-08	HOLLISTER CO. NEW ALBANY /OH US CARD PURCHASE		$112.00	$7,204.43
12-08	Walmart.com Bentonville /AR US CARD PURCHASE		$42.97	$7,161.46
12-08	SHAWS COM #1411 FALL RIVER /MA US CARD PURCHASE		$115.97	$7,045.49
12-08	NEW YORK LIFE INS PREM DEC 25		$29.12	$7,016.37
12-08	CHECK 000000001250		$769.54	$6,246.83
12-09	MACYS ONLINE PMT251208		$29.00	$6,217.83
12-09	BARCLAYCARD US CREDITCARD		$100.00	$6,117.83
12-09	CHECK 000000001252		$986.46	$5,131.37
12-09	TJX Rew MstrCRD SYF PAYMNTDec 09		$1,486.68	$3,644.69
12-10	COMM. OF MASS. MASTTAXRFD251205 *******36	$10,486.00		$14,130.69
12-10	WAL-MART #2953 SWANSEA /MA US CARD PURCHASE REFUND	$22.98		$14,153.67
12-10	INTERNET TRANSFER TO ACCT *8683 - SANTANDER MONEY MARKET SAVINGS		$10,500.00	$3,653.67
12-10	NM ADV ACH CONTRIB 121025 **********44		$100.00	$3,553.67
12-10	NM ADV ACH CONTRIB 121025 **********44		$100.00	$3,453.67
12-11	WALGREENS STORE SOMERSET /MA US CARD PURCHASE		$75.81	$3,377.86
12-15	TARGET 00026070 SWANSEA /MA US CARD PURCHASE		$2.32	$3,375.54
12-15	MOBILE - ALDI 73027 RAYNHAM /MA US CARD PURCHASE		$72.10	$3,303.44
12-15	MOBILE - TARGET T-2607 Swansea /MA US CARD PURCHASE		$19.16	$3,284.28
12-15	CHECK 000000001253		$390.00	$2,894.28
12-16	DUNKIN' MOBILE CANTON /MA US CARD PURCHASE		$15.00	$2,879.28
12-16	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$54.37	$2,824.91
12-16	WAL-MART #2953 SWANSEA /MA US CARD PURCHASE		$10.92	$2,813.99
12-17	AMAZON.COM SEATTLE /WA US CARD PURCHASE REFUND	$9.68		$2,823.67
12-19	CITY OF FALL RIV DIRDEPOSIT *******60	$3,427.39		$6,251.06
12-19	TNT CLEANING SER PAYROLL 251219 **********-0	$1,738.57		$7,989.63
12-19	CITY WIDE OF SOU PAYROLL 251219 **********YQ	$1,663.09		$9,652.72
12-22	DUNKIN' MOBILE CANTON /MA US CARD PURCHASE		$15.00	$9,637.72
12-22	FIELD EVENTS TICKETS BRADENTON /FL US CARD PURCHASE		$61.74	$9,575.98
12-22	SQ *CWC 17 FILLMORE L Bradenton /FL US CARD PURCHASE		$16.92	$9,559.06
12-22	TST* THE BEACH HOUSE BRADENTON BEA /FL US CARD PURCHASE		$151.52	$9,407.54
12-22	SQ *EDWARDS COFFEE LLC Bradenton /FL US CARD PURCHASE		$17.23	$9,390.31
12-22	CC BOOKSTORE BRADENTON /FL US CARD PURCHASE		$48.14	$9,342.17
12-22	SQ *BOWLED LIFE Bradenton /FL US CARD PURCHASE		$30.60	$9,311.57
12-26	CITY WIDE OF SOU PAYROLL 251226 **********YQ	$1,663.09		$10,974.66
12-26	MOBILE - TARGET T-1189 Taunton /MA US CARD PURCHASE		$25.00	$10,949.66
12-26	CAPITAL ONE MOBILE PMT		$754.74	$10,194.92
12-26	CAPITAL ONE MOBILE PMT		$1,867.49	$8,327.43
12-29	KOHL'S 0581 TAUNTON /MA US CARD PURCHASE REFUND	$9.19		$8,336.62
12-29	TARGET 00011890 TAUNTON /MA US CARD PURCHASE REFUND	$2.32		$8,338.94
12-29	American Eagle Outfitt Pittsburgh /PA US CARD PURCHASE		$26.97	$8,311.97
12-29	MOBILE - ALDI 73027 RAYNHAM /MA US CARD PURCHASE		$104.82	$8,207.15
12-29	COMCAST-XFINITY CABLE SVCS251227		$351.58	$7,855.57
12-30	Walmart.com 8009256278 /AR US CARD PURCHASE REFUND	$19.99		$7,875.56
12-30	American Eagle Outfitt Pittsburgh /PA US CARD PURCHASE		$55.94	$7,819.62
12-30	WACHUSETT MTN INTERNET PRINCETON /MA US CARD PURCHASE		$306.00	$7,513.62
12-30	WM SUPERCENTER RAYNHAM /MA US CARD PURCHASE		$29.72	$7,483.90
12-30	JPMORGAN CHASE CHASE ACH 123025 ********90		$4,355.24	$3,128.66
12-31	Providence Providence /RI US CARD PURCHASE		$150.00	$2,978.66
12-31	**Ending Balance**			$2,978.66

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SANTANDER MONEY MARKET SAVINGS — Statement Period 12/01/25 - 12/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 27502118683

Balances

Beginning Balance	$34,040.48	Current Balance	$44,541.54
Deposits/Credits	+$10,501.06	Average Daily Balance	$41,492.13
Withdrawals/Debits	$0.00		

Interest

Paid this Period *	$1.06	Annual Percentage Yield Earned	0.03%
Earned this Period	$1.06	Paid Last Year	$2.14
Paid Year-To-Date	$9.61		

* The interest earned and the interest paid may differ depending on when interest is credited to your account.

Account Activity

Date	Description	Additions	Subtractions	Balance
12-01	**Beginning Balance**			$34,040.48
12-10	INTERNET TRANSFER FROM ACCT *7028 - SIMPLY RIGHT CHECKING	$10,500.00		$44,540.48
12-31	INTEREST CREDIT FROM 12/01/2025 THROUGH 12/31/2025	$1.06		$44,541.54
12-31	**Ending Balance**			$44,541.54

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Statement Period 11/01/25 TO 11/30/25
SIMPLY RIGHT CHECKING

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1 7 30

NANCY L RODRIGUES
ANTONIO RODRIGUES
6 NOTTINGHAM WAY
ASSONET MA 02702-1403

Financial Summary — Statement Period 11/01/25 - 11/30/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Deposit Accounts	Account Number	Average Daily Balance	Current Balance
SIMPLY RIGHT CHECKING	39304957028	$4,023.78	$5,688.82
SANTANDER MONEY MARKET SAVINGS	27502118683	$34,039.72	$34,040.48
Total Deposits			**$39,729.30**

SIMPLY RIGHT CHECKING — Statement Period 11/01/25 - 11/30/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 39304957028

Balances

Beginning Balance	$1,093.18	Current Balance	$5,688.82
Deposits/Credits	+$14,163.84	Average Daily Balance	$4,023.78
Withdrawals/Debits	-$9,568.20		

Overdraft/Returned Item Fee Summary

Fee description	Total for this statement period	Total year to date
Total Overdraft Fees	$0.00	$15.00
Total Returned Item Fees	$0.00	$0.00

Checks Posted

Check #	Date Paid	Amount	Reference	Check #	Date Paid	Amount	Reference
1247	11/05	$276.00	0888150130	1249	11/26	$432.96	0890031795
1248	11/07	$340.00	0895160410				

3 Check(s) Posted = $1,048.96

Account Activity

Date	Description	Additions	Subtractions	Balance
11-01	**Beginning Balance**			$1,093.18
11-03	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$67.83	$1,025.35
11-05	Pandora Jewlery LLC Baltimore /MD US CARD PURCHASE		$74.38	$950.97
11-05	MOBILE - KOHLS #0973 DARTMOUTH /MA US CARD PURCHASE		$31.98	$918.99
11-05	YOUNG LIVING 8003713515 /UT US CARD PURCHASE		$224.54	$694.45
11-05	CHECK 000000001247		$276.00	$418.45
11-06	NEW YORK LIFE INS. PREM.NOV 25		$29.12	$389.33
11-07	CITY OF FALL RIV DIRDEPOSIT *******60	$3,429.85		$3,819.18

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Account Activity (Cont. for Acct# 39304957028)

Date	Description	Additions	Subtractions	Balance
11-07	TNT CLEANING SER PAYROLL 251107 **********-0	$3,237.79		$7,056.97
11-07	CHECK 000000001248		$340.00	$6,716.97
11-10	VENMO CASHOUT 251109 **********79	$810.96		$7,527.93
11-10	SHAWS.COM #1420 RAYNHAM /MA US CARD PURCHASE		$85.47	$7,442.46
11-10	MOBILE - WWW.PACSUN.COM ANAHEIM /CA US CARD PURCHASE		$96.00	$7,346.46
11-10	MOBILE - MARKET BASKET 0000083 FALL RIVER /MA US CARD PURCHASE		$76.21	$7,270.25
11-10	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$82.44	$7,187.81
11-10	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$23.28	$7,164.53
11-10	NM ADV ACH CONTRIB 111025 **********80		$100.00	$7,064.53
11-10	NM ADV ACH CONTRIB 111025 **********80		$100.00	$6,964.53
11-12	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$40.34	$6,924.19
11-12	MACYS ONLINE PMT251110		$29.99	$6,894.20
11-12	VENMO PAYMENT 251111		$69.00	$6,825.20
11-12	COMCAST-XFINITY CABLE SVCS251110		$351.58	$6,473.62
11-12	EVERSOURCE WEB_PAY NOV 25		$651.50	$5,822.12
11-12	TJX Rew MstrCRD SYF PAYMNTNov 12		$3,657.33	$2,164.79
11-14	VENMO PAYMENT 251113		$40.00	$2,124.79
11-17	MOBILE - TARGET 0001189 TAUNTON /MA US CARD PURCHASE		$5.31	$2,119.48
11-17	MOBILE - TARGET 0001835 MILLBURY /MA US CARD PURCHASE		$0.01	$2,119.47
11-17	MOBILE - TARGET 0001835 MILLBURY /MA US CARD PURCHASE		$7.44	$2,112.03
11-17	VENMO PAYMENT 251116		$471.00	$1,641.03
11-18	MOBILE - TIKTOK SHOP 8888888888 /CA US CARD PURCHASE		$28.63	$1,612.40
11-19	MOBILE - MARKET BASKET 0000083 FALL RIVER /MA US CARD PURCHASE		$43.39	$1,569.01
11-19	MOBILE - TARGET 0002607 SWANSEA /MA US CARD PURCHASE		$4.81	$1,564.20
11-19	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$76.13	$1,488.07
11-19	VENMO PAYMENT 251118		$91.00	$1,397.07
11-20	MOBILE - TIKTOK SHOP 8888888888 /CA US CARD PURCHASE		$27.62	$1,369.45
11-20	SHAWS.COM #1411 FALL RIVER /MA US CARD PURCHASE		$44.81	$1,324.64
11-21	CITY OF FALL RIV DIRDEPOSIT *******60	$3,427.39		$4,752.03
11-21	TNT CLEANING SER PAYROLL 251121 **********-0	$3,237.79		$7,989.82
11-21	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$28.28	$7,961.54
11-24	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$59.80	$7,901.74
11-24	CAPITAL ONE MOBILE PMT		$285.21	$7,616.53
11-24	CAPITAL ONE MOBILE PMT		$1,367.06	$6,249.47
11-25	MOBILE - TARGET T-2607 Swansea /MA US CARD PURCHASE		$25.81	$6,223.66
11-25	VENMO PAYMENT 251124		$32.00	$6,191.66
11-26	CHECK 000000001249		$432.96	$5,758.70
11-28	SHEIN.COM CAMDEN /DE US CARD PURCHASE REFUND	$20.06		$5,778.76
11-28	American Eagle Outfitt Pittsburgh /PA US CARD PURCHASE		$89.94	$5,688.82
11-30	**Ending Balance**			$5,688.82

SANTANDER MONEY MARKET SAVINGS

Statement Period 11/01/25 - 11/30/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 27502118683

Balances

Beginning Balance	$34,039.64	Current Balance	$34,040.48
Deposits/Credits	+$0.84	Average Daily Balance	$34,039.72
Withdrawals/Debits	$0.00		

Interest

Paid this Period *	$0.84	Annual Percentage Yield Earned	0.03%
Earned this Period	$0.84	Paid Last Year	$2.14
Paid Year-To-Date	$8.55		

* The interest earned and the interest paid may differ depending on when interest is credited to your account.

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Statement Period 10/01/25 TO 10/31/25
SIMPLY RIGHT CHECKING

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NANCY L RODRIGUES
ANTONIO RODRIGUES
6 NOTTINGHAM WAY
ASSONET MA 02702-1403

Financial Summary — Statement Period 10/01/25 - 10/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Deposit Accounts	Account Number	Average Daily Balance	Current Balance
SIMPLY RIGHT CHECKING	39304957028	$3,187.54	$1,093.18
SANTANDER MONEY MARKET SAVINGS	27502118683	$32,570.99	$34,039.64
Total Deposits			**$35,132.82**

SIMPLY RIGHT CHECKING — Statement Period 10/01/25 - 10/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 39304957028

Balances

Beginning Balance	$9,057.14	Current Balance	$1,093.18
Deposits/Credits	+$13,332.82	Average Daily Balance	$3,187.54
Withdrawals/Debits	-$21,296.78		

Overdraft/Returned Item Fee Summary

Fee description	Total for this statement period	Total year to date
Total Overdraft Fees	$0.00	$15.00
Total Returned Item Fees	$0.00	$0.00

Checks Posted

Check #	Date Paid	Amount	Reference
1240	10/03	$7,000.00	0887577485
1245*	10/03	$254.00	0893099585
1246	10/22	$120.00	0893439635

3 Check(s) Posted = $7,374.00
An asterisk (*) indicates a skip in sequential check numbers.

Account Activity

Date	Description	Additions	Subtractions	Balance
10-01	**Beginning Balance**			$9,057.14
10-01	MOBILE - KAPPY'S FALL RIVER FALL RIVER /MA US CARD PURCHASE		$25.96	$9,031.18
10-01	SHEIN COM CAMDEN /DE US CARD PURCHASE		$82.48	$8,948.70
10-02	VENMO PAYMENT 251001		$395.00	$8,553.70
10-03	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$221.37	$8,332.33
10-03	YOUNG LIVING 8003713515 /UT US CARD PURCHASE		$217.78	$8,114.55
10-03	CHECK 000000001245		$254.00	$7,860.55

EQUAL HOUSING LENDER

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Account Activity (Cont. for Acct# 39304957028)

Date	Description	Additions	Subtractions	Balance
10-03	CHECK 000000001240		$7,000.00	$860.55
10-06	SHAWS COM #0619 877-505-4040 /MA US CARD PURCHASE		$42.09	$818.46
10-06	DUNKIN' MOBILE CANTON /MA US CARD PURCHASE		$10.00	$808.46
10-06	NEW YORK LIFE INS PREM OCT 25		$29.12	$779.34
10-07	MOBILE - TIKTOK SHOP 8888888888 /CA US CARD PURCHASE		$9.53	$769.81
10-10	CITY OF FALL RIV DIRDEPOSIT *******60	$3,429.85		$4,199.66
10-10	TNT CLEANING SER PAYROLL 251010 **********-0	$3,237.79		$7,437.45
10-10	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$71.37	$7,366.08
10-10	NM ADV ACH CONTRIB 101025 **********44		$100.00	$7,266.08
10-10	NM ADV ACH CONTRIB 101025 **********44		$100.00	$7,166.08
10-14	MOBILE - DOMINOS 3180 SOMERSET /MA US CARD PURCHASE		$33.00	$7,133.08
10-14	INTERNET TRANSFER TO ACCT *8683 - SANTANDER MONEY MARKET SAVINGS		$3,500.00	$3,633.08
10-14	COMCAST-XFINITY CABLE SVCS251011		$351.36	$3,281.72
10-14	EVERSOURCE WEB_PAY OCT 25		$694.09	$2,587.63
10-14	TJX Rew MstrCRD SYF PAYMNTOct 14		$1,807.26	$780.37
10-15	MOBILE - TIKTOK SHOP 8888888888 /CA US CARD PURCHASE		$11.91	$768.46
10-15	MOBILE - TARGET 0002607 SWANSEA /MA US CARD PURCHASE		$5.99	$762.47
10-20	PTI*FEARTOWNFESTIV EASTHAM /MA US CARD PURCHASE		$85.78	$676.69
10-20	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$46.07	$630.62
10-21	MOBILE - MARKET BASKET 8 FALL RIVER /MA PURCHASE W/ CASHBACK		$98.21	$532.41
10-22	MOBILE - TIKTOK SHOP 6505840896 /CA US CARD PURCHASE		$10.61	$521.80
10-22	CHECK 000000001246		$120.00	$401.80
10-23	SHEIN.COM CAMDEN /DE US CARD PURCHASE		$32.94	$368.86
10-23	BJS WHOLESALE # N Dartmouth /MA US CARD PURCHASE		$110.64	$258.22
10-24	CITY OF FALL RIV DIRDEPOSIT *******60	$3,427.39		$3,685.61
10-24	TNT CLEANING SER PAYROLL 251024 **********-0	$3,237.79		$6,923.40
10-27	SHEIN.COM CAMDEN /DE US CARD PURCHASE		$20.06	$6,903.34
10-27	BARCLAYCARD US CREDITCARD		$43.21	$6,860.13
10-27	COMCAST-XFINITY CABLE SVCS251026		$351.36	$6,508.77
10-27	CAPITAL ONE MOBILE PMT		$712.02	$5,796.75
10-28	MOBILE - MARKET BASKET 0000083 FALL RIVER /MA US CARD PURCHASE		$7.13	$5,789.62
10-28	TARGET T-2607 Swansea /MA US CARD PURCHASE		$30.00	$5,759.62
10-30	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$22.96	$5,736.66
10-30	JPMORGAN CHASE CHASE ACH 103025 ********90		$4,355.24	$1,381.42
10-31	ADIDAS US ONLINE STOR PORTLAND /OR US CARD PURCHASE		$276.25	$1,105.17
10-31	SQ *THE PINK BE SOMERSET /MA US CARD PURCHASE		$11.99	$1,093.18
10-31	**Ending Balance**			$1,093.18

SANTANDER MONEY MARKET SAVINGS — Statement Period 10/01/25 - 10/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 27502118683

Balances

Beginning Balance	$30,538.70	Current Balance	$34,039.64
Deposits/Credits	+$3,500.94	Average Daily Balance	$32,570.99
Withdrawals/Debits	$0.00		

Interest

Paid this Period *	$0.94	Annual Percentage Yield Earned	0.03%
Earned this Period	$0.94	Paid Last Year	$2.14
Paid Year-To-Date	$7.71		

* The interest earned and the interest paid may differ depending on when interest is credited to your account.

Account Activity

Date	Description	Additions	Subtractions	Balance
10-01	**Beginning Balance**			$30,538.70

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Account Activity (Cont. for Acct# 27502118683)

Date	Description	Additions	Subtractions	Balance
10-14	INTERNET TRANSFER FROM ACCT *7028 - SIMPLY RIGHT CHECKING	$3,500.00		$34,038.70
10-31	INTEREST CREDIT FROM 10/01/2025 THROUGH 10/31/2025	$0.94		$34,039.64
10-31	**Ending Balance**			$34,039.64

What You Need to Know About Overdrafts and Overdraft Fees

Overview

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer an overdraft protection plan, which allows you to link other deposit accounts, such as a savings account, to cover overdrafts in your checking account. This plan may be less expensive than our standard overdraft practices. To learn more, ask us about this plan.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments
- Recurring Debit Card transactions
- Online Banking payments and transfers

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- One-time Debit Card purchases

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if Santander pays an overdraft?

Under our standard overdraft practices:

- We will charge you a fee of up to **$15** each time we pay an overdraft (maximum of three(3) per Business Day).
- We will only charge you an overdraft fee if the balance on your account is overdrawn by more than **$100**.
- An additional one-time fee of **$15** applies to accounts overdrawn by any amount (negative balance) for five (5) consecutive Business Days when the overdrawn balance at the end of the first day is more than **$100**, and is assessed to the account on the sixth (6th) Business Day. This charge generally applies to checking, savings, and money market savings accounts. See the Fee Schedule for details.

What if I want Santander to authorize and pay overdrafts on my ATM and one-time Debit Card transactions?

If you want us to authorize and pay overdrafts on ATM and one-time Debit Card transactions, visit a Santander branch or call our Customer Service Center at **877-768-2265**. You can also make this change in Santander Online or Mobile Banking.

Can I change my mind later?

If you tell us that we are permitted to pay any overdrafts caused by ATM or one-time debit transactions, you can always change your mind and tell us you no longer want us to do this.

You can visit any Santander branch or call us at 877-768-2265 to tell us you no longer want us to pay these types of overdrafts. You can also make this change in Santander Online or Mobile Banking.

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Statement Period 09/01/25 TO 09/30/25
SIMPLY RIGHT CHECKING

If you have questions about your statement,
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Important information

Good news! As of September 29, 2025, we will be eliminating the Stop Payment Fee for both Check and ACH Stop Payment requests. This change will be reflected in the Personal Deposit Account Fee Schedule and Business Deposit Account Fee Schedule on www.santanderbank.com from the same date.

Additionally, as of September 29, 2025, we will not accept for deposit into your account any items drawn on non-U.S. banks. From September 29, 2025, please see the updated Personal Deposit Account Agreement or Business Deposit Account Agreement on www.santanderbank.com for more details.

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1124501 07/2025

Financial Summary — Statement Period 09/01/25 - 09/30/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Deposit Accounts	Account Number	Average Daily Balance	Current Balance
SIMPLY RIGHT CHECKING	39304957028	$8,825.51	$9,057.14
SANTANDER MONEY MARKET SAVINGS	27502118683	$30,537.49	$30,538.70
Total Deposits			**$39,595.84**

SIMPLY RIGHT CHECKING — Statement Period 09/01/25 - 09/30/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 39304957028

Balances

Beginning Balance	$15,152.34	Current Balance	$9,057.14
Deposits/Credits	+$13,338.56	Average Daily Balance	$8,825.51
Withdrawals/Debits	-$19,433.76		

Overdraft/Returned Item Fee Summary

Fee description	Total for this statement period	Total year to date
Total Overdraft Fees	$0.00	$15.00
Total Returned Item Fees	$0.00	$0.00

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Checks Posted

Check #	Date Paid	Amount	Reference
1243	09/26	$325.00	0887258290

1 Check(s) Posted = $325.00

Account Activity

Date	Description	Additions	Subtractions	Balance
09-01	**Beginning Balance**			$15,152.34
09-02	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$31.07	$15,121.27
09-02	VENMO PAYMENT 250831		$10.00	$15,111.27
09-02	VENMO PAYMENT 250830		$20.00	$15,091.27
09-02	VENMO PAYMENT 250830		$20.00	$15,071.27
09-02	VENMO PAYMENT 250901		$60.00	$15,011.27
09-02	CAPITAL ONE MOBILE PMT		$528.26	$14,483.01
09-02	VENMO PAYMENT 250829		$811.00	$13,672.01
09-02	CAPITAL ONE MOBILE PMT		$3,332.83	$10,339.18
09-02	JPMORGAN CHASE CHASE ACH 083025 ********90		$4,355.24	$5,983.94
09-03	DUNKIN' MOBILE CANTON /MA US CARD PURCHASE		$25.00	$5,958.94
09-03	YOUNG LIVING 8003713515 /UT US CARD PURCHASE		$124.71	$5,834.23
09-04	MOBILE - MARKET BASKET 0000083 FALL RIVER /MA US CARD PURCHASE		$34.65	$5,799.58
09-04	SEI*SOCCER.COM 800-934-3876 /NC US CARD PURCHASE		$431.47	$5,368.11
09-08	SHAWS.COM #1411 877-505-4040 /MA US CARD PURCHASE		$48.03	$5,320.08
09-08	DUNKIN' MOBILE CANTON /MA US CARD PURCHASE		$15.00	$5,305.08
09-08	NEW YORK LIFE INS. PREM SEP 25		$29.12	$5,275.96
09-08	VENMO PAYMENT 250906		$567.00	$4,708.96
09-10	MOBILE - TARGET 0001374 SEEKONK /MA US CARD PURCHASE		$6.14	$4,702.82
09-10	NM ADV ACH CONTRIB 091025 **********43		$100.00	$4,602.82
09-10	NM ADV ACH CONTRIB 091025 **********43		$100.00	$4,502.82
09-11	SHAWS.COM #1411 877-505-4040 /MA US CARD PURCHASE REFUND	$5.74		$4,508.56
09-12	CITY OF FALL RIV DIRDEPOSIT *******60	$3,429.85		$7,938.41
09-12	TNT CLEANING SER PAYROLL 250912 **********-0	$3,237.79		$11,176.20
09-15	MOBILE - BROWN UNIVERSITY HEAL PROVIDENCE /RI US CARD PURCHASE		$35.00	$11,141.20
09-15	SHAWS.COM #1411 877-505-4040 /MA US CARD PURCHASE		$41.51	$11,099.69
09-15	COMCAST-XFINITY CABLE SVCS250913		$351.36	$10,748.33
09-15	TJX Rew MstrCRD SYF PAYMNTSep 15		$1,039.35	$9,708.98
09-16	EVERSOURCE WEB_PAY SEP 25		$848.63	$8,860.35
09-18	PMT*MA DESE LICENSURE BOSTON /MA US CARD PURCHASE		$25.00	$8,835.35
09-19	SHOP FUND ENGLEWOOD /CO US CARD PURCHASE		$23.10	$8,812.25
09-19	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$42.95	$8,769.30
09-22	STARBUCKS SEATTLE /WA US CARD PURCHASE		$10.00	$8,759.30
09-22	SHAWS.COM #1411 877-505-4040 /MA US CARD PURCHASE		$95.65	$8,663.65
09-24	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$73.24	$8,590.41
09-26	CITY OF FALL RIV DIRDEPOSIT *******60	$3,427.39		$12,017.80
09-26	TNT CLEANING SER PAYROLL 250926 **********-0	$3,237.79		$15,255.59
09-26	CHECK 000000001243		$325.00	$14,930.59
09-29	MOBILE - TRADER JOE S #5 PROVIDENCE /RI US CARD PURCHASE		$104.18	$14,826.41
09-29	CAPITAL ONE MOBILE PMT		$1,391.82	$13,434.59
09-30	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$22.21	$13,412.38
09-30	JPMORGAN CHASE CHASE ACH 093025 ********90		$4,355.24	$9,057.14
09-30	**Ending Balance**			$9,057.14

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SANTANDER MONEY MARKET SAVINGS — Statement Period 09/01/25 - 09/30/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 27502118683

Balances

Beginning Balance	$30,537.45	Current Balance	$30,538.70
Deposits/Credits	+$1.25	Average Daily Balance	$30,537.49
Withdrawals/Debits	$0.00		

Interest

Paid this Period *	$1.25	Annual Percentage Yield Earned	0.05%
Earned this Period	$1.25	Paid Last Year	$2.14
Paid Year-To-Date	$6.77		

* The interest earned and the interest paid may differ depending on when interest is credited to your account.

Account Activity

Date	Description	Additions	Subtractions	Balance
09-01	**Beginning Balance**			$30,537.45
09-30	INTEREST CREDIT FROM 09/01/2025 THROUGH 09/30/2025	$1.25		$30,538.70
09-30	**Ending Balance**			$30,538.70

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Statement Period 08/01/25 TO 08/31/25
SIMPLY RIGHT CHECKING

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1124501 07/2025

Financial Summary — Statement Period 08/01/25 - 08/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Deposit Accounts	Account Number	Average Daily Balance	Current Balance
SIMPLY RIGHT CHECKING	39304957028	$8,184.22	$15,152.34
SANTANDER MONEY MARKET SAVINGS	27502118683	$30,536.28	$30,537.45
Total Deposits			**$45,689.79**

SIMPLY RIGHT CHECKING — Statement Period 08/01/25 - 08/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 39304957028

Balances

Beginning Balance	$7,746.55	Current Balance	$15,152.34
Deposits/Credits	+$15,813.27	Average Daily Balance	$8,184.22
Withdrawals/Debits	-$8,407.48		

Overdraft/Returned Item Fee Summary

Fee description	Total for this statement period	Total year to date
Total Overdraft Fees	$0.00	$15.00
Total Returned Item Fees	$0.00	$0.00

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Account Activity

Date	Description	Additions	Subtractions	Balance
08-01	**Beginning Balance**			$7,746.55
08-01	TNT CLEANING SER PAYROLL 250801 **********-0	$3,237.79		$10,984.34
08-01	TNT CLEANING SER PAYROLL 250801 **********-0	$1,738.57		$12,722.91
08-01	WALMART.COM 800 BENTONVILLE /AR US CARD PURCHASE REFUND	$12.98		$12,735.89
08-01	WALMART.COM 800 BENTONVILLE /AR US CARD PURCHASE REFUND	$10.99		$12,746.88
08-04	YOUNG LIVING 8003713515 /UT US CARD PURCHASE		$126.06	$12,620.82
08-04	CAPITAL ONE MOBILE PMT		$8.28	$12,612.54
08-04	COMCAST-XFINITY CABLE SVCS250802		$351.37	$12,261.17
08-04	TJX Rew MstrCRD SYF PAYMNTAug 04		$1,842.27	$10,418.90
08-04	CAPITAL ONE MOBILE PMT		$3,183.60	$7,235.30
08-05	WALMART.COM 800 BENTONVILLE /AR US CARD PURCHASE REFUND	$9.19		$7,244.49
08-06	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$5.49	$7,239.00
08-06	NEW YORK LIFE INS. PREM AUG 25		$29.12	$7,209.88
08-06	VENMO PAYMENT 250805		$800.00	$6,409.88
08-11	NM ADV ACH CONTRIB 081125 **********67		$100.00	$6,309.88
08-11	NM ADV ACH CONTRIB 081125 **********67		$100.00	$6,209.88
08-13	SHEIN.COM 0000000000 /CA US CARD PURCHASE REFUND	$40.77		$6,250.65
08-13	SHEIN.COM 0000000000 /CA US CARD PURCHASE REFUND	$14.89		$6,265.54
08-14	WWW.QUADAZORESTOURS.CO RIBEIRA GRAND /DU PT CARD PURCHASE REFUND	$291.95		$6,557.49
08-14	INTL TRANSACTION FEE REFUND WWW.QUADAZORESTOURS.CO RIBEIRA GRAND /DU PT	$11.68		$6,569.17
08-15	TNT CLEANING SER PAYROLL 250815 **********-0	$1,738.57		$8,307.74
08-18	SHAWS.COM #1411 877-505-4040 /MA US CARD PURCHASE		$38.00	$8,269.74
08-18	MOBILE - TARGET T- 81 Ta Taunton /MA US CARD PURCHASE		$77.74	$8,192.00
08-18	VENMO PAYMENT 250817		$50.00	$8,142.00
08-18	VENMO PAYMENT 250817		$61.00	$8,081.00
08-18	EVERSOURCE WEB_PAY AUG 25		$1,111.09	$6,969.91
08-20	SQ *FALL RIVER Fall River /MA US CARD PURCHASE		$85.00	$6,884.91
08-20	VENMO PAYMENT 250819		$75.00	$6,809.91
08-21	ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$42.08	$6,767.83
08-21	VENMO PAYMENT 250820		$46.00	$6,721.83
08-22	VENMO PAYMENT 250821		$145.00	$6,576.83
08-25	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$32.86	$6,543.97
08-26	MOBILE - MARKET BASKET 0000083 FALL RIVER /MA US CARD PURCHASE		$23.84	$6,520.13
08-29	CITY OF FALL RIV DIRDEPOSIT *******60	$3,729.53		$10,249.66
08-29	TNT CLEANING SER PAYROLL 250829 **********-0	$3,237.79		$13,487.45
08-29	TNT CLEANING SER PAYROLL 250829 **********-0	$1,738.57		$15,226.02
08-29	SHAWS.COM #1411 877-505-4040 /MA US CARD PURCHASE		$36.75	$15,189.27
08-29	MOBILE - ALDI 73117 DARTMOUTH /MA US CARD PURCHASE		$36.93	$15,152.34
08-31	**Ending Balance**			$15,152.34

SANTANDER MONEY MARKET SAVINGS

Statement Period 08/01/25 - 08/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 27502118683

Balances

Beginning Balance	$30,536.15	Current Balance	$30,537.45
Deposits/Credits	+$1.30	Average Daily Balance	$30,536.28
Withdrawals/Debits	$0.00		

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Statement Period 07/01/25 TO 07/31/25
SIMPLY RIGHT CHECKING

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Financial Summary — Statement Period 07/01/25 - 07/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Deposit Accounts	Account Number	Average Daily Balance	Current Balance
SIMPLY RIGHT CHECKING	39304957028	$13,051.23	$7,746.55
SANTANDER MONEY MARKET SAVINGS	27502118683	$30,534.89	$30,536.15
Total Deposits			**$38,282.70**

SIMPLY RIGHT CHECKING — Statement Period 07/01/25 - 07/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 39304957028

Balances

Beginning Balance	$14,514.85	Current Balance	$7,746.55
Deposits/Credits	+$16,604.09	Average Daily Balance	$13,051.23
Withdrawals/Debits	-$23,372.39		

Overdraft/Returned Item Fee Summary

Fee description	Total for this statement period	Total year to date
Total Overdraft Fees	$0.00	$15.00
Total Returned Item Fees	$0.00	$0.00

Checks Posted

Check #	Date Paid	Amount	Reference	Check #	Date Paid	Amount	Reference
1237	07/02	$13,000.00	0886255215	1239	07/10	$462.26	0886422565
1238	07/11	$548.99	0896797210				

3 Check(s) Posted = $14,011.25

Account Activity

Date	Description	Additions	Subtractions	Balance
07-01	Beginning Balance			$14,514.85
07-02	CHECK 000000001237		$13,000.00	$1,514.85
07-03	CITY OF FALL RIV DIRDEPOSIT *******60	$6,604.09		$8,118.94
07-03	BRANCH TRANSACTION AT Fall River - Southcoast Marketplace - CHECK DEPOSIT	$6,000.00		$14,118.94
07-03	SHAWS 1411 FALL RIVER /MA US CARD PURCHASE		$36.24	$14,082.70
07-03	YOUNG LIVING 8003713515 /UT US CARD PURCHASE		$174.76	$13,907.94
07-07	PP*Westport United WESTPORT /MA US CARD PURCHASE		$83.00	$13,824.94

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Account Activity (Cont. for Acct# 39304957028)

Date	Description	Additions	Subtractions	Balance
07-07	MOBILE - TIKTOK SHOP 6505840896 /CA US CARD PURCHASE		$47.99	$13,776.95
07-07	NEW YORK LIFE INS PREM JUL 25		$29.12	$13,747.83
07-07	MACYS ONLINE PMT250706		$44.99	$13,702.84
07-08	BELLE S CAFE NEWPORT /RI US CARD PURCHASE		$17.28	$13,685.56
07-09	BRANCH TRANSACTION AT Fall River - Southcoast Marketplace - CHECK DEPOSIT.	$4,000.00		$17,685.56
07-09	SHEIN COM 0000000000 /CA US CARD PURCHASE		$179.45	$17,506.11
07-10	NM ADV ACH CONTRIB 071025 **********43		$100.00	$17,406.11
07-10	NM ADV ACH CONTRIB 071025 **********43		$100.00	$17,306.11
07-10	CHECK 000000001239		$462.26	$16,843.85
07-11	CHECK 000000001238		$548.99	$16,294.86
07-14	DUNKIN' MOBILE CANTON /MA US CARD PURCHASE		$15.00	$16,279.86
07-14	DUNKIN' MOBILE CANTON /MA US CARD PURCHASE		$10.00	$16,269.86
07-14	MOBILE - APPLE CASH SENT MONEY CUPERTINO /CA US CARD PURCHASE		$30.00	$16,239.86
07-14	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$28.18	$16,211.68
07-14	TJX Rew MstrCRD SYF PAYMNTJul 14		$2,515.40	$13,696.28
07-15	WALMART COM 800 BENTONVILLE /AR US CARD PURCHASE		$44.14	$13,652.14
07-15	MOBILE - MARKET BASKET 0000083 FALL RIVER /MA US CARD PURCHASE		$8.29	$13,643.85
07-18	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$63.01	$13,580.84
07-21	SUGAR FACTORY FOXWOODS LEDYARD /CT US CARD PURCHASE		$60.12	$13,520.72
07-21	CVS/PHARM 00335 RAYNHAM /MA US CARD PURCHASE		$14.98	$13,505.74
07-21	LOWE'S #18 RAYNHAM /MA US CARD PURCHASE		$53.11	$13,452.63
07-21	SHEIN COM 0000000000 /CA US CARD PURCHASE		$91.31	$13,361.32
07-21	BARCLAYCARD US CREDITCARD		$58.72	$13,302.60
07-22	EVERSOURCE WEB_PAY JUL 25		$605.18	$12,697.42
07-23	MOBILE - TIKTOK SHOP 6505840896 /CA US CARD PURCHASE		$21.90	$12,675.52
07-23	WM SUPERCENTER RAYNHAM /MA PURCHASE W/ CASHBACK		$131.32	$12,544.20
07-24	MOBILE - WWW.QUADAZORESTOURS.C RIBEIRA GRAND /DU PT CARD PURCHASE		$294.05	$12,250.15
07-24	INTERNATIONAL TRANSACTION FEE MOBILE - WWW.QUADAZORESTOURS.C RIBEIRA GRAND /DU P		$11.76	$12,238.39
07-24	VENMO PAYMENT 250723		$60.00	$12,178.39
07-25	MOBILE - TIKTOK SHOP 8888888888 /CA US CARD PURCHASE		$7.06	$12,171.33
07-28	SHAWS.COM #1411 877-505-4040 /MA US CARD PURCHASE		$44.54	$12,126.79
07-28	DUNKIN' MOBILE CANTON /MA US CARD PURCHASE		$25.00	$12,101.79
07-30	JPMORGAN CHASE CHASE ACH 073025 ********90		$4,355.24	$7,746.55
07-31	**Ending Balance**			$7,746.55

SANTANDER MONEY MARKET SAVINGS — Statement Period 07/01/25 - 07/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 27502118683

Balances

Beginning Balance	$30,534.85	Current Balance	$30,536.15
Deposits/Credits	+$1.30	Average Daily Balance	$30,534.89
Withdrawals/Debits	$0.00		

Interest

Paid this Period *	$1.30	Annual Percentage Yield Earned	0.05%
Earned this Period	$1.30	Paid Last Year	$2.14
Paid Year-To-Date	$4.22		

* The interest earned and the interest paid may differ depending on when interest is credited to your account

Account Activity

Date	Description	Additions	Subtractions	Balance
07-01	**Beginning Balance**			$30,534.85
07-31	INTEREST CREDIT FROM 07/01/2025 THROUGH 07/31/2025	$1.30		$30,536.15
07-31	**Ending Balance**			$30,536.15

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Statement Period 06/01/25 TO 06/30/25
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Financial Summary — Statement Period 06/01/25 - 06/30/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Deposit Accounts	Account Number	Average Daily Balance	Current Balance
SIMPLY RIGHT CHECKING	39304957028	$10,391.41	$14,514.85
SANTANDER MONEY MARKET SAVINGS	27502118683	$30,533.64	$30,534.85
Total Deposits			**$45,049.70**

SIMPLY RIGHT CHECKING — Statement Period 06/01/25 - 06/30/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 39304957028

Balances

Beginning Balance	$5,522.11	Current Balance	$14,514.85
Deposits/Credits	+$18,141.58	Average Daily Balance	$10,391.41
Withdrawals/Debits	-$9,148.84		

Overdraft/Returned Item Fee Summary

Fee description	Total for this statement period	Total year to date
Total Overdraft Fees	$0.00	$15.00
Total Returned Item Fees	$0.00	$0.00

Checks Posted

Check #	Date Paid	Amount	Reference
1236	06/26	$287.20	0891250220

1 Check(s) Posted = $287.20

Account Activity

Date	Description	Additions	Subtractions	Balance
06-01	**Beginning Balance**			$5,522.11
06-02	MOBILE - TARGET T- 579 G Swansea /MA US CARD PURCHASE		$61.75	$5,460.36
06-02	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$17.60	$5,442.76
06-03	TARGET 00026070 SWANSEA /MA US CARD PURCHASE REFUND	$39.97		$5,482.73
06-03	TARGET 00026070 SWANSEA /MA US CARD PURCHASE REFUND	$21.00		$5,503.73
06-03	MOBILE - TARGET 0002607 SWANSEA /MA US CARD PURCHASE		$6.05	$5,497.68
06-03	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$28.30	$5,469.38
06-03	YOUNG LIVING 8003713515 /UT US CARD PURCHASE		$128.44	$5,340.94

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Account Activity (Cont. for Acct# 39304957028)

Date	Description	Additions	Subtractions	Balance
06-04	MOBILE - MARKET BASKET 0000083 FALL RIVER /MA US CARD PURCHASE		$8.98	$5,331.96
06-05	MOBILE - MARKET BASKET 0000083 FALL RIVER /MA US CARD PURCHASE		$11.47	$5,320.49
06-05	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$26.87	$5,293.62
06-06	CITY OF FALL RIV DIRDEPOSIT *******60	$3,000.99		$8,294.61
06-06	TARGET 00026070 SWANSEA /MA US CARD PURCHASE REFUND	$6.49		$8,301.10
06-06	NEW YORK LIFE INS. PREM JUN 25		$29.12	$8,271.98
06-09	MOBILE - GOFANTIX* MIAA (MASSA ALPHARETTA /GA US CARD PURCHASE		$24.00	$8,247.98
06-09	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$23.97	$8,224.01
06-09	MOBILE - TARGET T- 579 G Swansea /MA US CARD PURCHASE		$15.53	$8,208.48
06-09	COMCAST-XFINITY CABLE SVCS250608		$351.34	$7,857.14
06-09	CAPITAL ONE MOBILE PMT250607		$631.23	$7,225.91
06-09	TJX Rew MstrCRD SYF PAYMNTJun 09		$1,874.75	$5,351.16
06-10	NM ADV ACH CONTRIB 061025 **********43		$100.00	$5,251.16
06-10	NM ADV ACH CONTRIB 061025 **********43		$100.00	$5,151.16
06-10	EVERSOURCE WEB_PAY JUN 25		$269.64	$4,881.52
06-12	MOBILE - LULULEMONCOM* 877-263-9300 /CA US CARD PURCHASE		$88.51	$4,793.01
06-12	MOBILE - SHAWS 1411 FALL RIVER /MA US CARD PURCHASE		$36.85	$4,756.16
06-12	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$11.35	$4,744.81
06-16	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$70.46	$4,674.35
06-17	DUNKIN' MOBILE CANTON /MA US CARD PURCHASE		$25.00	$4,649.35
06-20	CITY OF FALL RIV DIRDEPOSIT *******60	$14,997.57		$19,646.92
06-23	MOBILE - TikTok Shop Mountain View /CA US CARD PURCHASE		$19.70	$19,627.22
06-23	SHEIN COM 0000000000 /CA US CARD PURCHASE		$123.42	$19,503.80
06-23	MOBILE - ALDI 73027 RAYNHAM /MA US CARD PURCHASE		$27.63	$19,476.17
06-23	BARCLAYCARD US CREDITCARD		$44.42	$19,431.75
06-24	SHEIN COM CAMDEN /DE US CARD PURCHASE REFUND	$20.14		$19,451.89
06-24	MOBILE - MARKET BASKET 0000083 FALL RIVER /MA US CARD PURCHASE		$82.73	$19,369.16
06-26	SHEIN COM 0000000000 /CA US CARD PURCHASE		$126.48	$19,242.68
06-26	MOBILE - ALDI 73117 DARTMOUTH /MA US CARD PURCHASE		$42.12	$19,200.56
06-26	CHECK 000000001236		$287.20	$18,913.36
06-30	SHEIN COM CAMDEN /DE US CARD PURCHASE REFUND	$55.42		$18,968.78
06-30	MOBILE - ALDI 73027 RAYNHAM /MA US CARD PURCHASE		$98.69	$18,870.09
06-30	JPMORGAN CHASE CHASE ACH 063025 ********90		$4,355.24	$14,514.85
06-30	**Ending Balance**			$14,514.85

SANTANDER MONEY MARKET SAVINGS — Statement Period 06/01/25 - 06/30/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 27502118683

Balances

Beginning Balance	$30,533.60	Current Balance	$30,534.85
Deposits/Credits	+$1.25	Average Daily Balance	$30,533.64
Withdrawals/Debits	$0.00		

Interest

Paid this Period *	$1.25	Annual Percentage Yield Earned	0.05%
Earned this Period	$1.25	Paid Last Year	$2.14
Paid Year-To-Date	$2.92		

* The interest earned and the interest paid may differ depending on when interest is credited to your account.

Account Activity

Date	Description	Additions	Subtractions	Balance
06-01	**Beginning Balance**			$30,533.60
06-30	INTEREST CREDIT FROM 06/01/2025 THROUGH 06/30/2025	$1.25		$30,534.85
06-30	**Ending Balance**			$30,534.85

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Statement Period 05/01/25 TO 05/31/25
SIMPLY RIGHT CHECKING

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Santander is improving its Funds Availability Policy, effective April 5, 2025.

Please call us at the phone number on your statement if you have any questions.

We are increasing the minimum amount of funds available the next business day to $275 from $225. With this change, you could have an additional $50 available to you faster. In certain cases when longer delays may apply, such as large dollar deposits, our Funds Availability Policy threshold amount is being increased to $6,725 from $5,525.

After the effective date, our updated Funds Availability Policy will be posted in our branches for reference.

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Financial Summary — Statement Period 05/01/25 - 05/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Deposit Accounts	Account Number	Average Daily Balance	Current Balance
SIMPLY RIGHT CHECKING	39304957028	$19,584.61	$5,522.11
SANTANDER MONEY MARKET SAVINGS	27502118683	$24,764.90	$30,533.60
Total Deposits			**$36,055.71**

SIMPLY RIGHT CHECKING — Statement Period 05/01/25 - 05/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 39304957028

Balances

Beginning Balance	$47,354.04	Current Balance	$5,522.11
Deposits/Credits	+$21,492.91	Average Daily Balance	$19,584.61
Withdrawals/Debits	-$63,324.84		

Overdraft/Returned Item Fee Summary

Fee description	Total for this statement period	Total year to date
Total Overdraft Fees	$0.00	$15.00
Total Returned Item Fees	$0.00	$0.00

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Checks Posted

Check #	Date Paid	Amount	Reference
1232	05/14	$395.24	0890381910
1233	05/22	$3,320.00	0880311230
1234	05/15	$18,550.00	0895721135

3 Check(s) Posted = $22,265.24

Account Activity

Date	Description	Additions	Subtractions	Balance
05-01	**Beginning Balance**			$47,354.04
05-05	RAINBOW #1125 FALL RIVER /MA US CARD PURCHASE		$18.96	$47,335.08
05-05	YOUNG LIVING 8003713515 /UT US CARD PURCHASE		$262.96	$47,072.12
05-05	MOBILE - ALDI 73027 RAYNHAM /MA US CARD PURCHASE		$32.19	$47,039.93
05-05	MOBILE - ALDI 73027 RAYNHAM /MA US CARD PURCHASE		$93.54	$46,946.39
05-05	BJS WHOLE 175 H Seekonk /MA US CARD PURCHASE		$107.33	$46,839.06
05-05	MOBILE - TARGET 0001374 SEEKONK /MA US CARD PURCHASE		$20.92	$46,818.14
05-05	CVS/PHARM 06466 SWANSEA /MA US CARD PURCHASE		$25.00	$46,793.14
05-05	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$10.98	$46,782.16
05-05	CAPITAL ONE MOBILE PMT250503		$7,607.86	$39,174.30
05-06	DUNKIN' MOBILE CANTON /MA US CARD PURCHASE		$15.00	$39,159.30
05-06	MOBILE - MARKET BASKET 0000083 FALL RIVER /MA US CARD PURCHASE		$5.00	$39,154.30
05-06	NEW YORK LIFE INS PREM MAY 25		$29.12	$39,125.18
05-07	J & A ADD A PEARL 312-782-5100 /IL US CARD PURCHASE		$46.45	$39,078.73
05-07	MOBILE - TARGET 0002167 NORTH DARTMOU /MA US CARD PURCHASE		$17.00	$39,061.73
05-07	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$7.99	$39,053.74
05-07	BURLINGTON STOR FALL RIVER /MA US CARD PURCHASE		$20.98	$39,032.76
05-08	MOBILE - MARKET BASKET 0000083 FALL RIVER /MA US CARD PURCHASE		$13.16	$39,019.60
05-09	TAWA BUILDING MA DIRECT DEP250509 **********V3	$3,986.08		$43,005.68
05-09	TNT CLEANING SER PAYROLL 250509 **********-0	$3,237.79		$46,243.47
05-09	CITY OF FALL RIV DIRDEPOSIT *******60	$3,024.85		$49,268.32
05-09	SQ *VENUS NAILS SPA SWANSEA /MA US CARD PURCHASE		$60.00	$49,208.32
05-09	INTERNET TRANSFER TO ACCT *8683 - SANTANDER MONEY MARKET SAVINGS		$24,000.00	$25,208.32
05-12	INTERNET TRANSFER FROM ACCT *8683 - SANTANDER MONEY MARKET SAVINGS	$1,200.00		$26,408.32
05-12	RAINBOW #1125 FALL RIVER /MA US CARD PURCHASE REFUND	$18.96		$26,427.28
05-12	NM ADV ACH CONTRIB 051225 **********67		$100.00	$26,327.28
05-12	NM ADV ACH CONTRIB 051225 **********67		$100.00	$26,227.28
05-12	BARCLAYCARD US CREDITCARD		$119.73	$26,107.55
05-12	COMCAST CABLE 250510		$351.34	$25,756.21
05-12	TJX Rew MstrCRD SYF PAYMNTMay 12		$1,825.81	$23,930.40
05-13	RAISING CANES 0887 MOB 972-769-3100 /MA US CARD PURCHASE		$27.78	$23,902.62
05-13	MOBILE - TARGET 0002607 SWANSEA /MA US CARD PURCHASE		$14.31	$23,888.31
05-13	EVERSOURCE WEB_PAY MAY 25		$357.85	$23,530.46
05-14	SHEIN.COM CAMDEN /DE US CARD PURCHASE		$85.89	$23,444.57
05-14	MOBILE - TARGET 0002607 SWANSEA /MA US CARD PURCHASE		$40.56	$23,404.01
05-14	CHECK 000000001232		$395.24	$23,008.77
05-15	ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$26.05	$22,982.72
05-15	CHECK 000000001234		$18,550.00	$4,432.72
05-16	TAWA BUILDING MA DIRECT DEP250516 **********V3	$2,252.25		$6,684.97
05-16	TARGET 00026070 SWANSEA /MA US CARD PURCHASE REFUND	$5.29		$6,690.26
05-19	MOBILE - ALDI 73027 RAYNHAM /MA US CARD PURCHASE		$30.81	$6,659.45
05-21	MOBILE - MARKET BASKET 0000083 FALL RIVER /MA US CARD PURCHASE		$45.46	$6,613.99
05-21	MOBILE - TARGET 0002607 SWANSEA /MA US CARD PURCHASE		$44.09	$6,569.90
05-22	MOBILE - MARKET BASKET 0000083 FALL RIVER /MA US CARD PURCHASE		$40.92	$6,528.98
05-22	CHECK 000000001233		$3,320.00	$3,208.98

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Account Activity (Cont. for Acct# 39304957028)

Date	Description	Additions	Subtractions	Balance
05-23	CITY OF FALL RIV DIRDEPOSIT *******60	$3,022.39		$6,231.37
05-23	TAWA BUILDING MA DIRECT DEP250523 **********V3	$2,252.25		$8,483.62
05-23	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$9.45	$8,474.17
05-27	WHOLEFDS 121 S BEDFORD /NH US CARD PURCHASE		$54.51	$8,419.66
05-27	MOBILE - TARGET T- 81 Ta Taunton /MA US CARD PURCHASE		$17.38	$8,402.28
05-27	MOBILE - ALDI 73027 RAYNHAM /MA US CARD PURCHASE		$55.26	$8,347.02
05-27	CAPITAL ONE MOBILE PMT250524		$757.09	$7,589.93
05-28	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$25.77	$7,564.16
05-30	TAWA BUILDING MA DIRECT DEP250530 **********V3	$1,611.13		$9,175.29
05-30	TAWA BUILDING MA DIRECT DEP250530 **********V3	$875.03		$10,050.32
05-30	MARKET BASKET 00000836 FALL RIVER /MA US CARD PURCHASE REFUND	$6.89		$10,057.21
05-30	JPMORGAN CHASE CHASE ACH 053025 ********90		$4,535.10	$5,522.11
05-31	**Ending Balance**			$5,522.11

SANTANDER MONEY MARKET SAVINGS

Statement Period 05/01/25 - 05/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 27502118683

Balances

Beginning Balance	$7,732.58	Current Balance	$30,533.60
Deposits/Credits	+$24,001.02	Average Daily Balance	$24,764.90
Withdrawals/Debits	-$1,200.00		

Interest

Paid this Period *	$1.02	Annual Percentage Yield Earned	0.05%
Earned this Period	$1.02	Paid Last Year	$2.14
Paid Year-To-Date	$1.67		

* The interest earned and the interest paid may differ depending on when interest is credited to your account

Account Activity

Date	Description	Additions	Subtractions	Balance
05-01	**Beginning Balance**			$7,732.58
05-09	INTERNET TRANSFER FROM ACCT *7028 - SIMPLY RIGHT CHECKING	$24,000.00		$31,732.58
05-12	INTERNET TRANSFER TO ACCT *7028 - SIMPLY RIGHT CHECKING		$1,200.00	$30,532.58
05-30	INTEREST CREDIT FROM 05/01/2025 THROUGH 05/31/2025	$1.02		$30,533.60
05-31	**Ending Balance**			$30,533.60

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Statement Period 04/01/25 TO 04/30/25
SIMPLY RIGHT CHECKING

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Financial Summary — Statement Period 04/01/25 - 04/30/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Deposit Accounts	Account Number	Average Daily Balance	Current Balance
SIMPLY RIGHT CHECKING	39304957028	$7,866.65	$47,354.04
SANTANDER MONEY MARKET SAVINGS	27502118683	$7,432.41	$7,732.58
Total Deposits			**$55,086.62**

SIMPLY RIGHT CHECKING — Statement Period 04/01/25 - 04/30/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 39304957028

Balances

Beginning Balance	$4,318.95	Current Balance	$47,354.04
Deposits/Credits	+$60,977.82	Average Daily Balance	$7,866.65
Withdrawals/Debits	-$17,942.73		

Overdraft/Returned Item Fee Summary

Fee description	Total for this statement period	Total year to date
Total Overdraft Fees	$0.00	$15.00
Total Returned Item Fees	$0.00	$0.00

Checks Posted

Check #	Date Paid	Amount	Reference	Check #	Date Paid	Amount	Reference
1227	04/03	$500.00	0890656440	1230	04/11	$1,000.00	0881234780
1228	04/08	$200.00	0890908590	1231	04/29	$150.00	0890140260
1229	04/10	$3,000.00	0891042735				

5 Check(s) Posted = $4,850.00

Account Activity

Date	Description	Additions	Subtractions	Balance
04-01	**Beginning Balance**			$4,318.95
04-01	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$67.10	$4,251.85
04-01	CAPITAL ONE MOBILE PMT250330		$1,449.32	$2,802.53
04-03	YOUNG LIVING 8003713515 /UT US CARD PURCHASE		$124.98	$2,677.55
04-03	CHECK 000000001227		$500.00	$2,177.55
04-04	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$16.97	$2,160.58
04-07	SQ *FALL RIVER Fall River /MA US CARD PURCHASE		$80.00	$2,080.58

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Account Activity (Cont. for Acct# 39304957028)

Date	Description	Additions	Subtractions	Balance
04-07	NEW YORK LIFE INS. PREM APR 25		$29.12	$2,051.46
04-07	CAPITAL ONE MOBILE PMT250405		$200.00	$1,851.46
04-08	INTERNET TRANSFER FROM ACCT *8683 - SANTANDER MONEY MARKET SAVINGS	$3,000.00		$4,851.46
04-08	CHECK 000000001228		$200.00	$4,651.46
04-10	VENMO CASHOUT 250409 **********39	$455.00		$5,106.46
04-10	NM ADV ACH CONTRIB 041025 **********44		$100.00	$5,006.46
04-10	NM ADV ACH CONTRIB 041025 **********44		$100.00	$4,906.46
04-10	CHECK 000000001229		$3,000.00	$1,906.46
04-11	TNT CLEANING SER PAYROLL 250411 **********-0	$3,237.79		$5,144.25
04-11	CITY OF FALL RIV DIRDEPOSIT *******60	$3,024.85		$8,169.10
04-11	INTERNET TRANSFER TO ACCT *8683 - SANTANDER MONEY MARKET SAVINGS		$3,000.00	$5,169.10
04-11	CHECK 000000001230		$1,000.00	$4,169.10
04-14	MOBILE - TST*AGUARDENTE 401-414-7324 /RI US CARD PURCHASE		$72.96	$4,096.14
04-14	SHEIN COM 0000000000 /CA US CARD PURCHASE		$44.25	$4,051.89
04-14	CHIPOTLE ONLINE CHIPOTLE.COM /CA US CARD PURCHASE		$29.55	$4,022.34
04-14	COMCAST CABLE 250412		$349.63	$3,672.71
04-14	TJX Rew MstrCRD SYF PAYMNTApr 14		$1,508.36	$2,164.35
04-15	EVERSOURCE WEB_PAY APR 25		$181.02	$1,983.33
04-17	MOBILE - MARKET BASKET 0000083 FALL RIVER /MA US CARD PURCHASE		$40.23	$1,943.10
04-18	ALDI 73027 RAYNHAM /MA US CARD PURCHASE		$94.46	$1,848.64
04-21	MOBILE - APPLE CASH SENT MONEY CUPERTINO /CA US CARD PURCHASE		$29.00	$1,819.64
04-22	DUNKIN' MOBILE CANTON /MA US CARD PURCHASE		$25.00	$1,794.64
04-23	FSP*SALON ONE EIGHTY L BRIDGEWATER /MA US CARD PURCHASE		$30.00	$1,764.64
04-23	VENMO PAYMENT 250422		$56.00	$1,708.64
04-24	MED*BOSTON CHILDRENS P BOSTON /MA US CARD PURCHASE		$35.00	$1,673.64
04-24	MOBILE - TARGET 0001189 TAUNTON /MA US CARD PURCHASE		$4.24	$1,669.40
04-25	TNT CLEANING SER PAYROLL 250425 **********-0	$3,237.79		$4,907.19
04-25	CITY OF FALL RIV DIRDEPOSIT *******60	$3,022.39		$7,929.58
04-28	BRANCH TRANSACTION AT Fall River - Southcoast Marketplace - CHECK DEPOSIT	$45,000.00		$52,929.58
04-28	LIVERPOOLFCINTERNATIO WILMINGTON /MA US CARD PURCHASE		$45.43	$52,884.15
04-28	MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$174.23	$52,709.92
04-28	SEABRA FO 440 S FALL RIVER /MA US CARD PURCHASE		$23.91	$52,686.01
04-28	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$31.95	$52,654.06
04-28	COMCAST CABLE 250426		$351.42	$52,302.64
04-29	TARGET T-2607 Swansea /MA US CARD PURCHASE		$43.54	$52,259.10
04-29	CHECK 000000001231		$150.00	$52,109.10
04-30	PAYPAL *1800CON San Jose /CA US CARD PURCHASE		$219.96	$51,889.14
04-30	JPMORGAN CHASE CHASE ACH 043025 ********90		$4,535.10	$47,354.04
04-30	**Ending Balance**			$47,354.04

SANTANDER MONEY MARKET SAVINGS

Statement Period 04/01/25 - 04/30/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 27502118683

Balances

Beginning Balance	$7,732.40	Current Balance	$7,732.58
Deposits/Credits	+$3,000.18	Average Daily Balance	$7,432.41
Withdrawals/Debits	-$3,000.00		

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Interest

Paid this Period *	$0.18	Annual Percentage Yield Earned	0.03%
Earned this Period	$0.18	Paid Last Year	$2.14
Paid Year-To-Date	$0.65		

* The interest earned and the interest paid may differ depending on when interest is credited to your account.

Account Activity

Date	Description	Additions	Subtractions	Balance
04-01	**Beginning Balance**			$7,732.40
04-08	INTERNET TRANSFER TO ACCT *7028 - SIMPLY RIGHT CHECKING		$3,000.00	$4,732.40
04-11	INTERNET TRANSFER FROM ACCT *7028 - SIMPLY RIGHT CHECKING	$3,000.00		$7,732.40
04-30	INTERCEST CREDIT FROM 04/01/2025 THROUGH 04/30/2025	$0.18		$7,732.58
04-30	**Ending Balance**			$7,732.58

What You Need to Know About Overdrafts and Overdraft Fees

Overview

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer an overdraft protection plan, which allows you to link other deposit accounts, such as a savings account, to cover overdrafts in your checking account. This plan may be less expensive than our standard overdraft practices. To learn more, ask us about this plan.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments
- Recurring Debit Card transactions
- Online Banking payments and transfers

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- One-time Debit Card purchases

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if Santander pays an overdraft?

Under our standard overdraft practices:

- We will charge you a fee of up to **$15** each time we pay an overdraft (maximum of three(3) per Business Day).
- We will only charge you an overdraft fee if the balance on your account is overdrawn by more than **$100**.
- An additional one-time fee of **$15** applies to accounts overdrawn by any amount (negative balance) for five (5) consecutive Business Days when the overdrawn balance at the end of the first day is more than **$100**, and is assessed to the account on the sixth (6th) Business Day. This charge generally applies to checking, savings, and money market savings accounts. See the Fee Schedule for details.

What if I want Santander to authorize and pay overdrafts on my ATM and one-time Debit Card transactions?

If you want us to authorize and pay overdrafts on ATM and one-time Debit Card transactions, visit a Santander branch or call our Customer Service Center at **877-768-2265**. You can also make this change in Santander Online or Mobile Banking.

Can I change my mind later?

If you tell us that we are permitted to pay any overdrafts caused by ATM or one-time debit transactions, you can always change your mind and tell us you no longer want us to do this.

You can visit any Santander branch or call us at 877-768-2265 to tell us you no longer want us to pay these types of overdrafts. You can also make this change in Santander Online or Mobile Banking.

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Account Activity (Cont. for Acct# 39304957028)

Date	Description	Additions	Subtractions	Balance
03-04	TJX Rew MstrCRD SYF PAYMNTMar 04		$3,511.06	$19,520.99
03-04	CHECK 000000001225		$20,000.00	-$479.01
03-04	INSUFFICIENT FUNDS FEE - ITEM PAID		$15.00	-$494.01
03-05	INTERNET TRANSFER FROM ACCT *8683 - SANTANDER MONEY MARKET SAVINGS	$1,000.00		$505.99
03-05	MOBILE - TARGET 0002607 SWANSEA /MA US CARD PURCHASE		$61.86	$444.13
03-05	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$54.62	$389.51
03-06	VENMO CASHOUT 250305 **********49	$852.00		$1,241.51
03-06	NEW YORK LIFE INS. PREM MAR 25		$29.12	$1,212.39
03-10	DUNKIN' MOBILE CANTON /MA US CARD PURCHASE		$10.00	$1,202.39
03-10	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$107.09	$1,095.30
03-10	NM ADV ACH CONTRIB 031025 **********77		$100.00	$995.30
03-10	NM ADV ACH CONTRIB 031025 **********77		$100.00	$895.30
03-11	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$28.75	$866.55
03-12	MOBILE - TARGET 0002607 SWANSEA /MA US CARD PURCHASE		$49.51	$817.04
03-14	TNT CLEANING SER PAYROLL 250314 **********-0	$3,253.09		$4,070.13
03-14	CITY OF FALL RIV DIRDEPOSIT *******60	$3,024.85		$7,094.98
03-14	MOBILE - MARKET BASKET 8 FALL RIVER /MA US CARD PURCHASE		$17.79	$7,077.19
03-14	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$37.46	$7,039.73
03-17	INTERNET TRANSFER TO ACCT *8683 - SANTANDER MONEY MARKET SAVINGS		$3,000.00	$4,039.73
03-17	MOBILE - ALDI 73027 RAYNHAM /MA US CARD PURCHASE		$76.67	$3,963.06
03-17	DicksSportingGoods com Coraopolis /PA US CARD PURCHASE		$169.99	$3,793.07
03-18	EVERSOURCE WEB_PAY MAR 25		$223.01	$3,570.06
03-21	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$21.13	$3,548.93
03-21	CHECK 000000001224		$65.00	$3,483.93
03-24	MOBILE - SBRHS ATHLETIC BOOSTE SOMERSET /MA US CARD PURCHASE		$25.00	$3,458.93
03-25	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$31.93	$3,427.00
03-25	CHECK 000000001226		$538.00	$2,889.00
03-26	YOUNG LIVING 8003713515 /UT US CARD PURCHASE REFUND	$186.67		$3,075.67
03-26	VENMO PAYMENT 250325		$490.00	$2,585.67
03-28	TNT CLEANING SER PAYROLL 250328 **********-0	$3,245.99		$5,831.66
03-28	CITY OF FALL RIV DIRDEPOSIT *******60	$3,022.39		$8,854.05
03-31	JPMORGAN CHASE CHASE ACH 033025 ********90		$4,535.10	$4,318.95
03-31	**Ending Balance**			$4,318.95

SANTANDER MONEY MARKET SAVINGS

Statement Period 03/01/25 - 03/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 27502118683

Balances

Beginning Balance	$5,732.24	Current Balance	$7,732.40
Deposits/Credits	+$3,000.16	Average Daily Balance	$6,312.89
Withdrawals/Debits	-$1,000.00		

Interest

Paid this Period *	$0.16	Annual Percentage Yield Earned	0.03%
Earned this Period	$0.16	Paid Last Year	$2.14
Paid Year-To-Date	$0.47		

* The interest earned and the interest paid may differ depending on when interest is credited to your account.

Account Activity

Date	Description	Additions	Subtractions	Balance
03-01	**Beginning Balance**			$5,732.24
03-05	INTERNET TRANSFER TO ACCT *7028 - SIMPLY RIGHT CHECKING		$1,000.00	$4,732.24
03-17	INTERNET TRANSFER FROM ACCT *7028 - SIMPLY RIGHT CHECKING	$3,000.00		$7,732.24
03-31	INTEREST CREDIT FROM 03/01/2025 THROUGH 03/31/2025	$0.16		$7,732.40
03-31	**Ending Balance**			$7,732.40

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Statement Period 02/01/25 TO 02/28/25
SIMPLY RIGHT CHECKING

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Financial Summary — Statement Period 02/01/25 - 02/28/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Deposit Accounts	Account Number	Average Daily Balance	Current Balance
SIMPLY RIGHT CHECKING	39304957028	$18,418.68	$31,368.74
SANTANDER MONEY MARKET SAVINGS	27502118683	$5,732.11	$5,732.24
Total Deposits			**$37,100.98**

SIMPLY RIGHT CHECKING — Statement Period 02/01/25 - 02/28/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 39304957028

Balances

Beginning Balance	$6,976.36	Current Balance	$31,368.74
Deposits/Credits	+$32,833.55	Average Daily Balance	$18,418.68
Withdrawals/Debits	-$8,441.17		

Checks Posted

Check #	Date Paid	Amount	Reference	Check #	Date Paid	Amount	Reference
1222	02/25	$162.98	0897932495	1223	02/21	$627.90	0888193425

2 Check(s) Posted = $790.88

Account Activity

Date	Description	Additions	Subtractions	Balance
02-01	**Beginning Balance**			$6,976.36
02-03	YOUNG LIVING 8003713515 /UT US CARD PURCHASE		$9.99	$6,966.37
02-03	DUNKIN' MOBILE CANTON /MA US CARD PURCHASE		$15.00	$6,951.37
02-03	YOUNG LIVING 8003713515 /UT US CARD PURCHASE		$186.67	$6,764.70
02-03	MACYS ONLINE PMT250202		$31.05	$6,733.65
02-03	COMCAST CABLE 250202		$349.67	$6,383.98
02-03	TJX Rew MstrCRD SYF PAYMNTFeb 03		$2,154.76	$4,229.22
02-03	CAPITAL ONE MOBILE PMT250201		$2,315.94	$1,913.28
02-04	EVERSOURCE WEB_PAY FEB 25		$267.13	$1,646.15
02-06	NEW YORK LIFE INS. PREM FEB 25		$29.12	$1,617.03
02-07	COMM. OF MASS. MASTTAXRFD250204 *******36	$16,652.00		$18,269.03
02-10	LIVERPOOLFCINTERNATIO WILMINGTON /MA US CARD PURCHASE		$106.35	$18,162.68
02-10	LIVERPOOLFCINTERNATIO WILMINGTON /MA US CARD PURCHASE		$163.14	$17,999.54
02-10	DicksSportingGoods.com Coraopolis /PA US CARD PURCHASE		$339.98	$17,659.56
02-10	NM ADV ACH CONTRIB 021025 **********77		$100.00	$17,559.56
02-10	NM ADV ACH CONTRIB 021025 **********77		$100.00	$17,459.56

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Statement Period 03/01/25 TO 03/31/25
SIMPLY RIGHT CHECKING

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Financial Summary — Statement Period 03/01/25 - 03/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Deposit Accounts	Account Number	Average Daily Balance	Current Balance
SIMPLY RIGHT CHECKING	39304957028	$5,929.23	$4,318.95
SANTANDER MONEY MARKET SAVINGS	27502118683	$6,312.89	$7,732.40
Total Deposits			**$12,051.35**

SIMPLY RIGHT CHECKING — Statement Period 03/01/25 - 03/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 39304957028

Balances

Beginning Balance	$31,368.74	Current Balance	$4,318.95
Deposits/Credits	+$14,584.99	Average Daily Balance	$5,929.23
Withdrawals/Debits	-$41,634.78		

Overdraft/Returned Item Fee Summary

Fee description	Total for this statement period	Total year to date
Total Overdraft Fees	$15.00	$15.00
Total Returned Item Fees	$0.00	$0.00

Checks Posted

Check #	Date Paid	Amount	Reference	Check #	Date Paid	Amount	Reference
1147	03/03	$1,442.00	0888562670	1225	03/04	$20,000.00	0888756815
1224*	03/21	$65.00	0899023590	1226	03/25	$538.00	0890185860

4 Check(s) Posted = $22,045.00
An asterisk (*) indicates a skip in sequential check numbers.

Account Activity

Date	Description	Additions	Subtractions	Balance
03-01	**Beginning Balance**			$31,368.74
03-03	YOUNG LIVING 8003713515 /UT US CARD PURCHASE		$186.67	$31,182.07
03-03	VENMO PAYMENT 250302		$752.00	$30,430.07
03-03	CHECK 000000001147		$1,442.00	$28,988.07
03-03	JPMORGAN CHASE CHASE ACH 030125 ********90		$4,535.10	$24,452.97
03-04	YOUNG LIVING 8003713515 /UT US CARD PURCHASE		$242.67	$24,210.30
03-04	COMCAST CABLE 250303		$349.63	$23,860.67
03-04	CAPITAL ONE MOBILE PMT250302		$828.62	$23,032.05

EQUAL HOUSING LENDER

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Statement Period 01/01/25 TO 01/31/25
SIMPLY RIGHT CHECKING

If you have questions about your statement,
contact the Customer Service Center at 877-768-2265.
Hearing- and speech-impaired customers may use 7-1-1.
www.santanderbank.com

NANCY L RODRIGUES
ANTONIO RODRIGUES
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ASSONET MA 02702-1403

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Financial Summary — Statement Period 01/01/25 - 01/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Deposit Accounts	Account Number	Average Daily Balance	Current Balance
SIMPLY RIGHT CHECKING	39304957028	$4,008.16	$6,976.36
SANTANDER MONEY MARKET SAVINGS	27502118683	$7,070.65	$5,732.11
Total Deposits			**$12,708.47**

SIMPLY RIGHT CHECKING — Statement Period 01/01/25 - 01/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 39304957028

Balances

Beginning Balance	-$176.78	Current Balance	$6,976.36
Deposits/Credits	+$23,570.79	Average Daily Balance	$4,008.16
Withdrawals/Debits	-$16,417.65		

Checks Posted

Check #	Date Paid	Amount	Reference	Check #	Date Paid	Amount	Reference
1217	01/07	$241.39	0895992255	1220	01/30	$375.20	0897177280
1219*	01/28	$990.00	0896968360	1221	01/29	$670.56	0887046695

4 Check(s) Posted = $2,277.15
An asterisk (*) indicates a skip in sequential check numbers.

Account Activity

Date	Description	Additions	Subtractions	Balance
01-01	**Beginning Balance**			-$176.78
01-02	INTERNET TRANSFER FROM ACCT *8683 - SANTANDER MONEY MARKET SAVINGS	$2,000.00		$1,823.22
01-02	NikePOS_US Store00320 Cranston /RI US CARD PURCHASE REFUND	$192.28		$2,015.50
01-02	VENMO PAYMENT 250101		$140.00	$1,875.50
01-03	TNT CLEANING SER PAYROLL 250103 **********-0	$3,248.90		$5,124.40
01-03	CITY OF FALL RIV DIRDEPOSIT *******60	$3,048.48		$8,172.88
01-03	YOUNG LIVING 8003713515 /UT US CARD PURCHASE		$184.23	$7,988.65
01-03	INTERNET TRANSFER TO ACCT *8683 - SANTANDER MONEY MARKET SAVINGS		$2,000.00	$5,988.65
01-06	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$28.08	$5,960.57
01-06	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$23.45	$5,937.12
01-06	NEW YORK LIFE INS PREM JAN 25		$29.12	$5,908.00
01-06	BARCLAYCARD US CREDITCARD		$50.47	$5,857.53

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Account Activity (Cont. for Acct# 39304957028)

Date	Description	Additions	Subtractions	Balance
01-06	EVERSOURCE WEB_PAY JAN 25		$233.40	$5,624.13
01-06	CAPITAL ONE MOBILE PMT250103		$1,752.86	$3,871.27
01-06	TJX Rew MstrCRD SYF PAYMNTJan 06		$1,930.99	$1,940.28
01-07	CVS/PHARM 01110 FALL RIVER /MA US CARD PURCHASE		$3.98	$1,936.30
01-07	CHECK 000000001217		$241.39	$1,694.91
01-10	VENMO CASHOUT 250109 **********64	$673.70		$2,368.61
01-10	BRANCH TRANSACTION AT Fall River - Southcoast Marketplace - CASH WITHDRAWAL		$300.00	$2,068.61
01-10	NM ADV ACH CONTRIB 011025 **********53		$100.00	$1,968.61
01-10	NM ADV ACH CONTRIB 011025 **********53		$100.00	$1,868.61
01-13	TARGET T-1189 Taunton /MA US CARD PURCHASE REFUND	$6.37		$1,874.98
01-13	MOBILE - CVS/PHARM 05402 Taunton /MA US CARD PURCHASE		$19.08	$1,855.90
01-13	MOBILE - CVS/PHARM 05402 Taunton /MA US CARD PURCHASE		$10.20	$1,845.70
01-13	VENMO PAYMENT 250112		$50.00	$1,795.70
01-13	VENMO PAYMENT 250112		$70.00	$1,725.70
01-14	SHEIN COM 0000000000 /CA US CARD PURCHASE		$66.53	$1,659.17
01-14	MOBILE - ALDI 73086 FALL RIVER /MA US CARD PURCHASE		$114.03	$1,545.14
01-17	TNT CLEANING SER PAYROLL 250117 **********-0	$3,253.09		$4,798.23
01-17	CITY OF FALL RIV DIRDEPOSIT *******60	$3,050.21		$7,848.44
01-21	DUNKIN' MOBILE CANTON /MA US CARD PURCHASE		$15.00	$7,833.44
01-21	SQ *FALL RIVER Fall River /MA US CARD PURCHASE		$160.00	$7,673.44
01-21	ETSY, INC BROOKLYN /NY US CARD PURCHASE		$22.98	$7,650.46
01-21	VENMO PAYMENT 250117		$50.00	$7,600.46
01-21	CAPITAL ONE MOBILE PMT250118		$2,000.00	$5,600.46
01-24	VENMO PAYMENT 250123		$151.00	$5,449.46
01-28	CHECK 000000001219		$990.00	$4,459.46
01-29	CHECK 000000001221		$670.56	$3,788.90
01-30	INTERNET TRANSFER FROM ACCT *8683 - SANTANDER MONEY MARKET SAVINGS	$1,000.00		$4,788.90
01-30	INTERNET TRANSFER FROM ACCT *8683 - SANTANDER MONEY MARKET SAVINGS	$500.00		$5,288.90
01-30	CHECK 000000001220		$375.20	$4,913.70
01-30	JPMORGAN CHASE CHASE ACH 013025 ********90		$4,535.10	$378.60
01-31	CITY OF FALL RIV DIRDEPOSIT *******60	$3,344.67		$3,723.27
01-31	TNT CLEANING SER PAYROLL 250131 **********-0	$3,253.09		$6,976.36
01-31	**Ending Balance**			$6,976.36

SANTANDER MONEY MARKET SAVINGS

Statement Period 01/01/25 - 01/31/25

NANCY L RODRIGUES
ANTONIO RODRIGUES

Account # 27502118683

Balances

Beginning Balance	$7,231.93	Current Balance	$5,732.11
Deposits/Credits	+$2,000.18	Average Daily Balance	$7,070.65
Withdrawals/Debits	-$3,500.00		

Interest

Paid this Period *	$0.18	Annual Percentage Yield Earned	0.03%
Earned this Period	$0.18	Paid Last Year	$2.14
Paid Year-To-Date	$0.18		

* The interest earned and the interest paid may differ depending on when interest is credited to your account.

Account Activity

Date	Description	Additions	Subtractions	Balance
01-01	**Beginning Balance**			$7,231.93
01-02	INTERNET TRANSFER TO ACCT *7028 - SIMPLY RIGHT CHECKING		$2,000.00	$5,231.93
01-03	INTERNET TRANSFER FROM ACCT *7028 - SIMPLY RIGHT CHECKING	$2,000.00		$7,231.93
01-30	INTERNET TRANSFER TO ACCT *7028 - SIMPLY RIGHT CHECKING		$500.00	$6,731.93
01-30	INTERNET TRANSFER TO ACCT *7028 - SIMPLY RIGHT CHECKING		$1,000.00	$5,731.93