

HARZAR - Franchise Coffee Shop

WASHINGTON, DC



PRESENTED BY:

THE ANTHONY BOLLING GROUP 240.737.5000 1441 McCormick Drive Suite 1020 Upper Marlboro , MD 20774

ANTHONY R. BOLLING, JD, CCIM Group Leader 0: 240.339.6979 C: 202.531.6159 anthony@anthonybollinggroup.com DC #BR701884

HAZAR - Franchise Coffee Shop

Attached is a proposal to lease the entire facility by a "Franchise" coffee shop. The principals are seeking to secure a franchise from HAZAR, https://harazcoffeehouse.com/.

The tenants are represented by Sampson real estate agents, and they have included the past three years' tax returns from the principals.

The Principals operate Empire Motors Towing, https://www.empiremotorstowing.com/. Empire will serve as a guarantor of the lease for this new start-up franchise business.



SAMSON

June 06, 2023

Anthony R. Bolling Keller Williams Preferred Properties 1000 Florida Ave NE Washington, DC 20002

anthony@anthonybollinggroup.com

RE: Proposal – Ayman Recio (D/B/A TBD)

Dear New Samaritan Baptist Church/Anthony R. Boiling:

(Samson Properties) is pleased to submit the attached Proposal on behalf of (Ayman Recio/Entity) ("Tenant") to facilitate negotiations concerning its desire to lease approximately 2,348 SF at 1000 Florida Ave. Washington, DC 20002 ("Premises"). This offer is for discussion purposes only and is not binding on either the Landlord, Samson Properties or proposed Tenant unless and until a definitive lease agreement is executed by both parties.

We ask for your response by June 13, 2023. Please feel free to contact me if you have any questions.

Sincerely,

Nikell Grant Associate Samson Properties 240-899-3665

Proposal

1. BUILDING NAME/LOCATION:	1000 Florida Ave. Washington, DC 20002
2. PREMISES:	2,348 Square feet
3. LANDLORD:	New Samaritan Baptist Church
4. TENANT:	Franchise Entity (d/b/a Haraz). financials will be provided to you for your review.
5.GUARANTOR:	Empire Motors shall absolutely and unconditionally guarantee and promise to Lessor the due, punctual and full performance by Lessee of each and all of the covenants, obligations, liabilities and promises of Lessee under the Lease to be performed by Lessee, including without limitation, the payment of Base Rent and Percentage Rent due under the Lease and any other amounts due under the Lease. So long as Lessee is not, and has not been, in monetary default under the Lease, this Guarantee shall be terminated and Guarantor shall have no further obligations hereunder on the first anniversary of the Commencement Date of this Lease."
6. LEASE TERM:	The primary lease term shall be for five (5) years.
7. LEASE OPTIONS:	Tenant shall be provided the option to extend for (2) periods of five (5) years each.
8. Rent:	Monthly rents shall be due on the first of every month and shall following the following schedule
	Months 1- 4: \$0.00 Months 4-12: \$4,504.50 Months 12-24: \$4,606.92 Months 25-36: \$4,712.33 Months 37-48: \$4,820.92 Months 49-60: \$4,932.83 In the event Tenant elects to exercise their option to
	renew the lease the rent shall increase on the anniversary of such renewal at a rate of 3% per year.



9. PERCENTAGE RENT:	Tenant will not be required to pay any percentage rentals.
10. PASS-THROUGH EXPENSES:	Tenant shall pay its proportionate share of the cost of repairing and maintaining the common areas of the shopping center including real estate taxes and insurance currently estimated at \$5.60 per square foot per year and a management/administration fee not to exceed ten (10%) percent of the common area cost. Tenant's proration shall be based on Tenant's gross leasable floor area compared to the total gross leasable area of the Shopping Center. Tenant's pro-rata share of CAM expense increases will be capped at three (3%) percent annually, (excluding real estate taxes and insurance).
11. TENANT'S USE:	Coffee Shop and event space
12. Exclusivity:	The landlord agrees not to allow any other tenant to sell or distribute coffee products (including any hot beverages such as tea, steamed milk, or hot chocolate) in any other space in this building or any other building the Landlord may own within a one mile radius of the premise
14. SECURITY DEPOSIT:	One month's gross rent plus 3 months of advance payments to total \$13,500
15. CONDITION OF SPACE:	Landlord will turn the space over to Tenant in the as is condition. Landlord shall ensure that the HVAC, electrical and plumbing systems are in good condition and repair and shall provide a 12 month warranty on the HVAC system from the date of full execution of the lease.
16. RENT COMMENCEMENT:	Landlord shall provide a gross rent free period of up to four months for the installation of the center by tenant.
17. DELIVERY DATE:	Landlord shall deliver the space to Tenant upon lease execution. If the space is not delivered to Tenant by

Proposal

	this date, Tenant shall have the right to terminate the lease.
18. Assignment:	Tenant shall have the right to assign the lease provided the assignee meets the Landlord's minimum financial requirements. Tenant shall be relieved of any and all liability following the assignment in the assignment language.
19. TENANTS WORK	Move the back wall towards the bathroom on the left, change lighting, fix exposed hole in the ceiling, change flooring on top level.
	In the basement change flooring, fix lighting if possible provide ventilation.
20. SIGNAGE	Landlord approves Tenant's building and window signage as shown on the attached criteria. Tenant, at its sole cost and expense, shall have the right to position its name on any and all pylon or monument signs.
21. HOURS:	Tenant does not agree to continuous operation. Landlord acknowledges Tenants typical hours of 7:00am to 9:00pm, Monday through Sunday, and Extended hours and holidays are at the discretion of the Tenant.
22. MARKETING FUND:	Tenant shall not be required to join or pay dues.
23. BROKERS:	It is understood that Nikell Grant of Samson Properties represent the tenant in this transaction. The landlord will be responsible for payment of all commissions per separate commission agreement should a lease transaction be consummated.

Proposal

This letter shall not constitute a formal and binding agreement. This letter reflects the terms and conditions of the proposed transaction and we expect that the definitive agreement which is negotiated between us with respect to this transaction, will be generally consistent with the forgoing material business terms. This letter shall not, however, create any legal rights or obligations between us. It is intended that all legal rights and obligations between Landlord and Tenant will come into existence only when a definitive agreement is signed and delivered by such parties.

Landlord Agreed and Accepted

By:	 _
Printed Name:	 _
Date:	 _

Proposal Cash Flow Owner Perspective

1000-1004 Florida Ave NE

Washington, DC 20002

DEAL: HAZAR - Franchise Coffee Shop | Floors BSMT, 1 MODEL: Lease Proposal



	SPACE DETAILS		LEASE TEF
	Use:	Retail	Lease Start
	Floor:	BSMT, 1	Lease End:
200	Rentable SF:	2,348	Term:
			Starting Rei
			Rent Increa
8 F) .			Percent Re

	LEASE TERMS			
Retail	Lease Start:	8/1/2023	Free Rent:	4 Months (\$18,017)
BSMT, 1	Lease End:	7/31/2028	Service Type:	Triple Net (NNN)
2,348	Term:	5 Years	Operating Exp:	\$5.60 / RSF (3% Inflation)
	Starting Rent:	\$23.02 / RSF	Commission:	6.00%
	Rent Increases:	3% Annual Steps	Improvements:	None
	Percent Rent:	None		

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Base Rent & Escalations	54,051	55,672	57,343	59,063	60,835	286,964
Free Rent	(18,017)	-	-	-	-	(18,017)
Total Base Rent	36,034	55,672	57,343	59,063	60,835	268,947
Real Estate Taxes	5,638	5,807	5,982	6,161	6,346	29,934
CAM (Common Area Maint.)	7,741	7,973	8,212	8,458	8,712	41,096
Total Recoveries	13,379	13,780	14,194	14,619	15,058	71,030
Total Rent	49,413	69,453	71,536	73,682	75,893	339,977
Real Estate Taxes	5,638	5,807	5,982	6,161	6,346	29,934
CAM (Common Area Maint.)	7,741	7,973	8,212	8,458	8,712	41,096
Total Operating Expenses	13,379	13,780	14,194	14,619	15,058	71,030
Net Operating Income	36,034	55,672	57,343	59,063	60,835	268,947
Lease Commissions	16,137	-	-	-	-	16,137
Total Other Costs	16,137	-	-	-	-	16,137
Cash Flow	19,897	55,672	57,343	59,063	60,835	252,810
Cash Flow / RSF	8	24	24	25	26	252,810
Cumulative Cash Flow	19,897	75,570	132,912	191,975	252,810	252,810





Proposal Input Detail Owner Perspective

1000-1004 Florida Ave NE

Washington, DC 20002

DEAL: HAZAR - Franchise Coffee Shop | Floors BSMT, 1 MODEL: Lease Proposal



SPACE DETAILS		LEASE TERMS			
Use:	Retail	Lease Start:	8/1/2023	Free Rent:	4 Months (\$18,017)
Floor:	BSMT, 1	Lease End:	7/31/2028	Service Type:	Triple Net (NNN)
Rentable SF:	2,348	Term:	5 Years	Operating Exp:	\$5.60 / RSF (3% Inflation)
		Starting Rent:	\$23.02 / RSF	Commission:	6.00%
		Rent Increases:	3% Annual Steps	Improvements:	None
		Percent Rent:	None		

BASE RENT (Triple Net (NNN))

C	Date	Ar	nount	Increase				
Month	Date	\$ / RSF	\$ / Month	\$ / Month \$ / RSF		%		
1	8/1/2023	23.02	4,504					
13	8/1/2024	23.71	4,639	0.69	135	3.00		
25	8/1/2025	24.42	4,779	0.71	139	3.00		
37	8/1/2026	25.15	4,922	0.73	143	3.00		
49	8/1/2027	25.91	5,070	0.75	148	3.00		

RECOVERIES

Triple Net (NNN) Service Type:

Operating Expense	\$ / RSF / Yr	Inflation
Real Estate Taxes	2.36	3.00%
CAM (Common Area Maintenance)	3.24	3.00%
Total	5.60	

FREE RENT

Lease Month	# of Months	% Free
1	4	100%





Proposal Input Detail Owner Perspective

1000-1004 Florida A Washington, DC 20002											ZAR - Franchise Coffee Shop Floors BSMT, 1 ase Proposal		
INFLATION											SETTINGS		
	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Discount Rate:	6%	
Global Inflation	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	IRR Investment Basis:	None	
Consumer Price Index (CPI)	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	IRR Exit Cap Rate:	None	
											Base Rent Input:	Annual Basis	
											Fiscal Year End:	December	
											Currency:	US Dollars	
											Area Measure:	Square Feet	
DEAL DETAILS													
						Secu	rity Deposit						

One month's gross rent plus 3 months of advance payments to total \$13,50

OPTIONS

Renewal	
Term:	60
NumberOptions:	2
Date:	8/1/2028



The analysis contained herein is based on assumptions and estimates which have not been (or cannot be) independently verified and are subject to change. No representation or warranty is made as to the accuracy or completeness of the analysis and all information herein is provided as is. The analysis herein should not be construed as investment, tax or legal advice.



Proposal Highlights From HAZAR - Franchise Coffee Shop

Initial Term:5 yearOption Terms:2- 5 year optionsRental Rate:\$23.02/ SFEscalations:The base rent will increase by 3% annually Security Deposit:The tenant shall provide a (1) month security deposit and (3) months advance rent totaling \$13,500.00 at the time of lease execution.

Service:NNNRent Abatement:4 months of Free rentParking:N/ARent Commencement:The earlier of the Tenant's opening for business or one hundred and twenty (120) days following the tenant's receipt of unappealable permits.Guaranty:Empire Motors shall provide a twelve (12-month business guarantee of the lease.



Empire Motors PNC Bank Statements

- 1. December January
- 2. February
- 3. March
- 4. April
- 5. May



L

Busin PNC Bank

01/05

01/06



Business Ch	necking	J					PNCBANK
PNC Bank	For the Period 12/31/2022 to 01/31/2023				Number: 53-0 sures: 0	6684-8519	
	EMPIRE MOTORS LLC 6912 GILBERT ST SPRINGFIELD VA 22150-2421			🗏 PNC Bank C	 For 24-hour banking sign on to PNC Bank Online Banking on pnc.com FREE Online Bill Pay 		
				PNC accepts calls.	s Telecommu	1-877-BUS-BNKG nications Relay Serv 1-877-BUS-BNKG	<i>v</i> ice (TRS)
				Moving? Please	2		
				Write to: Cu		e	
				PO Box 609 Pittsburgh	PA 15230-973	88	
				Visit us at PI			
Business Checking Account number: 53-6684	-	У			Empire N	Notors LIC	
Overdraft Protection Provide	ed By: XXXX	XXXXXXXX5311					
Balance Summary	,						
		Beginning balance	Deposi other add	ts and Check	s and other deductions	Ending balance	
		2,489.61	33,03		35,020.17	508.31	
		2,10,101	00,00		erage ledger	Average collected	
					balance	balance	
					458.68	458.68	
Overdraft and Retu	urned Item		nary or this Period	Total Year to Date			
Total Overdraft Fees		Totalle	180.00	180.00			
Total Returned Item Fees (NSF	١						
Total Returned Item Fees (NSF)		72.00	72.00			
Deposits and Other Ac	dditions			Checks and O	ther Deduc	tions	
Description		Items	Amount	Description		Items	Amount
Deposits		2	13,240.00	Checks		1	460.00
ATM Deposits and Addit	ions	3	591.77	Debit Card Purc		46	3,494.09
ACH Additions		43	19,025.38	POS Purchases		13	1,004.43
Other Additions		1	181.72	ATM/Misc. Debi Transactions	t Card	5	589.18
				ACH Deductions	S	20	16,872.54
				Service Charges	s and Fees	8	282.00
				Other Deduction	าร	10	12,317.93
Total		49	33,038.87	Total		103	35,020.17
Daily Balance							
	Ledger balance	Date		Ledger balance	Date		Ledger balance
12/31	2,489.61	01/09		863.67-	01/17		865.91-
01/03	2,868.01-	01/10		147.69-	01/18		348.44-
01/04	2,503.66-	01/11		375.00	01/19		336.94-

632.92

640.51

01/20

01/23

4,030.79

1,678.74

11,318.43-

1,204.61-

01/12

01/13

For 24-hour account pnc.com/mybusiness	information, sign-on to /		Empire Mot	od 12/31/2022 to ors Llc count Number: 53	
Business Checking Account Number: 53-6684-8519 - continued			Page 2 of 7		
Daily Balance	- continued				
Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
01/24	1,092.85	01/26	268.72	01/30	54.93
01/25	1,533.11	01/27	154.00	01/31	508.31
Activity Detail					
Deposits and Ot	her Additions				
Deposits					
Date posted	Amount	Transaction description			Reference number
01/12	9,240.00	Deposit			051780567
01/20	4,000.00	Deposit			053709143
ATM Deposits a	nd Additions				
Date posted	Amount	Transaction description			Reference number
01/17	149.21	•	fer C Cash App* Visa D)irect Ca	35693933041540372015
01/17	393.00	•	fer C Cash App*Yousse		72457933041540372017
		Visa Direct Ca			
01/23	49.56	Debit Card Credit	Uber 8005928996		49329933041540372023
ACH Additions					
Date posted	Amount	Transaction description			Reference number
01/04	210.50	•	301 Carvana 16301		00023003011540362
01/04	159.80	Corporate ACH 16	307 Carvana 16307		00023003011540364
01/04	66.05	Corporate ACH Si	gnature		00023003007840937
		Allstate Road Sv \	/A2029691		
01/06	6,199.79	Reverse Corporate			00023005006830228
01/07	2 (1 4 0 0	Effective 01-05-23			000000000000000000000000000000000000000
01/06	2,614.98	Reverse Corporate Effective 01-05-23			00023005006830219
01/06	319.35		5 312 Carvana 16312		00023005008597953
01/06	209.00	•	o419 Carvana 16419		00023005008597957
01/06	194.00	•	390 Carvana 16390		00023005008597955
01/06	167.30	•	458 Carvana 16458		00023005008597967
01/06	144.50	•	455 Carvana 16455		00023005008597965
01/06	141.80	Corporate ACH 16	448 Carvana 16448		00023005008597963
01/06	108.80	Corporate ACH 16	428 Carvana 16428		00023005008597959
01/06	86.30	Corporate ACH 16	6429 Carvana 16429		00023005008597961
01/09	340.94	Corporate ACH Si Allstate Road Sv \	0		00023005008579923
01/10	545.68	Corporate ACH Si			00023006005628314
01/10	343.00	Allstate Road Sv \	•		00023000003020314
01/10	170.30		625 Carvana 16625		00023009012395542
01/11	738.84	Corporate ACH Si			00023009012317878
		Allstate Road Sv \	/A2029691		
01/12	139.10	Corporate ACH 16	886 Carvana 16886		00023011006161433
01/12	137.78	Corporate ACH Si	gnature		00023010008646250
		Allstate Road Sv \			
01/13	384.74	Corporate ACH Si	•		00023012009942453
		Allstate Road Sv \	/A2029691		

For 24-hour account information, sign-on to pnc.com/mybusiness/

Business Checking Account Number: 53-6684-8519 - continued

For the Period 12/31/2022 to 01/31/2023 Empire Motors Llc Primary Account Number: 53-6684-8519 Page 3 of 7

ACH Additions - co	ontinued		
Date posted	Amount	Transaction description	Reference number
01/17	504.81	Corporate ACH Signature	00023013007083947
		Allstate Road Sv VA2029691	
01/17	194.00	Corporate ACH 16925 Carvana 16925	00023013010970894
01/17	144.50	Corporate ACH 17014 Carvana 17014	00023013010970898
01/17	113.60	Corporate ACH 16994 Carvana 16994	00023013010970896
01/18	1,308.20	Corporate ACH Signature	00023017007731749
		Allstate Road Sv VA2029691	
01/19	47.50	Corporate ACH Signature	00023017011296390
		Allstate Road Sv VA2029691	
01/20	227.90	Corporate ACH 17026 Carvana 17026	00023019006388932
01/20	202.70	Corporate ACH 17147 Carvana 17147	00023019006388936
01/20	176.00	Corporate ACH 17212 Carvana 17212	00023019006388938
01/20	139.10	Corporate ACH 17058 Carvana 17058	00023019006388934
01/20	32.50	Corporate ACH Signature	00023018010157483
		Allstate Road Sv VA2029691	
01/23	231.83	Corporate ACH Signature	00023019006372377
		Allstate Road Sv VA2029691	
01/24	427.79	Corporate ACH Signature	00023020013024930
		Allstate Road Sv VA2029691	
01/24	196.90	Corporate ACH 17501 Carvana 17501	00023023009827432
01/24	70.40	Corporate ACH 17561 Carvana 17561	00023023009827434
01/25	721.29	Corporate ACH Signature	00023023009749156
		Allstate Road Sv VA2029691	
01/26	131.60	Corporate ACH 17653 Carvana 17653	00023025012409805
01/26	110.60	Corporate ACH 17764 Carvana 17764	00023025012409809
01/26	106.10	Corporate ACH 17760 Carvana 17760	00023025012409807
01/26	82.85	Corporate ACH Signature	00023024005816749
		Allstate Road Sv VA2029691	
01/30	145.46	Corporate ACH Signature	00023026008645168
		Allstate Road Sv VA2029691	
01/31	419.20	Corporate ACH Signature	00023027006904562
		Allstate Road Sv VA2029691	
01/31	211.00	Corporate ACH 17968 Carvana 17968	00023030014719541
Other Additions			
Date posted	Amount	Transaction description	Reference number
01/13	181.72	Online Transfer From 0000005366848914	EMPIRE MOTORS L
Checks and Othe	er Deductions		
Checks and Substitu			
Date Check	Referer		
posted number	Amount numl	Der	

Debit Card Purchases

Date posted	
01/03	

01/24 074 *

 Amount Transaction description
 551.62 0372 Debit Card Purchase Matheny Motor Truck Co Woodbridge VA

086308049

460.00

Reference number 60885933041540372365

E For 24-hour account information, sign-on to

pnc.com/mybusiness/

Business Checking Account Number: 53-6684-8519 - continued

For the Period 12/31/2022 to 01/31/2023 Empire Motors Llc Primary Account Number: 53-6684-8519 Page 4 of 7

Debit Card Pu	urchases - a	continued	
Date posted	Amount	Transaction description	Reference
01/03	250.00	0372 Debit Card Purchase Cash App*AMP	60884933041540372365
01/05	230.00	8774174551 Ca	
01/03	14.00	0372 Debit Card Purchase National Harbor Sunoco	51600933041540372002
01100	11.00	Oxon Hill MD	
01/03	121.28	0372 Debit Card Purchase Zips Truck Equipment I	60883933041540372365
0.1100	121120	800-2226047 Ja	
01/03	8.25	0372 Debit Card Purchase Kung Fu Tea - Springfi	51602933041540372002
		Springfield VA	
01/03	28.57	0372 Debit Card Purchase Uber Help.Uber.C Ca	51601933041540372002
01/03	98.40	0372 Debit Card Purchase 9292 Bbq VA Annandale	51599933041540372002
01/03	4.87	0372 Debit Card Purchase Starbucks Store 11153	48412933041540372003
		Springfield VA	
01/03	26.32	0372 Debit Card Purchase Uber Help.Uber.C Ca	48409933041540372003
01/03	260.00	0372 Debit Card Purchase Cash App*Milkessa R	48413933041540372003
		8774174551 Ca	
01/03	50.00	0372 Debit Card Purchase VA Lottery Springfield	48414933041540372003
		Springfield VA	
01/12	24.44	0372 Debit Card Purchase Uber Help.Uber.C Ca	70871933041540372012
01/13	175.00	0372 Debit Card Purchase Vcn*Virginiascc	51431933041540372013
		866-2551857 VA	
01/13	73.87	0372 Debit Card Purchase Springfield Tobacco &	51430933041540372013
		Springfield VA	
01/13	200.00	0372 Debit Card Purchase Cash App*AMP	51432933041540372013
		8774174551 Ca	
01/17	22.26	0372 Debit Card Purchase Tous Les Jours - Annan	01970933041540372016
		Annandale VA	
01/17	4.87	0372 Debit Card Purchase Starbucks Store 11153	01972933041540372016
		Springfield VA	
01/17	500.00	0372 Debit Card Purchase Cash App*Masoud	35694933041540372015
		8774174551 Ca	
01/17	72.60	0372 Debit Card Purchase DD Doordash Istanbulg	01971933041540372016
		855-9731040 Ca	
01/17	7.88	0372 Debit Card Purchase Py *Kung Fu Tea - Spri	01975933041540372016
		Springfield VA	
01/17	6.82	0372 Debit Card Purchase Py *Kung Fu Tea - Spri	01974933041540372016
		Springfield VA	
01/17	26.16	0372 Debit Card Purchase Uber Help.Uber.C Ca	01973933041540372016
01/17	4.61	0372 Debit Card Purchase Py *Kung Fu Tea - Spri	72458933041540372017
		Springfield VA	
01/17	15.11	0372 Debit Card Purchase Cke*Brooklyn Bagel Bak	72459933041540372017
		Arlington VA	
01/17	6.55	0372 Debit Card Purchase Four Sisters Grill	72460933041540372017
		703-2439020 VA	240740000445 10070000
01/23	7.00	0372 Debit Card Purchase Arlington Meter Parkin	24071933041540372022
01/00		Arlington VA	10001000014510070000
01/23	32.98	0372 Debit Card Purchase Yard House 83500083584	49331933041540372023
		Springfield VA	

E For 24-hour account information, sign-on to

pnc.com/mybusiness/

Business Checking Account Number: 53-6684-8519 - continued

For the Period 12/31/2022 to 01/31/2023 Empire Motors Llc Primary Account Number: 53-6684-8519 Page 5 of 7

Debit Card Pur	rchases - a	continued	
Date posted	Amount	Transaction description	Reference number
01/23	6.82	0372 Debit Card Purchase Py *Kung Fu Tea - Spri	49333933041540372023
		Springfield VA	
01/23	84.84	0372 Debit Card Purchase Uber Help.Uber.C Ca	49330933041540372023
01/23	24.17	0372 Debit Card Purchase Uber Help.Uber.C Ca	49332933041540372023
01/24	20.98	0372 Debit Card Purchase Advance Auto Parts #88	79861933041540372024
		Springfield VA	
01/25	14.00	0372 Debit Card Purchase National Harbor Sunoco	98469933041540372025
		Oxon Hill MD	
01/25	6.19	0372 Debit Card Purchase Py *Kung Fu Tea - Spri	98470933041540372025
		Springfield VA	
01/25	68.39	0372 Debit Card Purchase Uber Help.Uber.C Ca	98468933041540372025
01/26	6.19	0372 Debit Card Purchase Py *Kung Fu Tea - Spri	58849933041540372026
		Springfield VA	
01/26	27.98	0372 Debit Card Purchase Springfield Tobacco &	58848933041540372026
		Springfield VA	
01/26	400.00	0372 Debit Card Purchase Bresslers Inc	58847933041540372026
		Morgantown PA	
01/27	21.73	0372 Debit Card Purchase Malek`s Pizza-Order In	00418933041540372027
		Springfield VA	
01/27	6.19	0372 Debit Card Purchase Py *Kung Fu Tea - Spri	00415933041540372027
		Springfield VA	
01/27	61.00	0372 Debit Card Purchase Bresslers Inc	00417933041540372027
		610-2866013 PA	
01/27	25.80	0372 Debit Card Purchase Uber Help.Uber.C Ca	00416933041540372027
01/30	33.84	0372 Debit Card Purchase Uber Help.Uber.C Ca	16948933041540372029
01/30	29.83	0372 Debit Card Purchase Uber Help.Uber.C Ca	16949933041540372029
01/30	31.20	0372 Debit Card Purchase Uber Help.Uber.C Ca	16947933041540372029
01/30	24.66	0372 Debit Card Purchase Uber Help.Uber.C Ca	40901933041540372030
01/31	6.82	0372 Debit Card Purchase Py *Kung Fu Tea - Spri	83490933041540372031
		Springfield VA	

POS Purchases

Date posted	Amount	Transaction description	Reference number
01/03	125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0019172
01/03	19.97	POS Purchase CVS/Pharmacy # Springfield	POS30139817 0019170
01/03	24.21	POS Purchase CVS/Pharmacy # Springfield	POS30139818 0019171
01/11	125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0008032
01/17	18.42	POS Purchase Sunoco 0057280 Springfield	POS65182503 0021254
01/17	125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0021255
01/20	89.47	POS Purchase Shell Service Falls Church VA	POS87571401 0008001
01/23	44.91	POS Purchase Sunoco 0057280 Springfield	POS65182503 0015597
01/23	115.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0015596
01/25	46.60	POS Purchase The Home Depot Springfield	POS06239703 0007622
01/25	125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0007620
01/25	20.85	POS Purchase Sunoco 0057280 Springfield	POS65182503 0007621
01/30	125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0015825

For 24-hour account information, sign-on to
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pnc.com/mybusiness/

Business Checking Account Number: 53-6684-8519 - continued

For the Period 12/31/2022 to 01/31/2023 Empire Motors Llc Primary Account Number: 53-6684-8519 Page 6 of 7

00023005006830219

ATM/Misc. Debit C	Card Transactions		
Date posted	Amount	Transaction description	Reference number
01/03	24.95	0372 Recurring Debit Card Idclub.com 8005580940	48411933041540372003
		800-5580940 Al	
01/03	38.51	0372 Recurring Debit Card Google 650-2530000 C	48410933041540372003
01/17	40.00	ATM Withdrawal 6400 Springfield	MACSU560705 0021252
01/17	40.00	ATM Withdrawal 6400 Springfield	MACSU560705 0021253
01/17	445.72	0372 Recurring Debit Card GEICO 800-8413000 Dc	72461933041540372017
ACH Deductions			
Date posted	Amount	Transaction description	Reference number
01/03	2,548.67	Corporate ACH Afco Afco 0492136648	00022364008062939
01/03	383.00	ACH Web Payment Applecard Gsbank 50005448	00023003003839471
01/05	6,199.79	Corporate ACH Lease Rent	00023005006830228
01100	0,177.17	First Business B Les00000005515	0002000000000220
01/05	2,614.98	Corporate ACH Lease Rent	00023005006830219
	_,	First Business B Les00000004095	
01/13	110.00	ACH Web Payment	00023012014463310
		Citi Card Online 430958193874401	
01/17	647.28	ACH Web 01122023 Toyota ACH Rtl Dasdfuj8H8Xdumy	00023013006548731
01/18	100.00	ACH Web Payment	00023017012760275
		Citi Card Online 430962317118146	
01/18	618.73	ACH Debit Ins. Prem	00023018005891146
		Freedom Life Ins 52XXXXXXXXX0052	
01/20	321.00	Corporate ACH Payment Amtrust Na 35488840	00023019006279987
01/23	546.60	ACH Web Payment	00023020013120444
		Citi Card Online 430965401127435	
01/23	300.00	Corporate ACH Online Pmt	00023020012919677
		Bk Of Amer Visa Ckf605894791POS	
01/23	300.00	Corporate ACH ACH Pmt Amex Epayment M9674	00023020012992276
01/23	265.00	ACH Tel Auto Pymt Home Depot 720939101210439	00023023004870777
01/23	228.00	Corporate ACH ACH Pmt Amex Epayment M2792	00023020012992262
01/23	200.00	Corporate ACH ACH Pmt Amex Epayment M9450	00023020013073230
01/23	128.12	ACH Web Payment	00023020013120207
		Citi Card Online 420965401425461	
01/23	100.00	Corporate ACH ACH Pmt Amex Epayment M1876	00023020012992305
01/26	811.37	ACH Debit Loan Pmt	00023025012350326
		Virginia Cu Inc XXXXXXXXX6683	
01/26	250.00	ACH Web Payment Applecard Gsbank 50005448	00023025013916116
01/26	200.00	ACH Web Payment	00023025013881808
		Citi Card Online 420969970467143	
Service Charges a	ind Fees		
Date posted	Amount	Transaction description	Reference number
01/03	30.00	Service Charge Period Ending 12/30/2022	
01/04	36.00	Overdraft Item Fee	00022364008062939
01/04	36.00	Overdraft Item Fee	00023003003839471
01/06	36.00	Returned Item Fee (nsf)	00023005006830228
01/07	24.00		000000000000000000000000000000000000000

36.00

Returned Item Fee (nsf)

01/06

E For 24-hour account information, sign-on to

pnc.com/mybusiness/ Business Checking Account Number: 53-6684-8519 - continued			Empire Motors Llc Primary Account Number: 53-6684-8519		
Business Checking A	Account Number: 53-6684-	8519 - continued	Page 7 of 7		
Service Charges	and Fees - contin	nued			
Date posted	Amount	Transaction description		Reference number	
01/18	36.00	Overdraft Item Fee		00023013006548731	
01/18	36.00	Overdraft Item Fee		53000035	
01/19	36.00	Overdraft Item Fee		00023018005891146	
Other Deductions	S				
Date posted	Amount	Transaction description		Reference number	
01/03	650.00	Online Transfer To	0000005366848914	EMPIRE MOTOR00119878	
01/03	100.00	Online Transfer To	0000005426334203	BIG BOY TOWI00119879	
01/11	91.15	Online Transfer To	0000005366848914	EMPIRE MOTOR00031410	
01/12	9,234.52	Withdrawal		051780569	
01/17	300.00	Online Transfer To	0000005366848914	EMPIRE MOTOR00106579	
01/17	722.26	Loan Payment 000	000 1201007800026126	53000035	
01/23	250.00	Online Transfer To	0000005366848914	EMPIRE MOTOR00077930	
01/24	800.00	Online Transfer To	0000005366848914	EMPIRE MOTOR00031076	
01/31	150.00	Online Transfer To	0000005366848914	EMPIRE MOTOR00041094	
01/31	20.00	Online Transfer To	0000005366848914	EMPIRE MOTOR00041093	

For the Period 12/31/2022 to 01/31/2023

Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 02/01/2023 and will appear on your next statement as a single line item entitled Service Charge Period Ending 01/31/2023.

** Combined Transactions include ACH Credits, ACH Debits, Checks Paid, Deposited Item - Consolidated, Deposit Tickets Processed

Description	Volume	Amount	
Account Maintenance Charge	1	12.00	
Combined Transactions	63	.00	Included in Account
ACH Credits	41	.00	
ACH Debits	18	.00	
Checks Paid	1	.00	
Deposited Item - Consolidated	1	.00	
Deposit Tickets Processed	2	.00	
Branch - Consolidated Cash Deposited	50	.00	Included in Account
Branch - Consolidated Cash Deposited	42	12.60	
Cashier Checks	1	15.00	
Total For Services Used This Period		39.60	
Total Service Charge		39.60	

Business Checking - Maintenance Fee Relationship Pricing

These accounts were reviewed to meet the balance requirement and offset the monthly account maintenance fee for your Business Checking account. *If the Met/Not Met Status reflects "No Fee", your most recent credit card statement balance is not reflected and you will not be charged the Maintenance Fee for this statement cycle.

Account Type	Ending In	Condition	As of	Balance	Met/Not Met
Credit Card	5311	Recent Cycle Purchases	01/11/23	.00	
Combined PNC Bus. Credit Cards				.00	Not Met



For the Period 02/01/2023 to 02/28/2023	Primary Account Number: 53-6684-8519 Page 1 of 8 Number of enclosures: 0
EMPIRE MOTORS LLC 6912 GILBERT ST SPRINGFIELD VA 22150-2421	 For 24-hour banking sign on to PNC Bank Online Banking on pnc.com FREE Online Bill Pay
	For customer service call 1-877-BUS-BNKG PNC accepts Telecommunications Relay Service (TRS) calls. Para servicio en espanol, 1-877-BUS-BNKG
	Moving? Please contact your local branch
	 Write to: Customer Service PO Box 609 Pittsburgh, PA 15230-9738 Visit us at PNC.com/smallbusiness

IMPORTANT ACCOUNT INFORMATION

The information below amends certain information in our Account Agreement for Business Accounts (Agreement). All other information in our Agreement continues to apply to your account. Please read this information and retain it with your records.

Effective February 26, 2023, the following section was added to the Agreement:

ERRORS, IRREGULARITIES, OR UNAUTHORIZED TRANSACTIONS

We will not be liable for payments made and charged to your account unless you notify us of an error, irregularity, or any unauthorized transaction, within 30 calendar days of the delivery of the first statement on which the error, irregularity, or unauthorized transaction appeared. Upon receipt of notice of an error, irregularity, or unauthorized transaction on your statement, we will investigate your claim, and we may attempt to recover the funds at our discretion. We cannot guarantee that funds will be recovered. For certain ACH transactions, we cannot recover funds through the ACH network if we are not notified of the transaction within one business day of the transaction posting to your account.

You also have the responsibility to notify us at once if you believe that your debit card or PIN number was lost or stolen. You may have additional rights to assert errors in connection with certain electronic funds transfers. See the enclosed PNC Bank Business Card Agreement for more details.

Notwithstanding the foregoing, the time period for notifying us or making a claim under the Check 21 Act, with respect to a substitute check or an image of a substitute check that is sent with a statement or that appears on a statement, will be as set forth in the Check 21 Act. The time period to recover funds with respect to ACH transactions will be as set forth in the NACHA Operating Rules.

Business Checking Summary Account number: 53-6684-8519

Empire Motors Llc

Overdraft Protection Provided By: XXXXXXXXXXXXXX5311

For 24-hour account informatic pnc.com/mybusiness/	Empire M	lotors Llc	023 to 02/28/2023 er: 53-6684-8519				
Business Checking Accoun	t Number: 53-668	34-8519 - contin	ued	Page 2 of			
Balance Summary	/						
		Beginning balance 508.31	Deposit other add 29,81	litions	ss and other deductions 0,607.45	Ending balance 287.42-	
				Ave	erage ledger balance	Average collected balance	
					3,300.61	2,803.65	
Overdraft and Ret	urned Item		I AFY this Period	Total Year to Date			
Total Overdraft Fees			180.00	360.00			
Total Returned Item Fees (NSF	-)		.00	72.00			
Total NSF/OD Refunds			72.00	72.00			
Deposits and Other A	dditions			Checks and O	ther Deduc	tions	
Description		Items	Amount	Description		Items	Amount
Deposits		3	18,615.86	Checks		1	720.00
ATM Deposits and Addit	ions	1	248.50	Debit Card Purc		51	5,222.68
ACH Additions		34	8,225.28	POS Purchases		18	875.53
Fee Refunds		2	72.00	ATM/Misc. Debi Transactions	t Card	8	2,770.66
Other Additions		4	2,650.08	ACH Deductions	S	10	11,575.72
				Service Charges	s and Fees	8	225.60
				Other Deduction		9	9,217.26
Total		44	29,811.72	Total		105	30,607.45
Daily Balance							
Date	Ledger balance	Date		Ledger balance	Date		Ledger balance
02/01	1,112.19	02/10		5,411.45	02/21		532.73
02/02	647.32-	02/13		3,940.79	02/22		46.12
02/03	676.11-	02/14		5,631.23	02/23		1,571.61
02/06	4,073.52	02/15		4,083.08	02/24		979.12
02/07	4,118.51	02/16		4,097.55	02/27		461.62-
02/08 02/09	16,776.15 15,237.21	02/17		3,862.39	02/28		287.42-
Activity Detail							
Deposits and Other A	dditions						
Deposits							
Date posted	Amount	Transaction description					Reference number
02/06	4,500.00	Deposit					047888785
02/08	12,500.00	Deposit					046602842
02/14	1,615.86	Deposit					049254152
ATM Deposits and Ad	ditions						
Date	Amount	Transaction description					Reference number
02/21	248.50		d Credit 139	4 Lkq Baltimore		611219	33041540372050
		41040120		1			

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Business Checking Account Number: 53-6684-8519 - continued

ACH Additions

For the Period 02/01/2023 to 02/28/2023 Empire Motors Llc Primary Account Number: 53-6684-8519 Page 3 of 8

ACITAULIIOIIS			
Date posted	Amount	Transaction description	Reference number
02/01	894.67	Corporate ACH Signature	00023030014701732
		Allstate Road Sv VA2029691	
02/02	192.20	Corporate ACH 18118 Carvana 18118	00023032010127966
02/02	177.50	Corporate ACH 18104 Carvana 18104	00023032010127964
02/02	169.70	Corporate ACH 18197 Carvana 18197	00023032010127968
02/02	131.60	Corporate ACH 18228 Carvana 18228	00023032010127970
02/02	127.18	Corporate ACH Signature	00023031012247751
		Allstate Road Sv VA2029691	
02/02	89.60	Corporate ACH 18240 Carvana 18240	00023032010127974
02/02	76.40	Corporate ACH 18238 Carvana 18238	00023032010127972
02/03	50.00	Corporate ACH Signature	00023032010063059
		Allstate Road Sv VA2029691	
02/06	175.70	Corporate ACH 18329 Carvana 18329	00023034015469504
02/06	175.70	Corporate ACH 18337 Carvana 18337	00023034015469506
02/06	125.90	Corporate ACH 18306 Carvana 18306	00023034015469502
02/06	108.33	Corporate ACH Signature	00023033007829691
		Allstate Road Sv VA2029691	
02/07	224.25	Corporate ACH Signature	00023034015423505
		Allstate Road Sv VA2029691	
02/08	887.60	Corporate ACH Signature	00023037012862465
00/00	10/ 10	Allstate Road Sv VA2029691	000000000000000000000000000000000000000
02/08	186.40	Corporate ACH 18481 Carvana 18481	00023038009338801
02/09	62.25	Corporate ACH Signature	00023038009329492
02/10	105 20	Allstate Road Sv VA2029691	00000040010154410
02/10	185.30	Corporate ACH 18658 Carvana 18658	00023040012154418
02/10 02/10	134.30 118.10	Corporate ACH 18661 Carvana 18661	00023040012154420
02/10	107.30	Corporate ACH 18607 Carvana 18607 Corporate ACH 18642 Carvana 18642	00023040012154414 00023040012154416
02/13	45.08	Corporate ACH Too42 Carvana Too42 Corporate ACH Signature	00023040012134418
02/13	45.06	Allstate Road Sv VA2029691	00023040012144097
02/14	74.58	Corporate ACH Signature	00023041009263587
02/14	74.00	Allstate Road Sv VA2029691	00023041007203307
02/15	877.48	Corporate ACH Signature	00023044006728125
02/10	077.10	Allstate Road Sv VA2029691	00020011000720120
02/16	241.83	Corporate ACH Signature	00023045013982300
		Allstate Road Sv VA2029691	
02/17	305.35	Corporate ACH Signature	00023047005183751
		Allstate Road Sv VA2029691	
02/17	84.20	Corporate ACH A Carvana 19128	00023047008225893
02/21	384.16	Corporate ACH Signature	00023048002894061
		Allstate Road Sv VA2029691	
02/21	60.00	Corporate ACH Signature	00023047008210764
		Allstate Road Sv VA2029691	
02/22	1,030.64	Corporate ACH Signature	00023052013164143
		Allstate Road Sv VA2029691	
02/23	175.51	Corporate ACH Signature	00023052016543539
		Allstate Road Sv VA2029691	

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Business Checking A	ccount Number: 53-6684	I-8519 - continued	Primary Account Number: Page 4 of 8	53-6684-8519
ACH Additions	- continued			
Date posted	Amount	Transaction description		Reference number
02/24	157.51	Corporate ACH Signatu	ıre	00023053015133057
		Allstate Road Sv VA202	29691	
02/27	178.76	Corporate ACH Signatu	ire	00023054011649320
		Allstate Road Sv VA202	29691	
02/28	210.20	Corporate ACH Signatu	ire	00023055009713188
		Allstate Road Sv VA20	29691	
Fee Refunds				
Date posted	Amount	Transaction description		Reference number
02/06	36.00	OD Fee Itm 15403720	34 Refund	
02/06	36.00	OD Fee Itm 15403720	34 Refund	
Other Additions				
Date posted	Amount	Transaction description		Reference number
02/21	200.08	Online Transfer From	000005366848914	EMPIRE MOTORS L
02/23	1,500.00	Online Transfer From	0000005366848914	EMPIRE MOTORS L
02/24	750.00	Online Transfer From	0000005366848914	EMPIRE MOTORS L
02/27	200.00	Online Transfer From	000005366848914	EMPIRE MOTORS L

For the Period 02/01/2023 to 02/28/2023

Empire Motors Llc

Checks and Other Deductions

Checks and Sub	stitute Chec	cks	
Date Check posted number	Amo	Reference	
02/22 075 *		0.00 083414842	
Debit Card Purch	hases		
Date posted	Amount	Transaction description	Reference number
02/01	6.19	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	88881933041540372032
02/01	35.00	0372 Debit Card Purchase Cash App*Jahir 8774174551 Ca	88880933041540372032
02/02	6.82	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	58037933041540372033
02/02	122.78	0372 Debit Card Purchase 1383 Lkq Ernie's Auto 304-2741133 WV	58036933041540372033
02/03	11.65	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	88308933041540372034
02/03	6.19	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	88310933041540372034
02/07	39.79	0372 Debit Card Purchase Uber Help.Uber.C Ca	01702933041540372038
02/08	297.78	0372 Debit Card Purchase Northern Virginia Supp 703-5697505 VA	85342933041540372039
02/09	6.19	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	69501933041540372040
02/10	7.90	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	70295933041540372041
02/10	6.82	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	70296933041540372041

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Business Checking Account Number: 53-6684-8519 - continued

For the Period 02/01/2023 to 02/28/2023 Empire Motors Llc Primary Account Number: 53-6684-8519 Page 5 of 8

Debit Card Pu	urchases - a	continued	
Date posted	Amount	Transaction description	Reference number
02/10	21.73	0372 Debit Card Purchase Malek`s Pizza-Order In	70288933041540372041
		Springfield VA	
02/10	289.38	0372 Debit Card Purchase 1394 Lkq Baltimore 410-4012060 MD	70287933041540372041
02/10	58.12	0372 Debit Card Purchase ebay O*24-09696-06578 San Jose Ca	70290933041540372041
02/10	32.47	0372 Debit Card Purchase ebay O*24-09696-06580 San Jose Ca	70292933041540372041
02/10	28.08	0372 Debit Card Purchase ebay O*24-09696-06581 San Jose Ca	70293933041540372041
02/10	14.44	0372 Debit Card Purchase ebay O*24-09696-06579 San Jose Ca	70291933041540372041
02/10	29.67	0372 Debit Card Purchase Carquest 1227 Springfield VA	70289933041540372041
02/10	29.67	0372 Debit Card Purchase Advance Auto Parts #88 Springfield VA	70285933041540372041
02/13	41.24	0372 Debit Card Purchase DD Doordash Periperio 855-9731040 Ca	14548933041540372043
02/13	9.14	0372 Debit Card Purchase Cold Stone Creamery #2 703-8626484 VA	14547933041540372043
02/13	6.82	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	14541933041540372043
02/13	55.80	0372 Debit Card Purchase DD Doordash 54Asianre 855-9731040 Ca	14546933041540372043
02/13	10.78	0372 Debit Card Purchase DD Doordash Kungfutea 855-9731040 Ca	14544933041540372043
02/13	248.50	0372 Debit Card Purchase 1394 Lkq Baltimore 410-4012060 MD	14543933041540372043
02/13	10.37	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	14545933041540372043
02/13	6.82	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	14542933041540372043
02/13	30.24	0372 Debit Card Purchase Uber Help.Uber.C Ca	77413933041540372044
02/13	64.24	0372 Debit Card Purchase Uber Help.Uber.C Ca	77414933041540372044
02/15	6.19	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	31934933041540372046
02/16	4.19	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	64782933041540372047
02/16	50.00	0372 Debit Card Purchase Cash App*Travis Fer 8774174551 Ca	64780933041540372047
02/16	73.17	0372 Debit Card Purchase Uber Help.Uber.C Ca	64781933041540372047
02/21	48.09	0372 Debit Card Purchase Uber Help.Uber.C Ca	61122933041540372050
02/21	68.66	0372 Debit Card Purchase Uber Help.Uber.C Ca	98013933041540372051
02/21	80.00	0372 Debit Card Purchase Cash App*Jts 8774174551 Ca	98012933041540372051
02/21	88.78	0372 Debit Card Purchase Sir Lounge Tysons COR	04010933041540372052
02/21	6.82	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	04012933041540372052

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Business Checking Account Number: 53-6684-8519 - continued

For the Period 02/01/2023 to 02/28/2023 Empire Motors Llc Primary Account Number: 53-6684-8519 Page 6 of 8

Debit Card Pure	chases - a	continued	
Date posted	Amount	Transaction description	Reference number
02/21	162.69	0372 Debit Card Purchase Northern Virginia Supp 703-5697505 VA	04011933041540372052
02/21	229.17	0372 Debit Card Purchase Northern Virginia Supp 703-5697505 VA	04009933041540372052
02/22	8.06	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	95611933041540372053
02/22	6.19	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	95609933041540372053
02/22	160.00	0372 Debit Card Purchase Cash App*Tevin Kenn 8774174551 Ca	95610933041540372053
02/22	55.00	0372 Debit Card Purchase Cash App*Tony 8774174551 Ca	95608933041540372053
02/23	132.92	0372 Debit Card Purchase Uber Help.Uber.C Ca	76193933041540372054
02/24	1,500.00	0372 Debit Card Purchase Cash App*AMP 8774174551 Ca	37595933041540372055
02/27	5.19	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	41093933041540372057
02/27	750.00	0372 Debit Card Purchase Cash App*Walid Elsh 8774174551 Ca	41092933041540372057
02/27	97.94	0372 Debit Card Purchase Uber Help.Uber.C Ca	41094933041540372057
02/27	100.00	0372 Debit Card Purchase Cash App*Travis Fer 8774174551 Ca	41095933041540372057
02/27	55.00	0372 Debit Card Purchase Cash App*Travis Fer 8774174551 Ca	41096933041540372057

POS Purchases

Date posted	Amount	Transaction description	Reference number
02/01	125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0008069
02/02	9.42	POS Purchase Sunoco 0057280 Springfield	POS65182503 0008474
02/07	108.96	POS Purchase Sunoco 0057280 Springfield	POS65182503 0007918
02/07	30.51	POS Purchase Autozone Springfield	POS99999999 0007919
02/08	21.49	POS Purchase Sunoco 0057280 Springfield	POS65182503 0008055
02/08	85.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0008053
02/08	11.47	POS Purchase Wawa 658 Fredericksbu VA	POS01452805 0008056
02/08	100.62	POS Purchase Autozone Springfield	POS99999999 0008054
02/09	125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0008136
02/10	19.06	POS Purchase Sunoco 0057280 Springfield	POS65182503 0006179
02/13	17.26	POS Purchase 7-Eleven Springfield	POS00M6LM13 0015943
02/15	72.45	POS Purchase Sunoco 0057280 Springfield	POS65182503 0007626
02/21	7.20	POS Purchase Autozone Springfield	POS99999999 0021565
02/21	19.06	POS Purchase Sunoco 0057280 Springfield	POS65182503 0021566
02/21	85.50	POS Purchase Sunoco 0057280 Springfield	POS65182503 0021567
02/21	1.37	POS Purchase Lidl #1229 Springfield	POS082 0021564
02/21	19.06	POS Purchase Sunoco 0057280 Springfield	POS65182503 0021563
02/23	17.10	POS Purchase 7-Eleven Fairfax VA	POS00MULC01 0008091

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Business Checking Account Number: 53-6684-8519 - continued

ATM/Misc. Debit Card Transactions

For the Period 02/01/2023 to 02/28/2023 Empire Motors Llc Primary Account Number: 53-6684-8519 Page 7 of 8

ATM/Misc. Debit Ca	rd Transactions		
Date posted	Amount	Transaction description	Reference number
02/01	60.00	ATM Withdrawal 6400 Springfield	MACSU560705 0008068
02/02	36.00	0372 Recurring Debit Card Google 650-2530000 C	58035933041540372033
02/03	24.95	0372 Recurring Debit Card Idclub.com 8005580940 800-5580940 Al	88309933041540372034
02/10	499.00	0372 Recurring Debit Card Towingwebsites.Com Httpstowing Fl	70286933041540372041
02/10	499.00	0372 Recurring Debit Card Towingwebsites.Com Httpstowing Fl	70294933041540372041
02/15	1,003.00	ATM Withdrawal 6225 Brandon Ave S Springfield VA	PLUFC74 0007627
02/17	445.71	0372 Recurring Debit Card GEICO 800-8413000 De	36009933041540372048
02/21	203.00	ATM Withdrawal 3332 Lee Hwy Arlington VA	MACCS83668 0021561
ACH Deductions			
Date posted	Amount	Transaction description	Reference number
02/02	2,548.67	Corporate ACH Afco Afco 0492136648	00023032006216326
02/10	3,817.88	Corporate ACH ACH Pmt Amex Epayment M3938	00023040012103671
02/10	2,017.54	Corporate ACH ACH Pmt Amex Epayment M3070	00023040012103607
02/13	647.28	ACH Web 02102023 Toyota ACH Rtl Ywprnrcpfq0Li	
02/13	367.25	Corporate ACH ACH Pmt Amex Epayment M3730	00023041009250023
02/15	618.73	ACH Debit Ins. Prem	00023046008895050
02/13	010.75	Freedom Life Ins 52XXXXXXXXX0052	00023040000073030
02/17	179.00	Corporate ACH Online Pmt	00023047008162116
02,17		Bk Of Amer Visa Ckf605894791POS	
02/22	321.00	Corporate ACH Payment Amtrust Na 35637501	00023052016409519
02/22	247.00	ACH Tel Auto Pymt Home Depot 720966749180925	
02/27	811.37	ACH Debit Loan Pmt	00023055009621432
		Virginia Cu Inc XXXXXXXXX6683	
Service Charges and	d Fees		
Date		Transaction	Reference
posted	Amount	description	number
02/01 02/03	39.60 36.00	Service Charge Period Ending 01/31/2023 Overdraft Item Fee	00023032006216326
02/03	36.00	Overdraft Item Fee	88308933041540372034
02/06	36.00	Overdraft Item Fee	88310933041540372034
02/08	36.00	Overdraft Item Fee	88309933041540372034
02/08	3.00	ATM Withdrawal Fee	PLUFC74 0007628
02/21	3.00	ATM Withdrawal Fee	MACCS83668 0021562
02/28	36.00	Overdraft Item Fee	00023055009621432
Other Deductions	30.00		00023033007021432
Date		Transaction	Reference
posted	Amount	description	number
02/01	10.00	Online Transfer To 0000005426333657	EMPIRE ECOM 00044957
02/01	15.00	Online Transfer To 0000005426334043	EMPORIO TOWI00044958
02/06	300.00	Online Transfer To 0000005366848914	EMPIRE MOTOR00084485

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Business Checking Account Number: 53-6684-8519 - continued

For the Period 02/01/2023 to 02/28/2023 Empire Motors Llc Primary Account Number: 53-6684-8519 Page 8 of 8

Other Deductions	- continued		
Date posted	Amount	Transaction description	Reference number
02/08	400.00	Online Transfer To 0000005366848914	EMPIRE MOTOR00033052
02/09	1,470.00	Online Credit Card Pmt 02/09 XXXX5311	O9766033101165311040
02/10	3,000.00	Withdrawal	048847157
02/15	722.26	Loan Payment 00000 1201007800026126	53000011
02/16	100.00	Online Transfer To 0000005366848914	EMPIRE MOTOR00035006
02/21	3,200.00	Online Transfer To 0000005366848914	EMPIRE MOTOR00105244

Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 03/01/2023 and will appear on your next statement as a single line item entitled Service Charge Period Ending 02/28/2023.

** Combined Transactions include ACH Credits, ACH Debits, Checks Paid, Deposited Item - Consolidated, Deposit Tickets Processed

Description	Volume	Amount	
Account Maintenance Charge		.00	Requirements Met
Combined Transactions	50	.00	Included in Account
ACH Credits	34	.00	
ACH Debits	10	.00	
Checks Paid	1	.00	
Deposited Item - Consolidated	2	.00	
Deposit Tickets Processed	3	.00	
Branch - Consolidated Cash Deposited	45	.00	Included in Account
Total For Services Used This Period		.00	
Total Service Charge		.00	

Business Checking - Maintenance Fee Relationship Pricing

These accounts were reviewed to meet the balance requirement and offset the monthly account maintenance fee for your Business Checking account. *If the Met/Not Met Status reflects "No Fee", your most recent credit card statement balance is not reflected and you will not be charged the Maintenance Fee for this statement cycle.

Account Type	Ending In	Condition	As of	Balance	Met/Not Met
Credit Card	5311	Recent Cycle Purchases	02/08/23	.00	
Combined PNC Bus. Credit Cards				.00	Not Met





For the Period 03/01/2023 to 03/31/2023	Primary Account Number: 53-6684-8519 Page 1 of 10 Number of enclosures: 0
EMPIRE MOTORS LLC 6912 GILBERT ST SPRINGFIELD VA 22150-2421	 For 24-hour banking sign on to PNC Bank Online Banking on pnc.com FREE Online Bill Pay
	For customer service call 1-877-BUS-BNKG PNC accepts Telecommunications Relay Service (TRS) calls. Para servicio en espanol, 1-877-BUS-BNKG
	Moving? Please contact your local branch
	 Write to: Customer Service PO Box 609 Pittsburgh, PA 15230-9738 Visit us at PNC.com/smallbusiness

IMPORTANT ACCOUNT INFORMATION

The information below amends certain information in our Account Agreement for Business Accounts (Agreement). All other information in our Agreement continues to apply to your account. Please read this information and retain it with your records.

Effective February 26, 2023, the following section was added to the Agreement:

ERRORS, IRREGULARITIES, OR UNAUTHORIZED TRANSACTIONS

We will not be liable for payments made and charged to your account unless you notify us of an error, irregularity, or any unauthorized transaction, within 30 calendar days of the delivery of the first statement on which the error, irregularity, or unauthorized transaction appeared. Upon receipt of notice of an error, irregularity, or unauthorized transaction on your statement, we will investigate your claim, and we may attempt to recover the funds at our discretion. We cannot guarantee that funds will be recovered. For certain ACH transactions, we cannot recover funds through the ACH network if we are not notified of the transaction within one business day of the transaction posting to your account.

You also have the responsibility to notify us at once if you believe that your debit card or PIN number was lost or stolen. You may have additional rights to assert errors in connection with certain electronic funds transfers. See the enclosed PNC Bank Business Card Agreement for more details.

Notwithstanding the foregoing, the time period for notifying us or making a claim under the Check 21 Act, with respect to a substitute check or an image of a substitute check that is sent with a statement or that appears on a statement, will be as set forth in the Check 21 Act. The time period to recover funds with respect to ACH transactions will be as set forth in the NACHA Operating Rules.

IMPORTANT ACCOUNT INFORMATION

The information below amends certain information in our Funds Availability for Business Accounts (Agreements). All other information in our Agreements continues to apply to your account. Please read this information and retain it with your records.

Effective April 15, 2023, all cash deposits made at non-PNC Bank ATMs equipped with currency validation technology will be available the same business day as the day of their deposit if received prior to our cut-off time of 10:00pm ET.

For 24-hour account information, sign-on to pnc.com/mybusiness/

Business Checking Account Number: 53-6684-8519 - continued

As a reminder, deposits received after our cut-off time of 10:00 p.m. ET, or on a day that is not a business day, may be available for immediate withdrawal; however, we will consider the deposit as being received on the next business day to pay checks and other items that are presented to us that evening for posting.

Business Checking Summary

Account number: 53-6684-8519

Overdraft Protection Provided By: XXXXXXXXXXXXX5311

Balance Summary Beginning balance Deposits and other additions Checks and other Ending deductions balance 96,391.28 55,236.44 40,867.42 287.42-Average collected Average ledger balance balance 4,463.28 263.80-Overdraft and Returned Item Fee Summary Total for this Period Total Year to Date Total Overdraft Fees 756.00 1,116.00 Total Returned Item Fees (NSF) .00 72.00 Total NSF/OD Refunds 180.00 252.00 Deposits and Other Additions Checks and Other Deductions Description Items Amount Description Items Amount Deposits 2 80,500.00 Checks 3 9,050.00 3 ATM Deposits and Additions 494.03 **Debit Card Purchases** 40 3,530.87 ACH Additions 92 14,897.25 **POS Purchases** 18 1,156.15 Fee Refunds 5 180.00 ATM/Misc. Debit Card 10 1,492.41 Transactions 3 Other Additions 320.00 ACH Deductions 14 9,166.75 Service Charges and Fees 22 759.00 Other Deductions 13 30,081.26 Total 105 96,391.28 Total 120 55,236.44 Daily Balance Date Ledger balance Date Ledger balance Date Ledger balance 03/01 948.00 03/22 1,953.28-03/13 84.04 03/02 2,298.32-03/14 108.64 03/23 2.025.28-03/03 2,064.37-1,638.70-03/27 1,799.05-03/15 03/06 1,694.40-03/16 1,629.48-03/28 445.60 03/07 891.32-03/17 25,531.62 03/29 177.39 48,317.70 03/08 472.59-03/20 782.77-03/30 03/09 541.61 03/21 2,570.10-03/31 40,867.42 03/10 100.30 Activity Detail **Deposits and Other Additions** Deposits Date posted Transaction Reference Amount description number 03/17 33,000.00 Deposit 051043421 03/30 47,500.00 Deposit 048492899

For the Period 03/01/2023 to 03/31/2023 Empire Motors Llc Primary Account Number: 53-6684-8519 Page 2 of 10

Empire Motors Llc

9	For	24-h	our	acc	count	information,	sign-on to

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Business Checking Account Number: 53-6684-8519 - continued

For the Period 03/01/2023 to 03/31/2023 Empire Motors Llc Primary Account Number: 53-6684-8519

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ATM Deposits and	Additions		
Date posted	Amount	Transaction description	Reference number
03/01	393.00	Visa Money Transfer C Cash App*Mil Recio	03476933041540372060
03/06	98.25	Visa Direct Ca Visa Money Transfer C Cash App*Mil Recio Visa Direct Ca	47181933041540372064
03/21	2.78	Debit Card Credit Uber 8005928996	66516933041540372080
ACH Additions			
Date posted	Amount	Transaction description	Reference number
03/01	1,303.16	Corporate ACH Signature Allstate Road Sv VA2029691	00023058007154063
03/02	152.35	Corporate ACH Signature Allstate Road Sv VA2029691	00023059015218156
03/03	115.70	Corporate ACH A Carvana 19677	00023061011944967
03/03	104.30	Corporate ACH A Carvana 19712	00023061011944968
03/03	74.90	Corporate ACH A Carvana 19667	00023061011944966
03/06	307.72	Corporate ACH Signature Allstate Road Sv VA2029691	00023061012011985
03/07	335.30	Corporate ACH A Carvana 19882	00023065007098712
03/07	212.90	Corporate ACH A Carvana 19895	00023065007098713
03/07	190.18	Corporate ACH Signature Allstate Road Sv VA2029691	00023062009992797
03/07	100.70	Corporate ACH A Carvana 19896	00023065007098714
03/08	418.73	Corporate ACH Signature Allstate Road Sv VA2029691	00023065007075817
03/09	398.00	Corporate ACH A Carvana 20440	00023067010709143
03/09	385.30	Corporate ACH A Carvana 19915	00023067010709136
03/09	241.50	Corporate ACH Signature Allstate Road Sv VA2029691	00023066014120748
03/09	178.10	Corporate ACH A Carvana 20314	00023067010709139
03/09	156.50	Corporate ACH A Carvana 20137	00023067010709138
03/09	107.60	Corporate ACH A Carvana 20122	00023067010709137
03/09	86.00	Corporate ACH A Carvana 20389	00023067010709142
03/09	69.40	Corporate ACH A Carvana 20340	00023067010709140
03/09	66.80	Corporate ACH A Carvana 20366	00023067010709141
03/13	182.30	Corporate ACH A Carvana 20662	00023069013724322
03/13	139.70	Corporate ACH A Carvana 20519	00023069013724319
03/13	134.50	Corporate ACH A Carvana 20677	00023069013724323
03/13	131.00	Corporate ACH A Carvana 20691	00023069013724324
03/13	126.20	Corporate ACH A Carvana 20458	00023069013724317
03/13	124.38	Corporate ACH Signature Allstate Road Sv VA2029691	00023068006925461
03/13	102.85	Corporate ACH A Carvana 20433	00023069013724316
03/13	100.10	Corporate ACH A Carvana 20634	00023069013724321
03/13	94.10	Corporate ACH A Carvana 20529	00023069013724320
03/13	91.40	Corporate ACH A Carvana 20459	00023069013724318
03/14	109.60	Corporate ACH Signature Allstate Road Sv VA2029691	00023069013699860

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Business Checking Account Number: 53-6684-8519 - continued

For the Period 03/01/2023 to 03/31/2023 Empire Motors Llc Primary Account Number: 53-6684-8519 Page 4 of 10

ACH Additions	- continued		
Date posted	Amount	Transaction description	Reference number
03/15	417.61	Corporate ACH Signature	00023072010942719
		Allstate Road Sv VA2029691	
03/15	103.70	Corporate ACH A Carvana 20967	00023073008856933
03/15	97.10	Corporate ACH A Carvana 20915	00023073008856932
03/15	90.20	Corporate ACH A Carvana 20984	00023073008856934
03/16	159.73	Corporate ACH Signature	00023073008889801
		Allstate Road Sv VA2029691	
03/17	239.30	Corporate ACH A Carvana 21328	00023075012947982
03/17	203.60	Corporate ACH A Carvana 21610	00023075012947989
03/17	167.30	Corporate ACH A Carvana 21619	00023075012947990
03/17	159.80	Corporate ACH A Carvana 21127	00023075012947981
03/17	154.10	Corporate ACH A Carvana 21108	00023075012947980
03/17	151.10	Corporate ACH A Carvana 21552	00023075012947986
03/17	133.70	Corporate ACH A Carvana 21647	00023075012947994
03/17	127.10	Corporate ACH A Carvana 21526	00023075012947985
03/17	118.40	Corporate ACH A Carvana 21483	00023075012947984
03/17	99.20	Corporate ACH A Carvana 21657	00023075012947995
03/17	98.30	Corporate ACH A Carvana 21368	00023075012947983
03/17	92.30	Corporate ACH A Carvana 21678	00023075012947996
03/17	84.20	Corporate ACH A Carvana 21624	00023075012947991
03/17	76.70	Corporate ACH A Carvana 21079	00023075012947979
03/17	75.20	Corporate ACH A Carvana 21637	00023075012947993
03/17	73.40	Corporate ACH A Carvana 21633	00023075012947992
03/17	61.10	Corporate ACH A Carvana 21568	00023075012947987
03/17	41.40	Corporate ACH A Carvana 21598	00023075012947988
03/20	40.00	Corporate ACH Signature	00023075012998608
00/01	100.40	Allstate Road Sv VA2029691	0000007/010000175
03/21	128.48	Corporate ACH Signature	00023076010932475
02/22	E2E 01	Allstate Road Sv VA2029691	0000007674240
03/22	535.81	Corporate ACH Signature Allstate Road Sv VA2029691	00023079007674349
03/22	193.70		00023080014460684
03/22	164.30	Corporate ACH A Carvana 21864 Corporate ACH A Carvana 22132	00023080014460685
03/27	225.50	Corporate ACH A Carvana 22732	00023083013293660
03/27	196.10	Corporate ACH A Carvana 23122	00023083013293666
03/27	192.50	Corporate ACH A Carvana 22827	00023083013293661
03/27	153.80	Corporate ACH A Carvana 22974	00023083013293664
03/27	114.20	Corporate ACH A Carvana 22920	00023083013293663
03/27	84.50	Corporate ACH A Carvana 22893	00023083013293662
03/27	71.00	Corporate ACH A Carvana 22997	00023083013293665
03/28	209.90	Corporate ACH A Carvana 23623	00023086009846218
03/28	206.30	Corporate ACH A Carvana 20837	00023086009846209
03/28	202.40	Corporate ACH A Carvana 23396	00023086009846214
03/28	194.30	Corporate ACH A Carvana 20633	00023086009846205
03/28	186.20	Corporate ACH A Carvana 23511	00023086009846217
03/28	146.60	Corporate ACH A Carvana 23801	00023086009846219
03/28	143.00	Corporate ACH A Carvana 20733	00023086009846208

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Business Checking Account Number: 53-6684-8519 - continued

For the Period 03/01/2023 to 03/31/2023 Empire Motors Llc Primary Account Number: 53-6684-8519 Page 5 of 10

ACH Additions	- continued		
Date	oon mada	Transaction	Reference
posted	Amount	description	number
03/28	142.10	Corporate ACH A Carvana 20288	00023086009846201
03/28	133.10	Corporate ACH A Carvana 23227	00023086009846212
03/28	131.90	Corporate ACH A Carvana 22175	00023086009846210
03/28	126.20	Corporate ACH A Carvana 20483	00023086009846203
03/28	112.40	Corporate ACH A Carvana 20729	00023086009846207
03/28	109.70	Corporate ACH A Carvana 23425	00023086009846215
03/28	103.40	Corporate ACH A Carvana 23341	00023086009846213
03/28	86.00	Corporate ACH A Carvana 20407	00023086009846202
03/28	85.40	Corporate ACH A Carvana 20681	00023086009846206
03/28	77.00	Corporate ACH A Carvana 20520	00023086009846204
03/28	64.70	Corporate ACH A Carvana 22538	00023086009846211
03/28	53.35	Corporate ACH A Carvana 23427	00023086009846216
03/30	226.10	Corporate ACH A Carvana 24097	00023088015442499
03/30	181.70	Corporate ACH A Carvana 24483	00023088015442502
03/30	133.70	Corporate ACH A Carvana 24369	00023088015442501
03/30	129.80	Corporate ACH A Carvana 23895	00023088015442498
03/30	87.50	Corporate ACH A Carvana 24513	00023088015442503
03/30	83.00	Corporate ACH A Carvana 24184	00023088015442500
03/30	75.80	Corporate ACH A Carvana 24542	00023088015442504
Fee Refunds			
Date posted	Amount	Transaction description	Reference number
03/14	36.00	OD Threshold Refund	
03/17	36.00	OD Fee Itm 1540372075 Refund	
03/22	36.00	OD Fee Itm 1540372080 Refund	
03/22	36.00	OD Fee Itm 1540372080 Refund	
03/22	36.00	OD Fee Itm 1540372080 Refund	
Other Additions			
Date	A	Transaction	Reference
posted 03/06	Amount	description Opling Transfer From 0000005266848014	number EMPIRE MOTORS L
	300.00	Online Transfer From 0000005366848914	
03/13	10.00	Online Transfer From 0000005426334043	EMPIRE MOTORS L
03/13	10.00	Online Transfer From 0000005426333657	EMPIRE MOTORS L
Checks and C)ther Deductions		

Checks and Other Deductions

Chec	ks and Substitute (Checks		* Gap in	check sequence						
Date posted	Check number	Amount	Reference number		Check number	Amount	Reference number			Amount	Reference number
03/15	077 *	1,025.00	085803519	03/17	078	7,500.00	086852824	03/21	079	525.00	L084524605
D . I. 11											

Debit Card Purchases

Date posted	Amount	Transaction description	Reference number
03/01	11.63	0372 Debit Card Purchase 1385 Lkq North Virgini	03477933041540372060
		703-2213121 VA	
03/01	75.00	0372 Debit Card Purchase Cash App*Travis Fer	03478933041540372060
		8774174551 Ca	
03/02	14.00	0372 Debit Card Purchase National Harbor Sunoco	73366933041540372061
		Oxon Hill MD	

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Business Checking Account Number: 53-6684-8519 - continued

For the Period 03/01/2023 to 03/31/2023 Empire Motors Llc Primary Account Number: 53-6684-8519 Page 6 of 10

Debit Card F	Purchases - a	continued	
Date posted	Amount	Transaction description	Reference number
03/02	500.00	0372 Debit Card Purchase Cash App*Masoud 8774174551 Ca	73365933041540372061
03/06	300.00	0372 Debit Card Purchase Sq *Roberts Towing Rep Washington Dc	47182933041540372064
03/10	64.15	0372 Debit Card Purchase Northern Virginia Supp Springfield VA	12226933041540372069
03/10	148.25	0372 Debit Card Purchase K Neal Truck and Bus C 703-5503613 VA	12228933041540372069
03/10	28.91	0372 Debit Card Purchase Uber Help.Uber.C Ca	12227933041540372069
03/13	6.51	0372 Debit Card Purchase Py *Kung Fu Tea - Spri	84360933041540372071
		Springfield VA	
03/13	32.77	0372 Debit Card Purchase Uber Help.Uber.C Ca	84361933041540372071
03/13	45.15	0372 Debit Card Purchase Uber* Eats Httpswww.U	84362933041540372071
03/13	14.94	0372 Debit Card Purchase Uber Help.Uber.C Ca	78235933041540372072
03/13	5.63	0372 Debit Card Purchase Py *Kung Fu Tea - Spri	78233933041540372072
		Springfield VA	
03/13	200.00	0372 Debit Card Purchase E Z Pass VA Web 877-7627824 VA	78232933041540372072
03/13	2.29	0372 Debit Card Purchase Pragm VA Toll App Fee 872-2227478 Nv	78234933041540372072
03/14	85.00	0372 Debit Card Purchase Sq *Access Medical 420 gosq.com VA	06505933041540372073
03/16	6.51	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	74395933041540372075
03/17	6.51	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	70946933041540372076
03/20	5.70	0372 Debit Card Purchase DD/Br #363684 Springfield VA	20143933041540372078
03/20	38.06	0372 Debit Card Purchase Uber Help.Uber.C Ca	20145933041540372078
03/20	138.07	0372 Debit Card Purchase 9292 Bbq VA Annandale	20144933041540372078
03/20	33.66	0372 Debit Card Purchase Tous Les Jours - Annan	38355933041540372079
03/20	33.00	Annandale VA	
03/20	200.00	0372 Debit Card Purchase E Z Pass VA Web 877-7627824 VA	38354933041540372079
03/20	2.29	0372 Debit Card Purchase Pragm VA Toll App Fee 872-2227478 Nv	38357933041540372079
03/20	12.57	0372 Debit Card Purchase DD/Br #363684 Springfield VA	38352933041540372079
03/20	185.50	0372 Debit Card Purchase ebay 0*13-09838-67972 408-3766151 Ca	38356933041540372079
03/20	770.99	0372 Debit Card Purchase Wuvisaaft 800-3256000	38353933041540372079
03/20	60.69	0372 Debit Card Purchase Uber Help.Uber.C Ca	38351933041540372079
03/21	9.26	0372 Debit Card Purchase Py *Kung Fu Tea - Spri	66520933041540372080
	,.20	Springfield VA	
03/21	7.14	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	66519933041540372080
03/21	25.03	0372 Debit Card Purchase Uber Help.Uber.C Ca	66518933041540372080

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Business Checking Account Number: 53-6684-8519 - continued

For the Period 03/01/2023 to 03/31/2023 Empire Motors Llc Primary Account Number: 53-6684-8519

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Debit Card Purchases - continued						
Date posted	Amount	Transaction description	n	Reference number		
03/29	100.00	•	bit Card Purchase E Z Pass VA Web	63267933041540372088		
03/29	100.00	877-762		03207733041340372000		
03/29	2.29		bit Card Purchase Pragm VA Toll App Fee	63266933041540372088		
03/27	2.27	872-222				
03/29	100.00		bit Card Purchase Cash App*Michael	63265933041540372088		
03/27	100.00	8774174				
03/30	100.00		bit Card Purchase E Z Pass VA Web	54581933041540372089		
00/00	100.00	877-762				
03/30	2.29		bit Card Purchase Pragm VA Toll App Fee	54580933041540372089		
		872-2227478 Nv				
03/30	50.00		bit Card Purchase Cash App*Michael	54579933041540372089		
		8774174551 Ca				
03/31	13.59	0372 De	bit Card Purchase Starbucks 72454 340010	38302933041540372090		
		Penns G	rove NJ			
03/31	100.00	0372 De	bit Card Purchase Cash App*Daniesha C	38300933041540372090		
		8774174	551 Ca			
03/31	26.49	0372 De	bit Card Purchase Springfield Tobacco &	38301933041540372090		
		Springfie	eld VA			
POS Purchase	s					
Date posted		Amount	Transaction description	Reference number		
03/01		24.97	POS Purchase Sunoco 0057280 Springfield	POS65182503 0007958		
03/01		9.14	POS Purchase CVS/Pharmacy # Springfield	POS30139817 0007957		
03/09		125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0008051		
03/13		35.01	POS Purchase Sunoco 0057280 Springfield	POS65182503 0015676		
03/13		21.49	POS Purchase Sunoco 0057280 Springfield	POS65182503 0015677		
03/15		11.96	POS Purchase Sunoco 0057280 Springfield	POS65182503 0007917		
03/15		38.00	POS Purchase Giant Landover Springfield	POS001 0007918		
03/20		94.57	POS Purchase Sunoco 0057280 Springfield	POS65182503 0016373		
03/20		40.40	POS Purchase Sunoco 0057280 Springfield	POS65182503 0016374		
03/20		125.00	POS Purchase Alban Road Springfield	POS12651101 0016375		
03/20		82.38	POS Purchase Alban Road Springfield	POS12651101 0016371		
03/20		125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0016372		
03/28		24.30	POS Purchase Hyattsville Ci Hyattsville	POS005AUA04 0007552		
03/29		27.55	POS Purchase 7-Eleven Springfield	POS00MUK101 0007755		
03/29		38.37	POS Purchase Sunoco 0741602 National Har MD	POS27618104 0007756		
03/30		125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0007481		
03/31		9.53	POS Purchase Sunoco 0057280 Springfield	POS65182503 0006886		
03/31		198.48	POS Purchase Giant Landover Springfield	POS001 0006887		
ATM/Misc. Deb	oit Card Trans	sactions				
Date posted		Amount	Transaction description	Reference number		
03/02		36.00	0372 Recurring Debit Card Google 650-2530000 C	73367933041540372061		
03/03		24.95	0372 Recurring Debit Card Idclub.com 8005580940	12375933041540372062		
			800-5580940 AI			
03/09		250.00	0372 Recurring Debit Card Towingwebsites.Com	33872933041540372068		
			Httpstowing FI			
03/10		200.00	ATM Withdrawal 6400 Springfield	MACSU560705 0007961		

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Business Checking Account Number: 53-6684-8519 - continued

For the Period 03/01/2023 to 03/31/2023 Empire Motors Llc Primary Account Number: 53-6684-8519 Page 8 of 10

ATM/Misc. Debit Card Transactions		- continued	
Date posted	Amount	Transaction description	Reference number
03/13	100.00	ATM Withdrawal 6400 Springfield	MACSU560705 0015675
03/17	488.59	0372 Recurring Debit Card GEICO 800-8413000 Dc	70945933041540372076
03/20	40.00	ATM Withdrawal 6400 Springfield	MACSU560705 0016370
03/21	239.88	0372 Recurring Debit Card Adobe Inc. 408-53660 665179330415403	
03/22	9.99	0372 Recurring Debit Card Uber Help.Uber.C Ca 67917933041540	
03/31	103.00		
		Springfield VA	
ACH Deductions			
Date posted	Amount	Transaction description	Reference number
03/02	2,548.67	Corporate ACH Afco Afco 0492136648	00023060009717285
03/13	799.00	ACH Web Payment Applecard Gsbank 50005448	00023072006827143
03/15	618.73	ACH Debit Ins. Prem	00023074002639450
		Freedom Life Ins 52XXXXXXXXX0052	
03/20	555.00	Corporate ACH ACH Pmt Amex Epayment M1828	00023079002717424
03/20	236.51	Corporate ACH ACH Pmt Amex Epayment M1278	00023079002717415
03/20	202.00	Corporate ACH Online Pmt	00023079002636391
		Bk Of Amer Visa Ckf605894791POS	
03/20	200.00	Corporate ACH ACH Pmt Amex Epayment M2712	00023079002717423
03/21	647.28	ACH Web 03202023 Toyota ACH Rtl Xykhpc1Rbmfowpr	00023079005107739
03/21	321.00	Corporate ACH Payment Amtrust Na 35773446	00023079007665204
03/22	231.00	ACH Tel Auto Pymt Home Depot 720993533490348 00023080	
03/27	811.37	ACH Debit Loan Pmt	00023083013336719
		Virginia Cu Inc XXXXXXXXX6683	
03/31	949.96	ACH Web Payment	00023089012932010
		Citi Card Online 431025055280524	
03/31 639.41		ACH Web Payment	00023089012932009
		Citi Card Online 431025055055504	
03/31	406.82	ACH Web Payment	00023089012929804
		Citi Card Online 421025054817820	

Service Charges and Fees

Date posted	Amount	Transaction description	Reference number
03/03	36.00	Overdraft Item Fee	00023060009717285
03/06	36.00	Overdraft Item Fee	12375933041540372062
03/07	36.00	Overdraft Item Fee	47182933041540372064
03/14	36.00	Overdraft Item Fee	MACSU560705 0015675
03/16	36.00	Overdraft Item Fee	00023074002639450
03/16	36.00	Overdraft Item Fee	POS65182503 0007917
03/16	36.00	Overdraft Item Fee	POS001 0007918
03/16	36.00	Overdraft Item Fee	085803519 XMKT
03/17	36.00	Overdraft Item Fee	74395933041540372075
03/20	36.00	Overdraft Item Fee	086852824 XMKT
03/21	36.00	Overdraft Item Fee	00023079002717424
03/21	36.00	Overdraft Item Fee	00023079002717415
03/21	36.00	Overdraft Item Fee	00023079002636391
03/21	36.00	Overdraft Item Fee	00023079002717423

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Business Checking Account Num	ber: 53-6684	-8519 - continued	Pa
Service Charges and Fees	- conti	nued	
Date posted	Amount	Transaction description	

For the Period 03/01/2023 to 03/31/2023

Empire Motors Llc Primary Account Number: 53-6684-8519 Page 9 of 10

patie description Transaction description Reference (6651973041540372080) 03/22 36.00 Overdraft Item Fee 66651993041540372080 03/22 36.00 Overdraft Item Fee 6651993041540372080 03/22 36.00 Overdraft Item Fee 6651993041540372080 03/22 36.00 Overdraft Item Fee 6651993041540372080 03/23 36.00 Overdraft Item Fee 0002308011540372080 03/23 36.00 Overdraft Item Fee 0002308011540372080 03/23 36.00 Overdraft Item Fee 00023080131540372080 03/23 36.00 Overdraft Item Fee 0002308013154037199 03/23 36.00 Overdraft Item Fee 0002308013154037199 03/24 36.00 Overdraft Item Fee 000230801315403719 03/25 36.00 Overdraft Item Fee 000230801315403719 03/20 Amount Transaction description Reference mumber 03/01 20.00 Online Transfer To 0000005366848914 MOTOR00039822 03/02 300.00 Online	Service Charges and Fee	S - contii	- continued		
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MOTOR00033442 03/09 100.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00033441 03/15 722.26 Loan Payment 00000 1201007800026126 53000011 03/15 722.26 Loan Payment 00000 1201007800026126 53000011 03/15 40.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00042809 03/20 21,500.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084383 03/20 300.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084383 03/20 1,370.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084381 03/20 1,370.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084382 03/28 209.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00033409 03/31 5,000.00 Online Transfer To 0000005366848914 EMPIRE	03/02	300.00	Online Transfer To	0000005366848914	
MOTOR00033441 03/15 722.26 Loan Payment 0000 1201007800026126 53000011 03/15 40.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00042809 03/20 21,500.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084383 03/20 21,500.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084383 03/20 300.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084381 03/20 1,370.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084382 03/28 209.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00033409 03/31 5,000.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00033409	03/09	200.00	Online Transfer To	0000005366848914	
03/15 40.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00042809 03/20 21,500.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084383 03/20 300.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084383 03/20 300.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084381 03/20 1,370.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084382 03/20 1,370.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084382 03/28 209.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00033409 03/31 5,000.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00033409	03/09	100.00	Online Transfer To	0000005366848914	
MOTOR00042809 03/20 21,500.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084383 03/20 300.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084381 03/20 1,370.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084382 03/20 1,370.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084382 03/28 209.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00033409 03/31 5,000.00 Online Transfer To 0000005366848914 EMPIRE	03/15	722.26	Loan Payment 000	00 1201007800026126	53000011
MOTOR00084383 03/20 300.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084381 03/20 1,370.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084382 03/28 209.00 Online Transfer To 0000005366848914 EMPIRE MOTOR0003409 03/31 5,000.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00033409	03/15	40.00	Online Transfer To	0000005366848914	
MOTOR00084381 03/20 1,370.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00084382 03/28 209.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00033409 03/31 5,000.00 Online Transfer To 0000005366848914 EMPIRE	03/20	21,500.00	Online Transfer To	0000005366848914	
03/28 209.00 Online Transfer To 0000005366848914 EMPIRE MOTOR00033409 03/31 5,000.00 Online Transfer To 0000005366848914 EMPIRE	03/20	300.00	Online Transfer To	0000005366848914	
03/31 5,000.00 Online Transfer To 0000005366848914 MOTOR00033409	03/20	1,370.00	Online Transfer To	0000005366848914	
	03/28	209.00	Online Transfer To	0000005366848914	
	03/31	5,000.00	Online Transfer To	0000005366848914	

Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 04/03/2023 and will appear on your next statement as a single line item entitled Service Charge Period Ending 03/31/2023.

** Combined Transactions include ACH Credits, ACH Debits, Checks Paid, Deposited Item - Consolidated, Deposit Tickets Processed

Description	Volume	Amount	
Account Maintenance Charge		.00	Requirements Met
Combined Transactions	116	.00	Included in Account
ACH Credits	92	.00	
ACH Debits	14	.00	
Checks Paid	3	.00	
Deposited Item - Consolidated	5	.00	
Deposit Tickets Processed	2	.00	
Total For Services Used This Period		.00	
Total Service Charge		.00	

For 24-hour account information, sign-on to pnc.com/mybusiness/

Business Checking Account Number: 53-6684-8519 - continued

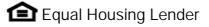
Business Checking - Maintenance Fee Relationship Pricing

These accounts were reviewed to meet the balance requirement and offset the monthly account maintenance fee for your Business Checking account. *If the Met/Not Met Status reflects "No Fee", your most recent credit card statement balance is not reflected and you will not be charged the Maintenance Fee for this statement cycle.

Account Type	Ending In	Condition	As of	Balance	Met/Not Met
Credit Card	5311	Recent Cycle Purchases	03/10/23	1,491.32	
Combined PNC Bus. Credit Cards				1,491.32	Met

For the Period 03/01/2023 to 03/31/2023

Empire Motors Llc Primary Account Number: 53-6684-8519 Page 10 of 10





For the Period 04/01/2023 to 04/28/2023	Primary Account Number: 53-6684-8914 Page 1 of 7 Number of enclosures: 0
EMPIRE MOTORS TOWING & RECOVERY LLC 6912 GILBERT ST	 For 24-hour banking sign on to PNC Bank Online Banking on pnc.com
SPRINGFIELD VA 22150-2421	FREE Online Bill Pay For customer service call 1-877-BUS-BNKG PNC accepts Telecommunications Relay Service (TRS) calls. Para servicio en espanol, 1-877-BUS-BNKG
	Moving? Please contact your local branch
	 Write to: Customer Service PO Box 609 Pittsburgh, PA 15230-9738 Visit us at PNC.com/smallbusiness

IMPORTANT ACCOUNT INFORMATION

Effective April 23, 2023, we are amending your Account Agreement for Business Accounts ("Agreement") to include the below disclosure entitled "Rule 370 Notification Requirements." All other information in your Agreement continues to apply to your Account. Please read this information carefully and keep it with your records, as it outlines certain accountholders' obligations in the unlikely event the Account becomes eligible for deposit insurance coverage.

Rule 370 Notification Requirements

If you have opened a deposit Account on behalf of the beneficial owner(s) of the funds in the Account (for example as an agent, nominee, guardian, executor, custodian, or funds held in some other capacity for the benefit of others), those beneficial owners may be eligible for "pass-through" insurance from the Federal Deposit Insurance Corporation (FDIC) (each, a "Pass-Through Account"). This means the Pass-Through Account could qualify for additional insurance coverage.

If the Pass-Through Account has "transactional features" as defined in section 370.2(j) of the FDIC's Rules and Regulations, you as the Account holder must maintain and be able to provide a record of the interests of the beneficial owner(s) in accordance with the FDIC's requirements. The FDIC's Deposit Brokers Processing Guide outlines the information you must maintain regarding the beneficial owners of the funds in the Pass-Through Account and the format in which you would be required to provide the records to the FDIC in the unlikely event of PNC's failure. In order to receive timely payment of deposit insurance, you must be able to provide the required information within 24 hours after the appointment of the FDIC as receiver. The Deposit Brokers Processing Guide can be accessed on the FDIC's website at https://www.fdic.gov/deposit/deposits/brokers/part-370-appendix.html.

If you maintain a Pass-Through Account at PNC, you agree to cooperate fully with PNC and the FDIC in connection with determining the insured status of funds in such Accounts at any time. In the event the FDIC is appointed as receiver of PNC, you agree to provide the FDIC with the information described above in the required format within 24 hours. In the event of PNC's failure, a hold will be placed on the Pass-Through Account and will not be released until the FDIC determines that you have provided the necessary data to enable the FDIC to calculate the deposit insurance. You understand and agree that your failure to provide the necessary data to the FDIC may result in a delay in receipt of insured funds and legal claims against you from the beneficial owners of the funds in the Pass-Through Account. If you do not provide the required data, access to funds in the Pass-Through may be restricted until the information is received, which could delay

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Business Checking Account Number: 53-6684-8914 - continued

For the Period 04/01/2023 to 04/28/2023 Empire Motors Towing & Recovery Llc Primary Account Number: 53-6684-8914 Page 2 of 7

Empire Motors Towing & Recovery Llc

payments of deposit insurance to the beneficial owners. We can help you validate that your file format and the information in it is appropriate to facilitate the timely calculation of deposit insurance. Please visit pnc.com/fdic-passthrough for more information. Notwithstanding other provisions in this Agreement, this Section survives after the FDIC is appointed as PNC's receiver, and the FDIC is considered a third-party beneficiary of this section.

Business Checking Summary

Account number: 53-6684-8914

Overdraft Protection has not been established for this account. Please contact us if you would like to set up this service.

Balance Summary

Balance Cummary	Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
	85.35	18,329.87	16,113.97	2,301.25
			Average ledger balance	Average collected balance
			1,994.98	1,994.98

Overdraft and Returned Item Fee Summary

			r this Period	Total Year to Date			
Total Overdraft Fees			72.00	684.00			
Total NSF/OD Refunds			72.00	468.00			
Deposits and Other Ad	ditions			Checks and Oth	er Deductions		
Description		Items	Amount	Description		Items	Amount
ATM Deposits and Additi	ons	2	1,395.15	Checks		2	2,040.00
ACH Additions		10	1,533.85	Debit Card Purcha	ases	57	4,772.49
Fee Refunds		2	72.00	POS Purchases		22	2,489.23
Other Additions		10	15,328.87	ATM/Misc. Debit C Transactions	Card	6	1,054.25
				Service Charges a	and Fees	5	146.00
				Other Deductions		10	5,612.00
Total		24	18,329.87	Total		102	16,113.97
Daily Balance							
-	_edger balance	Date		Ledger balance	Date	Le	dger balance
04/01	85.35	04/11		10.76	04/20		5,840.56
04/03	5.35	04/12		563.83	04/21		2,516.23
04/04	4,005.35	04/13		46.64	04/24		2,093.60
04/05	4,079.20	04/14		89.71-	04/25		636.01
04/06	3,579.20	04/17		32.48	04/26		1,318.43
04/07	3,979.20	04/18		1,645.41	04/27		2,099.82
04/10	1,911.59	04/19		6,302.19	04/28		2,301.25

Activity Detail

Deposits and Other Additions

ATM Deposits and Additions

Date posted Amount Transaction

Reference number

9	For 24-hour account information, sign-on to
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Business Checking Account Number: 53-6684-8914 - continued

For the Period 04/01/2023 to 04/28/2023

Empire Motors Towing & Recovery Llc Primary Account Number: 53-6684-8914 Page 3 of 7

ATM Deposits and A	dditions - co	ontinued	
Date posted	Amount	Transaction description	Reference number
04/18	589.50	Visa Money Transfer C Cash App*Mil Recio	50954933015543501108
		Visa Direct Ca	
04/27	805.65	Visa Money Transfer C Cash App*Kawthar Visa Direct Ca	88092933015543501117
ACH Additions			
Date posted	Amount	Transaction description	Reference number
04/05	53.85	Corporate ACH Payment Crosscountry Pmd 12197537	00023094005525017
04/05	20.00	Corporate ACH Payment Crosscountry Pmd 12197399	00023094005525024
04/10	164.13	Corporate ACH Payment Crosscountry Pmd 12209043	00023097006003054
04/12	325.00	Corporate ACH Payment Crosscountry Pmd 12213194	00023101009352645
04/12	120.00	Corporate ACH Payment Crosscountry Pmd 12212563	00023101009352632
04/12	114.21	Corporate ACH Payment Crosscountry Pmd 12212541	00023101009352633
04/19	285.73	Corporate ACH Payment Crosscountry Pmd 12227645	00023108007678279
04/21	108.30	Corporate ACH Payment Crosscountry Pmd 12234122	00023110011555330
04/26	91.20	Corporate ACH Payment Crosscountry Pmd 12241589	00023115012218228
04/28	251.43	Corporate ACH Payment Crosscountry Pmd 12249393	00023117007812620
Fee Refunds			
Date posted	Amount	Transaction description	Reference number
04/17	36.00	OD Fee Itm 3 0002732 Refund	
04/19	36.00	OD Threshold Refund	
Other Additions			
Date posted	Amount	Transaction description	Reference number
04/04	5,000.00	Online Transfer From 0000005366848519	EMPIRE MOTORS T
04/07	400.00	Online Transfer From 0000005366848519	EMPIRE MOTORS T
04/17	150.00	Online Transfer From 0000005366848519	EMPIRE MOTORS T
04/17	85.44	Online Transfer From 0000005366848519	EMPIRE MOTORS T
04/18	1,000.00	Online Transfer From 0000005366848519	EMPIRE MOTORS T
04/18	1,020.00	Online Transfer From 0000005366848519	EMPIRE MOTORS T
04/19	573.43	Online Transfer From 0000005366848519	EMPIRE MOTORS T
04/19	5,500.00	Online Transfer From 0000005366848519	EMPIRE MOTORS T
04/24	900.00	Online Transfer From 0000005366848519	EMPIRE MOTORS T
04/26	700.00	Online Transfer From 0000005366848519	EMPIRE MOTORS T
Checks and Othe	r Deductions		

Checks a	ind Substitute Chec	ks [*] Gaj	in check se	equence		
Date Che posted num		Reference Date unt number post		Amount	Reference number	
04/11 041	* 1,500	.00 015204268 04/2	042	540.00	009104570	
Debit Car	rd Purchases					
Date posted	Amount	Transaction description				Reference number
04/10	8.20	3501 Debit Car Springfield VA	Purchase	e Py *Kung Fu Tea - S	Spri	69082933015543501100
04/11	6.51	3501 Debit Car Springfield VA	Purchase	e Py *Kung Fu Tea - S	Spri	95413933015543501101

E For 24-hour account information, sign-on to

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Business Checking Account Number: 53-6684-8914 - continued

For the Period 04/01/2023 to 04/28/2023

Empire Motors Towing & Recovery Llc Primary Account Number: 53-6684-8914 Page 4 of 7

Debit Card Pu	rchases -	continued	
Date posted	Amount	Transaction description	Reference
04/12	6.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	05967933015543501102
0 11 12	0.11	Springfield VA	
04/13	138.25	3501 Debit Card Purchase Matheny Motor Truck Co	79851933015543501103
0 11 10		Woodbridge VA	
04/13	21.37	3501 Debit Card Purchase Uber Help.Uber.C Ca	79849933015543501103
04/13	3.84	3501 Debit Card Purchase Uber Help.Uber.C Ca	79850933015543501103
04/14	6.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	90791933015543501104
		Springfield VA	
04/17	6.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	73434933015543501106
		Springfield VA	
04/17	18.38	3501 Debit Card Purchase Uber Help.Uber.C Ca	73430933015543501106
04/17	5.44	3501 Debit Card Purchase Uber Help.Uber.C Ca	73431933015543501106
04/17	15.32	3501 Debit Card Purchase Uber Help.Uber.C Ca	73433933015543501106
04/17	26.65	3501 Debit Card Purchase Uber Help.Uber.C Ca	73435933015543501106
04/17	8.33	3501 Debit Card Purchase Uber Help.Uber.C Ca	73432933015543501106
04/17	4.12	3501 Debit Card Purchase DD/Br #363684	31317933015543501107
		Springfield VA	
04/18	7.37	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	50957933015543501108
		Springfield VA	
04/18	8.20	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	50956933015543501108
		Springfield VA	
04/18	600.00	3501 Debit Card Purchase Cash App*Michael	50955933015543501108
		8774174551 Ca	
04/19	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	14924933015543501109
		Springfield VA	
04/19	500.00	3501 Debit Card Purchase Cash App*Masoud	14921933015543501109
0.440	15.00	8774174551 Ca	14010022015542501100
04/19	15.00	3501 Debit Card Purchase Cash App*Michael	14919933015543501109
04/10	1 000 00	8774174551 Ca	14920933015543501109
04/19	1,020.00	3501 Debit Card Purchase Cash App*Mohammad A	14720733013343301107
04/19	16.43	8774174551 Ca 2501 Debit Card Durchasse Uber, Help Uber C.Ca	14923933015543501109
04/19	4.05	3501 Debit Card Purchase Uber Help.Uber.C Ca 3501 Debit Card Purchase Uber Help.Uber.C Ca	14922933015543501109
04/19	4.05 5.66	3501 Debit Card Purchase Starbucks Store 11153	91454933015543501110
04/20	5.00	Springfield VA	
04/20	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	91453933015543501110
04/20	7.14	Springfield VA	
04/20	150.00	3501 Debit Card Purchase Cash App*Michael	91450933015543501110
0 11 2 0	100.00	8774174551 Ca	
04/20	21.00	3501 Debit Card Purchase Wawa 688 Fredericksb	91452933015543501110
04/20	27.83	3501 Debit Card Purchase Uber Help.Uber.C Ca	91451933015543501110
04/20	250.00	3501 Debit Card Purchase Cash App*Michael	91449933015543501110
		8774174551 Ca	
04/21	31.78	3501 Debit Card Purchase The UPS Store 4608	71706933015543501111
		703-5698802 VA	
04/21	7.00	3501 Debit Card Purchase 60298 - Prosperity Met	71712933015543501111

E For 24-hour account information, sign-on to

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Business Checking Account Number: 53-6684-8914 - continued

For the Period 04/01/2023 to 04/28/2023

Empire Motors Towing & Recovery Llc Primary Account Number: 53-6684-8914 Page 5 of 7

Debit Card P	Purchases -	continued	
Date posted	Amount	Transaction description	Reference
04/21	24.99	3501 Debit Card Purchase Springfield Tobacco &	71710933015543501111
0 11 2 1	21.77	Springfield VA	
04/21	1.33	3501 Debit Card Purchase Dollar Tree 000006469	71713933015543501111
		Springfield VA	
04/21	18.71	3501 Debit Card Purchase Chipotle 0787	71708933015543501111
		Springfield VA	
04/21	11.66	3501 Debit Card Purchase Panda Express #1901	71709933015543501111
		Springfield VA	
04/21	250.00	3501 Debit Card Purchase Cash App*Michael	71707933015543501111
		8774174551 Ca	
04/21	4.17	3501 Debit Card Purchase Uber Help.Uber.C Ca	71711933015543501111
04/24	6.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	73610933015543501113
		Springfield VA	
04/24	17.91	3501 Debit Card Purchase Valentinos New York St	63324933015543501114
		Alexandria VA	
04/24	250.00	3501 Debit Card Purchase Cash App*Michael	73607933015543501113
		8774174551 Ca	
04/24	6.00	3501 Debit Card Purchase Tysons Tower Roswell	73609933015543501113
04/24	18.78	3501 Debit Card Purchase Capital Grille 0138014	73608933015543501113
		McLean VA	/
04/24	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	63322933015543501114
0.4/0.4	F 4F	Springfield VA	(2220022015542501114
04/24	5.45	3501 Debit Card Purchase Taco Bamba Taqueria	63320933015543501114
04/24	07.00	Springfield VA	63323933015543501114
04/24	87.00	3501 Debit Card Purchase Www.Petsmart.Com 888-8399638 Az	03323733013343301114
04/24	25.98	3501 Debit Card Purchase Springfield Tobacco &	63321933015543501114
04/24	23.70	Springfield VA	
04/25	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	01945933015543501115
0 1120	,	Springfield VA	
04/25	100.00	3501 Debit Card Purchase Cash App*Michael	01947933015543501115
0 11 20		8774174551 Ca	
04/25	15.00	3501 Debit Card Purchase Cash App*Michael	01942933015543501115
		8774174551 Ca	
04/25	650.00	3501 Debit Card Purchase Cash App*Michael	01946933015543501115
		8774174551 Ca	
04/25	200.00	3501 Debit Card Purchase Cash App*Tarek Skaf	01943933015543501115
		8774174551 Ca	
04/25	27.51	3501 Debit Card Purchase Uber Help.Uber.C Ca	01944933015543501115
04/26	4.66	3501 Debit Card Purchase Starbucks Store 11153	82334933015543501116
		Springfield VA	
04/26	4.12	3501 Debit Card Purchase Uber Help.Uber.C Ca	82335933015543501116
04/27	9.26	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	88093933015543501117
		Springfield VA	
04/27	15.00	3501 Debit Card Purchase Cash App*Michael	88094933015543501117
o / / o -	_	8774174551 Ca	
04/28	50.00	3501 Debit Card Purchase Cash App*Michael	31960933015543501118
		8774174551 Ca	

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Business Checking Account Number: 53-6684-8914 - continued

For the Period 04/01/2023 to 04/28/2023 Empire Motors Towing & Recovery Llc Primary Account Number: 53-6684-8914 Page 6 of 7

POS Purchases					
Date posted	Amount	Transaction description			Reference number
04/10	18.57	POS Purchase 7-Elev	en Sprinafield	POS00M6LM13	
04/10	200.00		ome Depot Springfield	POS06239716	
04/10	804.97		ome Depot Springfield	POS06239716	
04/11	122.94		o 0057280 Springfield	POS65182503	
04/11	31.38	POS Purchase 7-Elev		POS00MOG313	
04/13	28.73		Pharmacy # Springfield	POS30139817	
04/13	125.00		o 0057280 Springfield	POS65182503	
04/14	4.84	POS Purchase Giant		POS001	0002733
04/14	125.00		o 0057280 Springfield	POS65182503	
04/17	19.06		o 0057280 Springfield	POS65182503	
04/17	8.05	POS Purchase Lidl #1		POS010	0006807
04/17	1.39	POS Purchase Dc Oil		POS12597001	
04/18	125.00		o 0057280 Springfield	POS65182503	
04/19	19.76	POS Purchase 7-Elev		POS00M6LM13	
04/19	21.00	POS Purchase 7-Elev		POS00MSU501	
04/21	125.00		o 0057280 Springfield	POS65182503	
04/21	252.74	POS Purchase Autozo	1 0	POS99999999	
04/24	16.06	POS Purchase 7-Elev	1 0	POS00M6LM13	
04/24	86.89	POS Purchase Petsm		POS08992366	
04/24	9.36	POS Purchase Lidl #1		POS010	0006708
04/24	45.55		o 0057280 Springfield	POS65182503	
04/25	297.94	POS Purchase Costco		POS99022713	
ATM/Misc. Debit Card T				10077022710	
Date		Transaction			Reference
posted	Amount	description			number
04/11	240.00	ATM Withdrawal 7029	Brookfield Pl	MAC7E002969	0003191
		Springfield VA			
04/18	253.00	ATM Withdrawal 6225 Springfield VA	Brandon Ave S	PLUFC74	0003296
04/19	99.00	1 0	Card Towbook Management So	1492593301554	3501109
		810-3205063 Mi	3		
04/21	202.25	ATM Withdrawal 4133	Braddock Road Alexandria VA	MACCS52931	0015892
04/25	160.00		Alban Road Springfield	MAC7E003404	
04/26	100.00		Alban Road Springfield	MAC7E003404	0003445
Service Charges and Fe	es		1 0		
Date		Transaction			Reference
posted	Amount	description	d Ending 02/21/2022		number
04/03	68.00	Service Charge Period	a Enaing 03/31/2023	DOC/5100500	0000700
04/17	36.00	Overdraft Item Fee		POS65182503	
04/18	3.00	ATM Withdrawal Fee		PLUFC74	0003297
04/19	36.00	Overdraft Item Fee		PLUFC74	0003296
04/21	3.00	ATM Withdrawal Fee		MACCS52931	0015893
Other Deductions		T			
Date posted	Amount	Transaction description			Reference number
04/03	12.00	Online Transfer To	0000005426333657		RE ECOM 00101607
04/04	1,000.00	Online Transfer To	0000005366848519	MOTOR	EMPIRE

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Business Checking Account Number: 53-6684-8914 - continued

For the Period 04/01/2023 to 04/28/2023

Empire Motors Towing & Recovery Llc Primary Account Number: 53-6684-8914 Page 7 of 7

Other Deductions	- continued			
Date posted	Amount	Transaction description		Reference number
04/06	500.00	Online Transfer To	0000005366848519	EMPIRE MOTOR00035983
04/10	100.00	Online Transfer To	0000005366848519	EMPIRE MOTOR00081336
04/10	150.00	Online Transfer To	0000005366848519	EMPIRE MOTOR00081337
04/10	500.00	Online Transfer To	0000005366848519	EMPIRE MOTOR00081339
04/10	450.00	Online Transfer To	0000005366848519	EMPIRE MOTOR00081338
04/13	200.00	Online Transfer To	0000005366848519	EMPIRE MOTOR00034993
04/21	2,500.00	Withdrawal		046761711
04/24	200.00	Online Transfer To	0000005366848519	EMPIRE MOTOR00081678

Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 05/01/2023 and will appear on your next statement as a single line item entitled Service Charge Period Ending 04/28/2023.

** Combined Transactions include ACH Credits, ACH Debits, Checks Paid, Deposited Item - Consolidated, Deposit Tickets Processed

Description	Volume	Amount	
Account Maintenance Charge		.00	Requirements Met
Combined Transactions	12	.00	Included in Account
ACH Credits	10	.00	
Checks Paid	2	.00	
Automated Clearinghouse Service		15.00	
ACH Debit/Credit Block	1	15.00	
Total For Services Used This Period		15.00	
Total Service Charge		15.00	





For the Period 04/29/2023 to 05/31/2023	Primary Account Number: 53-6684-8914 Page 1 of 9 Number of enclosures: 0
EMPIRE MOTORS TOWING & RECOVERY LLC 6912 GILBERT ST SPRINGFIELD VA 22150-2421	 For 24-hour banking sign on to PNC Bank Online Banking on pnc.com
SERINGITELD VA 22130-2421	FREE Online Bill Pay For customer service call 1-877-BUS-BNKG PNC accepts Telecommunications Relay Service (TRS) calls. Para servicio en espanol, 1-877-BUS-BNKG
	Moving? Please contact your local branch
	 Write to: Customer Service PO Box 609 Pittsburgh, PA 15230-9738 Visit us at PNC.com/smallbusiness

IMPORTANT ACCOUNT INFORMATION

Effective April 23, 2023, we are amending your Account Agreement for Business Accounts ("Agreement") to include the below disclosure entitled "Rule 370 Notification Requirements." All other information in your Agreement continues to apply to your Account. Please read this information carefully and keep it with your records, as it outlines certain accountholders' obligations in the unlikely event the Account becomes eligible for deposit insurance coverage.

Rule 370 Notification Requirements

If you have opened a deposit Account on behalf of the beneficial owner(s) of the funds in the Account (for example as an agent, nominee, guardian, executor, custodian, or funds held in some other capacity for the benefit of others), those beneficial owners may be eligible for "pass-through" insurance from the Federal Deposit Insurance Corporation (FDIC) (each, a "Pass-Through Account"). This means the Pass-Through Account could qualify for additional insurance coverage.

If the Pass-Through Account has "transactional features" as defined in section 370.2(j) of the FDIC's Rules and Regulations, you as the Account holder must maintain and be able to provide a record of the interests of the beneficial owner(s) in accordance with the FDIC's requirements. The FDIC's Deposit Brokers Processing Guide outlines the information you must maintain regarding the beneficial owners of the funds in the Pass-Through Account and the format in which you would be required to provide the records to the FDIC in the unlikely event of PNC's failure. In order to receive timely payment of deposit insurance, you must be able to provide the required information within 24 hours after the appointment of the FDIC as receiver. The Deposit Brokers Processing Guide can be accessed on the FDIC's website at https://www.fdic.gov/deposit/deposits/brokers/part-370-appendix.html.

If you maintain a Pass-Through Account at PNC, you agree to cooperate fully with PNC and the FDIC in connection with determining the insured status of funds in such Accounts at any time. In the event the FDIC is appointed as receiver of PNC, you agree to provide the FDIC with the information described above in the required format within 24 hours. In the event of PNC's failure, a hold will be placed on the Pass-Through Account and will not be released until the FDIC determines that you have provided the necessary data to enable the FDIC to calculate the deposit insurance. You understand and agree that your failure to provide the necessary data to the FDIC may result in a delay in receipt of insured funds and legal claims against you from the beneficial owners of the funds in the Pass-Through Account. If you do not provide the required data, access to funds in the Pass-Through may be restricted until the information is received, which could delay

For 24-hour account information, sign-on to pnc.com/mybusiness/

Business Checking Account Number: 53-6684-8914 - continued

For the Period 04/29/2023 to 05/31/2023 Empire Motors Towing & Recovery Llc Primary Account Number: 53-6684-8914 Page 2 of 9

Empire Motors Towing & Recovery Llc

payments of deposit insurance to the beneficial owners. We can help you validate that your file format and the information in it is appropriate to facilitate the timely calculation of deposit insurance. Please visit pnc.com/fdic-passthrough for more information. Notwithstanding other provisions in this Agreement, this Section survives after the FDIC is appointed as PNC's receiver, and the FDIC is considered a third-party beneficiary of this section.

IMPORTANT ACCOUNT INFORMATION

The information below amends certain information in our Business Checking Accounts and Related Charges Additional Services and Options ("Schedule"). All other information in our Schedule continues to apply to your account. Please read this information and retain it with your records.

Effective April 1, 2023, the Business Return of Deposited/Cashed Item fee of \$15.00 is no longer being charged.

Business Checking Summary

Account number: 53-6684-8914

Overdraft Protection has not been established for this account. Please contact us if you would like to set up this service.

Balance Summary

alarice Saminary					
	Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance	
	2,301.25	19,499.05	20,650.23	1,150.07	
			Average ledger balance	Average collected balance	
			2,612.43	2,612.43	

Overdraft and Returned Item Fee Summary

		or this Period	Total Year to Date			
Total Overdraft Fees		.00	684.00			
Total NSF/OD Refunds		.00	468.00			
Deposits and Other Additions			Checks and Othe	er Deductions		
Description	Items	Amount	Description		Items	Amount
ATM Deposits and Additions	2	928.46	Checks		3	3,035.00
ACH Additions	7	1,858.64	Debit Card Purchas	ses	105	11,796.96
Fee Refunds	4	11.95	POS Purchases		22	1,485.68
Other Additions	8	16,700.00	ATM/Misc. Debit C Transactions	ard	10	1,836.88
			Service Charges a	nd Fees	5	27.00
			Other Deductions		5	2,468.71
Total	21	19,499.05	Total		150	20,650.23
Daily Balance						
Date Ledger balanc	e Date		Ledger balance	Date	Le	dger balance
04/29 2,301.2	5 05/02		2,918.65	05/04		2,994.90
05/01 4,418.09	5 05/03		3,127.36	05/05		2,512.05

For 24-hour accoun pnc.com/mybusines	it information, sign-on to ss/		Empire Mot	od 04/29/2023 to o ors Towing & Rec count Number: 53-	overy Llc
Business Checking	g Account Number: 53-6684	-8914 - continued	Page 3 of 9		
Daily Balance	- continued				
Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
05/08	1,356.50	05/16	1,641.09	05/24	2,904.93
05/09	652.24	05/17	2,000.80	05/25	3,123.83
05/10	414.88	05/18	6,993.80	05/26	2,215.38
05/11	2,617.91	05/19	5,754.98	05/30	844.42
05/12	641.27	05/22	4,739.02	05/31	1,150.07
05/15	116.09	05/23	4,006.83		
Activity Deta	il				
Deposits and C	Other Additions				
ATM Deposits a	and Additions				
Date posted	Amount	Transaction description			Reference number
05/01	122.81	•	⁻ C Cash App* Visa D)irect Ca	66346933015543501120
05/31	805.65	•	C Cash App*Kawtha		49485933015543501151
		Visa Direct Ca			
ACH Additions					
Date posted	Amount	Transaction description			Reference number
05/03	743.62	•	ment Crosscountry Pr	nd 12257701	00023122013263072
05/05	228.43		ment Crosscountry Pr		00023124008091741
05/10	254.60		ment Crosscountry Pr		00023129008393072
05/12	81.60		ment Crosscountry Pr		00023131012269420
05/17	359.71		ment Crosscountry Pr		00023136004657150
05/24	150.68		ment Crosscountry Pr		00023143008438723
05/26	40.00		ment Crosscountry Pr		00023145011864214
Fee Refunds					
Date posted	Amount	Transaction description			Reference number
05/12	3.00	ATM Transact Fee R	Refund		hander
05/12	3.00	ATM Transact Fee F			
05/12	3.00	ATM Surcharge Refu			
05/12	2.95	ATM Surcharge Refu			
Other Additions	5				
Date posted	Amount	Transaction description			Reference number
05/01	4,000.00	Online Transfer Fror	n 0000005366848	519	EMPIRE MOTORS T
05/08	400.00	Online Transfer From			EMPIRE MOTORS T
05/11	4,250.00	Online Transfer Fror			EMPIRE MOTORS T
05/15	300.00	Online Transfer Fror			EMPIRE MOTORS T
05/16	1,650.00	Online Transfer Fror			EMPIRE MOTORS T
05/18	5,000.00	Online Transfer Fror			EMPIRE MOTORS T
05/25	600.00	Online Transfer From			EMPIRE MOTORS T
05/30	500.00	Online Transfer Fror			EMPIRE MOTORS T

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Business Checking Account Number: 53-6684-8914 - continued

Checks and Other Deductions

For the Period 04/29/2023 to 05/31/2023

Empire Motors Towing & Recovery Llc Primary Account Number: 53-6684-8914 Page 4 of 9

Chec	ks and Substitute	Checks	_	* Gap in	check sequence						
Date posted	Check number	Amount	Reference number		Check number	Amount	Reference number		Check number	Amount	Reference number
05/02	043 *	860.00	014199657	05/08	044	950.00	017086714	05/12	045	1,225.00	009655973

Debit Card Purchases

Debit Card Pi	urchases		
Date posted	Amount	Transaction description	Reference number
05/01	6.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	66347933015543501120
		Springfield VA	
05/01	22.79	3501 Debit Card Purchase Malek's Pizza-Order In	66351933015543501120
		Springfield VA	
05/01	41.28	3501 Debit Card Purchase Uber Help.Uber.C Ca	66349933015543501120
05/01	17.50	3501 Debit Card Purchase Uber Help.Uber.C Ca	66352933015543501120
05/01	56.00	3501 Debit Card Purchase Colonial Veterinary SE	66350933015543501120
		Springfield VA	
05/01	50.00	3501 Debit Card Purchase Cash App*Michael	66357933015543501120
		8774174551 Ca	
05/01	300.00	3501 Debit Card Purchase Cash App*Michael	66354933015543501120
		8774174551 Ca	
05/01	34.28	3501 Debit Card Purchase Uber Help.Uber.C Ca	66353933015543501120
05/01	38.85	3501 Debit Card Purchase Uber Help.Uber.C Ca	66356933015543501120
05/01	17.26	3501 Debit Card Purchase Py *Kung F U Tea Lorto	67809933015543501121
	(Lorton VA	((240022045542501120
05/01	600.00	3501 Debit Card Purchase Cash App*AMP	66348933015543501120
05/01	200.00	8774174551 Ca	443EE03301EE42E01130
05/01	200.00	3501 Debit Card Purchase Cash App*Michael	66355933015543501120
	714	8774174551 Ca	67810933015543501121
05/01	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	07010733013343301121
05/02	100.00	Springfield VA 3501 Debit Card Purchase Cash App*Michael	73323933015543501122
05/02	100.00	8774174551 Ca	/0020/00010010001122
05/02	520.00	3501 Debit Card Purchase Cash App*Michael	73322933015543501122
03/02	520.00	8774174551 Ca	
05/03	20.91	3501 Debit Card Purchase Valentinos New York St	38060933015543501123
	2007	Alexandria VA	
05/03	31.38	3501 Debit Card Purchase Yard House 0108358	38063933015543501123
		Springfield VA	
05/03	35.54	3501 Debit Card Purchase Uber Help.Uber.C Ca	38059933015543501123
05/03	40.10	3501 Debit Card Purchase Uber Help.Uber.C Ca	38062933015543501123
05/03	115.00	3501 Debit Card Purchase Venmo* Visa Direct NY	38058933015543501123
05/04	6.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	03597933015543501124
		Springfield VA	
05/04	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	03596933015543501124
		Springfield VA	
05/04	25.16	3501 Debit Card Purchase Uber Help.Uber.C Ca	03598933015543501124
05/05	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	64724933015543501125
		Springfield VA	
05/05	86.46	3501 Debit Card Purchase Northern Virginia Supp	64723933015543501125
		Springfield VA	

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Business Checking Account Number: 53-6684-8914 - continued

For the Period 04/29/2023 to 05/31/2023

Empire Motors Towing & Recovery Llc Primary Account Number: 53-6684-8914 Page 5 of 9

Debit Card Pur	chases - d	continued	
Date posted	Amount	Transaction description	Reference
05/05	300.00	3501 Debit Card Purchase Cash App*Michael	64722933015543501125
		8774174551 Ca	
05/05	20.00	3501 Debit Card Purchase Cash App*Kevin Brow	64726933015543501125
		8774174551 Ca	
05/05	47.68	3501 Debit Card Purchase Springfield Tobacco &	64725933015543501125
		Springfield VA	
05/05	250.00	3501 Debit Card Purchase Cash App*AMP	64727933015543501125
		8774174551 Ca	
05/08	6.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	57072933015543501127
		Springfield VA	
05/08	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	57077933015543501127
		Springfield VA	
05/08	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	57075933015543501127
		Springfield VA	
05/08	30.00	3501 Debit Card Purchase Cash App*Michael	57078933015543501127
		8774174551 Ca	
05/08	6.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	57079933015543501127
		Springfield VA	74405000045540504400
05/08	19.98	3501 Debit Card Purchase Valentinos New York St	74435933015543501128
	00 (1	Alexandria VA	
05/08	30.61	3501 Debit Card Purchase Yard House 83500083584	57074933015543501127
	1 05	Springfield VA	E700002201EE42E01127
05/08	1.05	3501 Debit Card Purchase McDonald's F20514	57080933015543501127
		Springfield VA	57076933015543501127
05/08	25.56	3501 Debit Card Purchase Uber Help.Uber.C Ca	57081933015543501127
05/08	16.50	3501 Debit Card Purchase Uber Help.Uber.C Ca	57073933015543501127
05/08	138.81	3501 Debit Card Purchase Tst* Osteria Marzano	37073733013343301127
05/08	125.00	Franconia VA 3501 Debit Card Purchase Cash App*Michael	74436933015543501128
5706	125.00	8774174551 Ca	, 1100,000,100,1000,120
05/09	6.93	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	78854933015543501129
55/07	0.93	Springfield VA	
05/09	13.84	3501 Debit Card Purchase McDonald's F20514	78852933015543501129
55107	15.04	Springfield VA	
05/09	2.85	3501 Debit Card Purchase McDonald's F20514	78851933015543501129
55107	2.00	Springfield VA	
05/09	620.00	3501 Debit Card Purchase Cash App*Michael	78853933015543501129
03/07	020.00	8774174551 Ca	
05/09	60.64	3501 Debit Card Purchase Uber Help.Uber.C Ca	78855933015543501129
05/07	6.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	75319933015543501130
03/10	0.01	Springfield VA	
05/10	300.00	3501 Debit Card Purchase Cash App*Michael	75318933015543501130
55/10	300.00	8774174551 Ca	
)5/11	6.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	75636933015543501131
20/11	0.01	Springfield VA	
05/11	125.00	3501 Debit Card Purchase Cash App*Michael	75638933015543501131
	120.00	core is a start a binable cash ripp michael	

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Business Checking Account Number: 53-6684-8914 - continued

For the Period 04/29/2023 to 05/31/2023

Empire Motors Towing & Recovery Llc Primary Account Number: 53-6684-8914 Page 6 of 9

Debit Card Pu	urchases - a	continued	
Date posted	Amount	Transaction description	Reference
05/11	4.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	75637933015543501131
05/11	200.00	3501 Debit Card Purchase Cash App*Daniesha C 8774174551 Ca	75639933015543501131
05/12	19.53	3501 Debit Card Purchase Uber Help.Uber.C Ca	58769933015543501132
05/12	100.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	58768933015543501132
05/12	500.00	3501 Debit Card Purchase Cash App*Masoud 8774174551 Ca	58767933015543501132
05/15	6.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	40608933015543501134
05/15	125.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	40607933015543501134
05/15	36.07	3501 Debit Card Purchase Uber* Eats Httpswww.U	40604933015543501134
05/15	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	37669933015543501135
05/15	150.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	40606933015543501134
05/15	3.96	3501 Debit Card Purchase McDonald's F20514 Springfield VA	40609933015543501134
05/15	23.98	3501 Debit Card Purchase McDonald's F20514 Springfield VA	40605933015543501134
05/18	7.00	3501 Debit Card Purchase New York State Dmv 518-4740904 NY	97971933015543501138
05/19	9.11	3501 Debit Card Purchase Uber Help.Uber.C Ca	59528933015543501139
05/22	15.05	3501 Debit Card Purchase Uber Help.Uber.C Ca	85784933015543501141
05/22	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	85787933015543501141
05/22	21.73	3501 Debit Card Purchase Malek`s Pizza-Order In Springfield VA	85785933015543501141
05/22	125.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	85786933015543501141
05/22	30.61	3501 Debit Card Purchase Yard House 83500083584 Springfield VA	85782933015543501141
05/22	6.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	85781933015543501141
05/22	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	07219933015543501142
05/22	72.10	3501 Debit Card Purchase Uber Help.Uber.C Ca	85783933015543501141
05/22	24.15	3501 Debit Card Purchase Uber Help.Uber.C Ca	07217933015543501142
05/22	125.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	07218933015543501142
05/23	5.70	3501 Debit Card Purchase DD/Br #363684 Springfield VA	57386933015543501143
05/23	100.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	57389933015543501143
05/23	26.49	3501 Debit Card Purchase Springfield Tobacco & Springfield VA	57387933015543501143

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Business Checking Account Number: 53-6684-8914 - continued

For the Period 04/29/2023 to 05/31/2023

Empire Motors Towing & Recovery Llc Primary Account Number: 53-6684-8914 Page 7 of 9

Debit Card F	Purchases - a	continued	
Date posted	Amount	Transaction description	Reference
05/23	600.00	3501 Debit Card Purchase Cash App*Michael	57388933015543501143
		8774174551 Ca	
05/24	6.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	48092933015543501144
05/24	100.00	3501 Debit Card Purchase Cash App*Michael	48093933015543501144
05/04	400.00	8774174551 Ca	48095933015543501144
05/24	120.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	48095933015543501144
05/24	1,000.00	3501 Debit Card Purchase Cash App*Daniesha C	48094933015543501144
00/21	1,000.00	8774174551 Ca	
05/24	26.07	3501 Debit Card Purchase Uber Help.Uber.C Ca	48096933015543501144
05/25	5.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri	96040933015543501145
03/23	5.51	Springfield VA	
05/25	125.00	3501 Debit Card Purchase Cash App*Michael	96041933015543501145
00/20	120.00	8774174551 Ca	
05/25	240.00	3501 Debit Card Purchase Cash App*Michael	96042933015543501145
00/20	210100	8774174551 Ca	
05/26	43.90	3501 Debit Card Purchase VA Kabob House Inc	34201933015543501146
		Springfield VA	
05/26	4.55	3501 Debit Card Purchase DD/Br #363684	34202933015543501146
		Springfield VA	
05/26	900.00	3501 Debit Card Purchase Cash App*Daniesha C	34203933015543501146
		8774174551 Ca	
05/30	100.00	3501 Debit Card Purchase Cash App*Michael	67172933015543501148
		8774174551 Ca	
05/30	438.00	3501 Debit Card Purchase Colonial Veterinary SE	67173933015543501148
		Springfield VA	
05/30	500.00	3501 Debit Card Purchase Cash App*Michael	67171933015543501148
		8774174551 Ca	
05/30	.46	3501 Debit Card Purchase Dc Parking Meters	71223933015543501149
		Washington Dc	
05/30	200.60	3501 Debit Card Purchase Tst* Cafe Milano	71220933015543501149
		Washington Dc	
05/30	242.50	3501 Debit Card Purchase Tst* Ilili - Dc	71216933015543501149
		Washington Dc	
05/30	23.00	3501 Debit Card Purchase Colonial Parking #882	71225933015543501149
		Washington Dc	
05/30	3.07	3501 Debit Card Purchase Tst* District Taco - E	10929933015543501150
		Washington Dc	
05/30	15.00	3501 Debit Card Purchase Cash App*Earbobs Dc	71219933015543501149
		8774174551 Ca	
05/30	50.00	3501 Debit Card Purchase Pp*Moroccan Saffron, L	71221933015543501149
		Middleburg VA	
05/30	26.48	3501 Debit Card Purchase Sq *Loza Pastry	71217933015543501149
		Washington Dc	
05/30	21.20	3501 Debit Card Purchase Hcm*Woven History and	71222933015543501149
03/30	220		

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Business Checking Account Number: 53-6684-8914 - continued

For the Period 04/29/2023 to 05/31/2023

Empire Motors Towing & Recovery Llc Primary Account Number: 53-6684-8914 Page 8 of 9

Debit Card Pu	rchases - a	continued		
Date posted	Amount	Transactio descriptior		Reference number
05/30	15.40		bit Card Purchase Sg *Alibaba Washingto	71218933015543501149
05/30	125.00		bit Card Purchase Cash App*Michael	71224933015543501149
00,00		8774174		
05/30	44.30		bit Card Purchase Uber Help.Uber.C Ca	10928933015543501150
05/31	500.00		bit Card Purchase Cash App*Michael	49486933015543501151
			4551 Ca	
POS Purchas	es			
Date posted		Amount	Transaction description	Reference number
05/01		19.40	POS Purchase Sunoco 0057280 Springfield	POS65182503 0006679
05/02		19.40	POS Purchase Sunoco 0057280 Springfield	POS65182503 0003508
05/02		82.00	POS Purchase Giant Landover Springfield	POS001 0003226
05/04		11.65	POS Purchase Autozone Springfield	POS99999999 0003227
05/04		3.22	POS Purchase 7-Eleven Springfield	POS00M6LM13 0006807
05/08		3.22 75.00	POS Purchase Giant Landover Springfield	POS001 0006808
05/08		112.89	POS Purchase Sunoco 0057280 Springfield	POS65182503 0006809
05/10		63.99	POS Purchase Lidl #1229 Springfield	POS081 0003348
05/10		19.66	POS Purchase 7-Eleven Springfield	POS00M6LM13 0003349
05/10		101.80	POS Purchase Alban Road Springfield	POS12651101 0003347
05/11		125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0003145
05/12		19.66	POS Purchase 7-Eleven Springfield	POS00M6LM13 0002642
05/15		125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0007144
05/15		97.52	POS Purchase Wegmans Alexan Alexandria VA	POS99999999 0007145
05/15		125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0007143
05/15		125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0007142
05/16		125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0003430
05/19		42.00	POS Purchase VA Dmv Alexand Alexandria VA	POS02598601 0002608
05/22		19.40	POS Purchase Sunoco 0057280 Springfield	POS65182503 0006763
05/22		37.50	POS Purchase Sunoco 0057280 Springfield	POS65182503 0006764
05/22		125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0006762
05/25		10.59	POS Purchase Dollar Tree 00 Springfield	POS33541001 0002566
ATM/Misc. De	bit Card Trans	sactions		
Date posted		Amount	Transaction description	Reference number
05/01		200.00	ATM Withdrawal 6400 Springfield	MACSU560705 0006678
05/03		85.98	3501 Recurring Debit Card Fubotv Inc 844-44138	38061933015543501123
05/03		203.00	ATM Withdrawal 6225 Brandon Ave S	PLUFC74 0003773
00,00		200100	Springfield VA	
05/11		82.95	ATM Withdrawal 3216 Old Picket Rd Faifrax VA	MACTX62919 0003143
05/12		203.00	ATM Withdrawal 6225 Brandon Ave S	PLUFC74 0002643
			Springfield VA	
05/19		99.00	3501 Recurring Debit Card Towbook Management So 810-3205063 Mi	59529933015543501139
05/19		300.00	ATM Withdrawal 3023 Duke Street Alexandria VA	MAC7E002204 0002607
05/19		200.00	ATM Withdrawal 6950 Braddock Rd Annandale VA	PNCPX2895 2649303
05/22		400.00	ATM Withdrawal 6400 Springfield	MACSU560705 0006761
05/30		62.95	ATM Withdrawal 3216 Old Picket Rd Faifrax VA	MACTX62919 0008721

9	For	24-h	our	acc	ount	information,	sign-on to

pnc.com/mybusiness/

Business Checking Account Number: 53-6684-8914 - continued

For the Period 04/29/2023 to 05/31/2023

Empire Motors Towing & Recovery Llc Primary Account Number: 53-6684-8914 Page 9 of 9

Service Charges and	Fees			
Date posted	Amount	Transaction description		Reference number
05/01	15.00	Service Charge Perio	d Ending 04/28/2023	
05/03	3.00	ATM Withdrawal Fee		PLUFC74 0003774
05/11	3.00	ATM Withdrawal Fee		MACTX62919 0003144
05/12	3.00	ATM Withdrawal Fee		PLUFC74 0002644
05/30	3.00	ATM Withdrawal Fee		MACTX62919 0008722
Other Deductions				
Date posted	Amount	Transaction description		Reference number
05/01	350.00	Online Transfer To	0000005366848519	EMPIRE MOTOR00101799
05/01	15.00	Online Transfer To	0000005426334043	EMPORIO TOWI00101801
05/01	15.00	Online Transfer To	0000005426333657	EMPIRE ECOM 00101800
05/11	1,500.00	Online Transfer To	0000005366848519	EMPIRE MOTOR00033771
05/19	588.71	Online Transfer To	0000005366848519	EMPIRE MOTOR00045034

Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 06/01/2023 and will appear on your next statement as a single line item entitled Service Charge Period Ending 05/31/2023.

** Combined Transactions include ACH Credits, ACH Debits, Checks Paid, Deposited Item - Consolidated, Deposit Tickets Processed

Description	Volume	Amount	
Account Maintenance Charge		.00	Requirements Met
Combined Transactions	10	.00	Included in Account
ACH Credits	7	.00	
Checks Paid	3	.00	
Automated Clearinghouse Service		15.00	
ACH Debit/Credit Block	1	15.00	
Total For Services Used This Period		15.00	
Total Service Charge		15.00	



Tax Returns

- 1. 2019 Tax Returns
- 2. 2020 Tax Returns
- 3. 2021 Tax returns



I

(Rev. Ja	J4U-A Amended U.S nuary 2020) ► Go to www.irs.gov/Four	rm1040X for instructions	and the	latest information		3 No. 1545-0074
This re	turn is for catendar year x 2019 2018	2017 2016		incor mormation	<u> </u>	
Other	vear. Enter one: calendar year or fisc	al year (month and year en	ded):			
Your first	name and middle initial	Last name			Your social security n	
MIL	ESSA	RECIO			019-86-7898	Imber
if joint ret	urn, spouse's first name and middle initial	Last name				
AYM	AN S	RECIO			Spouse's social securi	ly number
Current h	ome address (number and street). If you have a P.O. box, see instruction			Apt. no.	223-97-6498	<u></u>
	ROUGE CT			101	Your phone number	.
City, town	or post office, state, and ZIP code. If you have a foreign address, also c	complete spaces below. See instructi	005	1 101	571-494-924	<u>,</u>
	andria, VA 22312		5113.			
	ountry name	Foreign province/state	county		Environment	
			"oounly		Foreign postal o	ode
Amend	ed return filing status. You must check one box eve	n if you are not		Eull year healt		
changir	g your filing status. Caution: In general, you can't cha	nge vour filing			h care coverage (o	r, for amended
status f	om a joint return to separate returns after the due date				, exempt). If amend	ing a 2019
Sing	le 🕱 Married filing jointly 🗌 Married filing se	anarately (MES)		return, leave blank.	the second s	
	necked the MFS box, enter the name of spouse. If you	checked the HOH or OW ha	lanying	widow(er) (QW)	Head of hour	sehold (HOH)
personi	s a child but not your dependent.		x, enter 1	the child's name if t	he qualifying	
		••••••••••••••••••••••••••••••••••••••		<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	Use Part III on page 2 to explain any	y changes		A. Original amount reported or as	B. Net change - amount of increase	C. Correct
Incon	e and Deductions			previously adjusted (see instructions)	or (decrease) -	amount
1	Adjusted gross income. If a net operating loss (NOL) c	arryback is			explain in Part III	
	included, check here					
2	Itemized deductions or standard deduction	' • • • • • • • • • • • • • •		124,897	(2,409)	122,48
3	Subtract line 2 from line 1	•••••	· 2	24,400		24,40
	Exemptions. (amended 2017 or earlier returns only). I	· • • • • • • • • • • • • • • •	• 3	100,497	(2,409)	98,08
14	complete Part I on page 2 and enter the amount from lin					
b	Qualified business income deduction (amended 2018 o	ne 29 • • • • • • • • • • •	• <u>4a</u>			
5	Taxable income. Subtract line 4a or 4b from line 3. If th	r later returns only)	• <u>4b</u>	20,099	(481)	19,61
.						
Tayl	or less, enter -0	•••••	• 5	80,398	(1,928)	78,470
6						
U.	Tax. Enter method(s) used to figure tax (see instruction	s):				
7	TABLE		6	9,400	(371)	9,029
· /	Credits. If a general business credit carryback is includ	ed, check here	7	1,500		1,500
8	Subtract line 7 from line 6. If the result is zero or less, e	nter -0- • • • • • • • • • • •	- 8	7,900	(371)	7,529
	Health care: individual responsibility (amended 2018 or	et al second de la seconda	÷			
	only). See instructions	INTERNIAT	• 9			
	Other taxes	Warth		MIC 18,989	(365)	18,624
11 Dovrov	Total tax. Add lines 8, 9, and 10	····· WASLIN	<u>540</u> 4	SSIGT26,889,	(736)	26,153
Paym		· · · · · · · · · · · · · · · · · · ·	GIUN	DC 20002		
	Federal income tax withheld and excess social security		TTA			
	tax withheld: (If changing, see instructions.)		! 1 4	2021	and the first of	
13	Estimated tax payments, including amount applied from	prior year's return	·i)			· ·
14	Earned income credit (EIC)			Mar D		
	Refundable credits from: Schedule 8812 Form(s)	2439 4136		2		
	x 8863 8885 8962 or other (specify):	· · · · · · · · · · · · · · · · · · ·	15	1,000		1,000
16	Total amount paid with request for extension of time to f	ile, tax paid with original retu	im, and a	additional		
	tax paid after return was filed				16	
<u>17</u>	Total payments. Add lines 12 through 15, column C, and	l line 16	<u></u>	<u></u>	17	1,000
Return	a or Amount You Owe					
18	Overpayment, if any, as shown on original retum or as p	previously adjusted by the IR	s		18	
19	Subtract line 18 from line 17. (If less than zero, see instr	uctions)			10	1,000
20	Amount you owe. If line 11, column C, is more than lin	ne 19, enter the difference	· · · ·		20	and the second
21	I line 11, column C, is less than line 19, enter the differ	rence. This is the amount o	verpaid	on this return.		25,153
22	Amount of line 21 you want refunded to you					
	Amount of line 21 you want applied to your (enter yea				• • • • • 22	

Complete and sign this form on page 2.

Part I Exemptio	ns and Dependent	ts	•					Pa
Complete this part only if a	any information relating t	0 exemptions (to depend	onto if any "	<u> </u>		in the second second		
from what you reported on t amending your 2018 or late		ling. This would include a	change in the nu	your 20 Imber of	018 or later exemptions	return) l s (of dep	has changed endents if	n a chuir a
CAUTION! For amended 2	018 or later returns only,	leave lines 24. 28, and 2	9 blank	<u> </u>	<u> </u>	1		
Fill in all other a	pplicable lines.			A. Ori	ginal number emptions or	. B.I	Net change	C. Correct
Note: See the	Forms 1040 and 1040-SI	R, or Form 1040A, instruc	tions	amo	unt reported			number or amount
for the tax year l	being amended. See also	the Form 1040-X instruct	lone	ora	s previously adjusted	1	le de la companya de	oramount
24 Yourself and spouse	Caution: If someone ca	an claim vou as a						
dependent you can't	claim an exemption for yo	arrolf if amondia			1			
2019 or later return 1	orann an exemption 10r yc	Juisell. If amending your						
2018 or later return, l		• • • • • • • • • • • •	• • • • 24					
25 Your dependent child	ren who lived with you		• • • • • 25					
26 Your dependent children	who didn't live with you due	e to divorce or separation	26			1		
27 Other dependents .			27					
		ugh 27. If amending your	•••••					
2018 or later return, lo				$[1,\infty) = 1$				
			•••• 28	_		<u> </u>		
29 Wumply the number of	r exemptions claimed on	line 28 by the exemption			and a s			
amount shown in the	instructions for line 29 for	the year you are	2	, jan				
amending. Enter the r	esult here and on line 4a	on page 1 of this form. If						
amending your 2018 d	or later return, leave line l	blank						
30 List ALL dependents	(children and others) de	aimed on this amended re	turn If man			L		Leave from
Dependents (see instruction	uns):	anieu en une amendeu re		an 4 dep				
					(d) C	heck if q	ualifies for (s	see instructions):
(a) First name	Last name	(b) Social security	(c) Relation	Iship	Child tax	corodit	Credit for	other dependents
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Filing Status Check only one box.	□ □ If yo	Single Head of household (HOH) u checked the MFS box, enter th e if the qualifying person is a chi	☑ Married filing □ Qualifying wich ne name of spouse. If you	jointly low(er) (QW) ou checked the		Married	filing s	separa	tely (MF	
Your first name			Last name	5110			Vo	ur socis	I security n	umber
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Alexandri		ice, state, and ZIP code. If you have a	a toreign address, also con	npiete spaces pelo	ow (see	instruction		ecking a b or refund.	ox below will no	Spouse
Foreign countr			Foreign province/state	e/county	Foreig	n postal co			an four dep	endents,
Standard	Som	eone can claim: You as	a dependent 🔲 Y	our spouse as a	l dener	ndent	se	e inst. a	k check her	e • []
Deduction	—	Spouse itemizes on a separate re			i uepei	luem				
Age/Blindness	You	Were born before January	/ 2, 1955 🗌 A	re blind blind						
Dependents		instructions):	aly 2, 1900 [] 18			(4) ch	eck if a	ualifia	s for (see i	net):
(1) First name	· • • • •	Last name	(2) Social security number	(3) Relationship	to you		tax crec		•	er dependents
									Ē]
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				· ·						
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	1	Wages, salaries, tips, etc. Attac	h Form(s) W-2	• • • • • • • • •	• • •	• • • • •		1	- - -	
l 	2a	Tax-exempt interest	2a	b Taxable	e intere	est	• • • •	2b		
Standard	3a	Qualified dividends	. <u>3a</u>	b Ordinal	y divid	ends	• • • •	3b		
Deduction	4a	IRA distributions	. <u>4a</u>	b Taxable	e amou	unt	• • • •	4b		
 Single or Married filing separately, 	C	Pensions and annuities	4c	d Taxabl	e amol	unt	•••;•	4d		
\$12,200	5a	Social security benefits	. 5a	b Taxable	e amou	t	• • • •	5b		
 Married filing jointly or 	6	Capital gain or (loss). Attach So	chedule D if required. If	not required, cl	neck he	ere		-6		
Qualifying widow(er),	7a	Other income from Schedule 1,	line 9		• • •	•••••	• • • •	7a		131,801
\$24,400 Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b,	6, and 7a. This is your	total income	•••	• • • • •	•••	7b		131,801
household, \$18,350	8a	Adjustments to income from So	hedule 1, line 22		•••	• • • • •	•••••	8a		9,313
 If you checked 	b	Subtract line 8a from line 7b. T			••••	•••••	•••	8b		122,488
any box under Standard	9	Standard deduction or itemiz	ed deductions (from S	Schedule A)	9	2	4,40	<u>o</u>		
Deduction, see instructions.	10	Qualified business income deductio	n. Attach Form 8995 or Fo	rm 8995-A	10	1	.9,61	8		
	11a	Add lines 9 and 10			• • •	• • • • •	••••	11a		44,018
	<u>b</u>	Taxable income. Subtract line			-0-	•••••	<u></u>	11b		78,470

For Disclosur EEA

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Form 1040 (201	9)	MILKESSA & AYMAN S RECIO					019-86-789	8 Page 2
	12a	Tax (see instructions). Check if a	iny from:					
		1 Form(s) 8814 2 Form	4972 3		12a	9,0)29	
	b	Add Schedule 2, line 3, and line	12a and enter	the total			12b	9,029
	13a							
	b	Add Schedule 3, line 7, and line	13a and enter	the total		1	13b	1,500
	14	Subtract line 13b from line 12b. If	zero or less, e	enter -0-	• • • • • • • • •	• • • • • •	. 14	7,529
	15	Other taxes, including self-emplo	yment tax, froi	n Schedul	e 2, line 10 .	•••••	. 15	18,624
	16	Add lines 14 and 15. This is your	total tax .				▶ 16	26,153
	17	Federal income tax withheld from		nd 1099 .				
	18	Other payments and refundable of						1
If you have a qualifying	а	Earned income credit (EIC)			18a			
child, attach Sch. ElC.	b	Additional child tax credit. Attach						
 If you have nontaxable combat pay, 	c	American opportunity credit from				1,0	000	
see instructions.	d	Schedule 3, line 14						
	e	Add lines 18a through 18d. These are you				s !	▶ 18e	1,000
	19	Add lines 17 and 18e. These are			• • • • • • • • •		19	1,000
Refund	20	If line 19 is more than line 16, subtract line			nount you overp a	aid	. 20	
	21 a	Amount of line 20 you want refunded	d to you. If For	m 8888 is a	ttached, check l	here. ▶ [21a	······
Direct deposit?		Routing number		► c Type:		Saving		
See instructions.	► d	Account number		1				
	22	Amount of line 20 you want applied to you	our 2020 estimate	ed tax	▶ 22	-		
Amount	23	Amount you owe. Subtract line 19 from				ns	23	25,922
You Owe	24	Estimated tax penalty (see instru	ctions)		▶ 24		69	
Third Party		you want to allow another person (other than you			and the second		a. 🗌 Yes.C	omplete below.
Other than	De	signee's	· P	hone		Personal ide	X No	
paid preparer)		mē >		o. ►	· · ·	number (PIN	<u>)</u>	
Sign Here	my kn of whi	penalties of perjury, I declare that I have ex lowledge and belief, they are true, correct, a ch preparer has any knowledge.	and complete. Dec	laration of pre	eparer (other than	taxpayer) is	s based on all inf	ormation
		bur signature	Date	Your occup	ation	P	the IRS sent you a rotection PIN, enter	
Joint return? See instructions.	410 Sp	81. ouse's signature. If a joint return, both must sign.	05-12-2021 Date	Spouse's or	cupation		the IRS sent your	spouse an
Keep a copy for your records.	939		05-12-2021				lentity Protection P see inst.)	IN, enter it here
		one no. 571-494-9249	Email address	ļ		······	i	
Doid	Pre	eparer's signature	·		Date	PTIN	Che	ck if:
Paid					10-11-2021	P00139		Brd Party Designee
Preparer				. · · ·	Phone no. 703	8-921-06	84	Self-employed
Use Only		n's name ► AFG FOR ACCOUNTING S n's address ► 6000 STEVENSON AVENU				<u> </u>	· · · · ·	· · · · · ·
	1-111	Ms address ▶ 6000 STEVENSON AVENU Alexandria, VA 22304				-	rm's EIN ► 20-	-8018550
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.			· ·	<u>_</u>		1040 (2019)

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SCI	HEDULE 1	Additional Income and Adjustments to Income		OMB No. 1545-0074
(Forn	n 1040 or 1040-SR)			2019
Depa	rtment of the Treasury			Attachment
	al Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
	(s) shown on Form 1040 c		Your soci	al security number
	LKESSA & AYM		019-8	36-7898
		did you receive, sell, send, exchange, or otherwise acquire any financial interest in any		
			• • • • •	Yes 🗶 No
Par			·	
1		redits, or offsets of state and local income taxes		
2a				
b		orce or separation agreement (see instructions)		
3	Business income of	or (loss). Attach Schedule C		131,801
4	Other gains or (los	ses). Attach Form 4797	• 4	
5	Rental real estate,	royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	. 5	
6	Farm income or (Id	oss). Attach Schedule F	• 6	
7	Unemployment cor	npensation	7	
8	Other income. List	type and amount		
			8	
9		rough 8. Enter here and on Form 1040 or 1040-SR, line 7a	. 9	131,801
Par	t II Adjustmer	nts to Income		· · ·
10	Educator expenses		. 10	
11		xpenses of reservists, performing artists, and fee-basis government officials. Attach		
12		count deduction. Attach Form 8889		
13	0 1	for members of the Armed Forces. Attach Form 3903		
14		self-employment tax. Attach Schedule SE		9,313
15		P, SIMPLE, and qualified plans		
16		Ith insurance deduction		
17		ithdrawal of savings		
				**
b	Recipient's SSN.	· · · · · · · · · · · · · · · · · · ·	_	
. Ç		orce or separation agreement (see instructions)		
19				
20		st deduction		-
21		ttach Form 8917	• 21	
22		gh 21. These are your adjustments to income. Enter here and on Form 1040 or		1
	1040-SR, line 8a	• • • • • • • • • • • • • • • • • • • •	. 22	9,313

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

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Schedule 1 (Form 1040 or 1040-SR) 2019

	HEDULE 2	Additional Taxes	. (OMB No. 1545-0074
Depa	n 1040 or 1040-SR)	► Attach to Form 1040 or 1040-SR.		2019 Attachment
	al Revenue Service	► Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 02
Name	(s) shown on Form 1040 o	1040-SR	Your socia	I security number
MI	LKESSA & AYMA	N S RECIO	019-8	6-7898
Par	tl Tax			
1	Alternative minimur	n tax. Attach Form 6251	1	
2	Excess advance pr	emium tax credit repayment. Attach Form 8962	. 2	
3	Add lines 1 and 2.	Enter here and include on Form 1040 or 1040-SR, line 12b	. 3	0
Par	t II Other Taxes			·
4	Self-employment ta	x. Attach Schedule SE	4	18,624
5	Unreported social s	security and Medicare tax from Form: a 🗌 4137 b 🗍 8919	. 5	
6	Additional tax on IR	As, other qualified retirement plans, and other tax-favored accounts. Attach Form		1
	5329 if required	· · · · · · · · · · · · · · · · · · ·	6	
7a	Household employ	ment taxes. Attach Schedule H	. 7a	
b	Repayment of first-	time homebuyer credit from Form 5405. Attach Form 5405 if required	. 7b	· · ·
8	Taxes from: a	Form 8959 b Form 8960		
	c Instructions; e	nter code(s)	8	
9	Section 965 net tax	liability installment from Form 965-A		
10	Add lines 4 through	8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR,		
			10	18,624
For F		A at Mating and your tax waters in structions		1040 er 1040 SP) 0044

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Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3

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(Form 1040 or 1040-SR) Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074 2019

► Attach to Form 1040 or 1040-SR. ► Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 03

Internal Revenue Service	
Name(s) shown on Form 1040 or 1040-SR	

Name(s) shown on Form 1040 or 1040-SR	Your social security	number
MII	KESSA & AYMAN S RECIO	019-86-789	8
Part	Nonrefundable Credits	-	
1	Foreign tax credit. Attach Form 1116 if required	•• 1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	,
3	Education credits from Form 8863, line 19 • • • • • • • • • • • • • • • • • •	3	1,500
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695		
6	Other credits from Form: a 3800 b 8801 c	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b		1,500
Part	I Other Payments and Refundable Credits		
8	2019 estimated tax payments and amount applied from 2018 return		
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	Credits from Form: a 🗌 2439 b 🖾 Reserved c 🗌 8885 d 🗌	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	. 14	0
For Pa	aperwork Reduction Act Notice, see your tax return instructions.	ule 3 (Form 1040 or	1040-SB) 201

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Schedule 3 (Form 1040 or 1040-SR) 2019

SCH	EDU	LE	C	
(Form	1040	or 1	040-SR	ſ

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Profit or Loss From Business

OMB No. 1545-0074

2019

(Sole Proprietorship)

Go to www.irs.gov/ScheduleC fo	r instructions and the latest information.	

	Go to <i>www.irs.gov/ScheduleC</i> for instructions and the latest information and Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must in the service (99)						
	the of proprietor	Social security number (SSN)					
	KESSA RECIO						
A	Principal business or profession, including product or service (see instructions)	019-86-7898 B Enter code from instructions					
	SALES AND TWING	► 999999					
C	Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)					
-	PIRE MOTORS LLC	47-5310533					
E	Business address (including suite or room no.) > 4701 ROUGE CT APT 101	47-5510555					
	City, town or post office, state, and ZIP code Alexandria, VA 22312						
F	Accounting method: (1) X Cash (2) Accrual (3) Other (specify) >						
G	Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit	on losses X Yes No					
н	If you started or acquired this business during 2019, check here.						
1	Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)	have a second second					
	If "Yes," did you or will you file required Forms 1099?						
Pa	In res, dia you of win you me required tornio recer to the tornio recer to the tornio recer to the tornio recer	Yes No					
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on						
•	Form W-2 and the "Statutory employee" box on that form was checked	1 121,985					
2	Returns and allowances						
3	Subtract line 2 from line 1						
4	Cost of goods sold (from line 42)	====,===					
5	Gross profit. Subtract line 4 from line 3.						
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	(=/==+/+=+/					
7	Gross income. Add lines 5 and 6	7 432,855					
Pa	rt II Expenses. Enter expenses for business use of your home only on line 30.	+32,000					
8	Advertising	18 137,862					
9	Car and truck expenses (see 19 Pension and profit-sharing plans	19					
	instructions)						
10	Commissions and fees 10 a Vehicles, machinery, and equipment .						
11	Contract labor (see instructions) 11 39,000 b Other business property	20b 14,400					
12	Depletion	21 6,950					
13	Depreciation and section 179 22 Supplies (not included in Part III)	22 40,355					
	expense deduction (not included in Part III) (see 23 Taxes and licenses	23 124,469					
	instructions) • • • • • • • • • 13 24 Travel and meals:						
14	Employee benefit programs a Travel	24a					
	(other than on line 19) 14 b Deductible meals (see						
15	Insurance (other than health) . 15 7,800 instructions)	24b					
16	Interest (see instructions): 25 Utilities	25					
а	Mortgage (paid to banks, etc.) . 16a 26 Wages (less employment credits)	26					
b	Other	27a 32,742					
<u>17</u>	Legal and professional services 17 18,545 b Reserved for future use	27b					
	Total expenses before expenses for business use of home. Add lines 8 through 27a	28 424,523					
	Tentative profit or (loss). Subtract line 28 from line 7	29 8,332					
	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829						
	unless using the simplified method (see instructions).						
	Simplified method filers only: enter the total square footage of: (a) your home:						
	and (b) the part of your home used for business: Use the Simplified						
	Method Worksheet in the instructions to figure the amount to enter on line 30	30					
	Net profit or (loss). Subtract line 30 from line 29.						
	If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line						
	13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and	31 8,332					
	trusts, enter on Form 1041, line 3.						
20	If a loss, you must go to line 32. If you have a loss check the hey that departing your investment in this activity (and instructions).						
32	If you have a loss, check the box that describes your investment in this activity (see instructions).	a 1					
	• If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3, (or Form 1040-NR, line 13) and on Schedule SE, line 2, (if you checked the boy on line 1, see the line	32a All investment is at risk.					
	Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.	32b Some investment is not					
	 If you checked 32b, you must attach Form 6198. Your loss may be limited. 	at risk.					
For F	Sementical Deduction Ant Matter	edule C (Form 1040 or 1040-SR) 2019					

Schedul	e C (Form 1040 or 1040-SR) 2019 CAR SALES AND TWING 9999999			Page 2
Name(s		SSN		
	SSA RECIO	019-80	5-7898	
Part I				
33	Method(s) used to value closing inventory: a X Cost b Lower of cost or market c Other (atta		nation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation		Yes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	· · · · · · · · · · · · · · · · · · ·	0
36	Purchases less cost of items withdrawn for personal use	36		535,898
37	Cost of labor. Do not include any amounts paid to yourself	37		717,248
38	Materials and supplies	38		<u></u>
39	Other costs	39		
40	Add lines 35 through 39	40		1,253,146
41	Inventory at end of year	41		0
42 Part	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4			1,253,146
43	and are not required to file Form 4562 for this business. See the instructions file Form 4562. When did you place your vehicle in service for business purposes? (month, day, year)	-		if you must
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your	vehicle fo	r:	
а	Business b Commuting (see instructions) c	Other		
45	Was your vehicle available for personal use during off-duty hours?	••••	Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?	••••	· Yes	No
47a	Do you have evidence to support your deduction?	• • • • •	Yes	No
b Part \	If "Yes," is the evidence written?		Yes	No
T di L	Other Expenses. List below business expenses not included on lines 8-26 or	line 30.		
FUEL				31,200
WORK	CLOTHES		· · · · · · · · · · · · · · · · · · ·	1,241
CELL	PHONE			301
······································				
······································				
48	Total other expenses. Enter here and on line 27a	48		32.742

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OMB	No.	1545-0074

No

No

90	HEDULE C		Profit or Los	s Fi	rom Business		. 1	OMB No. 154	5-0074
(Form 1040 or 1040-SR) (Sole Proprietorship)									
(FO		0.0						201	9
					structions and the latest inform 41; partnerships generally must		- 4005	Attachment	00
-	nal Revenue Service (99) Attach t ae of proprietor	0 FOII	11 1040, 1040-3n, 1040-14n,		41; partnerships generally must			Sequence No	
						· ·	-	umber (SSN).
		ا م م ا	ling graduat or oan ling / and is				97-649		
A	Principal business or profession		ang product of service (see in	ISITUC	lions)	1		instructions	
	VING SERVICES		no nome legue blank				99999		
C	Business name. If no separate b	usines	ss name, leave blank.			- ·-	•	iber (EIN) (see	e instr.)
	PIRE MOTORS LLC		om no.) > 4701 ROUGE	0.00	NDM 101	32-0	630327		· · · · · · · · · · · · · · · · · · ·
E	Business address (including suit					· · · · · · ·			
	City, town or post office, state, and								
F	Accounting method: (1) X	- 1 C		(3)	Other (specify)				
G	If you started or acquired this busi				9? If "No," see instructions for limit			X Yes	No
H	· · · · · · · · · · · · · · · · · · ·				1099? (see instructions)				
1								hanned	No
J	Income	uirea				• • • •		Yes	No
	Gross receipts or sales. See instr		for line t and shock the her	if this	income week reported to you on				
1	•					1			
2	Returns and allowances					1	-	33	35,210
2					· • • • • • • • • • • • • • • • • • • •	. 2			0 5 210
4	Cost of goods sold (from line 42)					. 4			35,210
5	Gross profit. Subtract line 4 fron					. 5			34,625
6					nd (see instructions)			30	0,585
7	Gross Income. Add lines 5 and 6					7			0,585
1022 1000-202					home only on line 30.				10, 585
8	Advertising	8	5,400	- T	Office expense (see instructions)	18			1,000
9	Car and truck expenses (see	<u> </u>	5/200	19	Pension and profit-sharing plans	19			.1,000
•	instructions)	9		20	Rent or lease (see instructions):				
10	Commissions and fees	10			Vehicles, machinery, and equipment				
11	Contract labor (see instructions)	11		1	Other business property		······		.8,500
12	Depletion	12		21	Repairs and maintenance		· · · ·		9,480
13	Depreciation and section 179			22	Supplies (not included in Part III)			_	780
	expense deduction (not			23	Taxes and licenses				1,903
	included in Part III) (see instructions)	13		24	Travel and meals:			· · · · · ·	1/303
14	Employee benefit programs			a	Travel	• 24a			
	(other than on line 19)	14		b	Deductible meals (see				
15	Insurance (other than health)	15	16,200		instructions)	. 24b			3,120
16	Interest (see instructions):			25	Utilities	. 25	· ·		4,800
а	Mortgage (paid to banks, etc.) .	16a		26	Wages (less employment credits)	26	· · · · · · · · · · · · · · · · · · ·		
b	Other	16b		27a	Other expenses (from line 48) .	. 27a		- 5	1,823
<u>17</u>	Legal and professional services	17		b	Reserved for future use	. 27b			0122230
28	Total expenses before expenses	for bu	siness use of home. Add line			28	· ·	18	3,006
29	Tentative profit or (loss). Subtract	line 28	3 from line 7		•••••	. 29	· · · ·	11	7,579
30	Expenses for business use of your	home	. Do not report these expens	es els	sewhere. Attach Form 8829				
	unless using the simplified method	•							
	Simplified method filers only: e	nter th	e total square footage of: (a)	your	home:				
	and (b) the part of your home used	for bu	usiness:		. Use the Simplified				
	Method Worksheet in the instruction	ns to f	igure the amount to enter on I	ine 3(••••••	. 30			
31	Net profit or (loss). Subtract line				,				
	• If a profit, enter on both Sched								
	13) and on Schedule SE, line 2.		checked the box on line 1, s	ee in	structions). Estates and	31		11	7,579
	trusts, enter on Form 1041, line 3						-		
	• If a loss, you must go to line 3				L.				
32	If you have a loss, check the box t				· · · · · · · · · · · · · · · · · · ·	r-			
	If you checked 32a, enter the I	oss or	both Schedule 1 (Form 10)	40 or	1040-SR), line 3, (or	32a		estment is :	at rick

		7 in any courtoin is at now.
Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line	▶ 32b	Some investment is not
31 instructions). Estates and trusts, enter on Form 1041, line 3.		at risk.
If you checked 32h you must attach Form 6198. Your loss may be limited.	·	

•	If you checked 32b	you must attach	Form 6198. Y	our loss may	/ be limited,

For Paperwork Reduction Act Notice, see the separate instructions.

	ie C (Form 1040 or 1040-SR) 2019 TOWING SERVICES 9999999	Page 2
Name(s	s) S RECIO	SSN
Part		223-97-6498
33	Method(s) used to value closing inventory: a X Cost b Lower of cost or market c Other (at	tach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing invent If "Yes," attach explanation	ory?
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	. 35 0
36	Purchases less cost of items withdrawn for personal use	. 36
37	Cost of labor. Do not include any amounts paid to yourself	. 37 34,625
38	Materials and supplies	- 38
39	Other costs	
40	Add lines 35 through 39	· · · · · · · · · · · · · · · · · · ·
41	Inventory at end of year	• 41 0
42 Part	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 Information on Your Vehicle. Complete this part only if you are claiming ca	. 42 34,625
43	and are not required to file Form 4562 for this business. See the instructions file Form 4562. When did you place your vehicle in service for business purposes? (month, day, year) ►	for line 13 to find out if you must
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used you	vehicle for:
а	Business b Commuting (see instructions) c	Other
45	Was your vehicle available for personal use during off-duty hours?	Yes No
46	Do you (or your spouse) have another vehicle available for personal use?	Yes No
47a	Do you have evidence to support your deduction?	•••••• Yes No
b Part	If "Yes," is the evidence written?	Yes No
ant.	Chief Expenses. List below business expenses not included on lines 8-20 0	
FUEL		48,251
WORK	Clothes	1,322
CELL	PHONE	2,250
48	Total other expenses. Enter here and on line 27a	48 51,823

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SCHEDULE C

Department of the Treasury

(Form 1040 or 1040-SR)

Profit or Loss From Business

OMB No. 1545-0074

2019

(Sole Proprietorship)

Go to	<i>www.irs.gov/ScheduleC</i> for instructions and the latest information	
	•	
 1		

	ntment of the Treasury al Revenue Service (99)	to Form 1	040, 1040-SR, 1040-NR,	or 10	41; partnerships generally mu	st file	Form 1065. Attachment Sequence No. 09	
-	e of proprietor						cial security number (SSN)	
MII	KESSA RECIO					0	19-86-7898	
A	Principal business or profession	n, including	product or service (see in	nstruc	tions)		Enter code from instructions	
TOV	ING					▶ 488000		
C	Business name. If no separate	business n	ame, leave blank.		· · · · · · · · · · · · · · · · · · ·	D	Employer ID number (EIN) (see instr.)	
EMB	IRE MOTORS TOWING & R	ECOVERY	LLC			-	4-3704991	
E	Business address (including sui	ite or room	no.) > 4701 ROUGE	CT	APT 101			
	City, town or post office, state, a	and ZIP cod	le Alexandria	, V	A 22312			
F	Accounting method: (1)	K Cash	(2) Accrual	(3)	Other (specify) ►		··········	
G	Did you "materially participate" in the operation of this business during 2019? If "No," see instructions f						osses X Yes No	
н	If you started or acquired this bus	- P						
I	Did you make any payments in 2	019 that we	ould require you to file For	m(s)	1099? (see instructions)		Yes No	
J	If "Yes," did you or will you file re							
Pe	rt l Income				······································	1		
1	Gross receipts or sales. See inst	ructions for	line 1 and check the box	if this	income was reported to you on			
	Form W-2 and the "Statutory emp	ployee" box	on that form was checke	d	• • • • • • • • • • • • • • • •		1 2,456,987	
2	Returns and allowances					• •	2 5,487	
3	Subtract line 2 from line 1						3 2,451,500	
4	Cost of goods sold (from line 42)					••[4 1,913,146	
5	Gross profit. Subtract line 4 from	m line 3				••	5 538,354	
6	Other income, including federal a	ind state ga	soline or fuel tax credit or	refu	nd (see instructions)	••	6	
7	Gross income. Add lines 5 and	6	• • • • • • • • • • • • • • • • • • •	• • •	· • • • • • • • • • • • • • • • • • • •	►	7 538,354	
Pe	rt II Expenses. Enter e	xpenses	for business use of	youi	home only on line 30.			
8	Advertising	8		18	Office expense (see instruction	S)	18	
9	Car and truck expenses (see			19	Pension and profit-sharing plan		19	
	instructions)	9		20	Rent or lease (see instructions)	: 🕅		
10	Commissions and fees	10		a	Vehicles, machinery, and equipmen		20a	
11	Contract labor (see instructions)	11		b	Other business property		20b 76,255	
12	Depletion	12		21	Repairs and maintenance	• •	21 190,355	
13	Depreciation and section 179	:		22	Supplies (not included in Part I	li) 🚺	137,862	
	expense deduction (not included in Part III) (see			23	Taxes and licenses	[136,589	
	instructions) •••••	13		24	Travel and meals:			
14	Employee benefit programs			a	Travel		24a	
	(other than on line 19)	14		b	Deductible meals (see			
15	Insurance (other than health)	15			instructions)	2	4b	
16	Interest (see instructions):			25	Utilities	🔽	25	
а	Mortgage (paid to banks, etc.) .	16a		26	Wages (less employment credit	s) [26	
b	Other	16b	·	27a	Other expenses (from line 48)	27	7a	
<u>17</u>	Legal and professional services	17	18,545		Reserved for future use		7b	
28	Total expenses before expenses				-		28 559,606	
2 9	Tentative profit or (loss). Subtract	1. Contract (1. Co				••[2	29 (21,252)	
30	Expenses for business use of you			es els	sewhere. Attach Form 8829			
	unless using the simplified metho	•	'	1				
	Simplified method filers only:	enter the to	otal square footage of: (a)	your	home:			
	and (b) the part of your home use				Use the Simplifie	d		
	Method Worksheet in the instruction			ine 30		••	30	
31	Net profit or (loss). Subtract line							
	 If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and 					ן ר		
			ecked the box on line 1, s	ee in	structions). Estates and		31 (21,252)	
	trusts, enter on Form 1041, line					Í		
20	If a loss, you must go to line 3 If you have a loss, check the bay;				-	1		
32	If you have a loss, check the box					7		
	 If you checked 32a, enter the 				••• •••	32		
	Form 1040-NR, line 13) and on 31 instructions). Estates and trus			ine ine	but on line 1, see the line	32		
	 If you checked 32b, you mus 			heli	mited		at risk.	
For I	aperwork Reduction Act Notice			00 11		Sahadu	le C (Form 1040 or 1040-SB) 2019	

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Sched	ule C (Form 1040 or 1040-SR) 2019 TOWING 488000				Pi	age 2
Name(SSN		_		
Part	ESSA RECIO Cost of Goods Sold (see instructions)	019-8	6-789	8	<u></u>	
33	Method(s) used to value closing inventory: a X Cost b Lower of cost or market c Other (atta	ch expla	nation)			
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	γ?		Yes	x	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35				0
36	Purchases less cost of items withdrawn for personal use	36			1,195	<u>, 898</u>
37	Cost of labor. Do not include any amounts paid to yourself	37			717	,248
38	Materials and supplies	38				
39	Other costs	39			••••••••••••••••••••••••••••••••••••••	
40	Add lines 35 through 39	40			1,913	<u>, 146</u>
41	Inventory at end of year	41				0
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42			1,913	,146
Part	Information on Your Vehicle. Complete this part only if you are claiming car and are not required to file Form 4562 for this business. See the instructions file Form 4562.	or truc or line	k expe 13 to f	ind out	n line 9 . if you	9 must
43	When did you place your vehicle in service for business purposes? (month, day, year)	-	. · ·			
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your v	ehicle fo	r:			
а	Business b Commuting (see instructions) c	Other	·····	:		
45	Was your vehicle available for personal use during off-duty hours?	••••	•• [Yes		No
46	Do you (or your spouse) have another vehicle available for personal use?	• • • •	•• [Yes		No
47a	Do you have evidence to support your deduction?	• • • •	•• 🗆	Yes		No
Part	If "Yes," is the evidence written?	· · · ·	••	Yes		No
100-000-00-0	Care appressive below business expenses not included of lines 8-26 of		·	· · · ·		
				-		
				-		
48	Total other expenses. Enter here and on line 27a	48				

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SCHEDULE C	
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Name of proprietor

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(Porm	1040	or	1040	.2

Profit or Loss From Business

OMB No.	1545-0074

2019

09

(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information. Department of the Treasury Attachment Sequence No. ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065. Internal Revenue Service (99) Social security number (SSN) MILKESSA RECIO 019-86-7898 Principal business or profession, including product or service (see instructions) - -

			B Enter code from instructions			
<u>101</u> C	Business name. If no separate bus	▶ 811310				
-	EL TOWING LLC	ionicos name, leave Diank.				loyer ID number (EIN) (see instr.)
E				101	84-3	3704859
C		or room no.) > 4701 ROUGE				
	City, town or post office, state, and		_			
F	Accounting method: (1) \mathbf{x}	the second se	3)	Other (specify)		
G	Did you "materially participate" in th					
Н	If you started or acquired this busine					
1	Did you make any payments in 2019					
J	If "Yes," did you or will you file requi	ired Forms 1099?	• • •	••••••	• • •	· · · · · Yes No
	irt I Income				· . · ·	
1	Gross receipts or sales. See instruc					
	Form W-2 and the "Statutory employ			. —	1	765,499
2	Returns and allowances				2	0
3	the second se	•••••			3	765,499
4	Cost of goods sold (from line 42) .				4	224,000
5	Gross profit. Subtract line 4 from I					541,499
6	Other income, including federal and					
7	Gross income. Add lines 5 and 6	•••••	•••	· · · · · · · · · · · · · · · · · · ·	7	541,499
10000000		enses for business use of y				·
8	Advertising	8 15,614	1	Office expense (see instructions)	18	· · · · · · · · · · · · · · · · · · ·
9	Car and truck expenses (see			Pension and profit-sharing plans	19	
	instructions)	9		Rent or lease (see instructions):		
10	Commissions and fees	10	а	Vehicles, machinery, and equipment .	20a	
11	Contract labor (see instructions)	11		Other business property	20b	31,011
12	· -	12	21	Repairs and maintenance	21	92,481
13	Depreciation and section 179 expense deduction (not		22	Supplies (not included in Part III)	22	78,451
	included in Part III) (see			Taxes and licenses	23	
	instructions) • • • • • • •	13	24	Travel and meals:		
14	Employee benefit programs		а	Travel	24a	
		14	b	Deductible meals (see		
15	here a second	15		instructions)	24b	
16			25	Utilities	25	
а		16a	26	Wages (less employment credits)	26	
b	Other	16b	27a	Other expenses (from line 48)	27a	334,303
<u>17</u>		17	b	Reserved for future use	27b	
	Total expenses before expenses for				28	551,860
29	Tentative profit or (loss). Subtract lin				29	(10,361)
30	Expenses for business use of your h		es else	ewhere. Attach Form 8829		
	unless using the simplified method (s	· · · · · · · · · · · · · · · · · · ·				
	Simplified method filers only: enter	ter the total square footage of: (a)	your l	home:		
	and (b) the part of your home used for	· · · · · · · · · · · · · · · · · · ·		. Use the Simplified		
	Method Worksheet in the instructions		ne 30	• • • • • • • • • • • • • • • • • • • •	30	
31	Net profit or (loss). Subtract line 30					
	• If a profit, enter on both Schedul					
	13) and on Schedule SE, line 2. (If	31	(10,361)			
	trusts, enter on Form 1041, line 3.					······································
	• If a loss, you must go to line 32.	· · ·				
32	If you have a loss, check the box that				-	
	If you checked 32a, enter the los				H	All investment is at risk.
	Form 1040-NR, line 13) and on Sci		d the	box on line 1, see the line	32b	Some investment is not
	31 instructions). Estates and trusts,	· · · · ·				at risk.
	 If you checked 32b, you must a 	attach Form 6198. Your loss may l	pe lim	nited.		

For Paperwork Reduction Act Notice, see the separate instructions.

	iule C (Form 1040 or 1040-SR) 2019 TOWING 811310		Page 2
Name(e(s) Xessa recio	SSN	
Part		019-86-7898	
33	Method(s) used to value closing inventory: a X Cost b Lower of cost or market c	Other (attach explanation)	······································
34	Was there any change in determining quantities, costs, or valuations between opening and clos If "Yes," attach explanation	ing inventory?	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation		0
36	Purchases less cost of items withdrawn for personal use		
37	Cost of labor. Do not include any amounts paid to yourself		224,000
38	Materials and supplies		
39	Other costs		
40 41	Add lines 35 through 39 Inventory at end of year		224,000
			0
42 Part	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 Information on Your Vehicle. Complete this part only if you are clai	42	224,000
	and are not required to file Form 4562 for this business. See the inst file Form 4562.	ructions for line 13 to find ou	ut if you must
43	When did you place your vehicle in service for business purposes? (month, day, year)		
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you	used your vehicle for:	
а	Business b Commuting (see instructions)	c Other	
45	Was your vehicle available for personal use during off-duty hours?	· · · · · · · · · · · · · · · · · · ·	No
46	Do you (or your spouse) have another vehicle available for personal use?	· · · · · · · · · · · · · · · · · · ·	No
47a	Do you have evidence to support your deduction?	· · · · · · · · · · · · · · · · · · ·	No
Part	If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines		No
CONTRACTOR NOTION			
HEAV	VY DUTY TRUCK DESIEL		307,821
INTE	ERNET AND PHONE		3,048
TOOL	LS		16,893
ACCE	ESSORIES		6,541
		ζ.	
48	Total other expenses. Enter here and on line 27a	48	334,303

SCHEDULE C (Form 1040 or 1040-SR)

Profit or Loss From Business

OMB No. 1545-0074

(Sole Proprietorship)

(F0	rm 1040 or 1040-SH				•	torship)			2019
	artment of the Treasury					structions and the latest informa			ttachment
	nal Revenue Service (99)	Attach t	o Forn	n 1040, 1040-SR, 1040-NR,	or 10	41; partnerships generally must		1 065. s	equence No. 09
	ne of proprietor							•	nber (SSN)
	MAN S RECIO							7-6498	
Α		or profession	, incluc	ling product or service (see i	nstruc	tions)	B Enter c		
	WING	· · · · · ·			ì	·····		811310	
C			ousines	s name, leave blank.			D Employe	er ID numbe	er (EIN) (see instr.)
	PORIO TOWING L			· · · · · · · · · · · · · · · · · · ·			82-12	71050	······
Έ	1	• •		om no.) > 4701 ROUGE					
	City, town or post o					and the second se			
F	Accounting method:	(1) 🛛	Cash	n (2) Accrual	(3)	Other (specify)			
G	Did you "materially p	participate" in	the op	peration of this business durin	ng 201	19? If "No," see instructions for limit	on losses	• • • •	X Yes No
н	If you started or acqu	uired this bus	iness d	uring 2019, check here	• • •			•• • •	
I	Did you make any p	ayments in 20	019 tha	t would require you to file Fo	rm(s)	1099? (see instructions)		• • • •	Yes No
ĩ	If "Yes," did you or w	vill you file red	quired	Forms 1099?	• •	<u> </u>			Yes No
Pa	art I Income			· · · · · · · · · · · · · · · · · · ·					
1	Gross receipts or sa	ales. See instr	uctions	for line 1 and check the box	if this	s income was reported to you on			
	Form W-2 and the "S	Statutory emp	loyee"	box on that form was checke	d		1		294,316
2	Returns and allowan	ces	• • •		•••	• • • • • • • • • • • • • • • • • • • •	. 2		0
3						• • • • • • • • • • • • • • • • • • •			294,316
4						• • • • • • • • • • • • • • • • • • • •			39,824
5	•					• • • • • • • • • • • • • • • • • • • •			254,492
6		-		• • • • • • • • • • • • • • • • • • •		nd (see instructions)	. 6		
7						<u> </u>	7		254,492
2	Irt II Expense	s. Enter ex	pens	es for business use of	you	r home only on line 30.			
8	Advertising	••••	8		18	Office expense (see instructions)	18		17,824
9	Car and truck expen	ses (see			19	Pension and profit-sharing plans	19		
	instructions)	•••••	9		20	Rent or lease (see instructions):			
10	Commissions and fee	es	10		a	Vehicles, machinery, and equipment	20a		
11	Contract labor (see in	nstructions)	11		b	Other business property	20b		18,500
12	Depletion	• • • • • •	12		21	Repairs and maintenance	21		82,614
13	Depreciation and sec expense deduction (r	ction 179			22	Supplies (not included in Part III)	22		24,783
	included in Part III) (See			23	Taxes and licenses	23		1,816
	instructions) • • •	••••	13		24	Travel and meals:			
14	Employee benefit pro	ograms			a	Travel	24a		
	(other than on line 19	· ·	14		b	Deductible meals (see			
15	Insurance (other than	health)	15	16,800		instructions)	24b		2,962
16	Interest (see instructi		en de la calendaria. Parestas		25	Utilities	25		4,782
а	Mortgage (paid to be		16a		26	Wages (less employment credits)	26		•••••
þ	Other		16b		27a	Other expenses (from line 48)	27a		75,787
17	Legal and profession		17		b	Reserved for future use	27b		
28						hrough 27a	28	12	245,868
29							29		8,624
30				. Do not report these expens	es els	sewhere. Attach Form 8829			
	unless using the simp		•						
				e total square footage of: (a)	your	home:			
	and (b) the part of yo					. Use the Simplified			
				gure the amount to enter on	ine 30)	30		<u> </u>
31	Net profit or (loss).								
				Form 1040 or 1040-SR), lir					
				checked the box on line 1, s	ee ins	structions). Estates and	31		8,624
	trusts, enter on Form								
	• If a loss, you mus	-							
32				cribes your investment in this					
				both Schedule 1 (Form 10			32a	All inves	stment is at risk.
				Ile SE, line 2. (If you checke	ed the	box on line 1, see the line	32b	Some in	vestment is not
				r on Form 1041, line 3.				at risk.	
	If you checked 3:	2b, you mus i	t attach	n Form 6198. Your loss may	be lir	mited.			

For Paperwork Reduction	Act Notice	, see the sep	arate instructio	ons.

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	ule C (Form 1040 or 1040-SR) 2019 TOWING 811310			Page 2
Name		SSN		
Part	K S RECIO Cost of Goods Sold (see instructions)	223-97	-6498	
33	Method(s) used to value closing inventory: a X Cost b Lower of cost or market c Other (att	ach explan	ation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor of "Yes," attach explanation	ory?	· · Yes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	·····	0
36	Purchases less cost of items withdrawn for personal use	. 36		
37	Cost of labor. Do not include any amounts paid to yourself			39,824
38	Materials and supplies	. 38		
39	Other costs			
40	Add lines 35 through 39			39,824
41	Inventory at end of year	• 41		0
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		39,824
Part	Information on Your Vehicle. Complete this part only if you are claiming ca and are not required to file Form 4562 for this business. See the instructions file Form 4562.	r or truck for line 1	c expenses of 13 to find out	on line 9 t if you must
43 44 a	When did you place your vehicle in service for business purposes? (month, day, year) Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your Business b Commuting (see instructions) c			
45	Was your vehicle available for personal use during off-duty hours?	• • • • •	• Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?		. Yes	No
47a	Do you have evidence to support your deduction?	• • • • •	. Yes	No
b Part	If "Yes," is the evidence written?	line 30.	· Yes	No
FUEL	4			72,273
CELI	, PHONE			1,200
UNIF	'ORM			2,314
h- 1+71				
<u>.</u>				
		,		
48	Total other expenses. Enter here and on line 27a	48		75 797

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SC	HEDULE C			Profit or Loss	s Fi	rom Business			OMB No. 154	5-0074
(Fo	rm 1040 or 1040-SR			(Sole Pr	oprie	torship)			0.04	•
D		· · · · · · •	Go to			structions and the latest informa	tion.		201	9.
	artment of the Treasury nal Revenue Service (99)	,				41; partnerships generally must		n 1065.	Attachment Sequence No.	. 09
	ne of proprietor	······································	2						umber (SSN)	
мті	LKESSA RECIO							86-789	(····)	
A		or profession	incluc	ling product or service (see ir	istruc	tions)			n instructions	
••	R SALES AND TO	-	1					9999		
C			nusines	s name, leave blank.			D Empl		mber (EIN) (see	inetr)
-	PORIO TOWING L		Juonina	o name, leave blank.				271050		11150.7
E			o or ro	om no.) > 4701 ROUGE	Cm	7.Dm 101	02-1	2/1050	,	····
-	City, town or post o	. .		· · · · · · · · · · · · · · · · · · ·						
F	Accounting method:	(1) X			(3)	Other (specify) ►				
_										· · · · · · · · · · · · · · · · · · ·
G						9? If "No," see instructions for limit			X Yes	No
н.									▶∐	
1						1099? (see instructions)				No
J	If "Yes," did you or w	rill you file red	quired	Forms 1099?	• • •		• • • •	• • • •	• Yes	No
Defounde	Income							· · · · · · · · · · · · · · · · · · ·		· ·
1			•			income was reported to you on				
						•••••••••••••	1		49	3,284
2						•••••	-			0
3						••••••	-			3,284
4		-				• • • • • • • • • • • • • • • •			4	2,834
5						••••••			45	0,450
6		-				nd (see instructions)	. 6			
7						· · · · · · · · · · · · · · · · · · ·	7		45	0,450
CLA22512				es for business use of	your	home only on line 30.				
8	Advertising		8		18	Office expense (see instructions)	18		1	.8,624
9	Car and truck expense	ses (see			19	Pension and profit-sharing plans	19		·	·
		• • • • • •	9		20	Rent or lease (see instructions):				
10	Commissions and fee		10		1	Vehicles, machinery, and equipment	. 20a			
11	Contract labor (see in		11		b	Other business property	20b		1	8,500
12	Depletion		12		21	Repairs and maintenance	21		28	3,916
13	Depreciation and sec				22	Supplies (not included in Part III).	22		4	9,283
	expense deduction (r included in Part III) (s				23	Taxes and licenses	23			4,729
	instructions) · · ·		13		24	Travel and meals:				
14	Employee benefit pro	0			a	Travel	24a			
	(other than on line 19)	14	·	b	Deductible meals (see				
15	Insurance (other than	•	15	24,600		instructions)	24b			3,195
16	Interest (see instruction	ons):			25	Utilities	25			
а	Mortgage (paid to ba	nks, etc.) 🔒	16a	· · · · · · · · · · · · · · · · · · ·	26	Wages (less employment credits)	26			
b	Other	• • • • • •	16b		27a	Other expenses (from line 48)	27a		1	8,724
<u>17</u>	Legal and profession	al services	17		b	Reserved for future use	27b			
28	Total expenses before	ore expenses	for bu	siness use of home. Add line	es 8 tl	hrough 27a	28		42	1,571
29	Tentative profit or (los	ss). Subtract	line 28	from line 7		• • • • • • • • • • • • • • • • • •	29			8,879
30	Expenses for busines	s use of you	r home	. Do not report these expense	es els	ewhere. Attach Form 8829				
	unless using the simp	olified method	d (see i	nstructions).						
	Simplified method f	ilers only: e	enter th	e total square footage of: (a)	your	home:				
	and (b) the part of yo	ur home used	d for bu	isiness:		. Use the Simplified				
	Method Worksheet in	the instruction	ons to fi	gure the amount to enter on I	ine 30	· · · · · · · · · · · · · · · · · · ·	30			
31	Net profit or (loss).	Subtract line	30 from	m line 29.						
	 If a profit, enter or 	both Sched	lule 1 ((Form 1040 or 1040-SR), lin	e 3 (or Form 1040-NR, line				
				checked the box on line 1, s			31		2	8,879
	trusts, enter on Form					· · · · · · · · · · · · · · · · · · ·	. ·			
	• If a loss, you mus	t go to line 3	2.							
32	If you have a loss, ch	eck the box t	hat des	cribes your investment in this	activ	ity (see instructions).				
	• If you checked 32	a, enter the l	oss on	both Schedule 1 (Form 104	l0 or	1040-SR), line 3, (or	32a 🗌	All in	vestment is a	at risk.
				Ile SE, line 2. (If you checke			32b		e investment	
				er on Form 1041, line 3.			L	at risk		
	If you checked 3:	2h voli mue	t attack	Form 6198 Your loss may	he lir	mited		·		

For Paperwork Rec	luction Act Notice, s	see the separate	instructions

If you checked 32b, you must attach Form 6198. Your loss may be limited.

Schedule C (Form 1040 or 1040-SR) 2019

	ale C (Form 1040 or 1040-SR) 2019 CAR SALES AND TOWING 9999999	Page 2
Name(SSN
Part	III Cost of Goods Sold (see instructions)	019-86-7898
33	Method(s) used to	ach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor if "Yes," attach explanation	prv?
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	. 35 0
36	Purchases less cost of items withdrawn for personal use	. 36
37	Cost of labor. Do not include any amounts paid to yourself	. 37 42,834
38	Materials and supplies	
39	Other costs	. 39
40	Add lines 35 through 39	
41	Inventory at end of year	
42 Part	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 IN Information on Your Vehicle. Complete this part only if you are claiming ca	42 42,834
	and are not required to file Form 4562 for this business. See the instructions file Form 4562.	for line 13 to find out if you must
43	When did you place your vehicle in service for business purposes? (month, day, year)	
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your	
а	Business b Commuting (see instructions) c	Other
45	Was your vehicle available for personal use during off-duty hours?	Yes No
46	Do you (or your spouse) have another vehicle available for personal use?	Yes No
47a	Do you have evidence to support your deduction?	Yes No
b Part	If "Yes," is the evidence written?	Ves No
	Entre Expenses for heldw business expenses not included on lines 6-26 or	
FUEL		18,724
·		

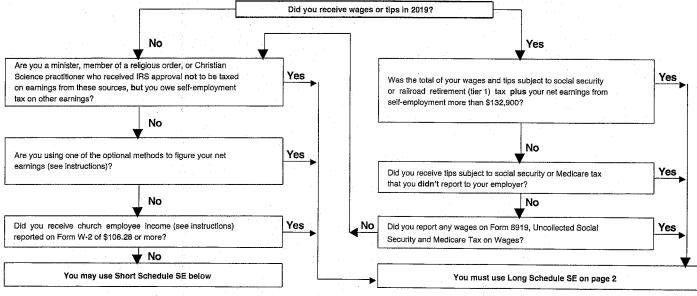
...

SCHEDULE SE (Form 1040 or 1040-SR)	SR) Self-Employment Tax						
Department of the Treasury Internal Revenue Service (99)	 Go to www.irs.gov/ScheduleSE for instructions and the latest information. Attach to Form 1040, 1040-SR, or 1040-NR. 	2019 Attachment Sequence No. 17					
Name of person with self-employn	nent income (as shown on Form 1040, 1040-SR, or 1040-NR) Social security number of person						
MILKESSA RECIO	with self-employment income	019-86-7898					

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

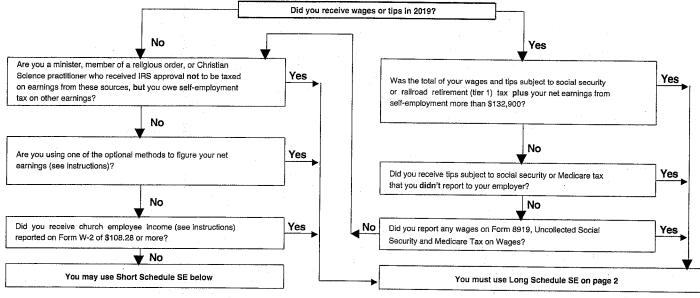
Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065),	r		
		1	
	1a		
	1b	(
	2		21,405
Combine lines 1a, 1b, and 2	3		21,405
Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file	·.		
his schedule unless you have an amount on line 1b	4		19,768
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see			
nstructions			
Self-employment tax. If the amount on line 4 is:			
	5		3,025
Deduction for one-half of self-employment tax.		Constant	3,025
Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form			
perwork Reduction Act Notice, see your tax return instructions. Schedule SE (Fo	rm 10	10 or 1	040 60) 004
	 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file his schedule unless you have an amount on line 1b Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions Self-employment tax. If the amount on line 4 is: \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. Aultiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 040 or 1040-SR), line 14, or Form 1040-NR, line 27	f you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH 1b Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other han farming). Ministers and members of religious orders, see instructions for types of income to eport on this line. See instructions for other income to report 2 Combine lines 1a, 1b, and 2 3 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file his schedule unless you have an amount on line 1b 4 Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions 5 Self-employment tax. If the amount on line 4 is: \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040-NR, line 55. More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. 5 More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. 5 Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040-NR, line 55. 5 Adultiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 040-SR), line 14, or Form 1040-NR, line 27 6 1,513	f you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), you z0, code AH Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other han farming). Ministers and members of religious orders, see instructions for types of income to eport on this line. See instructions for other income to report Combine lines 1a, 1b, and 2 3 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file his schedule unless you have an amount on line 1b 4 Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions 4 Self-employment tax. If the amount on line 4 is: \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040-SR), line 4, or Form 1040-NR, line 55. 5 More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. 5 Inter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. 5 Veduction for one-half of self-employment tax. 6 1,513

SCHEDULE SE (Form 1040 or 1040-SR)	Self-Employme	Self-Employment Tax					
Department of the Treasury Internal Revenue Service (99)	 ▶ Go to www.irs.gov/ScheduleSE for instructio ▶ Attach to Form 1040, 1040-SF 	2019 Attachment Sequence No. 17					
Name of person with self-employm	ent income (as shown on Form 1040, 1040-SR, or 1040-NR)	Social security number of person					
AYMAN S RECIO		with self-employment income	223-97-6498				

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation		
	Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065),		
	box 20, code AH	1b	1
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other		<u> </u>
	than farming). Ministers and members of religious orders, see instructions for types of income to		
	report on this line. See instructions for other income to report		
3	Combine lines 1a, 1b, and 2	2	110,396
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file	3	110,396
	this schedule unless you have an amount on line 1b		
	Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see	4	101,951
	instructions		
5	Self-employment tax. If the amount on line 4 is:		
	 \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 		
	1040 or 1040-SR), line 4, or Form 1040-NR, line 55.		
	• More than \$132,900, multiply line 4 by 2.9% (0.029). Then, and \$16,479.60 to the result.		
6	Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.	5	15,599
Ū.,	Deduction for one-half of self-employment tax.		
	Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form		
or P	1040 or 1040-SR), line 14, or Form 1040-NR, line 27		
	aperwork Reduction Act Notice, see your tax return instructions. Schedule SE (Fo	rm 104	10 or 1040-SR) 2019

Form **8863**

Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 2019

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Attachment ► Go to www.irs.gov/Form8863 for instructions and the latest information. Sequence No. 50 Your social security number

MILKESSA & AYMAN S RECIO

019-86-7898

CAUTION

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

Pa	Refundable American Opportunity Credit		
1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	2,500
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,		
	qualifying widow(er)		
3	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form	-	2000 C C C C C C C C C C C C C C C C C C
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for		
	the amount to enter		
4	Subtract line 3 from line 2. If zero or less, stop; you can't take any education	-	
	credit 4 57,512	CHARLES CHARLES CHARLES	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or		
	qualifying widow(er)		
6	If line 4 is:		
	• Equal to or more than line 5, enter 1.000 on line 6		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to	6	1.000
	at least three places)		2.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the		
	conditions described in the instructions, you can't take the refundable American opportunity credit;		
	skip line 8, enter the amount from line 7 on line 9, and check this box	7	2,500
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and		2,500
	on Form 1040 or 1040-SR, line 18c. Then go to line 9 below	8	1,000
Par	till Nonrefundable Education Credits		1,000
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	1,500
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If		1,500
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	.0
11	Enter the smaller of line 10 or \$10,000	11	U
12	Multiply line 11 by 20% (0.20)	12	· · · · · · · · · · · · · · · · · · ·
13	Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or		······································
	qualifying widow(er)		
14	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form		
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for		
	the amount to enter		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on	-	
	line 18, and go to line 19		
1 6	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or	-	
	qualifying widow(er) 16	A.2	
17	If line 15 is:		
	 Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 		
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three		
	places)	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) >	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see	10	0
	instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3	19	1,500
For Pa	aperwork Reduction Act Notice, see your tax return instructions.		Form 8863 (2019)
EEA		· · ·	0000 (2018)

Form 8863 (2019)	Page 2
Name(s) shown on return	Your social security number
MILKESSA & AYMAN S RECIO Complete Part III for each student for whom opportunity credit or lifetime learning credit each student.	m you're claiming either the American lit. Use additional copies of page 2 as needed for
Part III Student and Educational Institution Informat	ion. See instructions
20 Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown on page 1 of your tax return)
MILKESSA RECIO	019-86-7898
22 Educational institution information (see instructions) a. Name of first educational institution	b Nome of accord advantional institute (if
GRAND CANYON UNIVERSITY	b. Name of second educational institution (if any)
 (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 3300 WEST CAMELBACK RD Phoenix, AZ 85017 	 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2019?	(2) Did the student receive Form 1098-T Yes No
(3) Did the student receive Form 1098-T from this institution for 2018 with box X Yes No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2018 with box Yes No 7 checked?
 (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 20-3356009 	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019?	Yes - Stop! Go to line 31 for this student. X No - Go to line 24.
24 Was the student enrolled at least haif-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	X Yes - Go to line 25. No - Stop! Go to line 31 for this student.
25 Did the student complete the first 4 years of postsecondary education before 2019? See instructions.	Yes - Stop! Go to line 31 for this Student. No - Go to line 26.
26 Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?	Yes - Stop! No - Complete lines 27 Go to line 31 for this student. Image: Student in the st
CAUTION you complete lines 27 through 30 for this student, don't	lifetime learning credit for the same student in the same year. If complete line 31.
American Opportunity Credit 27 Adjusted qualified education expenses (see instructions). Don't	
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	
29 Multiply line 28 by 25% (0.25)	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add enter the result. Skip line 31. Include the total of all amounts from	\$2,000 to the amount on line 29 and
Lifetime Learning Credit	
31 Adjusted qualified education expenses (see instructions). Includ	e the total of all amounts from all Parts
III, line 31, on Part II, line 10	•••••• 31

Form 8863 (2019)

٤ ٦ ٢		asury - Internal Revenue				OVE	
2 IU						OIVIE	No. 1545-0074
	■uary 2020) ► Go to www.irs.gov/Form1040		the la	atest information.			,
	urn is for calendar year 2019 2018 2017		x .				
		(month and year ended):	,	Your social secu	urity pu	mbor
Your first n		ast name				-	lilibei
		RECIO			019-86-7 Spouse's social		he number
If joint retu		ast name			•		ty number
AYMA		RECIO		Apt. no.	223-97-6 Your phone numl		
Current ho	ome address (number and street). If you have a P.O. box, see instructions.				•		-
	ROUGE CT		-	101	571-494-	924	9
	or post office, state, and ZIP code. If you have a foreign address, also complete s	paces below. See instructions.					
	andria, VA 22312				Foreign		ada
Foreign co	puntry name	Foreign province/state/cou	inty		Foreign j	JUSIAI	oue
changin	ed return filing status. You must check one box even if you ig your filing status. Caution: In general, you can't change yo rom a joint retum to separate retums after the due date.	ur filing	1	Full-year health 2018 returns only, etum, leave blank.	exempt). If a	mend	
Sing	le 🕱 Married filing jointly 🗌 Married filing separate	ly (MFS) 🛛 🗌 Quali	fying \	widow(er) (QW)	Head of	of hou	sehold (HOH)
	hecked the MFS box, enter the name of spouse. If you checked		enter t	he child's name if t	he qualifying		
-	s a child but not your dependent.						
				A. Original amount	B. Net change		
	Use Part III on page 2 to explain any chan	ges		reported or as previously adjusted	amount of incre or (decrease)		C. Correct amount
Incom	ne and Deductions			(see instructions)	explain in Part	111	
1	Adjusted gross income. If a net operating loss (NOL) carryba	ck is					
	included, check here		1	110,025	5,1	103	115,128
2	Itemized deductions or standard deduction		2	24,800			24,800
3	Subtract line 2 from line 1		3	85,225	5,1	103	90,328
4a	Exemptions (amended 2017 or earlier returns only). If change	ging,					
	complete Part I on page 2 and enter the amount from line 29		4a				
b	Qualified business income deduction (amended 2018 or later		4b	17,045	1,0)21	18,066
	Taxable income. Subtract line 4a or 4b from line 3. If the resu						
-	or less, enter -0-		5	68,180	4,0	082	72,262
Tax L	iability						
	Tax. Enter method(s) used to figure tax (see instructions):						
	TABLE		6	7,786	•	492	8,278
7	Credits. If a general business credit carryback is included, che	eck here 🔹 🕨 🗌	7				0
8	Subtract line 7 from line 6. If the result is zero or less, enter -0		8	7,786		492	8,278
9	Health care: individual responsibility (amended 2018 or earlie						
	only). See instructions		9				
10	Other taxes		10	16,728		775	17,503
11	Total tax. Add lines 8, 9, and 10		11	24,514	1,	267	25,781
Paym	nents						
12	Federal income tax withheld and excess social security and ti	er 1 RRTA				1	
	tax withheld. (If changing, see instructions.)		12				
13	Estimated tax payments, including amount applied from prior	/ear's return	13				· · · · · · · · · · · · · · · · · · ·
14	Earned income credit (EIC)		14				
15	Refundable credits from: Schedule 8812 Form(s) 24	39 🗌 4136					
	8863 8885 8962 or cher (specify):		15				
16	Total amount paid with request for extension of time to file, tax	c paid with original retur	n, and	additional	1 A.		
	tax paid after return was filed					16	
17	Total payments. Add lines 12 through 15, column C, and line	16				17	
Refu	nd or Amount You Owe				i i i i i i i i i i i i i i i i i i i		
18	Overpayment, if any, as shown on original return or as previo	usly adjusted by the IRS	3.		••••	18	
19	Subtract line 18 from line 17. (If less than zero, see instruction	ns.) •••••	• • •	••••		19	
20	Amount you owe. If line 11, column C, is more than line 19	, enter the difference .	•••		• • • • • •	20	25,781
21	If line 11, column C, is less than line 19, enter the difference	e. This is the amount ov	rerpai	d on this return	••••	21	
22	Amount of line 21 you want refunded to you				• • • • • •	22	
23	Amount of line 21 you want applied to your (enter year):	est	mate	d tax 23			

art Exemption	a and Danamalanta							Page
	s and Dependents							
n what you reported o	n the return you are a	ing to exemptions (to c mending. This would i	lependents if nclude a chan	amend ge in tl	ing your 20 he number	18 or la of exer	ater return nptions (o) has changed f dependents if
ending your 2018 or la JTION! For amended 20	18 or later returns only, l	eave lines 24, 28, and 29	blank.	A. Orig	jinal number	B. Ne	t change	C. Correct
<i>Fill in all other ap</i> Note: See the Fo	rms 1040 and 1040-SR,	or Form 1040A, instructi	ons	or as	emptions or unt reported s previously adjusted			númber or amount
	<u>ing amended. See also t</u> Caution: If someone car	the Form 1040-X instruction	ons.					
	aim an exemption for you							
2018 or later return, lea								
		to divorce or separation .				1.		
			1					
Total number of exemp	otions. Add lines 24 throu	igh 27. If amending your						
2018 or later return, lea	ave line blank		28					
Multiply the number of	exemptions claimed on li	ine 28 by the exemption						
	nstructions for line 29 for 1							
	sult here and on line 4a							
amending your 2018 o	r later return, leave line b	blank	•••• <u>29</u>	n A dor	andente eo	e inet o	nd check by	
		imed on this amended re		an 4 dep				see instructions):
endents (see instruction	ns):	(b) Social security	(c) Relation	shin	(4) 01	icolt il q		other dependents
(a) First name	Last name	number	to you	•	Child tax	credit		018 or later returns o
<u> </u>								
		25						
Check here if this is a joint fill Explanati Attach any su	nt return and your spouse on of Changes. In pporting documents and	to the fund, but now do. e did not previously want the space provided be new or changed forms ar OR MY COMPANIES ?	low, tell us wh nd schedules.	ny you	are filing Fo			······································
Check here if this is a joint III Explanati ► Attach any su TO TIME TO GET ADDING MY COMPA ADDING MY COMPA LING. ADDING MY COMPAN LLING. ADDING MY COMPAN ADDING MY	nt return and your spouse on of Changes. In pporting documents and MY DOCUMENTS FO NY CAMEL TOWING NY EMPIRE MOTORS Y EMPIRE MOTORS NY SCH.C EMPORIO NY SCH.C EMPORIO of this form for your re clare that I have filed an orig e and belief, this amended r	e did not previously want i the space provided be new or changed forms ar OR MY COMPANIES ' LLC ON SCH. C WA S TOWING & RECOVA ON SCH.C EIN NUM O TOWING LLC FOR O TOWING LLC FOR	low, tell us wh nd schedules. FOGETHER D AS NOT INC ERY LLC ON MBER 47-53 CAR SALE TOWING SE amined this amen	NY YOU : UE TO LUDED SCH. 10533 AND T RVICE ded retui	are filing Fo THE PAN WITH OR C WAS NO WAS NOT OWING SE ONLY FO	DAMIC IGNAL T INC INCL RVICE R SPO	I AM: FILING LUDED WI UDED WI S FOR T. USE.	TH ORIGINAL AXPAYER.
Check here if this is a join art III Explanati Attach any su TO TIME TO GET ADDING MY COMPANIENT ADDING M	nt return and your spouse on of Changes. In pporting documents and MY DOCUMENTS FO NY CAMEL TOWING NY EMPIRE MOTORS Y EMPIRE MOTORS NY SCH.C EMPORIO NY SCH.C EMPORIO of this form for your re clare that I have filed an orig e and belief, this amended r	e did not previously want i the space provided be new or changed forms ar OR MY COMPANIES ? LLC ON SCH. C WA S TOWING & RECOVA ON SCH.C EIN NUA O TOWING LLC FOR O TOWING LLC FOR O TOWING LLC FOR inal return and that I have ex return is true, correct, and con	low, tell us wh nd schedules. FOGETHER D AS NOT INC ERY LLC ON MBER 47-53 CAR SALE TOWING SE amined this amen mplete. Declaratio	NY YOU : UE TO LUDED SCH. 10533 AND T RVICE ded retui	are filing Fo THE PAN WITH OR C WAS NO WAS NOT OWING SE ONLY FO	DAMIC IGNAL T INC INCL RVICE R SPO	I AM: FILING LUDED WI UDED WI S FOR T. USE.	TH ORIGINAL AXPAYER.
Check here if this is a join art III Explanati Attach any su TO TIME TO GET ADDING MY COMPAN- ADDING MY COMPAN- LING. ADDING MY COMPAN- LING. ADDING MY COMPAN- ADDING MY COMP	nt return and your spouse on of Changes. In pporting documents and MY DOCUMENTS FO NY CAMEL TOWING NY EMPIRE MOTORS Y EMPIRE MOTORS NY SCH.C EMPORIO NY SCH.C EMPORIO of this form for your re clare that I have filed an orig e and belief, this amended r	e did not previously want is the space provided be new or changed forms ar OR MY COMPANIES ? LLC ON SCH. C WA S TOWING & RECOVA ON SCH.C EIN NUA O TOWING LLC FOR O TOWING LLC FOR COTOWING LLC FOR	low, tell us wh nd schedules. FOGETHER D AS NOT INC ERY LLC ON MBER 47-53 CAR SALE TOWING SE amined this amen	NY YOU : UE TO LUDED SCH. 10533 AND T RVICE ded retui	are filing Fo THE PAN WITH OR C WAS NO WAS NOT OWING SE ONLY FO	DAMIC IGNAL T INC INCL RVICE R SPO	I AM: FILING LUDED WI UDED WI S FOR T. USE.	TH ORIGINAL AXPAYER.
Check here if this is a joi art III Explanati Attach any su TO TIME TO GET ADDING MY COMPA ADDING MY COMPA LING. ADDING MY COMPAN LLING. ADDING MY COMPA ADDING MY COMPA ADDING MY COMPA ADDING MY COMPA COMPA ADDING MY COMPA COMPA ADDING MY COMPA BENEFIC A COMP	nt return and your spouse on of Changes. In pporting documents and MY DOCUMENTS FO NY CAMEL TOWING NY EMPIRE MOTORS (Y EMPIRE MOTORS (Y EMPIRE MOTORS) (Y EMPIRE MOTORS) (Y SCH.C EMPORIC) (NY SCH.C EMPORIC) (NY SCH.C EMPORIC) (Sof this form for your re- clare that I have filed an orig e and belief, this amended r ny knowledge.	e did not previously want i the space provided be new or changed forms ar OR MY COMPANIES ? LLC ON SCH. C WA S TOWING & RECOVA ON SCH.C EIN NUA O TOWING LLC FOR O TOWING LLC FOR O TOWING LLC FOR inal return and that I have ex return is true, correct, and con	low, tell us wh nd schedules. FOGETHER D AS NOT INC ERY LLC ON MBER 47-53 CAR SALE TOWING SE amined this amen mplete. Declaratio	UE TO LUDED SCH. 10533 AND T RVICE ded return n of prep	are filing Fo THE PAN WITH OR C WAS NO WAS NOT OWING SE ONLY FO	DAMIC IGNAL T INC INCL RVICE R SPO	I AM: FILING LUDED WI UDED WI S FOR T. USE.	TH ORIGINAL AXPAYER.
Check here if this is a joint fill Explanation of the explanation of t	nt return and your spouse on of Changes. In pporting documents and MY DOCUMENTS FO NY CAMEL TOWING NY EMPIRE MOTORS (Y EMPIRE MOTORS (Y EMPIRE MOTORS) (Y EMPIRE MOTORS) (Y SCH.C EMPORIC) (NY SCH.C EMPORIC) (NY SCH.C EMPORIC) (Sof this form for your re- clare that I have filed an orig e and belief, this amended r ny knowledge.	e did not previously want i the space provided be new or changed forms ar OR MY COMPANIES ' LLC ON SCH. C WA S TOWING & RECOVA ON SCH.C EIN NUM O TOWING LLC FOR O TOWING LLC FOR CO TOWING LLC FOR Date	low, tell us while a schedules. FOGETHER DI AS NOT INC: ERY LLC ON MBER 47-53 CAR SALE TOWING SE amined this amen mplete. Declaration	UE TO LUDED SCH. 10533 AND T RVICE ded return n of prep	are filing Fo THE PAN WITH OR C WAS NO WAS NOT OWING SE ONLY FO	DAMIC IGNAL T INC INCL RVICE R SPO	I AM: FILING LUDED WI S FOR T. USE. ying schedule er) is based o	TH ORIGINAL AXPAYER.
Check here if this is a joi art III Explanati ► Attach any su E TO TIME TO GET ADDING MY COMPA ADDING MY COMPA LING. ADDING MY COMPAN LLING. ADDING MY COMPAN LLING. ADDING MY COMPAN Member to keep a copy der penalties of perjury, I ded to the best of my knowledg but which the preparer has a gn Here 58415 ur signature 26426 buse's signature. If a joint return, aid Preparer Use O	nt return and your spouse on of Changes. In pporting documents and MY DOCUMENTS FO NY CAMEL TOWING NY EMPIRE MOTORS (Y EMPIRE MOTORS (Y EMPIRE MOTORS) (Y EMPIRE MOTORS) (Y SCH.C EMPORIC) (NY SCH.C EMPORIC) (NY SCH.C EMPORIC) (Sof this form for your re- clare that I have filed an orig e and belief, this amended r ny knowledge.	e did not previously want i the space provided be new or changed forms ar DR MY COMPANIES ? LLC ON SCH. C WA S TOWING & RECOVA ON SCH.C EIN NUA O TOWING LLC FOR O TOWING LLC FOR O TOWING LLC FOR cords. inal return and that I have ex eturn is true, correct, and cor Date Date	low, tell us while dischedules. FOGETHER DI AS NOT INC: ERY LLC ON MBER 47-53 CAR SALE TOWING SE amined this amen mplete. Declaration Your occupation Spouse's occupati	UE TO LUDED SCH. 10533 AND T RVICE ded return n of prep	THE PAN WITH OR C WAS NOT WAS NOT WAS NOT OWING SE ONLY FO rn, including ad barer (other that barer (other that that the ser	DAMIC IGNAL T INCL INCL RVICE Companies In taxpay	I AM: FILING LUDED WI S FOR T. USE. ving schedule er) is based of	TH ORIGINAL AXPAYER.
Check here if this is a joi art III Explanati ► Attach any su E TO TIME TO GET ADDING MY COMPA ADDING MY COMPA LING. ADDING MY COMPAN LLING. ADDING MY COMPAN ADDING MY COMPAN ADDIN	nt return and your spouse on of Changes. In pporting documents and MY DOCUMENTS FO NY CAMEL TOWING NY EMPIRE MOTORS (Y EMPIRE MOTORS (Y EMPIRE MOTORS) (Y EMPIRE MOTORS) (Y SCH.C EMPORIC) (NY SCH.C EMPORIC) (NY SCH.C EMPORIC) (Sof this form for your re- clare that I have filed an orig e and belief, this amended r ny knowledge.	e did not previously want is the space provided be new or changed forms ar DR MY COMPANIES ? LLC ON SCH. C WA S TOWING & RECOVA ON SCH.C EIN NUA O TOWING LLC FOR O TOWING LLC FOR TOWING LLC FOR COTOS. inal return and that I have executed in the strue, correct, and correct Date Date 10-14-2021	low, tell us while a schedules. FOGETHER DI AS NOT INC: ERY LLC ON MBER 47-53 CAR SALE TOWING SE amined this amen mplete. Declaration Your occupation Spouse's occupati AFG FOR A Firm's name (or your of the schedule) Alexandri	UE TO LUDED SCH. 10533 AND T RVICE ded return n of prep	TING SER employed)	DAMIC IGNAL T INCL INCL RVICE Companies In taxpay	I AM: FILING LUDED WI S FOR T. USE. ving schedule er) is based of	TH ORIGINAL AXPAYER.
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1040	Depart	ment of the Treasury-Internal Revenue Servi . Individual Income Tax		(99) t urn	2020) ом	B No. 1545	-0074	IRS Use Only	y-Do not wi	rite or stap	le in this	space.
Filing Status Check only one box.	lf you	ingle x Married filing jointly I checked the MFS box, enter the r In is a child but not your dependent	name o	arried filing s of your spous									
Your first name a		and the second		name						Your so	cial secu	urity nu	umber
				CIO	· (019-	86-78	98	
MILKESSA	nuee ⁱ e f	irst name and middle initial		name						Spouse	's social	securi	ity numbe
	, 1000		1.	CIO						223-	97-64	98	
AYMAN S	number	and street). If you have a P.O. box, se						Ap	t. no.	Preside	ntial Ele	ction C	Campaign
								10	51	Check h	nere if you	i, or vol	ur
4701 ROUGE		. If you have a foreign address, also co	molete	snaces helow	 L:	State		ZIP code		spouse	if filing joi	ntly, wa	ant \$3
			mpioro	0000000000		VA	`	2231	2		this fund. ow will no		
Alexandria				Eoreign pro	ovince/state/c		1		postal code		or refund	-	,o
Foreign country	name			i oroigii pre	ovinioo/oraco/o	carry					T Yo	🗆	Spouse
<u> </u>	-	A								· · · · · · · · · · · · · · · · · · ·			
At any time durin	ng 202	0, did you receive, sell, send, exch	ange, d	or otherwise	acquire any	financia	l interest i	n any vir	tual curren	cy?	Ye	s <u>x</u>	No
Standard		one can claim: 🔲 You as a d			Your spouse	as a de	pendent						
Deduction		Spouse itemizes on a separate ret	um or	you were a c	dual-status a	alien							
Age/Blindness				Are bli		ouse: [] Was bo	orn befor	e January 2	2, 1956	[] ls	s blind	
					(2) Social s		(3) Relati		(4) Check		s for (see	instruc	tions):
Dependents	•	nstructions): rst name Last name			numb		to y	ou	Child tax c	-			ependents
If more	<u>()</u> (1)	rst name Last name					Г	1		Π			
than four dependents,										Π			
see instructions									<u> </u>				
and check										1			
here 🕨		Wages, salaries, tips, etc. Attach	Form(o) \//_2	1		<u>. </u>			. 1	1		
Attach	1 <u></u>		2a	5) VV-2 • ·	•••••	b Taxa	ble intere	st		. 2	b		<u>"</u>
Sch. B if	2a	Tax-exempt interest	2a 3a						dends		b		
required.	<u>3a</u>	Qualified dividends					e amount			b			
	j 4a	IRA distributions	- 4 a 5a			b Taxable amo				. 5	b		
	5a	Pensions and annuities Social security benefits	6a				able amou			. 6	b		
Standard Deduction for-	6a 7	Capital gain or (loss). Attach Sch		D if required	If not requ						7		
Single or	7	Other income from Schedule 1, lin		L n roquirou							3	1	23,880
Married filing separately,	8	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7		R This is voi	ur total ince	ome.					9		23,880
\$12,400	9	Add lines 1, 20, 30, 40, 50, 60, 7 Adjustments to income:	,										
 Married filing jointly or 	10	From Schedule 1, line 22					1	0a	8.7	752			
Qualifying widow(er),	a	Charitable contributions if you tak						0b					
\$24,800	b	Add lines 10a and 10b. These a			tmente to	income				▶ 10	DC		8,752
 Head of household, 	C	Add lines 10a and 10b. These a Subtract line 10c from line 9. Th	ie je ve	ur adjusted	l arose ino	ome					1	1	15,128
\$18,650 l	11	Subtract line 10c from line 9. In Standard deduction or itemize	is is yo al ala al	un aujusieu	m Schodule	Δ)					2		24,800
 If you checked any box under 	12	Qualified business income deduction	tion ^	ttoch Form G	2005 or For	n 8005-4	Δ				3		18,066
Standard Deduction,	13			•••••							4		42,866
Duddoulong													
see instructions.	14 15	Taxable income. Subtract line								1	5		72,262

Form 1040 (2020)	MILKESSA & AYMAN S RECIO						019-86	-7898	Р	age 2
	16	Tax (see instructions). Check if any from Fo	rm(s): 1 🗌 8814	4 2 🗌 49 [.]	72 3]		. 16		8,	278
	17	Amount from Schedule 2, line 3		. .			• • • •	. 17			
	18	Add lines 16 and 17					• • • •	. 18		8,	278
	19	Child tax credit or credit for other dependen				. 19	•				
	20	Amount from Schedule 3, line 7						. 20			
	21	Add lines 19 and 20						. 21			0
	22	Subtract line 21 from line 18. If zero or less	, enter -0-				• • • •	. 22		. 8,	278
	23	Other taxes, including self-employment tax,	line 10				. 23		17,	503	
	24	Add lines 22 and 23. This is your total tax						▶ 24		25,	781
	25	Federal income tax withheld from:			,	,					
	а	Form(s) W-2			. 2	5a					
	b	Form(s) 1099			. 2	5b					
	c	Other forms (see instructions)			. 2	5c					
	d	Add lines 25a through 25c					• • • •	- 25d			
● if you have a	26	2020 estimated tax payments and amount a	pplied from 2019	retum				. 26			
qualifying child,	27	Earned income credit (EIC)			. 2	7					
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule	8812		. 2	8					
nontaxable combat pay,	29	American opportunity credit from Form 886	3, line 8 🛛 🔒 🛶		. 2	9			5	Ŷ	
see instructions.	30	Recovery rebate credit. See instructions				0		0			
	31	Amount from Schedule 3, line 13			. 🗋	1					
	32	Add lines 27 through 31. These are your t									0
	33	Add lines 25d, 26, and 32. These are your total payments									0
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid									0
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here									0
Direct deposit? See instructions.	►b	Routing number		► c Type:		ecking	Savir	igs			
See manuchons.	►a	Account number									
	36	Amount of line 34 you want applied to yo				86					
Amount	37	Subtract line 33 from line 24. This is the a						▶37		26,	,186
You Owe For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for									
how to pay, see		2020. See Schedule 3, line 12e, and its inst						405			
instructions.	38	Estimated tax penalty (see instructions)			• •	38		405			
Third Party		o you want to allow another person to discuss					. Comple	ete below.	x No		
Designee		structions							<u>м</u>		
			no. 🕨				number (P	IN) ►			
Sign	Under	penalties of perjury, I declare that I have examine	d this return and acc	companying sc	hedules a	nd stateme	nts, and to	the best of I	my knowle	dge an	d
Here	belief,	they are true, correct, and complete. Declaration of	of preparer (other the	an taxpayer) is	based on	all informa	tion of whi				
TIELE	Yc	our signature	Date	Your occupat	tion			If the IRS se Protection F			'
Joint return?	584	15	05-12-2021					(see inst.)			
See instructions.	• — — ·	bouse's signature. If a joint return, both must sign.	Date	Spouse's occ	cupation			If the IRS se			
Keep a copy for V your records.	. Op				•			Identity Proi (see inst.)		I, enter	it here
your roomaar	264		05-12-2021								
	P	Phone no. 571-494-9249 Email address									
Daid	Pr	eparer's signature			Date		PTIN		Check		
Paid		·				4-2021	P0013			f-emplo	yea
Preparer		eparer's name ASHRAF GADELRAB			Phone	no. 703	-921-0	084	<u> </u>		
Use Only		rm's name > AFG FOR ACCOUNTING S		3						· · ·	
	Fi	rm's address ► 6000 STEVENSON AVENU						Circula Cibi		010F	ΕŌ
		Alexandria, VA 22304						Firm's EIN	- 20-8	0182	50

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

}

Form **1040** (2020)

SCHEDULE 1 (Form 1040)

Internal Revenue Service

Farm income or (loss). Attach Schedule F

Combine lines 1 through 8. Enter here and on Form 1040,1040-SR, or 1040-NR

Unemployment compensation . . .

Other income. List type and amount . >

Adjustments to Income

Additional Income and Adjustments to Income

.

OMB No. 1545-0074 2020

V.	vi ili	1040)		
Ð	epartr	nent of	the	Treasury

6

7

8

9

EEA

line 8

Part II

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

Attachment Sequence No. 01 ▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

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123,880

Nam		ial security number 19-86-7898		
	KESSA & AYMAN S RECIO art I Additional Income	019-0		
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	123,880	
4	Other gains or (losses). Attach Form 4797	4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule	E 5		

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	· · · · · · · · · · · · · · · · · · ·
14	Deductible part of self-employment tax. Attach Schedule SE	14	8,752
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
с	Date of original divorce or separation agreement (see instructions)	- A .	
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	8,752
For P	Paperwork Reduction Act Notice, see your tax return instructions.		ule 1 (Form 1040) 2020

SCHE	DULE 2
(Form	1040)

Additional Taxes

OMB No. 1545-0074 2020

Attachment Sequence No. 02

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

Departr	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.		
Name((s) shown on Form 1040, 1040-SR, or 1040-NR Your soc		equence No. 02 curity number 898
Pa			
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
Pa	rt II Other Taxes		· · · · · · · · · · · · · · · · · · ·
4	Self-employment tax. Attach Schedule SE	4	17,503
5	Unreported social security and Medicare tax from Form: $\mathbf{a} \square 4137 \mathbf{b} \square 8919$.	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a 🗌 Form 8959 b 🗋 Form 8960	- 	
	c 🔲 Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A 9	-	
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	17,503
For P	aperwork Reduction Act Notice, see your tax return instructions.	Sched	iule 2 (Form 1040) 2020

SCHEDULE	С
(Form 1040)	

Department of the Treasury

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

2020

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

•	nent of the Treasury Revenue Service (99) > Attach to	Form	•		41; partnerships generally must		n 1065. Attachment Seguence No. 09		
	of proprietor		11040, 1040-011, 1040-1111, 0	/ 10-	ri, partie snips generally must		security number (SSN)		
	N S RECIO						97-6498		
	Principal business or profession,	includ	ing product or porvice (eac in	otruct	iono)		r code from instructions		
		inciuu	ing product of service (see in	Suuce	101 IS/	999999			
	NG SERVICES	uninon	a nama Jaava blank			D Empl	oyer ID number (EIN) (see instr.)		
	Business name. If no separate b	usines	s name, leave blank.						
	RE MOTORS LLC			-	ADT 101	32-0	630327		
	Business address (including suite		·				·		
	City, town or post office, state, an Accounting method: (1) X				Other (specify)				
			· · housed	3)	0? If "No," see instructions for limit		s X Yes No		
				-					
	- · · ·		-		1099? See instructions				
Par		ureur		• • •	••••		· · · · · Yes No		
	Gross receipts or sales. See instri	intiono	for line 1 and aback the bay	if thin	income was reported to you on				
	Form W-2 and the "Statutory empl				· · _		224 450		
	Returns and allowances	-				1	334,450		
					•••••	3	224 450		
						4	334,450		
	-						101,435		
					nd (see instructions)		233,015		
						6	65,994		
Par					home only on line 30.	1	299,009		
2000-000 million	Advertising	8	5,395		Office expense (see instructions)	18	18,250		
	Car and truck expenses (see		5,395	19	Pension and profit-sharing plans	10	10,230		
	nstructions)	9		20	Rent or lease (see instructions):	13	· · · · · · · · · · · · · · · · · · ·		
	Commissions and fees	10		1	Vehicles, machinery, and equipment				
	Contract labor (see instructions)	11		1	Other business property		21,000		
		12		21	Repairs and maintenance		62,178		
	Depreciation and section 179	12	· · · · · · · · · · · · · · · · · · ·	22	Supplies (not included in Part III)	21			
	expense deduction (not			23	Taxes and licenses		4,938		
	ncluded in Part III) (see	13		23	Travel and meals:	23	1,452		
	nstructions) •••••••	13	· · · ·	1					
	Employee benefit programs (other than on line 19)	14			Deductible meals (see	24d			
	nsurance (other than health)	14	17,547		instructions)	04h	2 520		
	nterest (see instructions):	15	17,547	25	Utilities	24b 25	3,529		
		160			Wages (less employment credits)		4,290		
	Mortgage (paid to banks, etc.)	16a 16b		26	Other expenses (from line 48)	26	01 041		
		17		1	Reserved for future use		81,041		
	Legal and professional services		sinces use of home. Add line		hrough 27a.		210 620		
	Fontative profit or (loss). Subtract				-	 	219,620 79,389		
•	Expenses for business use of you						19,309		
	inless using the simplified method			69 613	sewnere. Allach i onn 6029				
	Simplified method filers only:			VOUR	home:				
	and (b) the part of your home used			your	. Use the Simplified				
	Method Worksheet in the instruction			lino 3	•	. 30			
	Net profit or (loss). Subtract line		-		••••••		······································		
	If a profit, enter on both Sched			Sche		-			
	checked the box on line 1, see in		• • • •			31	70 390		
	 If a loss, you must go to line 3 		mon Lotateo ana traolo, ente				79,389		
	f you have a loss, check the box t		scribes your investment in this	s activ	vity. See instructions				
	 If you checked 32a, enter the 					32a	All investment is at risk.		
	SE, line 2. (If you checked the bo			-		32b	Some investment is not		
	Form 1041, line 3.			.5113).			at risk.		
	 If you checked 32b, you mus 	t attac	h Form 6198. Your loss may	/ be li	imited.				
	aperwork Reduction Act Notice			, U		Sc	hedule C (Form 1040) 2020		

Schedule C (Form 1040) 2020

36 Purchases less cost of items withdrawn for personal use 36 65,994 37 Cost of labor. Do not include any amounts paid to yourself 37 35,441 38 Materials and supples 38 39 Other costs 39 40 101,432 41 40 42 101,432 43 Inventory at end of year 44 41 45 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	Schedule	C (Form 1040) 2020 TOWING SERV	ICES 999999			Page 2
Status Cost of Goods Sold (see instructions) 33 Method(u) used to sub a classing inventory: b Lower of cost or market c Other (attach explanation) 34 West the apparation is i		S RECTO			-6498	
value dosing inventory:			IS)			
If "Yes," attach explanation	33	Method(s) used to	Lower of cost or market c Other (at	ach explan	ation)	
36 Purchases less cost of liens withdrixen for personal use 36 65,994 37 Cost of labor. Do not include any amounts paid to yourself 37 35,443 38 Materials and supplies 38 39 Other costs 39 40 Add lines 35 through 39 40 41 Inventory at end of year 41 42 Cost of goods sold. Subtract like 41 from line 40. Enter the result here and on line 4. 42 43 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) c Other 45 Was your vehicle available for personal use? Ves No 46 Do you have evidence written? Yes No 47 Do you have evidence written? Yes No 48 Do you have evidence written? Yes No 47 Do you have evidence written? 2,21 <t< td=""><td>34</td><td>Was there any change in determining quantities, costs If "Yes," attach explanation</td><td>or valuations between opening and closing invent</td><td>ory?</td><td>· · Yes</td><td>X No</td></t<>	34	Was there any change in determining quantities, costs If "Yes," attach explanation	or valuations between opening and closing invent	ory?	· · Yes	X No
37 Cost of labor. Do not include any amounts paid to yourself 1 1 38 38 Materials and supples 39 39 39 Other costs 39 40 Add lines 35 through 39 40 101,433 41 104 41 101,433 42 Cost of goods each. Subtract line 41 from line 40. Enter the result here and on line 4. 42 101,433 43 Information on Your Vehicle. Complete this part only if you are claiming are on the you are claiming are on the you must file Form 4562. For this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/day/year) - 44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for: a 45 Was your vehicle available for personal use during off-duly hours? Image: Pressore in the Pressore instructions in the Pressore instructions? Ves No 46 Do you have evidence to support your deductor? Ves No No 47 Do you have evidence to support your deductor? Ves No No 47 Do you have evidence to support your deductor? Ves	35	Inventory at beginning of year. If different from last ye	ar's closing inventory, attach explanation	. 35		0
38 Materials and supplies 38 39 Other costs 39 40 Add lines 35 through 39 40 41 40 42 101,433 43 Inventory at end of year 41 44 101,433 45 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4. 42 46 101,433 47 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 48 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 49 Other claiming car or truck expenses on line 9 41	36	Purchases less cost of items withdrawn for personal u	se	. 36		65,994
39 Other costs 39 40 Add lines 35 through 39 40 11 Inventory at end of year 41 41 Inventory at end of year 41 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4. 42 43 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 44 Ot the total number of miles you drove your vehicle for business purposes? (monthiday/year) 44 Ot the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for: 45 Was your vehicle available for personal use? (monthiday/year) 46 Do you (or your spouse) have another vehicle available to personal use? C Other 47 Do you have evidence to support your deduction? Yes No 47 Do you have evidence witten? Yes No 48 Have suitable for personal use? 101, 233 49 Have evidence to support your deduction? Yes No 47 Do you have evidence to support your deduction? Yes No 48 Have evidence witten?	37	Cost of labor. Do not include any amounts paid to you	ırself	• 37		35,441
40 Add lines 35 through 39 40 101,433 41 41 42 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	38	Materials and supplies		. 38		· · · · · · · · · · · · · · · · · · ·
41 41 41 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4				1 A		
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4						101,435
Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you mus file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/day/year)	41	Inventory at end of year		• 41		0
Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/day/year) • 44 Of the total number of miles you drave your vehicle during 2020, enter the number of miles you used your vehicle for: a Business	42	Cost of goods sold. Subtract line 41 from line 40. I	Enter the result here and on line 4	. 42		101,435
44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for: a Business	Part I	and are not required to file Form 456	plete this part only if you are claiming ca 32 for this business. See the instructions	ar or truc s for line	k expenses or 13 to find out	if you must
a Businessb Commuting (see instructions)c Other 45 Was your vehicle available for personal use during off-duty hours?	43	When did you place your vehicle in service for busine	ss purposes? (month/day/year)			
45 Was your vehicle available for personal use during off-duty hours? Yes No 46 Do you (or your spouse) have another vehicle available for personal use? Yes No 47a Do you have evidence to support your deduction? Yes No b If "Yes," is the evidence written? Yes No Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30. 77, 37 WORK CLOTHES 1, 25 CELL PHONE 2, 41	44	Of the total number of miles you drove your vehicle d	uring 2020, enter the number of miles you used you	ır vehicle fo	or:	
46 Do you (or your spouse) have another vehicle available for personal use? Yes No 47a Do you have evidence to support your deduction? Yes No b If "Yes," is the evidence written? Yes No Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30. Yes 1,25 FUEL 77,37 1,25 2,41 WORK CLOTHES 2,41 1 CELL PHONE 2,41 1 Other expenses. Enter here and on line 27a 48 81,00	а	Business b Commu	ting (see instructions)	c Other		
47a Do you have evidence to support your deduction? Yes No b If "Yes," is the evidence written? Yes No Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30. 77,37 FUEL 77,37 WORK CLOTHES 1,25 CELL PHONE 2,41	45	Was your vehicle available for personal use during of	f-duty hours?		Yes	No
47a Do you have evidence to support your deduction? Yes No b If "Yes," is the evidence written? Yes No Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30. 77, 37 FUEL 77, 37 1, 25 CELL PHONE 2, 41	46	Do you (or your spouse) have another vehicle availab	ole for personal use?	• • • • •	· · Yes	No
B If 'Yes,' is the evidence whilen? Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30. FUEL 77, 37 WORK CLOTHES 1,25 CELL PHONE 2,41	47 a	Do you have evidence to support your deduction? .		• • • • •	Yes	
FUEL 77,37 WORK CLOTHES 1,25 CELL PHONE 2,41	b	If "Yes," is the evidence written?	· · · · · · · · · · · · · · · · · · ·			No
FOEL 1,25 WORK CLOTHES 2,41 CELL PHONE 2,41	Part	V Other Expenses. List below busine	ss expenses not included on lines 8-26	or line 30	J.	
CELL PHONE 2,41	FUEL					77,375
CELL PRONE	WORK	CLOTHES				1,255
	CELL	PHONE				2,411
						:
				······	-	s,
				40		<u>81 0/1</u>
Subsource of Fourth Toster 202	48	Total other expenses. Enter here and on line 27a	<u></u>	- 48		

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

		•	Go to	www.irs.gov/ScheduleCfg	or inst	tructions and the latest inform	ation.		202	20
	tment of the Treasury al Revenue Service (99)			•		1; partnerships generally mus		n 1065.	Attachment Sequence No	. 09
	e of proprietor			1010,1010 010,1010 1.1.1,0		i, partite enipe generally mae			umber (SSN	
	KESSA RECIO							86-789	•	
Δ		or profession	includi	ng product or service (see in	structi	ions)			instructions	
TOW	•						 →	4880	00	
C		no separate b	usinese	name, leave blank.			D Empl	oyer ID nur	nber (EIN) (see	e instr.)
	IRE MOTORS TO	-	10					70499:		·
E				om no.) ► 4701 ROUGE	СТ	APT 101				
-	City, town or post of	• -	N					•		
F	Accounting method:		-		3)	Other (specify)				
G					· -	D? If "No," see instructions for lim	t on losse	s	X Yes	No
									▶□	
1						1099? See instructions			. Yes	No
										No
Pa	rt I Income									
1		ales. See instr	uctions	for line 1 and check the box	if this	income was reported to you on				
•] 1		99	95,483
2										0
3	Subtract line 2 from								9	95,483
4										88,500
5										06,983
6	Other income, include	ding federal a	nd state	gasoline or fuel tax credit or	refur	nd (see instructions)	. 6			
7			4						9	06,983
Pa	rt II Expense	s. Enter ex	pens	es for business use of	your	home only on line 30.				
8	Advertising		8	· · · · · · · · · · · · · · · · · · ·	18	Office expense (see instructions) 18			
9	Car and truck exper	nses (see			19	Pension and profit-sharing plans	19			
	instructions)		9		20	Rent or lease (see instructions)				
10	Commissions and fe	es	10		a	Vehicles, machinery, and equipmer	t. 20a			
11	Contract labor (see		11		b	Other business property	. 20b			42,000
12	Depletion		12		21	Repairs and maintenance	. 21		3	75,241
13	Depreciation and se				22	Supplies (not included in Part II	l) 22		1	28,627
	expense deduction included in Part III)				23	Taxes and licenses	. 23			
	instructions) •	•••••	13		24	Travel and meals:				
14	Employee benefit p	rograms			a	Travel	. . 24a			
	(other than on line 1	9)	14		b	Deductible meals (see				
15	Insurance (other the	an health)	15	27,480		instructions)	24b			
16	Interest (see instruc	tions):			25	Utilities	. 25			
ą	Mortgage (paid to h	oanks, etc.)	16a		26	Wages (less employment credit	s) 26			
b	Other		16b		27a	Other expenses (from line 48)	. <u>27a</u>		2	94,251
17	Legal and profession		17		_	Reserved for future use				in a second
28						hrough 27a.			8	67,599
29						••••••	29			39,384
30	Expenses for busin	ess use of yo	ir home	. Do not report these expense	ses els	sewhere. Attach Form 8829				
	unless using the sir	nplified metho	d. See	instructions.						
	Simplified method	t filers only:	Enter th	ne total square footage of (a						
	and (b) the part of y					. Use the Simplifie	d			
	Method Worksheet	in the instructi	ons to f	igure the amount to enter on	line 3	0	•• 30			
31	Net profit or (loss	•			_					
				(Form 1040), line 3, and or			ור			
	checked the box or	n line 1, see ir	nstructio	ons). Estates and trusts, ent	erion	Form 1041, line 3.	► <u>31</u>			39,384
	 If a loss, you mu 	-					_			
32				scribes your investment in th			7			
				both Schedule 1 (Form 10			32a	\mathbf{H}	nvestment i	
		checked the b	ox on li	ne 1, see the line 31 instruc	tions)	. Estates and trusts, enter on	32b		ne investme	ent is not
	Form 1041, line 3.				-			at r	ISK.	
	If you checked	32b, you mu	st attac	h Form 6198. Your loss ma	y be l	imited.				

Schedul	e C (Form 1040) 2020	TOWING 488000	Page 2
Name(s			SSN
Part I	SSA RECIO Cost of Goods Sold	(see instructions)	019-86-7898
<u></u>			·
33	Method(s) used to value closing inventory: a		attach explanation)
34		ning quantities, costs, or valuations between opening and closing inver	
35	Inventory at beginning of year. If	different from last year's closing inventory, attach explanation	. 35 0
36	Purchases less cost of items with	drawn for personal use	36
37	Cost of labor. Do not include any	amounts paid to yourself	. 37 88,500
38	Materials and supplies	· · · · · · · · · · · · · · · · · · ·	38
39	Other costs	•••••••••••••••••••••••••••••••••••••••	
40	Add lines 35 through 39	· • • • • • • • • • • • • • • • • • • •	40 88,500
41	Inventory at end of year	a • • • • • • • • • • • • • • • • • • •	••• 41 0
42		ne 41 from line 40. Enter the result here and on line 4	
Part		r Vehicle. Complete this part only if you are claiming c to file Form 4562 for this business. See the instruction	
43 ·	When did you place your vehicle i	n service for business purposes? (month/day/year)	
44	Of the total number of miles you o	rove your vehicle during 2020, enter the number of miles you used yo	ur vehicle for:
а	Business	b Commuting (see instructions)	c Other
45	Was your vehicle available for pe	rsonal use during off-duty hours? • • • • • • • • • • • • • • • • • • •	Yes No
46	Do you (or your spouse) have and	ther vehicle available for personal use?	Yes No
47a	Do you have evidence to support	your deduction?	Yes No
b Part \	If "Yes," is the evidence written? Other Expenses. Lis	st below business expenses not included on lines 8-26	or line 30.
	· · · · · · · · · · · · · · · · · · ·		•
CELL	PHONE	<u>/</u>	3,600
INTE	RNET		2,700
HEAV	Y DUTY TRUCK DESIEL		287,951
	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		
48	Total other expenses. Enter her	re and on line 27a	48 294,251 Schedule C (Form 1040) 2020

SCHEDULE C	
(Form 1040)	

Department of the Treasury

Profit or Loss From Business

OMB No. 1545-0074 2020

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(Sole	Proprietors	nip)
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► Go to www.irs.gov/ScheduleC for instructions and the latest information. . 11. _

	ment of the Treasury Revenue Service (99) Attach to F	Form 1040, 1040-SR 1040-NR	or 104	1; partnerships generally mus	t file Form	Attachment Sequence No. 09
	of proprietor			,		ecurity number (SSN)
	KESSA RECIO				019-8	86-7898
A	Principal business or profession, in	acluding product or service (see	nstruct	ions)	B Enter	code from instructions
TOW						811310
C .	Business name. If no separate bus	siness name, leave blank.	-,		D Emplo	yer ID number (EIN) (see instr.)
	EL TOWING LLC				84-3	704859
E	Business address (including suite c	or room no.) > 4701 ROUGI	СТ	АРТ 101		
	City, town or post office, state, and					
F		Cash (2) Accrual	(3)	Other (specify) ►		
G	Did you "materially participate" in th			0? If "No," see instructions for lim	t on losse	s X Yes No
	If you started or acquired this busine	ess during 2020, check here				▶□□□□
.1	Did you make any payments in 2020	0 that would require you to file Fo	orm(s)	1099? See instructions		🗍 Yes 🗌 No
. I . . I	If "Yes," did you or will you file requir					
Da	rt I Income					
1	Gross receipts or sales. See instruct	tions for line 1 and check the bo	x if this	income was reported to you on		
•	Form W-2 and the "Statutory employ	vee" box on that form was check	ed	· · · · · · · · · · · · · · ►	7 1	556,992
2	Returns and allowances				. 2	0
3					3	556,992
4	Cost of goods sold (from line 42)				4	56,500
5	Gross profit. Subtract line 4 from li	line 3			5	500,492
6	Other income, including federal and	state gasoline or fuel tax credit	or refur	nd (see instructions)	. 6	
7	Gross income. Add lines 5 and 6					500,492
Pa	rt II Expenses. Enter exp	enses for business use o	fyour	home only on line 30.		
8	Advertising	8 16,98		Office expense (see instructions	s) 18	
9	Car and truck expenses (see		19	Pension and profit-sharing plan	3 19	
•	instructions)	9	20	Rent or lease (see instructions)		
10	Commissions and fees	10	a	Vehicles, machinery, and equipmer	at. 20a	
11	Contract labor (see instructions)	11	b	Other business property	. 20b	21,011
12	Depletion	12	21	Repairs and maintenance	21	83,841
13	Depreciation and section 179		22	Supplies (not included in Part I	l) 22	78,952
	expense deduction (not		23	Taxes and licenses	23	
	included in Part III) (see instructions)	13	24	Travel and meals:	14.0	
14	Employee benefit programs		a	1 Travel	24a	
	(other than on line 19)	14	, b	Deductible meals (see	1997 A.	
15	Insurance (other than health)	15		instructions)	24b	
16	Interest (see instructions):		25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credi	s) 26	
b	13	16b	27a	Other expenses (from line 48)	27a	296,992
17	Legal and professional services	17	k	Reserved for future use	27b	
28	Total expenses before expenses f	for business use of home. Add	ines 8	through 27a	▶ 28	497,781
2 9	Tentative profit or (loss). Subtract li	ine 28 from line 7			29	2,711
30	Expenses for business use of your	home. Do not report these expe	nses el	sewhere. Attach Form 8829		
	unless using the simplified method.	. See instructions.				
	Simplified method filers only: Er	nter the total square footage of	(a) you			
	and (b) the part of your home used	for business:		Use the Simplifi	ed	
	Method Worksheet in the instruction	ns to figure the amount to enter o	on line 3	30	30	
31	Net profit or (loss). Subtract line 3					
	• If a profit, enter on both Schedu				ר ו	
	checked the box on line 1, see inst	structions). Estates and trusts, e	nter on	Form 1041, line 3.	► <u>31</u>	2,711
	• If a loss, you must go to line 32				1	
32	If you have a loss, check the box th				Ъ	· · · ·
	 If you checked 32a, enter the lo 				32a	All investment is at risk.
	SE, line 2. (If you checked the box	x on line 1, see the line 31 instru	uctions). Estates and trusts, enter on	32 b	Some investment is not
	Form 1041, line 3.	1				at risk.
	 If you checked 32b, you must 	t attach Form 6198. Your loss n	nay be	limited.		
For	Paperwork Reduction Act Notice,	, see the separate instructions	•		Sc	chedule C (Form 1040) 2020

Schedu	ile C (Form 1040) 2020	TOWING 811310		:	Page 2
Name(en en transmissión de la transmissión de la construcción de la construcción de la construcción de la construcción En esta en esta	SSN		. •
Part	III Cost of Goods Sol	d (see instructions)	019-86	-7898	,
33	Method(s) used to	· · · · · · · · · · · · · · · · · · ·			
	value closing inventory: a X	Cost b Lower of cost or market c Other (at	ttach explan	ation)	
34		ining quantities, costs, or valuations between opening and closing inven			TT No
	in res, allacit explanation • •	······································	••••	• Yes	X No
35	Inventory at beginning of year. I	f different from last year's closing inventory, attach explanation	. 35		0
				- 	
36	Purchases less cost of items with	ndrawn for personal use	• 36		· · · · · · · · · · · · · · · · · · ·
37	Cost of labor. Do not include any	amounts paid to yourself	. 37		56,500
					· · · · ·
38	Materials and supplies	2 • • • • • • • • • • • • • • • • • • •	• 38	·····.	
39	Other costs	· · · · · · · · · · · · · · · · · · ·	. 39		
40	Add lines 35 through 39	* ************************************	. 40		56,500
41	Inventory at and of year	· · · · · · · · · · · · · · · · · · ·	. 41		
-+1		· • • • • • • • • • • • • • • • • • • •	• 41		0
42	Cost of goods sold. Subtract I	ine 41 from line 40. Enter the result here and on line 4	. 42		56,500
Part		ur Vehicle. Complete this part only if you are claiming ca			
	file Form 4562.	to file Form 4562 for this business. See the instructions		i 3 to fina out	ir you must
43	When did you place your vehicle	in service for business purposes? (month/day/year)		<u> </u>	
44	Of the total number of miles you	drove your vehicle during 2020, enter the number of miles you used you	ruchiele for		
44	Of the total number of filles you	alove you venicle during 2020, enter the number of miles you used you		•	
а	Business	b Commuting (see instructions)	c Other		
45					— .
45	was your vehicle available for pe	ersonal use during off-duty hours?	•••••••	. Yes	No
46	Do you (or your spouse) have an	other vehicle available for personal use?		. Yes	No
			•	<u> </u>	
47a	Do you have evidence to support	your deduction?	•••••	• Yes	No
b	If "Yes," is the evidence written?			. Yes	No
Part	V Other Expenses. L	st below business expenses not included on lines 8-26 c	or line 30.		
	W NUMY MDUAY NACTO				
HEA	Y DUTY TRUCK DESIEL			······································	278,341
INT	ERNET AND PHONE				3,048
	JS				12,816
ACCI	ISSORIES				2,787
<u> </u>					
					-
		· · · · · · · · · · · · · · · · · · ·			
			· · ·		
				. '	
48	Total other expenses. Enter he	re and on line 27a	. 48		296,992

	HEDULE C			Profit or Loss	Fr	om Business			OMB N	p. 1545	-0074
(For	m 1040)			(Sole Pro	•	• •			2	202	0
Depa	tment of the Treasury	►	Go to	www.irs.gov/ScheduleC fo	r ins	tructions and the latest informa	tion.				0
	al Revenue Service (99)	 Attach te 	o Form	1040, 1040-SR, 1040-NR, o	r 104	1; partnerships generally must	file For	m 1065.	Attachn Sequen	ce No.	09
Nam	e of proprietor						Social	security n	umber (SSN)	
MIL	KESSA RECIO						019-	86-789	98	•	
Α	Principal business	or profession,	includ	ing product or service (see in	structi	ions)	B Ente	r code fron 9999		ions	
•	SALES ANDTOW	· · · · · · ·		· · · · · · · · · · · · · · · · · · ·			►	5555			
С	Business name. If	no separate b	usines	s name, leave blank.			D Empl	oyer ID nur	mber (EIN) (see i	nstr.)
	IRE MOTORS LL	-					47-5	310533	3		
E				om no.) > 4701 ROUGE			····				
	City, town or post of				_						
F	Accounting method:	(1) 🕱			· 🖵	Other (specify)					
G				-		0? If "No," see instructions for limit			x	Yes	No No
Н						• • • • • • • • • • • • • • •		•••	▶		·
I	Did you make any p	ayments in 20	20 that	would require you to file Form	n(s) 1	1099? See instructions		• • • • •	• 📋	Yes	No
J		vill you file rec	uired F	Form(s) 1099?		· · · · · · · · · · · · · · · · · · ·	<u></u>		•	Yes	No
Pa	rt I Income		-	·		·					
1	•					income was reported to you on					
	Form W-2 and the "	Statutory emp	loyee"	box on that form was checked	• •	•••••	1			87:	3,693
2	Returns and allowar		• • •	• • • • • • • • • • • • • •			. 2				0
3	Subtract line 2 from	line 1					. 3			87	3,693
4	Cost of goods sold (from line 42)					. 4			67	1,666
5	Gross profit. Subtr	act line 4 from	i line 3				. 5		-	202	2,027
6	Other income, includ	ling federal ar	nd state	gasoline or fuel tax credit or	refun	d (see instructions)	. 6				
7	Gross income. Add	lines 5 and 6	3				7			202	2,027
Pa	rt II Expense	s. Enter ex	pens	es for business use of y	/our	home only on line 30.					
8	Advertising		8		18	Office expense (see instructions)	18			15	8,924
9	Car and truck expen	ses (see			19	Pension and profit-sharing plans	19				
	instructions)	•••••	9		20	Rent or lease (see instructions):					
10	Commissions and fe	es	10		а	Vehicles, machinery, and equipment	. 20a				
11	Contract labor (see i	instructions)	11		b	Other business property	. 20b				
12	Depletion		12		21	Repairs and maintenance				-	
13	Depreciation and se				22	Supplies (not included in Part III)	22			••••	
	expense deduction (not			23	Taxes and licenses	. 23				
	included in Part III) (instructions) •••	see	13		24	Travel and meals:					
14	Employee benefit pr	oorams		· · · · · · · · · · · · · · · · · · ·	а	Travel	. 24a				
	(other than on line 1	9)	14			Deductible meals (see	-				
15	Insurance (other that	,	15			instructions)	. 24b				
16	Interest (see instruct	· · · · ·			25	Utilities					
а	Mortgage (paid to b	•	16a			Wages (less employment credits)	· · · · · · · · · · · · · · · · · · ·				
b	Other		16b			Other expenses (from line 48) .				4.	1,109
17	Legal and professio		17	· · · · · · · · · · · · · · · · · · ·		Reserved for future use					-,
				siness use of home. Add line		nrough 27a	28			200	0,033
29						••••••••••••••	. 29				L,994
30				. Do not report these expense						•	-, , , , =
	unless using the sim										
		•		e total square footage of (a)	vour	home:					
	and (b) the part of yo					. Use the Simplified					
	Method Worksheet in	n the instructio	ns to f	gure the amount to enter on li	ne 30		. 30				
31	Net profit or (loss).			-							
				(Form 1040), line 3, and on 9	Sche	dule SE, line 2. (If you 🤤					
				ns). Estates and trusts, enter			31			1	L,994
	• If a loss, you mu		4	,				I			-1222
32				cribes your investment in this	activ	itv. See instructions.					
				both Schedule 1 (Form 104			32a [All in	vestme	nt is a	t risk
				ne 1, see the line 31 instruction			. 32b		e inves		
	Form 1041, line 3.			,				at ris			
		32b, you mus	t attac	h Form 6198. Your loss may	be lir	mited.					
For I				he separate instructions.			Sc	hedule C	(Form	1040) 2020

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r I	Paperwor	k Reduction	Act Notice,	see the separate	instructions.
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Schedule C (Form 1040) 2020

Schedu	le C (Form 1040) 2020	CAR SALES ANDTOWING 9999999		Page 2
Name(s			SSN	
Part	SSA RECIO	(see instructions)	019-86-7898	
33	Method(s) used to value closing inventory: a		ttach explanation)	
34	Was there any change in determin	ning quantities, costs, or valuations between opening and closing inven	torv?	X No
35	Inventory at beginning of year. If	different from last year's closing inventory, attach explanation	• 35	0
36	Purchases less cost of items with	drawn for personal use	. 36	523,816
37	Cost of labor. Do not include any	amounts paid to yourself	. 37	147,850
38	Materials and supplies	•••••••••••••••••••••••••••••••••••••••	. 38	
39	Other costs	* • • • • • • • • • • • • • • • • • • •	. 39	
40		•••••••••••••••••••••••••••••••••••••••		671,666
41		•••••••••••••••••••••••••••••••••••••••		0
42 Part	IN Information on You	e 41 from line 40. Enter the result here and on line 4 r Vehicle. Complete this part only if you are claiming ca to file Form 4562 for this business. See the instructions	ar or truck expenses or	<u>671,666</u> n line 9 f you must
43	When did you place your vehicle ir	n service for business purposes? (month/day/year)		
44	Of the total number of miles you d	rove your vehicle during 2020, enter the number of miles you used you		
а	Business	b Commuting (see instructions)	Other	
45	Was your vehicle available for per-	sonal use during off-duty hours?	••••• Yes	No
46	Do you (or your spouse) have anot	her vehicle available for personal use?	••••• Yes	No
47a		our deduction?	•••••• Yes	No
b Part V	If "Yes," is the evidence written?		Yes	No
Fall	Other Expenses. Lis	t below business expenses not included on lines 8-26 o	r line 30.	
FUEL				39,824
WORK	CLOTHES			1,285
		· · · · · · · · · · · · · · · · · · ·		······································
	· · ·			
48	Total other expenses. Enter here	and on line 27a	48	41,109

SCHEDULE	С
(Form 1040)	

Department of the Treasury

EEA

Profit or Loss From Business

OMB No. 1545-0074

2020

-						
	(Sole	Prop	oriet	ors	hip)

► Go to www.irs.gov/ScheduleC for instructions and the latest information. 1040 4040 00 . . A NIP

	al Revenue Service (99) Attach	to Forn	1 1040, 1040-SR, 1040-NR,	or 10	41; partnerships generally mus	file Fo	rm 1065. Attachment Seguence No. 09
	e of proprietor						I security number (SSN)
AYN	IAN S RECIO	5. 54				223	-97-6498
Α	Principal business or profession	n, includ	ing product or service (see ir	nstruc	tions)	-	ter code from instructions
TOV	ING	1					811310
С	Business name. If no separate I	ousines	s name, leave blank.			D Em	ployer ID number (EIN) (see instr.)
EME	ORIO TOWING LLC					82-	1271050
Ε	Business address (including sui	te or ro	om no.) > 4701 ROUGE	Çт	APT 101		
	City, town or post office, state, a	nd ZIP	code <u>Alexandria</u>	, VI	A 22312		
F		Cash		(3)	Other (specify)		
G	Did you "materially participate" in	the op	eration of this business durin	g 202	20? If "No," see instructions for limit	t on loss	ses XX Yes No
Н			-		• • • • • • • • • • • • • • • • • • • •		
I					1099? See instructions		
J	If "Yes," did you or will you file re	quired I	Form(s) 1099?	•••	• • • • • • • • • • • • • • • • • • • •	• • •	····· Yes No
	rt I Income	<u>.</u>					
1	Gross receipts or sales. See inst					, İ .	
					••••••	-	213,617
2	Returns and allowances					• 2	0
3 4							213,617
4 5					· • • • • • • • • • • • • • • • • • • •	1	46,892
6					nd (see instructions)		166,725
7							166,725
Protect of the local data	rt II Expenses. Enter ex	xpens	es for business use of	vou	home only on line 30.		100,725
8	Advertising			18	Office expense (see instructions)	18	11,736
9	Car and truck expenses (see			19	Pension and profit-sharing plans		
	instructions)	9		20	Rent or lease (see instructions):		
10	Commissions and fees	10		a	Vehicles, machinery, and equipment	Press 100	
11	Contract labor (see instructions)	11		1	Other business property		
12	Depletion	12		21	Repairs and maintenance		
13	Depreciation and section 179	1		22	Supplies (not included in Part III)	22	
	expense deduction (not included in Part III) (see			23	Taxes and licenses	. 23	
	instructions) •••••	13		24	Travel and meals:		
14	Employee benefit programs			a	Travel	. 24a	
	(other than on line 19)	14		þ	Deductible meals (see		
15	Insurance (other than health)	15	16,800		instructions)	. 24b	3,812
16	Interest (see instructions):			25	Utilities	• 25	4,673
a	Mortgage (paid to banks, etc.) .	16a		26	Wages (less employment credits		
b	Other	16b		1	Other expenses (from line 48) .		38,506
17	Legal and professional services	17			Reserved for future use		
28	Total expenses before expenses				•		
29 30	Tentative profit or (loss). Subtract					. 29	(3,836)
50	Expenses for business use of you unless using the simplified method			es eis	sewhere. Attach Form 8829		
	Simplified method filers only: I			VOUR	homo		
	and (b) the part of your home use			your	. Use the Simplified	- 1	
	Method Worksheet in the instruction			ine 3		. 30	
31	Net profit or (loss). Subtract line					. 30	
	 If a profit, enter on both Scheet 			Sche	dule SE. line 2. (If you		
	checked the box on line 1, see in					-31	(3,836)
	• If a loss, you must go to line 3						(0,000)
32	If you have a loss, check the box		cribes your investment in this	s activ	ity. See instructions.		
	• If you checked 32a, enter the					32a	X All investment is at risk.
	SE, line 2. (If you checked the bo					32b	Some investment is not
	Form 1041, line 3.						at risk.
	 If you checked 32b, you mus 			be li	mited.		
For i	Paperwork Reduction Act Notice	e, see t	he separate instructions.			Sc	chedule C (Form 1040) 2020

			. ·			
Schedu	le C (Form 1040) 2020	TOWING 811310				Page 2
Name(s	3)			SSN		
	S RECIO	• /		223-97	-6498	<u>.</u>
Part		(see instructions)	· · · · · · · · · · · · · · · · · · ·	· · · ·		
33	Method(s) used to value closing inventory: a	Cost b Lower of	cost or market c	Other (attach explan	ation)	
34	Was there any change in determine If "Yes," attach explanation	ning quantities, costs, or valua	tions between opening and cl	osing inventory?	🗌 Yes	X No
35	Inventory at beginning of year. If	different from last year's closi	ng inventory, attach explanatio	on 35		0
36	Purchases less cost of items with	drawn for personal use •••				
37	Cost of labor. Do not include any	amounts paid to yourself .	•••••			46,892
38	Materials and supplies • • • •					
39	Other costs	· • • • • • • • • • • • • •				
40	Add lines 35 through 39			40		46,892
41	Inventory at end of year			41		0
42	Cost of goods sold. Subtract li	ine 41 from line 40. Enter the	result here and on line 4	42		46,892
Part	IN Information on You and are not required file Form 4562.	ur Vehicle. Complete th I to file Form 4562 for th	is part only if you are c is business. See the ir	laiming car or truc structions for line	k expenses on 13 to find out i	f you must
43	When did you place your vehicle	in service for business purpos	es? (month/day/year)			
44	Of the total number of miles you	drove your vehicle during 202	0, enter the number of miles y	ou used your vehicle fo	n:	
а	Business	b Commuting (see	instructions)	c Other		· · · · ·
45	Was your vehicle available for pe	ersonal use during off-duty hou	urs?	•••••	🗌 Yes	No No
46	Do you (or your spouse) have an	other vehicle available for per	sonal use?		· · Yes	No No
47 a	Do you have evidence to suppor	t your deduction? • • • • •	•••••••••••••	•••••	· · Yes	No
b	If "Yes," is the evidence written?		<u></u>		· · Yes	No
Part	V Other Expenses. L	ist below business expe	nses not included on li	nes 8-26 or line 30).	
FUE	L		I	· .		34,693
CEL	L PHONE					1,200
UNI	FORM					2,613
<u></u>						
				· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·					
					· · · · · · · · · · · · · · · · · · ·	
48	Total other expenses. Enter h	ere and on line 27a				38,506

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

•	ment of the Treasury Go to www.irs.gov/ScheduleC f Attach to Form 1040, 1040-SR, 1040-NR,				1065. Sequence No. 09			
		51 104	r, paralelempe generally muet	Social se	ecurity number (SSN)			
	of proprietor				36-7898			
	KESSA RECIO		005)	_	code from instructions			
Α	Principal business or profession, including product or service (see in	ISTUCT	015)	999999				
	SALES AND TOWING		······	D Emplo	yer ID number (EIN) (see instr.)			
С	Business name. If no separate business name, leave blank.			82-1271050				
EMPO	ORIO TOWING LLC			02-12				
Е	Business address (including suite or room no.) > 4701 ROUGE				<u></u>			
	City, town or post office, state, and ZIP code Alexandria							
F		(3)	Other (specify) ►	on loonor	s XX Yes No			
G	Did you "materially participate" in the operation of this business durin	ig 2020	U? If "INO," see instructions for lithic	oniosses				
Н	If you started or acquired this business during 2020, check here	• • •			Yes No			
I .	Did you make any payments in 2020 that would require you to file Fo	rm(s) 1	1099? See instructions • • • •		Yes No			
J	If "Yes," did you or will you file required Form(s) 1099?	• • •	<u> </u>		Yes No			
Pa	nt I Income			<u> </u>				
1	Gross receipts or sales. See instructions for line 1 and check the box	(if this	income was reported to you on		222 025			
	Form W-2 and the "Statutory employee" box on that form was checked	∋d ••	••••••		322,825			
2	Returns and allowances	, 	•••••	. 2				
3	Subtract line 2 from line 1	• • •	•••••	. 3	322,825			
4	Cost of goods sold (from line 42)	• • •		. 4	23,714			
5	Gross profit. Subtract line 4 from line 3	• • •		. 5	299,111			
6	Other income, including federal and state gasoline or fuel tax credit of	or refur	nd (see instructions) • • • • •	. 6	200 111			
7	Gross income. Add lines 5 and 6	<u></u>	••••••	7	299,111			
Pa	IT II Expenses. Enter expenses for business use o		home only on line 30.		10 703			
8	Advertising	18	Office expense (see instructions)		12,783			
9	Car and truck expenses (see	19	Pension and profit-sharing plans					
	instructions)	20	Rent or lease (see instructions):					
10	Commissions and fees 10	_	Vehicles, machinery, and equipment		10 500			
11	Contract labor (see instructions) 11		Other business property		18,500			
12	Depletion 12	21	Repairs and maintenance		164,619			
13	Depreciation and section 179	22	Supplies (not included in Part III		28,914			
	expense deduction (not included in Part III) (see	23	Taxes and licenses	. 23	1,827			
	instructions) •••••••	24	Travel and meals:					
14	Employee benefit programs		Travel	• 24a				
	(other than on line 19) 14		Deductible meals (see		2.014			
15	Insurance (other than health) 15 24,60		instructions)		3,814			
16	Interest (see instructions):	25	Utilities		·			
а	Mortgage (paid to banks, etc.) . 16a	26	Wages (less employment credit		20.016			
b	Other		a Other expenses (from line 48)		39,816			
17	Legal and professional services 17		Beserved for future use		004 073			
28	Total expenses before expenses for business use of home. Add	ines 8	through 27a	► <u>28</u>	294,873			
29	Tentative profit or (loss). Subtract line 28 from line 7	• • •	• • • • • • • • • • • • • • • • • • • •	29	4,238			
30	Expenses for business use of your home. Do not report these expe	nses e	Isewhere. Attach Form 8829	19 - E				
	unless using the simplified method. See instructions.							
	Simplified method filers only: Enter the total square footage of	(a) you	ir home:	_				
	and (b) the part of your home used for business:		. Use the Simplifie					
	Method Worksheet in the instructions to figure the amount to enter of	on line	30	30				
31	Net profit or (loss). Subtract line 30 from line 29.							
	• If a profit, enter on both Schedule 1 (Form 1040), line 3, and	on Sch	redule SE, line 2. (If you		1 220			
	checked the box on line 1, see instructions). Estates and trusts, e	nter or	Form 1041, line 3.	31	4,238			
	 If a loss, you must go to line 32. 							
32	If you have a loss, check the box that describes your investment in	this ac	tivity. See instructions.					
	If you checked 32a, enter the loss on both Schedule 1 (Form	1040),	line 3, and on Schedule	-32a	All investment is at risk.			
	SE, line 2. (If you checked the box on line 1, see the line 31 instr	uctions	s). Estates and trusts, enter on	32b	Some investment is not			
	Form 1041, line 3.				at risk.			
	 If you checked 32b, you must attach Form 6198. Your loss r 	nay be	limited.		chedule C (Form 1040) 2020			
Fo	r Paperwork Reduction Act Notice, see the separate instructions	i . '		5	chequie C (FOITH 1040) 2020			

Schedu	le C (Form 1040) 2020	CAR SALES AND TOWING 999999		Page 2
Name(s) SSA RECIO		SSN 019-86-7898	
Part		d (see instructions)		
33	Method(s) used to value closing inventory: a	Cost b Lower of cost or market c Other (a	uttach explanation)	
34		ining quantities, costs, or valuations between opening and closing inven		X No
35	Inventory at beginning of year.	f different from last year's closing inventory, attach explanation	. 35	0
36	Purchases less cost of items wit	hdrawn for personal use	. 36	
37	Cost of labor. Do not include an	y amounts paid to yourself	. 37	23,714
38	Materials and supplies		. 38	
39	Other costs	· · · · · · · · · · · · · · · · · · ·	39	
40	Add lines 35 through 39		. 40	23,714
41				.0
42		ine 41 from line 40. Enter the result here and on line 4		23,714
Part		ur Vehicle. Complete this part only if you are claiming c to file Form 4562 for this business. See the instruction		
43	When did you place your vehicle	in service for business purposes? (month/day/year)		
44	Of the total number of miles you	drove your vehicle during 2020, enter the number of miles you used you	ur vehicle for:	
a	Business	b Commuting (see instructions)	c Other	
45	Was your vehicle available for p	ersonal use during off-duty hours?	Yes	No
46		other vehicle available for personal use?	•••••• Yes	No
47a	an a	t your deduction?	Yes	No
Part	If "Yes," is the evidence written?	ist below business expenses not included on lines 8-26 of	Yes	No
		ist below business expenses not included of lines 6-20 (·
FUEL				39,816
	· · · · · · · · · · · · · · · · · · ·			
	·			
		14 15		
48	Total other expenses. Enter he	re and on line 27a	. 48	39.816

SCHE	DULE SE		Solf Employ	mont Tax		ON	/IB No. 1545-0074
(Form	1040)		Self-Employ				2020
Departmei	nt of the Treasury		s.gov/ScheduleSE for instru		itest information.	At	tachment
	evenue Service (99)		Attach to Form 1040, 1040			Se	equence No. 17
		ployment income (as shown on	Form 1040, 1040-SR, or 1040-N		security number of person elf-employment income	010	06 7000
*****	ESSA RECIO	nlovmont Tox		wiar o		019-	-86-7898
Part		ployment Tax	nt tax is church employee in	come see instruc	tions for how to report your	income	2
		ch employee income.	it tax is church employee in	come, see instruc	stons for new to report your	moorne	,
A			order, or Christian Science pr	actitioner and you	filed Form 4361, but you h	ad	
^			f-employment, check here ar				▶□
Skip line			nod in Part II. See instructions				
			34, and farm partnerships, S		n 1065),		
	box 14, code A					<u>1a</u>	
b	If you received s	social security retirement or o	lisability benefits, enter the ar	nount of Conservat	tion Reserve		
			ine 4b, or listed on Schedule I	K-1 (Form 1065), b	oox 20, code AH • • • •	1b ()
Skip lin		nonfarm optional method in		m) 1	to the state of the state		
2			and Schedule K-1 (Form 106			2	48,327
•			report or if you are a minister			3	48,327
3	Combine lines 1a		2.35% (0.9235). Otherwise, e		ine3	-4a	44,630
4 a			servation Reserve Program				
b			ds, enter the total of lines 15			4b	
			stop; you don't owe self-em				
			/ee income, enter -0- and co			4c	44,630
5 a	Enter your chur	ch employee income from	Form W-2. See instructions I	or			
					5a		
b	Multiply line 5a b	oy 92.35% (0.9235). If less t	han \$100, enter -0-			5b	
6	Add lines 4c and			• • • • • • • •		6	44,630
7			elf-employment earnings subje			7	137,700
8.0			ment (tier 1) tax for 2020 ••• boxes 3 and 7 on Form(s) W				107,700
8 a			. If \$137,700 or more, skip lin				
			•••••••••••••••••		8a		
b			from Form 4137, line 10		8b		
C			rm 8919, line 10 • • • • • •		8c		
d	Add lines 8a, 8b	, and 8c				8d	
9			nter -0- here and on line 10 a			9	137,700
10	Multiply the small	aller of line 6 or line 9 by 12	.4% (0.124)		••••••	10 11	5,534
11	Multiply line 6 by	y 2.9% (0.029)				12	1,294
12	• •		. Enter here and on Schedul	e 2 (Form 1040),	line 4 • • • • • • • • •		6,828
13		one-half of self-employmen	nd on Schedule 1 (Form 10	40)			
					13 3,414		
Part	W///////04	al Methods To Figure	Net Earnings (see in	structions)			· · · · · · · · · · · · · · · · · · ·
			only if (a) your gross farm in		e than		
\$8,460	, or (b) your net	farm profits ² were less than	\$6,107.				F 640
14						14	5,640
15		· •	ss farm income¹ (not less tha			15	
	this amount on l	ine 4b above			•••••	13	
Nonfa	rm Optional Met	hod. You may use this met	nod only if (a) your net nonfa	rm profits [®] were le	iss man \$6,107		
and all	so less than 72.1	89% of your gross noniarin	incomḗ, and (b) you had ne You may use this method no	more than five time	es.		1
16	Subtract line 15					16	
10			oss nonfarm incomé (not les				
17	line 16. Also, in	clude this amount on line 4b	above			17	
¹ From	Sch. F. line 9; and	Sch. K-1 (Form 1065), box 14, c	ode B.		ne 31; and Sch. K-1 (Form 1065		
² From you w	Sch. F, line 34; and ould have entered	i Sch. K-1 (Form 1065), box 14, on line 1b had you not used the	code A-minus the amount optional method.	rrom Sch. C, lin	e 7; and Sch. K-1 (Form 1065),	DOX 14,	

For Paperwork Reduction Act Notic	e, see your tax return in	structions.
EEA		

Schedu	ule SE (Form 1040) 2020 MILKESSA RECIO Attachment Sequence No. 17	019	-86-7898 Page 2
Part	III Maximum Deferral of Self-Employment Tax Payments	· · · · ·	
If line	4c is zero, skip lines 18 through 20, and enter -0- on line 21.		
18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	· · · · · · · · · · · · · · · · · · ·
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31,		
	2020	20	
21	Combine lines 19 and 20		
If line	5b is zero, skip line 22 and enter -0- on line 23.		
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	22	
23	Multiply line 22 by 92.35% (0.9235)	23	1
24	Add lines 21 and 23		
25	Enter the smaller of line 9 or line 24		A CARLES
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form	1.	
	1040)	26	
EEA	S S	chedul	e SE (Form 1040) 2020

SCHEDULE SE	EDULE SE		OMB No. 1545-0074		
(Form 1040)	Self-Employn		2020		
Department of the Treasury	► Go to www.irs.gov/ScheduleSE for instruc		Attachment Sequence No. 17		
Internal Revenue Service (99)		SR, OF TU4U-NR.			
	employment income (as shown on Form 1040, 1040-SR, or 1040-NR)	Social security number of person with self-employment income	223-97-6498		
AYMAN S RECIO	mployment Tax		223-37-0190		
Part I Self-E	mproviment Tax	ome. see instructions for how to report your	income		
and the definition of chi					
A If you are a mi	nister, member of a religious order, or Christian Science prac	ctitioner and you filed Form 4361, but you ha	ad		
\$400 or more	of other net earnings from self-employment, check here and	continue with Part I	▶ []		
Skip lines 1a and 1b if	you use the farm optional method in Part II. See instructions.	adula K 1 (Earm 1065)			
	or (loss) from Schedule F, line 34, and farm partnerships, Sch	requie K-1 (Point 1005),	1a		
box 14, code A			14		
b If you received	d social security retirement or disability benefits, enter the amo nents included on Schedule F, line 4b, or listed on Schedule K-	1 (Form 1065) box 20 code AH	1b ()		
	ne nonfarm optional method in Part II. See instructions.	1 (1 0111 1000), Box 20, 0000 / 11 0 0 0 0			
Skip line 2 if you use th	pss) from Schedule C, line 31; and Schedule K-1 (Form 1065)	box 14. code A (other than			
2 Net profit or (lo	instructions for other income to report or if you are a minister of	pr member of a religious order	2 75,553		
3 Combine lines			3 75,553		
4 a If line 3 is more	e than zero, multiply line 3 by 92.35% (0.9235). Otherwise, en		4a 69,773		
Note: If line 4	a is less than \$400 due to Conservation Reserve Program pa	ayments on line 1b, see instructions.			
b If you elect on	e or both of the optional methods, enter the total of lines 15 an	nd 17 here	4b		
c Combine lines	4a and 4b. If less than \$400, stop; you don't owe self-emp	loyment tax. Exception: If			
less than \$400	0 and you had church employee income, enter -0- and con	tinue	4c 69,773		
5 a Enter your ch	urch employee income from Form W-2. See instructions for	r l			
definition of ch	nurch employee income				
b Multiply line 5	a by 92.35% (0.9235). If less than \$100, enter -0- • • • • •		5b		
6 Add lines 4c a	nd 5b		6 69,773		
7 Maximum am	ount of combined wages and self-employment earnings subjec	t to social security tax or	7 127 700		
the 6.2% port	on of the 7.65% railroad retirement (tier 1) tax for 2020	,	7 137,700		
8 a Total social se	ecurity wages and tips (total of boxes 3 and 7 on Form(s) W-2				
and railroad re	etirement (tier 1) compensation. If \$137,700 or more, skip line	s 8a			
8b through 10	, and go to line 11				
b Unreported tip	os subject to social security tax from Form 4137, line 10 • • • • • • • • • • • • • • • • • •				
	St to social security tax from Form 6919, the former of the security tax from Form 6919, the former of the security tax from Form 6919, the former of the security tax from Form 6919, the former of the security tax from 6919, the former of tax from 6919, the former of the security tax from 6919, the security tax from 6919, the former of tax from 6919, the		8d		
d Add lines 8a,	Bb, and BC	t ao to line 11.	9 137,700		
9 Subtract line 8	maller of line 6 or line 9 by 12.4% (0.124)		10 8,652		
10 Multiply the s 11 Multiply line 6	by 2.9% (0.029)		11 2,023		
12 Self-employ	ment tax. Add lines 10 and 11. Enter here and on Schedule	2 (Form 1040), line 4	12 10,675		
	r one-half of self-employment tax.				
Multiply line 1	2 by 50% (0.50). Enter here and on Schedule 1 (Form 104)	0),			
line 14		13 5,338			
Part II Optio	nal Methods To Figure Net Earnings (see ins	tructions)			
Farm Optional Meth	od. You may use this method only if (a) your gross farm inco	ome' wasn't more than			
	et farm profits ² were less than \$6,107.		14 5,640		
	ome for optional methods		14 5,640		
	aller of: two-thirds (2/3) of gross farm income ¹ (not less than		15		
this amount o	n line 4b above				
Nonfarm Optional N	lethod. You may use this method only if (a) your net nonfar	cornings from self-employment			
and also less than 72	2.189% of your gross nonfarm income, and (b) you had net of the prior 3 years. Caution: You may use this method no m	hore than five times.			
	15 from line 14		16		
16 Subtract line	naller of: two-thirds (2 /3) of gross nonfarm income (not less	than zero) or the amount on			
17 Enter the sm	include this amount on line 4b above		17		
¹ From Sch. F. line 9: at	nd Sch. K-1 (Form 1065), box 14, code B.	³ From Sch. C, line 31; and Sch. K-1 (Form 1065	5), box 14, code A.		
² From Sch. F, line 34; a you would have entered	and Sch. K-1 (Form 1065), box 14, code A-minus the amount ad on line 1b had you not used the optional method.	⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065),	box 14, code C.		

For F	Paperwork Reduction Act Notice, see your tax return instructions.	۰.

Schedul	e SE (Form 1040) 2020 AYMAN S RECIO	Attachment Sequence No. 17	223	-97-6498 Page 2
Part	Maximum Deferral of Self-Employment Tax Payments	an an an Ionaichte an an an Airtean Airtean a		· · · · · · · · · · · · · · · · · · ·
If line 4	c is zero, skip lines 18 through 20, and enter -0- on line 21.			
18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2	2020	18	
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amou	Int from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through	December 31,		
	2020		20	
21	Combine lines 19 and 20		21	
lf line 5	b is zero, skip line 22 and enter -0- on line 23.			
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31	, 2020	22	
23	Multiply line 22 by 92.35% (0.9235)			
24	Add lines 21 and 23		24	
25	Enter the smaller of line 9 or line 24		25	
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedu			
	1040)		26	·

Schedule SE (Form 1040) 2020

2

17

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2020 Form 1040-V Payment Voucher and Filing Instructions MILKESSA & AYMAN S RECIO

Due date:

Payment was due 05-17-2021. To avoid further penalties and interest, pay as soon as possible.

Balance due:

\$25,781

Transaction method:

To pay by check or money order, write "2020 Form 1040," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail with Form 1040-V to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Mail-to address:

Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000

Taxpayer records:

Amount paid	
Check number	· ·
Date mailed	·····

Form 1040-V (2020)

5 1040-V	Payment V	oucher	OMB No. 1545-0074
Depertment of the Traceup/	Do not staple or attach this vouche to www.irs.gov/Payments for pay		2020
1 Your social security number (SSN) (if a joint return, SSN shown first on your return)	2 If a joint return, SSN shown second on your return 223-97-6498	3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	25,781
MILKESSA & AYMAN S R 4701 ROUGE CT APT 10 Alexandria, VA 2231	ECIO In L P-	ternal Revenue Servi 0. Box 931000 uisville: KY 40293-	Ce

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

019867898 CY RECI 30 0 202012 610

1040		artment of the Treasury—Internal Revenue Ser S. Individual Income Ta		(99) S urn	20	21	OMB No.	1545-0	0074 IRS	Use Only	∕−Do not v	write or staple	in this space.
Filing Status Check only one box.	lf yo	Single 🔀 Married filing jointly [u checked the MFS box, enter the on is a child but not your depender	name of		separately buse. If you					. ,		, ,	dow(er) (QW) he qualifying
Your first name	e and mi	ddle initial	Last na	ame							Your se	ocial securi	ty number
Ayman S			Rec	io							223-	97-649	8
lf joint return, s	spouse's	first name and middle initial	Last na	ame							Spouse	e's social se	curity number
Milkess	a		Rec	io							019-	86-789	8
Home address	(numbe	r and street). If you have a P.O. box, se	e instruct	ions.					Apt. no	э.	Preside	ential Electi	ion Campaign
6912 Gi	lber	t Street										here if you	
City, town, or p	oost offi	ce. If you have a foreign address, also c	omplete	spaces be	low.	Sta	te		ZIP code				ntly, want \$3 Checking a
Springf	ield					V	Ą		22150		Ŭ Ŭ	low will not	•
Foreign countr	y name			Foreign p	rovince/stat	e/count	ty		Foreign pos	tal code		x or refund	•
												You	Spouse
At any time du	uring 20	021, did you receive, sell, exchange	, or oth	erwise di	spose of a	ny fina	ancial inter	est in	any virtua	al curre	ncy?	Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	epender	nt 🗌	Your spor	use as	a depend	ent					
Deduction		Spouse itemizes on a separate retu	•		•		•						
			1057										
Age/Blindnes			1957	Are b		pouse			n before Ja			Is b	
Dependent				(2)	Social secui number	rity	(3) Relat					or (see instru	,
If more	(1) F	rst name Last name				to you		ou	Child tax cre		redit	Credit for of	ther dependents
than four dependents,													
see instruction	IS												
and check													
here 🕨 🗌			- ()									<u> </u>	
Attach	1	Wages, salaries, tips, etc. Attach	î	W-2 .	· · ·	• •		·		· ·	. 1		
Sch. B if	2a	Tax-exempt interest	2a			bΤ	axable int	erest			. 21		
required.	<u>3a</u>	Qualified dividends	3a			b Ordinary dividend					. 31		
) 4a	IRA distributions	4a				b Taxable amount				. 41		
	5a	Pensions and annuities	5a			b Taxable amount			· ·	. 51			
Standard Deduction for—	6a	Social security benefits	6a				axable am			· ·	. 61		
Single or	7	Capital gain or (loss). Attach Sche		if require	d. If not re	quired	, check he	ere		. 🕨			
Married filing separately,	8	Other income from Schedule 1, lin						·		· ·	. 8		<u>32,629.</u>
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		-	our total in	come		·		· ·	► <u>9</u>		32,629.
 Married filing jointly or 	10	Adjustments to income from Sch				• •		·		· ·	. 10		9,371.
Qualifying widow(er),	11	Subtract line 10 from line 9. This						•			► <u>1</u>	1 1	23,258.
\$25,100	12a	Standard deduction or itemized				,	• •	12a		5,10	0.		
 Head of household, 	b	Charitable contributions if you take					,	12b					
\$18,800	c									· ·	. 12		25,100.
 If you checked any box under 	13	Qualified business income deduc								· ·	. 1:		19,632.
Standard Deduction,	14	Add lines 12c and 13								· ·	. 14		44,732.
see instructions.	15	Taxable income. Subtract line 14	trom li	ne 11. If :	zero or les	s, ente	er-U	•			. 1	b	78,526.

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

Form **1040** (2021)

Towing Serv te Spouse's occupation Towing nail address te 500 The Woodlar	Date F	If the IR Identity (see inst PTIN Phone r	Protection t.) ▶ Che 10.832	Ir spouse an PIN, enter it here ck if: Self-employed 289-7110 -1075373	
te Spouse's occupatio Towing nail address	Date F	If the IR Identity (see inst PTIN Phone r	Protection t.) ▶ Che 10.832	ck if: Self-employed 289-7110	
te Spouse's occupatio Towing	on	If the IR Identity (see inst	Protection t.) ► Che	n PIN, enter it here	
te Spouse's occupatio Towing	on	If the IR Identity (see inst	Protection t.) ►	PIN, enter it here	
te Spouse's occupatio Towing	on .	If the IR Identity (see inst	Protection t.) ►	PIN, enter it here	
te Spouse's occupatio		If the IR Identity	Protection		
			S sent you	ir spouse an	
Towing Ser	vices	(000			
1		(see inst	<u> </u>		
te Your occupation		If the IR	•	an Identity	
is return and accompanying scheoreparer (other than taxpayer) is bas					
no. ►		r (PIN)			
Phone	Yes. Com Person	nplete belo al identifica		No	
this return with the IRS?	See		_		
		449.		· · ·	
. For details on how to pay, se		. 🕨 🗄	37	25,414.	
2 estimated tax \dots	36				
Routing number X					
Amount of line 34 you want refunded to you. If Form 8888 is attached, check here					
om line 33. This is the amount	•		34 35a		
payments			33	2,800.	
r total other payments and i			32	2,800.	
	31		00	2 000	
		800.			
1e8	29				
credit from Schedule 8812	28				
	00				
27b					
ther requirements for EIC. See instructions ►					
1, 1998, and before					
	27a				
ed from 2020 return		[26		
		2	25d		
	25c				
	25b				
	25a				
				2777001	
			24	27,765.	
n Schedule 2, line 21		-	23	18,740.	
er-0		-	22	9,025.	
			21		
			20		
r dependents from Schedule 8			19	5,025.	
				9,025.	
		· · ⊢	-	9,025.	
			· · · · · · · · · · · · · · · · · [

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 21 Attachment 04

	Revenue Service ► Go to www.irs.gov/Form1040 for instructions and the lates	t information			equence No. 01
	s) shown on Form 1040, 1040-SR, or 1040-NR n S. & Milkessa Recio		223-9		ecurity numbe
-	t I Additional Income		1		
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) \blacktriangleright				
3	Business income or (loss). Attach Schedule C			3	132,629
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trus Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	Ba ()		
b	Gambling income	3b			
С	Cancellation of debt	BC			
d	Foreign earned income exclusion from Form 2555	Bd ()		
е	Taxable Health Savings Account distribution	Be			
f	Alaska Permanent Fund dividends	8f			
g	Jury duty pay	Bg			
h	Prizes and awards	3h			
i	Activity not engaged in for profit income	8i			
j	Stock options	8j			
k	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	3k			
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81			
m	Section 951(a) inclusion (see instructions)	ßm			
n	Section 951A(a) inclusion (see instructions)	3n			
ο	Section 461(I) excess business loss adjustment	Зо			
р	Taxable distributions from an ABLE account (see instructions) .	Зр			
z	Other income. List type and amount ►	Bz			
9 0	Total other income. Add lines 8a through 8z		 SR. or	9	

1040-NR, line 8

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

Schedule 1 (Form 1040) 2021

132,629.

10

. . .

Par	t 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	9,371.
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		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 8l 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
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)		
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 violations24i		
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 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	9,371.

REV 07/07/22 TTW

BAA

SCHE	DULE	2
(Form	1040)	

Department of the Treasury

Additional Taxes

OMB No. 1545-0074 20

21

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

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

Attachment Sequence No. 02 Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number 223-97-6498 Ayman S. & Milkessa Recio Dort I Tox

Га						
1	Alternative minimum tax. Attach Form 6251	1				
2	Excess advance premium tax credit repayment. Attach Form 8962	2				
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3				

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	18,740.
5	Social security and Medicare tax on unreported tip income.Attach Form 4137 5		
6	Uncollected social security and Medicare tax on wages. AttachForm 89196		
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	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontini	ued on page 2)

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount ▶	17a		
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b		
С	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		
е	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		
Ι	Tax on accumulation distribution of trusts	171		
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		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	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	Additional tax from Schedule 8812		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23		21	18,740.
	BAA	REV 07/07/22 TTW	Schedu	ule 2 (Form 1040) 2021

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2

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

	ient of the freasury		-		uctions and the latest information ; partnerships must generally file F		Attachment Sequence No. 09
	of proprietor				, parareren pe maer generan j me i		security number (SSN)
	an S. Recio 223-97-6498						
A	Principal business or profession	on incl	uding product or service (se	e instri	uctions)		er code from instructions
~	Towing Services	,		0 1101		D Lind	► 4 8 8 0 0 0 0
С	Business name. If no separate	busin	ess name leave blank			D Emp	bloyer ID number (EIN) (see instr.)
•	Empire Motors LLC	baom					
E	Business address (including s	uite or	room no)► 6912 Gil	hert	Street		
-	City, town or post office, state				, VA 22150		
F	3 7 1 7	Casł					
G	• • • •				2021? If "No," see instructions for lin	mit on la	osses . 🗙 Yes 🗌 No
H							
					n(s) 1099? See instructions		
			· ·				
Pari		requi				• •	
		actruct	ions for line 1 and shock the	box if	this income was reported to you on		
1						1	286,065.
2							
3						-	286,065.
4							0.
5	9 (,					286,065.
6	•				refund (see instructions)		
7			0			7	286,065.
Part			for business use of you				20070031
8	Advertising	8	212.	18	Office expense (see instructions) .	18	600.
9	Car and truck expenses (see			19	Pension and profit-sharing plans .	19	
3	instructions)	9		20	Rent or lease (see instructions):	10	
10	Commissions and fees .	10		a	Vehicles, machinery, and equipment	20a	733.
11	Contract labor (see instructions)	11		b	Other business property		8,995.
12	Depletion	12		21	Repairs and maintenance		82,995.
13	Depreciation and section 179			22	Supplies (not included in Part III) .		12,955.
	expense deduction (not			23	Taxes and licenses		100.
	included in Part III) (see instructions)	13		24	Travel and meals:	20	
14	Employee benefit programs			a		24a	
14	(other than on line 19)	14		b	Deductible meals (see	2-10	
15	Insurance (other than health)	15	61,151.		instructions)	24b	
16	Interest (see instructions):		,	25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	81,980.
17	Legal and professional services	17	8,776.	b	Reserved for future use		01,000
28	* ·				8 through 27a ▶	28	258,497.
29	Tentative profit or (loss). Subt					29	27,568.
30					nses elsewhere. Attach Form 8829		
	unless using the simplified me	-		, evbe			
	Simplified method filers only			(a) you	ır home:		
	and (b) the part of your home	used fo	or business:		. Use the Simplified		
	Method Worksheet in the instr			ter on		30	
31	Net profit or (loss). Subtract		•				
	• If a profit, enter on both Sch			on Sch	edule SE, line 2, (If you		
	checked the box on line 1, see					31	27,568.
	• If a loss, you must go to lin		,,				
32	If you have a loss, check the k		t describes your investment	in this	activity. See instructions.		
	 If you checked 32a, enter th 		•				
	SE, line 2. (If you checked the		•		,	32a	All investment is at risk.
	Form 1041, line 3.		,,, or monuto			32b	_
	• If you checked 32b, you mu	st atta	ch Form 6198. Your loss ma	ay be li	mited.		at risk.

REV 07/07/22 TTW

Schedu	le C (Form 1040) 2021			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b 🔀 Lower of cost or market c Other (att	ach ex	olanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	ery?	. 🗌 Yes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		0.
36	Purchases less cost of items withdrawn for personal use	36		0.
37	Cost of labor. Do not include any amounts paid to yourself	37		0.
38	Materials and supplies	38		0.
39	Other costs	39		0.
40	Add lines 35 through 39	40		0.
41	Inventory at end of year	41		218,345.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0.
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your	vehicle	for:	
а	Business b Commuting (see instructions) c 0	Other		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	No No
47a	Do you have evidence to support your deduction?		🗌 Yes	No No
b	If "Yes," is the evidence written?		· · 🗌 Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or lin	ne 30.		
Ce	ll Phone			935.
Eq	uipment			9,162.
Di	esel			68,438.
Ро	stage			601.
In	ternet			1,421.
Un	iforms			1,400.
Pa	rking			23.
48	Total other expenses. Enter here and on line 27a	48		81,980.

SCHED	ULE	С
(Form 1	040)	

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074 2 \bigcirc

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

Attachment Internal Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Sequence No. 09 Name of proprietor Social security number (SSN) 223-97-6498 Ayman S. Recio Α Principal business or profession, including product or service (see instructions) B Enter code from instructions ▶ 4 8 8 0 0 0 Towing С Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) 8 4 3 7 0 4 9 9 1 Empire Motors Towing & Recovery LLC Business address (including suite or room no.) ▶ 6912 Gilbert Street Е City, town or post office, state, and ZIP code Springfield, VA 22150 F Accounting method: (1) 🗙 Cash (2) Accrual (3) Other (specify) ► G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . X Yes No н If you started or acquired this business during 2021, check here Yes X No L. J. Yes No Part I Income 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 92,130. Form W-2 and the "Statutory employee" box on that form was checked 1 2 2 92,130. 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 0. 5 5 92,130. 6 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . 92,130. 7 7 Gross income. Add lines 5 and 6 **Part II** Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 8 462. 18 Office expense (see instructions) . 18 19 19 Pension and profit-sharing plans . 9 Car and truck expenses (see 9 20 instructions) Rent or lease (see instructions): Commissions and fees . 10 10 Vehicles, machinery, and equipment 20a а 11 Contract labor (see instructions) 11 b Other business property . . . 20b 22,913. 12 Depletion 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 6,800. expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 24 13 Travel and meals: instructions) . . . 580. Employee benefit programs а Travel. . . . 24a 14 (other than on line 19) 14 b Deductible meals (see 15 Insurance (other than health) 15 instructions) 24b 25 25 16 Interest (see instructions): Utilities 26 Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 а 32,693. 16b b Other 27a Other expenses (from line 48) . . 27a 17 Legal and professional services 17 3,450. b Reserved for future use . . 27b 66,898. 28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a 28 Tentative profit or (loss). Subtract line 28 from line 7 29 29 25,232. 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 25,232. • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule **32a** All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not at risk. • If you checked 32b, you must attach Form 6198. Your loss may be limited.

Schedu	dule C (Form 1040) 2021				Page 2
Part	t III Cost of Goods Sold (see instructions)				
33	Method(s) used to value closing inventory: a 🗙 Cost b 🗌 Lower of cost or marke	et c 🗌 Other (a	ttach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between op If "Yes," attach explanation	pening and closing inven	tory?	. 🗌 Yes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attac	ch explanation	35		0.
36	Purchases less cost of items withdrawn for personal use		36		0.
37	Cost of labor. Do not include any amounts paid to yourself		37		0.
38	Materials and supplies		38		0.
39	Other costs		39		0.
40	Add lines 35 through 39		40		0.
41	Inventory at end of year		41		216,316.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on lin	ne4	42		0.
Part		u are claiming car c	or truck		n line 9 and
43	When did you place your vehicle in service for business purposes? (month/day/y	′ear) ►			
44	Of the total number of miles you drove your vehicle during 2021, enter the number	er of miles you used you	r vehicle	e for:	
а	b Commuting (see instructions)	c	Other		
45	Was your vehicle available for personal use during off-duty hours?			🗌 Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?			🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?			🗌 Yes	🗌 No
	t V Other Expenses. List below business expenses not include			🗌 Yes	No
Part	Other Expenses. List below business expenses not include		ine su		
Di	iesel				29,593.
Sm	nall Tools				3,100.
48	Total other expenses. Enter here and on line 27a		48		32,693.

SCHED	ULE	С
(Form 1	040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2

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

	ient of the freasury	-		; partnerships must generally file		Attachment 5. Sequence No. 09
Name	of proprietor				Social s	ecurity number (SSN)
Ayma	an S. Recio				223-9	97-6498
A	Principal business or profession	on, including produ	uct or service (see instru	uctions)	B Enter	code from instructions
	Towing					▶ 4 8 8 0 0 0
С	Business name. If no separate	business name, le	eave blank.		-	yer ID number (EIN) (see instr.)
	Camel Towing LLC				8 4	3 7 0 4 8 5 9
E	Business address (including s	uite or room no.) Þ	▶ 6912 Gilbert	t Street		
	City, town or post office, state					
F				Other (anacifu)		
G	• • • •			2021? If "No," see instructions for	limit on los	ses . 🗙 Yes 🗌 No
н						
I		-		n(s) 1099? See instructions		
J	If "Yes," did you or will you file	e required Form(s)	1099?			🗌 Yes 🗌 No
Par						
1	Gross receipts or sales. See ir	nstructions for line	1 and check the box if	this income was reported to you	on	
	•			J L	-	29,000.
2	Returns and allowances				. 2	
3	Subtract line 2 from line 1 .				. 3	29,000.
4	Cost of goods sold (from line	42)			. 4	
5	Gross profit. Subtract line 4 fr	rom line 3			. 5	29,000.
6	Other income, including federa	al and state gasoli	ne or fuel tax credit or i	refund (see instructions)	. 6	
7	Gross income. Add lines 5 an	ıd6			▶ 7	29,000.
Part		enses for busine	ess use of your hom	ne only on line 30.		
8	Advertising	8	18	Office expense (see instructions). 18	
9	Car and truck expenses (see		19	Pension and profit-sharing plans	5. 19	
	instructions)	9	20	Rent or lease (see instructions):		
10	Commissions and fees .	10	а	Vehicles, machinery, and equipme	ent 20a	
11	Contract labor (see instructions)	11	b	Other business property	. 20b	
12	Depletion	12	21	Repairs and maintenance	. 21	6,999.
13	Depreciation and section 179 expense deduction (not		22	Supplies (not included in Part III)	. 22	
	included in Part III) (see		23	Taxes and licenses	. 23	
	instructions)	13	24	Travel and meals:		
14	Employee benefit programs		а	Travel	. 24 a	
	(other than on line 19) .	14	b	Deductible meals (see		
15	Insurance (other than health)	15		instructions)	. 24b	
16	Interest (see instructions):		25	Utilities	. 25	
а	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credits	·	
b	Other	16b	27a	Other expenses (from line 48) .	. 27a	11,818.
17	Legal and professional services	17	b	Reserved for future use		10.01-
28				8 through 27a	► <u>28</u>	18,817.
29					. 29	10,183.
30	1	,		nses elsewhere. Attach Form 88	29	
	unless using the simplified me			w home		
	Simplified method filers only				-	
	and (b) the part of your home			. Use the Simplified		
04		0		line 30	. 30	
31	Net profit or (loss). Subtract I					
	• If a profit, enter on both Sch	•			0.1	10 100
	checked the box on line 1, see		ales and trusts, enter o	on Form 1041, line 3.	31	10,183.
20	• If a loss, you must go to line		vous involter and in 11.1-)		
32	If you have a loss, check the b			1		
	If you checked 32a, enter the			,	20-	All investment is at risk.
	SE, line 2. (If you checked the Form 1041, line 3.	box on line 1, see t	me line 31 instructions.)	Estates and trusts, enter on	32a	
	 If you checked 32b, you must 	st attach Form 61	98. Your loss may be li	mited.	520	at risk.

Schedu	e C (Form 1040) 2021			Page 2
Part	II Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ch ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	y?	. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your v	vehicle	o for:	
а	Business b Commuting (see instructions) c C	ther		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	No No
⊳ Part	If "Yes," is the evidence written?		🗌 Yes	No
Fart	Curer Expenses. List below business expenses not included on lines 6-20 or line	e 30.		
Die	esel			11,538.
Un	forms			280.
48	Total other expenses. Enter here and on line 27a	48		11,818.

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2

Attachment

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

1040 60 1040 ND hi £:1

Internal	Revenue Service (99) Attach to I	Form 1040, 1040-SR, 104	40-NR, or 1041; partnerships must generally file F	orm 10	65. Sequence No. 09
Name	of proprietor				security number (SSN)
Milł	kessa Recio			019-	-86-7898
Α	Principal business or profession	on, including product or se	ervice (see instructions)	B Ente	r code from instructions
	Car Sales and Towi	0			▶ 9 9 9 9 9 9 9
С	Business name. If no separate	business name, leave bla	ank.		loyer ID number (EIN) (see instr.)
	Empire Motors LLC			4 7	5 3 1 0 5 3 3
E	Business address (including su				
	City, town or post office, state		ringfield, VA 22150		
F		K Cash (2) 🗌 Accru			
G			ousiness during 2021? If "No," see instructions for li		
н		-	eck here		
I			you to file Form(s) 1099? See instructions		
J	If "Yes," did you or will you file	erequired Form(s) 1099?			🗌 Yes 🗌 No
Part	I Income				
1			check the box if this income was reported to you on rm was checked \ldots	1	111,000.
2	Returns and allowances			2	
3	Subtract line 2 from line 1 .			3	111,000.
4	Cost of goods sold (from line 4	42)		4	0.
5	Gross profit. Subtract line 4 fr	rom line 3		5	111,000.
6	Other income, including federa	al and state gasoline or fu	el tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 an	ıd 6		7	111,000.
Part	II Expenses. Enter expe	enses for business use	e of your home only on line 30.		
8	Advertising	8	18 Office expense (see instructions) .	18	
9	Car and truck expenses (see		19 Pension and profit-sharing plans .	19	
	instructions)	9	20 Rent or lease (see instructions):		
10	Commissions and fees .	10	a Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11	b Other business property	20b	
12	Depletion	12	21 Repairs and maintenance	21	59,654.
13	Depreciation and section 179 expense deduction (not		22 Supplies (not included in Part III) .	22	
	included in Part III) (see		23 Taxes and licenses	23	
	instructions)	13	24 Travel and meals:		
14	Employee benefit programs		a Travel	24a	
	(other than on line 19) .	14	b Deductible meals (see		
15	Insurance (other than health)	15	instructions)		
16	Interest (see instructions):		25 Utilities	25	
a	Mortgage (paid to banks, etc.)	16a	26 Wages (less employment credits)	26	24.101
b	Other	16b	27a Other expenses (from line 48)	27a	34,121.
17	Legal and professional services	17	b Reserved for future use	27b	02.775
28	• •		ome. Add lines 8 through 27a ►	28	93,775.
29	,			29	17,225.
30	unless using the simplified me Simplified method filers only	thod. See instructions. Enter the total square for			
	and (b) the part of your home		. Use the Simplified		
04		-	unt to enter on line 30	30	
31	Net profit or (loss). Subtract I		١		
		· · ·	e 3, and on Schedule SE, line 2. (If you d trusts, enter on Form 1041, line 3.	31	17,225.
	• If a loss, you must go to line		J		
32	If you have a loss, check the b	ox that describes your inv	vestment in this activity. See instructions.		
		box on line 1, see the line 3	1 (Form 1040), line 3, and on Schedule 31 instructions.) Estates and trusts, enter on ar loss may be limited.	32a 32b	 All investment is at risk. Some investment is not at risk.

Schedu	le C (Form 1040) 2021			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a 🗶 Cost b 🗌 Lower of cost or market c 🗌 Other (atta	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	ry?	. 🗌 Yes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		0.
36	Purchases less cost of items withdrawn for personal use	36		0.
37	Cost of labor. Do not include any amounts paid to yourself	37		0.
38	Materials and supplies	38		0.
39	Other costs	39		0.
40	Add lines 35 through 39	40		0.
41	Inventory at end of year	41	:	398,850.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0.
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your	vehicle	e for:	
а	Business b Commuting (see instructions) c (Other		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	No No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗌 No
b Part	If "Yes," is the evidence written?	 1e.30	· · Yes	🗌 No
T are				
Di	esel			34,121.
		1		
48	Total other expenses. Enter here and on line 27a	48		34,121.

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074 2 \bigcirc

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

Attachment Internal Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Sequence No. 09 Name of proprietor Social security number (SSN) 223-97-6498 Ayman S. Recio Α Principal business or profession, including product or service (see instructions) B Enter code from instructions ▶ 4 8 8 0 0 0 Towing С Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) 8 2 1 2 7 1 0 5 0 Emporio Towing LLC 6912 Gilbert Street Е Business address (including suite or room no.) ► City, town or post office, state, and ZIP code Springfield, VA 22150 F Accounting method: (1) 🗙 Cash (2) Accrual (3) Other (specify) ► G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . X Yes No н If you started or acquired this business during 2021, check here Yes X No L. J. Yes No Part I Income 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 31,000. Form W-2 and the "Statutory employee" box on that form was checked 1 2 2 31,000. 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 5 5 31,000. 6 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . 31,000. 7 7 Gross income. Add lines 5 and 6 **Part II** Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 8 358. 18 Office expense (see instructions) . 18 19 19 Pension and profit-sharing plans . 9 Car and truck expenses (see 9 20 instructions) Rent or lease (see instructions): Commissions and fees . 10 10 Vehicles, machinery, and equipment 20a а 11 Contract labor (see instructions) 11 b Other business property . . . 20b 5,792. 12 Depletion 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 24 13 Travel and meals: instructions) . . . а Travel. . . . 24a 14 Employee benefit programs (other than on line 19) 14 b Deductible meals (see 15 Insurance (other than health) 15 instructions) 24b 25 25 16 Interest (see instructions): Utilities 26 Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 а 16,719. 16b 27a b Other Other expenses (from line 48) . . 27a 17 Legal and professional services 17 b Reserved for future use . . 27b 22,869. 28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a 28 29 29 8,131. 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 8,131. • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule **32a** All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not at risk. • If you checked 32b, you must attach Form 6198. Your loss may be limited.

Schedu	e C (Form 1040) 2021									Page 2
Part	Cost of Good	Is Sold (see ins	tructions)							
33	Method(s) used to value closing inventory	: a 🗌 Cosi	t b 🗌	Lower of cos	st or market	с 🗌	Other (atta	ach exp	olanation)	
34	Was there any change If "Yes," attach explana	in determining quar							Yes	🗌 No
35	Inventory at beginning	of year. If different f	from last year's	closing inven	tory, attach e	explanation		35		
36	Purchases less cost of	items withdrawn fo	r personal use					36		
37	Cost of labor. Do not in	clude any amounts	paid to yourse	lf				37		
38	Materials and supplies							38		
39	Other costs							39		
40	Add lines 35 through 39	9						40		
41	Inventory at end of yea	r						41		
42	Cost of goods sold. S	ubtract line 41 from	line 40. Enter t	he result here	e and on line	4		42		
Part		ed to file Form								
43	When did you place yo	ur vehicle in service	e for business p	urposes? (mc	onth/day/year) ►				
44	Of the total number of r	miles you drove you	ur vehicle during	g 2021, enter	the number c	of miles you	used your v	vehicle	for:	
а	Business	b	Commuting (se	ee instruction	s)		c (Other		
45	Was your vehicle availa	ble for personal us	e during off-dut	y hours?					🗌 Yes	No No
46	Do you (or your spouse) have another vehi	cle available for	r personal use	ə?				🗌 Yes	🗌 No
47a	Do you have evidence	to support your dec	duction?						🗌 Yes	No No
b	If "Yes," is the evidence								· · 🗌 Yes	No No
Part	V Other Expens	ses. List below	business ex	penses not	i included (on lines 8	-26 or 11	ie 30.		
Die	esel									15,025.
Sma	all Tools									1,694.
								-		
48	Total other expenses.	Enter here and on	line 27a					48		16,719.

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2

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

	ient of the Treasury		•		partnerships must generally file l		065.	Atta Sea	chment Jence No	. 09	
Name	of proprietor					Socia	I secu		umber (
Milkessa Recio					019	019-86-7898					
Α	Principal business or profession	on, incl	uding product or service (see ir	nstru	ictions)				instruct	ions	
	Towing							4 8	8 0	0	0
С	Business name. If no separate	busin	ess name, leave blank.			D Em	ployer	ID num	ber (EIN)	(see i	nstr.)
	Empire Motors Towi	.ng &	Recovery LLC			8 4	3	7 0	49	9	1
E	Business address (including s	uite or	room no.)▶ 6912 Gilbe	ert	Street						
	City, town or post office, state										
F		K Cas			other (specify) ►						
G					2021? If "No," see instructions for li				X Yes		No
н											
I					(s) 1099? See instructions				_ Yes	×	No
J		e requi	red Form(s) 1099?						Yes		No
Part	Income										
1	·				this income was reported to you or				75	2 1	0
	,	• •				1	+		/ 5	,37	9.
2						2			75	2.0	
3						3	+		/5	,37	۶.
4	÷ .	,				4	+		75	2.0	0
5	•				· · · · · · · · · · · · ·		+		/ 5	,37	9.
6 7			-		efund (see instructions)	6	+		75	,37	0
Part	Gross income. Add lines 5 ar	10 0 . 20202	for business use of your h	nom	<u> </u>	1			/ 5	, 57	9.
8	Advertising	8		8	Office expense (see instructions)	18	—				
9	Car and truck expenses (see	–		9	Pension and profit-sharing plans		+				
9	instructions)	9		20	Rent or lease (see instructions):						
10	Commissions and fees .	10		a	Vehicles, machinery, and equipment	20a	1				
11	Contract labor (see instructions)	11		b	Other business property						
12	Depletion	12	2	21	Repairs and maintenance		+		21	,45	7.
13	Depreciation and section 179			22	Supplies (not included in Part III)	-	+			,31	
	expense deduction (not			23	Taxes and licenses		+				
	included in Part III) (see instructions)	13	2	24	Travel and meals:						
14	Employee benefit programs			а	Travel	24a					
	(other than on line 19) .	14		b	Deductible meals (see						
15	Insurance (other than health)	15			instructions)	24b					
16	Interest (see instructions):		2	25	Utilities	25					
а	Mortgage (paid to banks, etc.)	16a	2	26	Wages (less employment credits)	26					
b	Other	16b	2	27a	Other expenses (from line 48) .	27a			28	,88	0.
17	Legal and professional services	17		b	Reserved for future use	27b					
28	Total expenses before expen	ises fo	r business use of home. Add lir	nes 8	sthrough 27a ►	28				,64	
29	Tentative profit or (loss). Subtr	ract lin	e 28 from line 7			29	<u> </u>		22	,73	0.
30	Expenses for business use c	of your	home. Do not report these e	xper	nses elsewhere. Attach Form 8829						
	unless using the simplified me										
			r the total square footage of (a)	you							
	and (b) the part of your home				. Use the Simplified						
			s to figure the amount to enter	on li	ne 30	30	+				
31	Net profit or (loss). Subtract										
	•		1 (Form 1040), line 3, and on s uctions). Estates and trusts, ent			31			22	,73	0.
	• If a loss, you must go to line	e 32.			J						
32	If you have a loss, check the b	oox tha	t describes your investment in	this	activity. See instructions.						
	• If you checked 32a, enter th	e loss	on both Schedule 1 (Form 104	10), l i	ine 3, and on Schedule		_				
	SE, line 2. (If you checked the	box or	line 1, see the line 31 instruction	ns.) E	Estates and trusts, enter on				stment i		
	Form 1041, line 3.					32b			ivestme	nt is	not
	 If you checked 32b, you mu 	st atta	ch Form 6198. Your loss may b	be lir	nited.		a	t risk.			

Schedu	e C (Form 1040) 2021			Page 2
Part	II Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ch exi	olanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	y?	. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or tare not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your v	ehicle	for:	
а	Business b Commuting (see instructions) c O	ther		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	No No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗌 No
b	If "Yes," is the evidence written?		· · 🗌 Yes	No
Part	• Other Expenses. List below business expenses not included on lines 6–26 of line	e 30.		
Die	esel			28,483.
Equ	lipment			397.
48	Total other expenses. Enter here and on line 27a	48		28,880.

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2 2 1

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

	ient of the Treasury		•		partnerships must generally file F		Attachment Sequence No. 09
	of proprietor			,			security number (SSN)
	Milkessa Recio						-86-7898
A	Principal business or profession	on, incl	uding product or service (see i	nstru	uctions)		er code from instructions
	Towing	,			,		▶ 4 8 8 0 0 0
С	Business name. If no separate	busine	ess name, leave blank.			D Emp	bloyer ID number (EIN) (see instr.)
	Camel Towing LLC						3 7 0 4 8 5 9
E	Business address (including s	uite or	room no.)▶ 6912 Gilb	ert	Street		
	City, town or post office, state				VA 22150		
F	Accounting method: (1)	< Cash	n (2) Accrual (3)		Other (specify) ►		
G	Did you "materially participate	" in the	operation of this business du	ring	2021? If "No," see instructions for lin	mit on lo	osses . 🗙 Yes 🗌 No
н							
I	Did you make any payments in	n 2021	that would require you to file F	Form	(s) 1099? See instructions		🗌 Yes 🗙 No
J	If "Yes," did you or will you file	e requi	red Form(s) 1099?				🗌 Yes 🗌 No
Part							
1					this income was reported to you on		
	Form W-2 and the "Statutory e	employ	vee" box on that form was chee	cked	▶□	1	18,000.
2	Returns and allowances			•		2	
3							18,000.
4	Cost of goods sold (from line	42) .				4	
5	•						18,000.
6			0		efund (see instructions)		
7	Gross income. Add lines 5 an	nd 6 .	<u> </u>		<u></u>	7	18,000.
Part			for business use of your h		•		<u> </u>
8	Advertising	8		18	Office expense (see instructions) .	18	
9	Car and truck expenses (see			19	Pension and profit-sharing plans .	19	
	instructions)	9	2	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		а	Vehicles, machinery, and equipment		
11	Contract labor (see instructions)	11		b	Other business property		2 752
12 13	Depletion	12		21	Repairs and maintenance		3,753.
15	expense deduction (not			22	Supplies (not included in Part III) .		
	included in Part III) (see	10		23	Taxes and licenses	23	
	instructions)	13	2	24	Travel and meals:	04-	
14	Employee benefit programs (other than on line 19)	14		a		24a	
15	Insurance (other than health)	14 15		b	Deductible meals (see instructions)	24b	
15 16	Interest (see instructions):	15		25	,	240	
	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	25	
a b	Other	16b		27a	Other expenses (from line 48)	27a	6,235.
17	Legal and professional services	17		b	Reserved for future use		072551
28	Total expenses before expen		business use of home. Add lir			28	9,988.
29	Tentative profit or (loss). Subtr					29	8,012.
30	,			exper	nses elsewhere. Attach Form 8829		
	unless using the simplified me						
	Simplified method filers only	: Enter	the total square footage of (a)) you	r home:		
	and (b) the part of your home	used fo	or business:		. Use the Simplified		
	Method Worksheet in the instr	ruction	s to figure the amount to enter	on li	ine 30	30	
31	Net profit or (loss). Subtract	line 30	from line 29.				
	• If a profit, enter on both Sch	edule	1 (Form 1040), line 3, and on \$	Sche	edule SE, line 2. (If you		
	checked the box on line 1, see	e instru	ctions). Estates and trusts, ent	ter o	n Form 1041, line 3.	31	8,012.
	• If a loss, you must go to line	e 32.			J		
32	If you have a loss, check the b	box tha	t describes your investment in	this	activity. See instructions.		
	• If you checked 32a, enter the	e loss (on both Schedule 1 (Form 104	40), I	ine 3, and on Schedule		_
	SE, line 2. (If you checked the	box on	line 1, see the line 31 instructio	ons.) I	Estates and trusts, enter on	32a	All investment is at risk.
	Form 1041, line 3.					32b	
	 If you checked 32b, you mu 	st atta	ch Form 6198. Your loss may l	be lir	mited.		at risk.

Schedu	e C (Form 1040) 2021			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ch ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	y?	. Ves	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43 44	When did you place your vehicle in service for business purposes? (month/day/year)			
а	Business b Commuting (see instructions) c C	ther		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	No No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	No No
⊳ Part	If "Yes," is the evidence written?		· · Yes	No No
Part	Other Expenses. List below business expenses not included on lines 6–20 of line	e 30.		
Die	esel			5,647.
In	ernet			588.
48	Total other expenses. Enter here and on line 27a	48		6,235.

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2 1

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

	nent of the Treasury		0		partnerships must generally file I		Attachment 55. Sequence No. 09
	of proprietor		, , , .	. ,			security number (SSN)
	kessa Recio						86-7898
Α	Principal business or profession	on, includin	g product or service (see in	nstru	ictions)		r code from instructions
	Car Sales and Towing						▶ 9 9 9 9 9 9
С	Business name. If no separate		name, leave blank.			D Empl	oyer ID number (EIN) (see instr.)
	Emporio Towing LLC						1 2 7 1 0 5 0
E	Business address (including s		n no.)▶ 6912 Gilbe	ert	Street	II	
	City, town or post office, state						
F	· · ·	K Cash					
G					2021? If "No," see instructions for li	mit on lo	sses . 🗙 Yes 🗌 No
Н							
1					(s) 1099? See instructions		
J							
Par							
1	Gross receipts or sales. See ir	nstructions	for line 1 and check the bo	ox if	this income was reported to you on		
•	-					1	20,000.
2	Returns and allowances					2	
3						3	20,000.
4						4	
5	Gross profit. Subtract line 4 f	rom line 3				5	20,000.
6	Other income, including feder	al and state	e gasoline or fuel tax credit	t or r	efund (see instructions)	6	
7	Gross income. Add lines 5 ar	nd 6			<u></u>	7	20,000.
Part	II Expenses. Enter expe	enses for	business use of your h	nom	e only on line 30.		
8	Advertising	8	1	8	Office expense (see instructions) .	18	
9	Car and truck expenses (see		1	9	Pension and profit-sharing plans .	19	
	instructions)	9	2	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		а	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		b	Other business property	20b	
12	Depletion	12	2	21	Repairs and maintenance	21	2,491.
13	Depreciation and section 179		2	22	Supplies (not included in Part III) .	22	
	expense deduction (not included in Part III) (see		2	23	Taxes and licenses	23	
	instructions)	13	2	24	Travel and meals:		
14	Employee benefit programs			а	Travel	24a	
	(other than on line 19) .	14		b	Deductible meals (see		
15	Insurance (other than health)	15			instructions)	24b	
16	Interest (see instructions):		2	25	Utilities	25	
а	Mortgage (paid to banks, etc.)	16a	2	26	Wages (less employment credits)	26	
b	Other	16b	2	27a	Other expenses (from line 48) .	27a	8,786.
17	Legal and professional services	17		b	Reserved for future use	27b	
28	Total expenses before expen	ises for bus	siness use of home. Add lir	nes 8	8 through 27a 🕨	28	11,277.
29	Tentative profit or (loss). Subtr	ract line 28	from line 7			29	8,723.
30	Expenses for business use o	of your hor	ne. Do not report these e	exper	nses elsewhere. Attach Form 8829		
	unless using the simplified me						
	Simplified method filers only	: Enter the	total square footage of (a)	you		.	
	and (b) the part of your home		-		. Use the Simplified		
	Method Worksheet in the instr	ructions to	figure the amount to enter	on li	ne 30	30	
31	Net profit or (loss). Subtract	line 30 fron	n line 29.)		
	• If a profit, enter on both Sch checked the box on line 1, see					31	8,723.
	• If a loss, you must go to line	e 32.					
32	If you have a loss, check the b	box that de	scribes your investment in	this	activity. See instructions.		
	• If you checked 32a, enter the	e loss on b	oth Schedule 1 (Form 104	40), I	ine 3, and on Schedule		
	SE, line 2. (If you checked the	box on line	1, see the line 31 instruction	ns.) I	Estates and trusts, enter on $\left.\right\}$	32a [All investment is at risk.
	Form 1041, line 3.					32b [Some investment is not
	 If you checked 32b, you mu 	st attach F	orm 6198. Your loss may b	be lir	nited.		at risk.

-	e C (Form 1040) 2021			Page 2
Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ich exi	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	·y?	. 🗌 Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used you we vehicle during 2021, enter the number of miles you we vehicle during 2021, enter the number of miles you we vehicle during 2021, enter the number of miles you we vehicle during 2021, enter the number of miles you we vehicle during 2021, enter the number of miles you we vehicle during 2021, e	vehicle	o for:	
а	Business b Commuting (see instructions) c C)ther		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	No No
46	Do you (or your spouse) have another vehicle available for personal use?	•	🗌 Yes	No No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗌 No
b	If "Yes," is the evidence written?		· · 🗌 Yes	No No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or lin	e 30.		
Di	esel			8,527.
Sm	all Tools			259.
48	Total other expenses. Enter here and on line 27a	48		8,786.

SCHEDUI	LE C
(Form 104	10)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 20 21

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

	nent of the Treasury		•		ictions and the latest information. partnerships must generally file Fe	orm	1065.	Attachment Sequence N	 10 09
	of proprietor		,,,,,,,	-,				urity number	
						019-86-7898			()
A		on. incl	iding product or service (see inst	tru	ctions)			de from instruc	tions
	Day Care							9 9 9 9	
С	Business name. If no separate	busin	ss name, leave blank.		•	DE		r ID number (EIN	
	Tuesdays Child Aca								7 8 1
E			room no.)► 6912 Gilber	t	Street				
	City, town or post office, state								
F	Accounting method: (1)	🗙 Casł	(2) 🗌 Accrual (3) 🗌]0	ther (specify) 🕨				
G	Did you "materially participate	" in the	operation of this business during	g 2	2021? If "No," see instructions for lin	nit or	n losse	s . 🗙 Yes	s 🗌 No
н	If you started or acquired this	busine	ss during 2021, check here					. 🕨 🗶	
I	Did you make any payments in	n 2021	that would require you to file For	m((s) 1099? See instructions			🗌 Yes	s 🗙 No
J		e requi	ed Form(s) 1099?.....		<u></u>			🗌 Yes	s 🗌 No
Par	t I Income								
1					this income was reported to you on			0	
						1		24	4,000.
2						2			
3						3		24	4,000.
4	J V	,				4			4 0 0 0
5	•					5		24	4,000.
6			•		efund (see instructions)	6			4 000
7 Por	Gross income. Add lines 5 ar		for business use of your hor		<u> </u>	7		24	4,000.
Part	· · ·			1116	-		_		
8	Advertising	8	18		Office expense (see instructions) .	18	-		
9	Car and truck expenses (see		19		Pension and profit-sharing plans .	19	9		
10	instructions)	9 10	20		Rent or lease (see instructions):	20			
10 11	Commissions and fees . Contract labor (see instructions)	11	a		Vehicles, machinery, and equipment Other business property	20 20	-		
12	Depletion	12	b 21	,	Repairs and maintenance	20	-		
13	Depreciation and section 179	12	22		Supplies (not included in Part III) .	2		(5,200.
	expense deduction (not		23		Taxes and licenses	23			
	included in Part III) (see instructions)	13	23		Travel and meals:	2	,		
14	Employee benefit programs		a	4		24	а		
14	(other than on line 19)	14	b		Deductible meals (see		<u> </u>		
15	Insurance (other than health)	15		-	instructions)	24	b		
16	Interest (see instructions):		25		Utilities	2	5		1,435.
а	Mortgage (paid to banks, etc.)	16a	26		Wages (less employment credits)	26			
b	Other	16b	27a	9	Other expenses (from line 48) .	27	a	12	1,540.
17	Legal and professional services	17	b)	Reserved for future use	27	b		
28	Total expenses before expen	ises for	business use of home. Add lines	s 8	through 27a	28	3	19	9,175.
29	Tentative profit or (loss). Subtr	ract lin	28 from line 7			29	9		4,825.
30	Expenses for business use c	of your	home. Do not report these expe	en	ses elsewhere. Attach Form 8829				
	unless using the simplified me								
	Simplified method filers only	/: Enter	the total square footage of (a) yo	our	home:				
	and (b) the part of your home	used for	r business:		. Use the Simplified				
			to figure the amount to enter on	n lir	ne 30	30)		
31	Net profit or (loss). Subtract	line 30	from line 29.)				
	•		(Form 1040), line 3, and on Sci				.		
			ctions). Estates and trusts, enter	on	Form 1041, line 3.	3.	1		4,825.
	• If a loss, you must go to line		denote the second second second second		J				
32	-		describes your investment in thi		.)				
			n both Schedule 1 (Form 1040),		,	~~	-		io of rich
		no xoa	line 1, see the line 31 instructions.	.) E	estates and trusts, enter on	32 32		All investment Some investm	
	Form 1041, line 3.If you checked 32b, you mu	st atta	h Form 6198. Your loss may be	lin	nited.	32		at risk.	GIL IS HUL

Schedu	e C (Form 1040) 2021				Page 2
Part	III Cost of Goo	ds Sold (see instructions)			
33	Method(s) used to value closing inventor	y: a Cost b Lower of cost or market c Other (atta	ch exi	olanation)	
34	Was there any change	in determining quantities, costs, or valuations between opening and closing inventor ation	y?	. 🗌 Yes	🗌 No
35	Inventory at beginning	of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost o	f items withdrawn for personal use	36		
37	Cost of labor. Do not i	nclude any amounts paid to yourself	37		
38	Materials and supplies	3	38		
39	Other costs		39		
40	Add lines 35 through 3	39	40		
41	Inventory at end of year	ar	41		
42		Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part		on Your Vehicle. Complete this part only if you are claiming car or red to file Form 4562 for this business. See the instructions for line 1			
43	When did you place ye	our vehicle in service for business purposes? (month/day/year)			
44	Of the total number of	miles you drove your vehicle during 2021, enter the number of miles you used your v	ehicle	for:	
а	Business	b Commuting (see instructions) c O	ther		
45	Was your vehicle avail	able for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spous	e) have another vehicle available for personal use?		🗌 Yes	No No
47a	Do you have evidence	to support your deduction?		🗌 Yes	🗌 No
_b Part	If "Yes," is the evidence V Other Experi	e written? I ses. List below business expenses not included on lines 8–26 or lin		🗌 Yes	No
Bu	siness Phone				200.
Bu	siness Interne	t			180.
Fu	21				9,667.
AM	ORTIZATION				1,493.
48	Total other expenses	. Enter here and on line 27a	48		11,540.
_					

SCHE	DULE	SE
(Form	1040)	

Self-Employment Tax

OMB No. 1545-0074 2021

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

	Revenue Service (99)	AS	Attachment Sequence No. 17
Name o	of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) Social security number of perso		
	an S. Recio with self-employment income	▶ 22	3-97-6498
Part			
	If your only income subject to self-employment tax is church employee income , see instructions for how the definition of church employee income.	<i>w</i> to re	eport your income
Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form \$400 or more of other net earnings from self-employment, check here and continue with Part I		•
Skip li	ines 1a and 1b if you use the farm optional method in Part II. See instructions.		
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	()
Skip li	ine 2 if you use the nonfarm optional method in Part II. See instructions.		
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	71,114.
3	Combine lines 1a, 1b, and 2	3	71,114.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 .	4a	65,674.
	Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
С	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception : If less than \$400 and you had church employee income , enter -0- and continue	4c	65,674.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income5a		
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0	5b	0.
6	Add lines 4c and 5b	6	65,674.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021	7	142,800
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2)and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines8b through 10, and go to line 118b through 10, and go to line 11		
b	Unreported tips subject to social security tax from Form 4137, line 10 8b	-	
c	Wages subject to social security tax from Form 8919, line 10		
d	Add lines 8a, 8b, and 8c	8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	142,800.
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	8,144.
11	Multiply line 6 by 2.9% (0.029)	11	1,905.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	10,049.
13	Deduction for one-half of self-employment tax.		
	Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040),		
	line 15 13 5,025.		
Part			
	Optional Method. You may use this method only if (a) your gross farm income ¹ wasn't more than 0, or (b) your net farm profits ² were less than \$6,367.		
14	Maximum income for optional methods	14	5,880
15	Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$5,880. Also, include this amount on line 4b above	15	
and al	Arm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$6,367 lso less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment east \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.		
16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.	³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.
² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount	⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.
you would have entered on line 1b had you not used the optional method.	

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

SCHE	DULE	SE
(Form	1040)	

Self-Employment Tax

OMB No. 1545-0074

20

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

	Revenue Service (99)		Attachment Sequence No. 17
	f person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) Social security number of perso		
	essa Recio with self-employment income	• 01	9-86-7898
Part			
	If your only income subject to self-employment tax is church employee income , see instructions for how the definition of church employee income.	w to r	eport your income
Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form \$400 or more of other net earnings from self-employment, check here and continue with Part I		•
-	nes 1a and 1b if you use the farm optional method in Part II. See instructions.	i.	
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	(
Skip li	ne 2 if you use the nonfarm optional method in Part II. See instructions.		
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	61,515.
3	Combine lines 1a, 1b, and 2	3	61,515.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 .	4a	56,809.
	Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
С	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception : If less than \$400 and you had church employee income , enter -0- and continue	4c	56,809.
5a	Enter your church employee income from Form W-2. See instructions for		
	definition of church employee income		
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0	5b	0.
6	Add lines 4c and 5b	6	56,809.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021	7	142,800
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2)and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines8b through 10, and go to line 118b through 10, and go to line 11		
b	Unreported tips subject to social security tax from Form 4137, line 10 8b		
С	Wages subject to social security tax from Form 8919, line 10 8c		
d	Add lines 8a, 8b, and 8c	8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	142,800.
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	7,044.
11	Multiply line 6 by 2.9% (0.029)	11	1,647.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	8,691.
13	Deduction for one-half of self-employment tax.		
	Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15		
Part	line 15 13 4,346 II Optional Methods To Figure Net Earnings (see instructions) 13		
	Optional Method. You may use this method only if (a) your gross farm income ¹ wasn't more than		
	D, or (b) your net farm profits ² were less than $$6,367$.		
14	Maximum income for optional methods	14	5,880
15	Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$5,880. Also, include		
	this amount on line 4b above	15	
	rm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$6,367		
	so less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment		
	east \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.		
16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box	14, code B.	³ From Sch. C, line 31; and Sch. K-1 (Form	1065), box 14, code A.
² From Sch. F, line 34; and Sch. K-1 (Form 1065), box you would have entered on line 1b had you not use		⁴ From Sch. C, line 7; and Sch. K-1 (Form 1	065), box 14, code C.

				y No. 198
	s worksheet is used to compute the allowed recovery rebate credit for line 30 er accounting for any economic stimulus payment previously received.	of Form	104	0 or 1040-SR
1	Can you be claimed as a dependent on another person's 2021 return?			
2	Yes. Stop. You can't take the credit. Don't complete the rest of this workshee Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing	et		
	a joint return, your spouse? X Yes. Go to line 6 No. If you are filing a joint return, go to line 3.			
3	If you aren't filing a joint return, go to line 5. Was at least one of you a member of the U.S. Armed Forces at any time during			
	2020, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)? Yes. Your credit is not limited. Go to line 6 .			
4	No. Go to line 4. Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions?)			
5	Yes. Your credit is limited. Go to line 6. No. Go to line 5 Do you have any dependents listed in the Dependents section on page 1 of Form			
5	1040 or 1040-SR for whom you entered a social security number that was issued or before the due date of your 2021 return (including extensions) or an adoption	n		
	 taxpayer identification number? Yes. Enter 0 on line 6 and go to line 7. No. Stop. You can't take the credit. Don't complete the rest of this worksheet 	:		
6	 and don't enter any amount on Form 1040, line 30. Enter: • \$1,400 if single, head of household, married filing separately, qualifying widow(er). 			
7	 \$1,400 if married filing jointly and you answered "Yes" to question 4, or \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3 Multiply \$1,400 by the number of dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number 		6	2,800.
0	that was issued on or before the due date of your 2021 return (including identification number		7 8	2,800.
8 9	Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?		o	2,800.
	 Single or married filing separately-\$75,000 Married filing jointly or qualifying widow(er)-\$150,000 Head of household-\$112,500 			
10	Yes. Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10 X No. Enter the amount from line 8 on line 12 and skip lines 10 and 11 Is line 9 more than the amount shown below for your filing status?)	9	
	 Single or married filing separately-\$80,000 Married filing jointly or qualifying widow(er)-\$160,000 Head of household-\$120,000 			
	Yes. Stop. You can't take the credit. Don't complete the rest of this workshee and don't enter any amount on Form 1040, line 30.			
1 1	No. Subtract line 9 from the amount shown above for your filing status Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).		10	
	 Single or married filing separately-\$5,000 Married filing jointly or qualifying widow(er)-\$10,000 Head of household-\$7,500 		1 1	
12 13	Multiply line 8 by line 11		12	2,800.
14	or your tax account information at IRS.gov/Account for the amount to enter here Recovery rebate credit . Subtract line 13 from line 12. If zero or less, enter -0 If		13	0.
	line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR		14	2,800.

Additional information from your 2021 Federal Tax Return

Form 8995: QB Income Deduction Simplified Computation Business Information

Continuation Statement

Trade, Business, or Aggregation Name	Taxpayer Identification Number	Qualified business income or (loss)
Emporio Towing LLC	82-1271050	7,556.
Empire Motors Towing & Recovery LLC	84-3704991	21,124.
Camel Towing LLC	84-3704859	7,446.
Emporio Towing LLC	82-1271050	8,107.
Tuesdays Child Academy LLC	87-2236781	4,484.

Qualified Business Inc Deduction Summary GROUPS

Continuation Statement

Camel Towing LLC	9,463.
Empire Motors LLC	16,008.
Emporio Towing LLC	7,556.
Empire Motors Towing & Recovery LLC	21,124.
Camel Towing LLC	7,446.
Emporio Towing LLC	8,107.
Tuesdays Child Academy LLC	4,484.

RECIO

AYMAN S.



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19A.

19B.

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21.

22.

23.

24.

25.

26.

27.

28.

29.

30.

31.

32.

33.

MILKESSA RE 6912 GILBERT STRE	ECIO EET			
SPRINGFIELD		VA 22150		
SSN - You RECI		223976498	Vendor ID	1555
SSN - Spouse RECI		019867898		
Fed Adj Gross Income (FAGI)	1.	123258.	Withholding (VA) - Yo	L
Additions	2.		Withholding (VA) - Sp	ouse
Subtotal	3.	123258.	Estimated Payments	
Age Deduction - You	4A.		2020 Overpayment	
Age Deduction - Spouse	4B.		Extension Payments	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income of	or EIC
State Income Tax Overpayment	6.		Credit - Schedule OSC	;
Subtractions	7.		Credits - Schedule CR	
Subtotal Subtractions	8.		Total Payments / Cred	lits
Total VA Adj Gross Income (VAGI)	9.	123258.	Tax You Owe	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	
Standard Deduction	11.	9000.	Overpayment Credited	I to Next Year
Exemptions	12.	1860.	VAC - Virginia 529 / A	BLE
Deductions	13.		VAC - Other Contribut	ions
Subtotal (Deductions & Exemptions)	14.	10860.	Addition to Tax, Penal	ty & Interest
VA Taxable Income	15.	112398.	Sales and Use Tax	
Amount of Tax	16.	6205.	Amount You Owe	Cord N
Spouse Tax Adjustment (STA)	17.	259.	Will Pay by Credit/Debit Your Refund	Card N

57169.

5946.

17A.

18.

187. 6133.

5946.

Bank Account #

Bank Routing #

VAGI - Spouse

Net Amount of Tax





1				
Filing Status, Age	& License	Information	Additional Filing Information	٦
Filing Status		2	2 Locality 059	l
Federal Head of	Household		Uninsured & Authorize DMAS	
DOB - You		12211986	6 Name or Filing Status Change	
VA Driver's Licen	nse ID - You		Address Change	
VA Driver's Licen	nse - Iss. Dai	te - You	VA Return Not Filed Last Year	
Spouse Name (F	Filing Status	3 Only)	Dependent on Another's Return	
		07081986	Farmer / Fisherman / Merchant Seaman	
DOB - Spouse VA Driver's Licen			Amended	
			Reason Code	
VA Driver's Licen	15e - 155. Dai		Overseas on Due Date	
Exemptions (A) You	1	Exemptions (B) 65 & Over - You	Federal EIC & Amount	
Spouse	1	65 & Over - Spouse	Deceased Indicator	
Dependents		Blind - You	No Sales & Use Tax Due Indicator X	-
Total (A)	2	Blind - Spouse	Obtain Electronic 1099G	
		Total (B)	ID Theft PIN	
		Contact Information		

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

 Signature - You
 Date

 Signature - Spouse
 Date

 Signature - Preparer
 Date

Phone - Spouse

Phone - Preparer

Preparer Information

Phone - You

5714949249

The Tax Department may discuss my/our return with my/our preparer.

File by May 1, 2022Silvia Lorena Arzu BermudezInclude Page 1, Page 2 and all
supporting 760CG documents.J&A Tax Services1555REV 05/05/22 TTWThe Woodlands TX 77382Firm's EIN:30-1075373

2021 Schedule ADJ/CG



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Г								_
Additions						Low-Income Credit or VA EI	C (con't)	
Interest on obli	igations (other st	ate)	1.			Total Exemptions	11.	
Other Addition Fixed Date Co		2	A.			# of Personal Exemptions	12.	
	2B.					Total Exemptions Amount or \$	0 13.	
	2C.					Federal EIC	14.	
Total Additions			3.			20% of Line 14	15.	
Subtractions						Greater of Line 13 or Line 15	16.	
Income (US of	bligations / secur	rities)	4.			Credit	17.	
Disability Incor	me (wages) - You	J 5	Α.			Addition to Tax, Penalty & In	terest	
Disability Incor	me (wages) - Spo	ouse 5	В.			Addition to Tax	18.	187.
Other Subtract						Form 760C Addition		Х
Fixed Date Co	nformity	6	Α.			Form 760F Addition		
6B.		Code				Penalty	19.	
6C.		Code				Late Filing Penalty		
6D.		Code						
Total Subtraction	ons		7.			Extension Penalty		
Deductions	8A.					Interest	20.	
	8B.					Total Adjustments	21.	187.
	8C.					Health Care Coverage Con	tact Informatio	'n
Total Deduction	ns		9.			Preferred Method of Contact		
Claiming More A						Email Email Address		
Low-Income C						Dhono Doutime Numh		
Family	Name		SSN		VAGI	Phone Daytime Numb		
You						Address, if diffe	erent from 760	
Spouse								
Dependent								
Dependent								
Total Family V	AGI			10.				
L								

2021 Schedule FED/CG

AYMAN	IS.	RECIO
MILKE	ESSA	RECIO
6912	GILBERT	STREET



SPRINGFIELD

223976498 019867898 0

059

SCHEDULE C and/or SCHEDULE F INFORMATION

VA 22150

1.	Schedule Name	First Schedule Info.	С	Second Schedule Info.	С
2.	Gross Receipts or Sales	286065.		92130.	Г
3.	Depreciation/Expense Deduction				
4.	Business Activity Code	488000		488000	
5.	Business Locality Code	059		059	
6.	Car & truck expenses				
7.	Inventory at end of year	218345.		216316.	
8.	# of miles you used your vehicle for: Business				
9.	# of miles you used your vehicle for: Commuting				
10.	# of miles you used your vehicle for: Other				
		SCHEDULE 2106 INF	ORMATION		
11	# of miles you used your vehicle for Dusiness				
	# of miles you used your vehicle for: Business				
	# of miles you used your vehicle for: Commuting				
	# of miles you used your vehicle for: Other				
	% of business use of vehicle: Vehicle 1				
15.	% of business use of vehicle: Vehicle 2				
		SCHEDULE 4562 INF	ORMATION		
16.	Property Used more than 50% in qualified business Type of Property				
17.	Date placed in service				
18.	Business/Investment Use %				
19.	Cost or other basis				
20.	Depreciation Deduction				
21.	Elected Section 179 Cost				
22.	Business Locality Code				

1555 REV 05/05/22 TTW

760C - 2021 Underpayment of Virginia Estimated Tax by Individuals, Estates and Trusts



• Enclose this form with Form 760, 763, 760PY or 770.

Fiscal Year Filers: Enter beginning date	20 , ending date	20 , al	nd check here 🗋	
First Name, Middle Initial and Last Name (of Both If Joint) - OR - Name	of Estate or Trust	Your Social Security Num	ber or FEIN	
AYMAN S. & MILKESSA RECIO		223-97-6498		
If Estate or Trust, Name and Title of Fiduciary		Spouse's Social Security	Number	
		019-86-7898		
		Office Use SC	Office Use Payment	•
Part I - Compute Your Underpayment				

1. 2021 Income Tax Liability After Spouse Tax Adjustment and Tax Credits. See instructions. 1. (If \$150 or less, you are not required to file Form 760C) 5,946. 2. 2. Enter 90% of the Amount Shown on Line 1 5,351. 3. 2020 Income Tax Liability After Spouse Tax Adjustment and Tax Credits 3. 110,025. 4. Enter the Amount From Line 2 or Line 3, Whichever is Less 4. 5,351. 5. Enter the Number of Installment Periods for Which You Were Liable to Make Payments 5. 4

Line 6 Through 14: Complete Each Line Across All Columns Before Continuing to Next Line

			Γ	Α	В	С	D
6.	Due Dates of Installment Pa	ayments		May 1, 2021	June 15, 2021	Sept. 15, 2021	Jan. 15, 2022
	Tax Liability (Divide the amount on Line reported on Line 5 and er columns)	4 by the number		1,337.	1,338.	1,338.	1,338.
8.	Enter the Income Tax Withh	eld for Each Insta	Ilment Period				
9.	Enter the Overpayment Cr Return	edit from Your 20	20 Income Tax				
10.	Enter the Amount of Any Installment Period in the Ap (Do not enter any late paym	propriate Column	Made for Each				
11.	Underpayment or [Overpayi (Subtract Lines 8, 9 and 10 overpayment)		nstructions for	1,337.	1,338.	1,338.	1,338.
12.	Other Payments (Enter the payments from the below, beginning with the e enter more than the under	arliest payment re	corded. Do not				
		Date	Amount				
	a. First Payment						
	b. Second Payment						
	c. Third Payment						
	d. Fourth Payment						
13.	Enter the Total Timely Paym Due Date From Lines 8, 9, 7 (For ex., in Column A enter a	10 and 12					
14.	Subtract Line 13 from Line 7 (If the sum of all underp OVERPAYMENTS) reported not subject to an addition to more than \$150, proceed to	ayments(do no l is \$150 or less, st o tax. If your unde	op here; you are	1,337.	1,338.	1,338.	1,338.

Continued on Back

Late Payment/Overpayment Table (See Instructions for Lines 11 and 12.)

Date of Payment	Date of Payment	Date of Payment	Date of Payment
Payment Amount	Payment Amount	Payment Amount	Payment Amount
\$	\$	\$	\$

Part V Changes to Income, Deductions and Withholding

2021 income and deductions are shown in the '2021 Actual' column.

* For each line in the '2022 Estimated' column, enter estimated 2022 amount if different from 2021.

Otherwise, the '2021 Actual' amount will be used for that line. If zero, you must enter zero.

	Spouse (when using filing status 4 on Form 760PY)	[1
Α	Expected Virginia adjusted gross income subject to tax	2021 Actual	2022 Estimated
	in 2022 (includes the age deduction plus additions to and		
_	subtractions from federal adjusted gross income)		
в	If you will itemize deductions on your 2022 federal return,		
	enter the estimated total of those deductions allocated to		
	spouse, less state and local income tax (Fixed Date Conformity		
	adjustments should be made where applicable)		
С	Expected amount of qualifying child and dependent care expenses		
D	Tax credits		
Е	Withholdings for the year		
	Yourself		
Α	Expected Virginia adjusted gross income subject to tax	2021 Actual	2022 Estimated
Α	Expected Virginia adjusted gross income subject to tax in 2022 (includes the age deduction plus additions to and	2021 Actual	2022 Estimated
Α		2021 Actual	2022 Estimated
A B	in 2022 (includes the age deduction plus additions to and		2022 Estimated
	in 2022 (includes the age deduction plus additions to and subtractions from federal adjusted gross income)		2022 Estimated
	in 2022 (includes the age deduction plus additions to and subtractions from federal adjusted gross income) If you will itemize deductions on your 2022 federal return,		2022 Estimated
	in 2022 (includes the age deduction plus additions to and subtractions from federal adjusted gross income) If you will itemize deductions on your 2022 federal return, enter the estimated total of those deductions allocated		2022 Estimated
	in 2022 (includes the age deduction plus additions to and subtractions from federal adjusted gross income) If you will itemize deductions on your 2022 federal return, enter the estimated total of those deductions allocated to taxpayer, less state and local income tax (Fixed Date		2022 Estimated
в	in 2022 (includes the age deduction plus additions to and subtractions from federal adjusted gross income) If you will itemize deductions on your 2022 federal return, enter the estimated total of those deductions allocated to taxpayer, less state and local income tax (Fixed Date Conformity adjustments should be made where applicable)		2022 Estimated
B C	in 2022 (includes the age deduction plus additions to and subtractions from federal adjusted gross income) If you will itemize deductions on your 2022 federal return, enter the estimated total of those deductions allocated to taxpayer, less state and local income tax (Fixed Date Conformity adjustments should be made where applicable)	123,258.	2022 Estimated
B C D	in 2022 (includes the age deduction plus additions to and subtractions from federal adjusted gross income)	123,258.	2022 Estimated

Part VI 2022 Estimated Taxable Income and Tax

		A Spouse Use only when using filing status 4 on Form 760PY	B Yourself Use for all other filers
1	Expected Virginia adjusted gross income subject to tax in 2022 (includes the age deduction plus additions to and subtractions from federal adjusted gross income). See Part I on page 1 to see if you are required to file Form 760ES		123,258.
2a	If you will claim itemized deductions on your 2022 federal tax return, enter the estimated total of those deductions, less any state and local income tax		
2b	If you will not itemize deductions, enter the standard deduction amount for your filing status: Single: \$4,500, Married, filing joint or combined return: \$9,000,		
_	Married, filing separately: \$4,500		9,000.
3	Expected amount of qualifying child and dependent care expenses		
4	Personal exemptions (Personal exemptions X \$930, Exemptions for "65 or over" & "Blind" X \$800)		1,860.
5	Add line 2a or line 2b, line 3 and line 4		10,860.
6	Estimated Virginia taxable income (line 1 less line 5)		112,398.
7	Virginia income tax for amount on line 6		6,205.
8	Tax adjustments		259.
9	Your estimated 2022 Virginia income tax (line 7 less line 8)		5,946.
10	Total estimated 2022 Virginia income tax (line 9, column A plus column	B) 10	5,946.

1040		artment of the Treasury—Internal Revenue Ser S. Individual Income Ta		(99) S urn	20	21	OMB No.	1545-0	0074 IRS	Use Only	∕−Do not v	write or staple	in this space.
Filing Status Check only one box.	lf yo	Single 🔀 Married filing jointly [u checked the MFS box, enter the on is a child but not your depender	name of		separately buse. If you					. ,		, ,	dow(er) (QW) he qualifying
Your first name	e and mi	ddle initial	Last na	ame							Your se	ocial securi	ty number
Ayman S			Rec	io							223-	97-649	8
lf joint return, s	spouse's	first name and middle initial	Last na	ame							Spouse	e's social se	curity number
Milkess	a		Rec	io							019-	86-789	8
Home address	(numbe	r and street). If you have a P.O. box, se	e instruct	ions.					Apt. no	э.	Preside	ential Electi	ion Campaign
6912 Gi	lber	t Street										here if you	
City, town, or p	oost offi	ce. If you have a foreign address, also c	omplete	spaces be	low.	Sta	te		ZIP code				ntly, want \$3 Checking a
Springf	ield					V	Ą		22150		Ŭ Ŭ	low will not	•
Foreign countr	y name			Foreign p	rovince/stat	e/count	ty		Foreign pos	tal code		x or refund	•
												You	Spouse
At any time du	uring 20	021, did you receive, sell, exchange	, or oth	erwise di	spose of a	ny fina	ancial inter	est in	any virtua	al curre	ncy?	Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	epender	nt 🗌	Your spor	use as	a depend	ent					
Deduction		Spouse itemizes on a separate retu	•		•		•						
			1057										
Age/Blindnes			1957	Are b		pouse			n before Ja			Is b	
Dependent				(2)	Social secui number	rity	(3) Relat					or (see instru	,
If more	(1) F	rst name Last name		_	number		to y	ou	Ch	ild tax c	redit	Credit for of	ther dependents
than four dependents,													
see instruction	IS												
and check													
here 🕨 📃			- ()									<u> </u>	
Attach	1	Wages, salaries, tips, etc. Attach	î	W-2 .	· · ·	• •		·		· ·	. 1		
Sch. B if	2a	Tax-exempt interest	2a			bΤ	axable int	erest			. 21		
required.	<u>3a</u>	Qualified dividends	3a				Ordinary di				. 31		
) 4a	IRA distributions	4a				axable am			· ·	. 41		
	5a	Pensions and annuities	5a				axable am			· ·	. 51		
Standard Deduction for—	6a	Social security benefits	6a				axable am			· ·	. 61		
Single or	7	Capital gain or (loss). Attach Sche		if require	d. If not re	quired	, check he	ere		. 🕨			
Married filing separately,	8	Other income from Schedule 1, lin		· · ·				·		· ·	. 8		<u>32,629.</u>
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		-	our total in	come		·		· ·	► <u>9</u>		32,629.
 Married filing jointly or 	10	Adjustments to income from Sch				• •		·		· ·	. 10		9,371.
Qualifying widow(er),	11	Subtract line 10 from line 9. This						•			► <u>1</u>	1 1	23,258.
\$25,100	12a	Standard deduction or itemized		`		,	• •	12a		5,10	0.		
 Head of household, 	b	Charitable contributions if you take					,	12b					
\$18,800	c									· ·	. 12		25,100.
 If you checked any box under 	13	Qualified business income deduc								· ·	. 1:		19,632.
Standard Deduction,	14	Add lines 12c and 13								· ·	. 14		44,732.
see instructions.	15	Taxable income. Subtract line 14	trom li	ne 11. If :	zero or les	s, ente	er-U	•			. 1	b	78,526.

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

Form **1040** (2021)

Peee's Phone no. Person number penalties of perjury, I declare that I have examined this return and accompanying schedules and statement they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information ignature Date Your occupation ignature Date Your occupation Towing Services e's signature. If a joint return, both must sign. Date Spouse's occupation no. (571)494-9249 Email address	If the IRS se Protection F (see inst.) ► If the IRS se Identity Proi (see inst.) ► PTIN Phone no.	est of my knowledge an rer has any knowledge. ent you an Identity PIN, enter it here ent your spouse an tection PIN, enter it here
stimated tax penalty (see instructions) 38 ou want to allow another person to discuss this return with the IRS? See ctions Phone ree's Phone Persor no. No. penalties of perjury, I declare that I have examined this return and accompanying schedules and statement they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information ignature Date Your occupation Towing Services e's signature. If a joint return, both must sign. Date No. Towing er's name Preparer's signature Date J&A Tax Services	449. mplete below. nal identification or (PIN) ► s, and to the be of which prepa If the IRS se Protection F (see inst.) ► If the IRS se Identity Proi (see inst.) ► PTIN Phone no.	No Self-employed Self-employed Self-employed Self-employed
stimated tax penalty (see instructions) 38 ou want to allow another person to discuss this return with the IRS? See ctions Yes. Cor penalties of perjury, I declare that I have examined this return and accompanying schedules and statement they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information ignature Date Your occupation Towing Services e's signature. If a joint return, both must sign. Date Spouse's occupation Towing er's name Preparer's signature	449. mplete below. nal identification or (PIN) ► s, and to the be of which prepa If the IRS se Protection F (see inst.) ► If the IRS se Identity Prot (see inst.) ► PTIN	
stimated tax penalty (see instructions) 38 pu want to allow another person to discuss this return with the IRS? See ctions Yes. Cor nee's Phone penalties of perjury, I declare that I have examined this return and accompanying schedules and statement they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information ignature Date Your occupation Towing Services e's signature. If a joint return, both must sign. Date no. (571) 494–9249 Email address	449. mplete below. nal identification er (PIN) ► s, and to the be of which prepa If the IRS se Protection F (see inst.) ► If the IRS se Identity Prot (see inst.) ►	No St of my knowledge an rer has any knowledge. ent you an Identity N, enter it here out your spouse an tection PIN, enter it here
stimated tax penalty (see instructions) 38 pu want to allow another person to discuss this return with the IRS? See ctions Yes. Cor piee's Phone penalties of perjury, I declare that I have examined this return and accompanying schedules and statement they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information ignature Date Your occupation Towing Services e's signature. If a joint return, both must sign. Date no. (571) 494–9249 Email address	449. mplete below. nal identification er (PIN) ► s, and to the be of which prepa If the IRS se Protection F (see inst.) ► If the IRS se Identity Prot (see inst.) ►	No St of my knowledge an rer has any knowledge. ent you an Identity N, enter it here out your spouse an tection PIN, enter it here
stimated tax penalty (see instructions) 38 pu want to allow another person to discuss this return with the IRS? See ctions ••••••••••••••••••••••••••••••••••••	449. mplete below. nal identification or (PIN) ▶ s, and to the be of which prepa If the IRS se Protection F (see inst.) ▶ If the IRS se Identity Prot	No No In the set of my knowledge an rer has any knowledge an rer has any knowledge. In you an Identity No IN, enter it here In your spouse an tection PIN, enter it here
stimated tax penalty (see instructions) 38 pu want to allow another person to discuss this return with the IRS? See ctions Yes. Cor penalties Phone penalties of perjury, I declare that I have examined this return and accompanying schedules and statement they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information ignature Date Your occupation Towing Services	449. mplete below. nal identification or (PIN) ► s, and to the be of which prepa If the IRS se Protection F (see inst.) ► If the IRS se	
stimated tax penalty (see instructions) 38 ou want to allow another person to discuss this return with the IRS? See ctions Yes. Cor ee's Phone penalties of perjury, I declare that I have examined this return and accompanying schedules and statement they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information ignature Date Your occupation	449. mplete below. nal identification or (PIN) ► s, and to the be of which prepa If the IRS se Protection F	No In the set of my knowledge an rer has any knowledge. ent you an Identity N, enter it here
stimated tax penalty (see instructions) 38 pu want to allow another person to discuss this return with the IRS? See ctions ••••••••••••••••••••••••••••••••••••	449. mplete below. nal identification or (PIN) ► s, and to the be of which prepa	No St of my knowledge an rer has any knowledge. ent you an Identity
stimated tax penalty (see instructions) 38 bu want to allow another person to discuss this return with the IRS? See ctions • ctions • ee's Phone Phone Persor no. • penalties of perjury, I declare that I have examined this return and accompanying schedules and statement	449. mplete below. hal identification er (PIN) ► s, and to the be	No
stimated tax penalty (see instructions)	449. mplete below. nal identification	X No
stimated tax penalty (see instructions) 38 ou want to allow another person to discuss this return with the IRS? See ctions > Comparison > See ctions See ctions See ctions<	449.	X No
stimated tax penalty (see instructions)	449.	
stimated tax penalty (see instructions)		25,414.
mount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	. ► 37	25,414.
mount of line 34 you want applied to your 2022 estimated tax 36		
ccount number X X X X X X X X X X X X X X X X X X X	5	
	avings	
	▶ □ 35a	
line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	,
dd lines 25d, 26, and 32. These are your total payments		2,800.
dd lines 27a and 28 through 31. These are your total other payments and refundable credit	ts 🕨 32	2,800.
mount from Schedule 3, line 15		
	800.	
merican opportunity credit from Form 8863, line 8		
efundable child tax credit or additional child tax credit from Schedule 8812 28		
rior year (2019) earned income		
ontaxable combat pay election		
anuary 2, 2004, and you satisfy all the other requirements for xpayers who are at least age 18, to claim the EIC. See instructions ►		
heck here if you were born after January 1, 1998, and before		
arned income credit (EIC)		
021 estimated tax payments and amount applied from 2020 return	26	
dd lines 25a through 25c	25 d	
ther forms (see instructions)		
orm(s) 1099		
orm(s) W-2		
ederal income tax withheld from:		,
dd lines 22 and 23. This is your total tax		27,765.
ther taxes, including self-employment tax, from Schedule 2, line 21		18,740.
ubtract line 21 from line 18. If zero or less, enter -0		9,025.
		270201
		9,025.
		5,025.
ax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	Page 9,025.
	Id lines 16 and 17 .	xx (see instructions). Check if any from Form(s): 1 8814 2 4972 3

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 21 Attachment 04

	Revenue Service ► Go to www.irs.gov/Form1040 for instructions and the lates	at information			equence No. 01
	(s) shown on Form 1040, 1040-SR, or 1040-NR In S. & Milkessa Recio		223-9		ecurity numbe
-	t I Additional Income		1		
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	132,629
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trus Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling income	Bb			
С	Cancellation of debt	Bc			
d	Foreign earned income exclusion from Form 2555	Bd ()		
е	Taxable Health Savings Account distribution	Be			
f	Alaska Permanent Fund dividends	8f			
g	Jury duty pay	Bg			
h	Prizes and awards	Bh			
i	Activity not engaged in for profit income	8i			
j	Stock options	8j			
k	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	8k			
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81			
m	Section 951(a) inclusion (see instructions)	Bm			
n	Section 951A(a) inclusion (see instructions)	Bn			
ο	Section 461(I) excess business loss adjustment	Во			
р	Taxable distributions from an ABLE account (see instructions) .	Вр			
z	Other income. List type and amount ►	8z			
9 0	Total other income. Add lines 8a through 8z		 SR. or	9	

1040-NR, line 8

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

Schedule 1 (Form 1040) 2021

132,629.

10

. . .

Par	t 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	9,371.
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		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 8l 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
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)		
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 violations24i		
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 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	9,371.

REV 07/07/22 TTW

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SCHE	DULE	2
(Form	1040)	

Additional Taxes

OMB No. 1545-0074 20

21

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

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

Attachment Sequence No. 02 Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number 223-97-6498 Ayman S. & Milkessa Recio Dort I Tox

1	Alternative minimum tax. Attach Form 6251	1					
2	Excess advance premium tax credit repayment. Attach Form 8962	2					
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3					

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	18,740.
5	Social security and Medicare tax on unreported tip income.Attach Form 4137 5		
6	Uncollected social security and Medicare tax on wages. AttachForm 89196		
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	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontini	ued on page 2)

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount ▶	17a		
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b		
С	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		
е	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		
Ι	Tax on accumulation distribution of trusts	171		
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		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	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	Additional tax from Schedule 8812		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23		21	18,740.
	BAA	REV 07/07/22 TTW	Schedu	ule 2 (Form 1040) 2021

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2

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

	ient of the freasury		-		uctions and the latest information ; partnerships must generally file F		Attachment Sequence No. 09	
	of proprietor				, parareren po maes generan J mo i		security number (SSN)	
	Ayman S. Recio					223-97-6498		
A		Principal business or profession, including product or service (see instructions) B Enter code from instructions						
~	Towing Services	,		0 1101		DEnte	► 4 8 8 0 0 0 0	
С	Business name. If no separate	busin	ess name leave blank			D Emp	bloyer ID number (EIN) (see instr.)	
•	Empire Motors LLC	baom						
E	Business address (including s	uite or	room no)► 6912 Gil	hert	Street			
-	City, town or post office, state				, VA 22150			
F	3 7 1 7	Casł						
G	• • • •				2021? If "No," see instructions for lin	mit on la	osses . 🗙 Yes 🗌 No	
H								
					n(s) 1099? See instructions			
			· ·					
Pari		requi				• •		
		actruct	ions for line 1 and shock the	box if	this income was reported to you on			
1						1	286,065.	
2								
3						-	286,065.	
4							0.	
5	9 (,					286,065.	
6	•				refund (see instructions)			
7			0			7	286,065.	
Part			for business use of you				20070031	
8	Advertising	8	212.	18	Office expense (see instructions) .	18	600.	
9	Car and truck expenses (see			19	Pension and profit-sharing plans .	19		
3	instructions)	9		20	Rent or lease (see instructions):	10		
10	Commissions and fees .	10		a	Vehicles, machinery, and equipment	20a	733.	
11	Contract labor (see instructions)	11		b	Other business property		8,995.	
12	Depletion	12		21	Repairs and maintenance		82,995.	
13	Depreciation and section 179			22	Supplies (not included in Part III) .		12,955.	
	expense deduction (not			23	Taxes and licenses		100.	
	included in Part III) (see instructions)	13		24	Travel and meals:	20		
14	Employee benefit programs			a		24a		
14	(other than on line 19)	14		b	Deductible meals (see	2-10		
15	Insurance (other than health)	15	61,151.		instructions)	24b		
16	Interest (see instructions):			25	Utilities	25		
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26		
b	Other	16b		27a	Other expenses (from line 48)	27a	81,980.	
17	Legal and professional services	17	8,776.	b	Reserved for future use		01,000	
28	* ·				8 through 27a ▶	28	258,497.	
29	Tentative profit or (loss). Subt					29	27,568.	
30					nses elsewhere. Attach Form 8829			
	unless using the simplified me	-		, evbe				
	Simplified method filers only			(a) you	ır home:			
	and (b) the part of your home	used fo	or business:		. Use the Simplified			
	Method Worksheet in the instr			ter on		30		
31	Net profit or (loss). Subtract		•					
	• If a profit, enter on both Sch			on Sch	edule SE, line 2, (If you			
	checked the box on line 1, see					31	27,568.	
	• If a loss, you must go to lin		,,					
32	If you have a loss, check the k		t describes your investment	in this	activity. See instructions.			
	 If you checked 32a, enter th 		•					
	SE, line 2. (If you checked the		•		,	32a	All investment is at risk.	
	Form 1041, line 3.					32b	_	
	• If you checked 32b, you mu	st atta	ch Form 6198. Your loss ma	ay be li	mited.		at risk.	

Schedu	le C (Form 1040) 2021			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b 🔀 Lower of cost or market c Other (att	ach ex	olanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	ery?	. 🗌 Yes	🗙 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		0.
36	Purchases less cost of items withdrawn for personal use	36		0.
37	Cost of labor. Do not include any amounts paid to yourself	37		0.
38	Materials and supplies	38		0.
39	Other costs	39		0.
40	Add lines 35 through 39	40		0.
41	Inventory at end of year	41		218,345.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0.
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your	vehicle	for:	
а	Business b Commuting (see instructions) c 0	Other		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	No No
47a	Do you have evidence to support your deduction?		🗌 Yes	No No
b	If "Yes," is the evidence written?		· · 🗌 Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or lin	ne 30.		
Ce	ll Phone			935.
Eq	uipment			9,162.
Di	esel			68,438.
Ро	stage			601.
In	ternet			1,421.
Un	iforms			1,400.
Pa	rking			23.
48	Total other expenses. Enter here and on line 27a	48		81,980.

SCHED	ULE	С
(Form 1	040)	

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074 2 \bigcirc

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

Attachment Internal Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Sequence No. 09 Name of proprietor Social security number (SSN) 223-97-6498 Ayman S. Recio Α Principal business or profession, including product or service (see instructions) B Enter code from instructions ▶ 4 8 8 0 0 0 Towing С Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) 8 4 3 7 0 4 9 9 1 Empire Motors Towing & Recovery LLC Business address (including suite or room no.) ▶ 6912 Gilbert Street Е City, town or post office, state, and ZIP code Springfield, VA 22150 F Accounting method: (1) 🗙 Cash (2) Accrual (3) Other (specify) ► G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . X Yes No н If you started or acquired this business during 2021, check here Yes X No L. J. Yes No Part I Income 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 92,130. Form W-2 and the "Statutory employee" box on that form was checked 1 2 2 92,130. 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 0. 5 5 92,130. 6 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . 92,130. 7 7 Gross income. Add lines 5 and 6 **Part II** Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 8 462. 18 Office expense (see instructions) . 18 19 19 Pension and profit-sharing plans . 9 Car and truck expenses (see 9 20 instructions) Rent or lease (see instructions): Commissions and fees . 10 10 Vehicles, machinery, and equipment 20a а 11 Contract labor (see instructions) 11 b Other business property . . . 20b 22,913. 12 Depletion 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 6,800. expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 24 13 Travel and meals: instructions) . . . 580. Employee benefit programs а Travel. . . . 24a 14 (other than on line 19) 14 b Deductible meals (see 15 Insurance (other than health) 15 instructions) 24b 25 25 16 Interest (see instructions): Utilities 26 Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 а 32,693. 16b b Other 27a Other expenses (from line 48) . . 27a 17 Legal and professional services 17 3,450. b Reserved for future use . . 27b 66,898. 28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a 28 Tentative profit or (loss). Subtract line 28 from line 7 29 29 25,232. 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 25,232. • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule **32a** All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not at risk. • If you checked 32b, you must attach Form 6198. Your loss may be limited.

Schedu	dule C (Form 1040) 2021				Page 2
Part	t III Cost of Goods Sold (see instructions)				
33	Method(s) used to value closing inventory: a 🗙 Cost b 🗌 Lower of cost or marke	et c 🗌 Other (a	ttach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between op If "Yes," attach explanation	pening and closing inven	tory?	. 🗌 Yes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attac	ch explanation	35		0.
36	Purchases less cost of items withdrawn for personal use		36		0.
37	Cost of labor. Do not include any amounts paid to yourself		37		0.
38	Materials and supplies		38		0.
39	Other costs		39		0.
40	Add lines 35 through 39		40		0.
41	Inventory at end of year		41		216,316.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on lin	ne4	42		0.
Part		u are claiming car c	or truck		n line 9 and
43	When did you place your vehicle in service for business purposes? (month/day/y	′ear) ►			
44	Of the total number of miles you drove your vehicle during 2021, enter the number	er of miles you used you	r vehicle	e for:	
а	b Commuting (see instructions)	c	Other		
45	Was your vehicle available for personal use during off-duty hours?			🗌 Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?			🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?			🗌 Yes	🗌 No
	t V Other Expenses. List below business expenses not include			🗌 Yes	No
Part	Other Expenses. List below business expenses not include		ine su		
Di	iesel				29,593.
Sm	nall Tools				3,100.
48	Total other expenses. Enter here and on line 27a		48		32,693.

SCHED	ULE	С
(Form 1	040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2

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

	ient of the freasury	-		; partnerships must generally file		Attachment 5. Sequence No. 09				
Name	of proprietor				Social s	ecurity number (SSN)				
Ayma	an S. Recio				223-9	97-6498				
A	Principal business or profession	on, including produ	uct or service (see instru	uctions)	B Enter code from instructions					
	Towing		▶ 4 8 8 0 0 0							
С	Business name. If no separate	business name, le	eave blank.		-	yer ID number (EIN) (see instr.)				
	Camel Towing LLC				8 4	3 7 0 4 8 5 9				
E	Business address (including s	uite or room no.) 🕨	▶ 6912 Gilbert	t Street						
	City, town or post office, state									
F				Other (anacifu)						
G	• • • •			2021? If "No," see instructions for	limit on los	ses . 🗙 Yes 🗌 No				
н										
I		-		n(s) 1099? See instructions						
J	If "Yes," did you or will you file	e required Form(s)	1099?			🗌 Yes 🗌 No				
Par										
1	Gross receipts or sales. See ir	nstructions for line	1 and check the box if	this income was reported to you	on					
	•			J L	-	29,000.				
2	Returns and allowances				. 2					
3	Subtract line 2 from line 1 .				. 3	29,000.				
4	Cost of goods sold (from line	42)			. 4					
5	Gross profit. Subtract line 4 fr	rom line 3			. 5	29,000.				
6	Other income, including federa	al and state gasoli	ne or fuel tax credit or i	refund (see instructions)	. 6					
7	Gross income. Add lines 5 an	ıd6			▶ 7	29,000.				
Part		enses for busine	ess use of your hom	ne only on line 30.						
8	Advertising	8	18	Office expense (see instructions). 18					
9	Car and truck expenses (see		19	Pension and profit-sharing plans	5. 19					
	instructions)	9	20	Rent or lease (see instructions):						
10	Commissions and fees .	10	а	Vehicles, machinery, and equipme	ent 20a					
11	Contract labor (see instructions)	11	b	Other business property	. 20b					
12	Depletion	12	21	Repairs and maintenance	. 21	6,999.				
13	Depreciation and section 179 expense deduction (not		22	Supplies (not included in Part III)	. 22					
	included in Part III) (see		23	Taxes and licenses	. 23					
	instructions)	13	24	Travel and meals:						
14	Employee benefit programs		а	Travel	. 24 a					
	(other than on line 19) .	14	b	Deductible meals (see						
15	Insurance (other than health)	15		instructions)	. 24b					
16	Interest (see instructions):		25	Utilities	. 25					
а	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credits	·					
b	Other	16b	27a	Other expenses (from line 48) .	. 27a	11,818.				
17	Legal and professional services	17	b	Reserved for future use		10.01-				
28				8 through 27a	► <u>28</u>	18,817.				
29					. 29	10,183.				
30	1	,		nses elsewhere. Attach Form 88	29					
	unless using the simplified me			w home						
	Simplified method filers only				-					
	and (b) the part of your home			. Use the Simplified						
04		0		line 30	. 30					
31	Net profit or (loss). Subtract I									
	• If a profit, enter on both Sch	•			0.1	10 100				
	checked the box on line 1, see		ales and trusts, enter o	on Form 1041, line 3.	31	10,183.				
20	• If a loss, you must go to line		vous involter and in 11.1-)						
32	If you have a loss, check the b			1						
	If you checked 32a, enter the			,	20-	All investment is at risk.				
	SE, line 2. (If you checked the Form 1041, line 3.	box on line 1, see t	me line 31 instructions.)	Estates and trusts, enter on	32a					
	 If you checked 32b, you must 	st attach Form 61	98. Your loss may be li	mited.	520	at risk.				

Schedu	e C (Form 1040) 2021			Page 2
Part	II Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ch ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	y?	. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your v	vehicle	o for:	
а	Business b Commuting (see instructions) c C	ther		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	No No
⊳ Part	If "Yes," is the evidence written?		🗌 Yes	No
Fart	Curer Expenses. List below business expenses not included on lines 6-20 or line	e 30.		
Die	esel			11,538.
Un	forms			280.
48	Total other expenses. Enter here and on line 27a	48		11,818.

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2

Attachment

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

1040 60 1040 ND hi £:1

Internal	Revenue Service (99) Attach to I	Form 1040, 1040-SR, 104	40-NR, or 1041; partnerships must generally file F	orm 10	65. Sequence No. 09
Name	of proprietor				security number (SSN)
Milł	kessa Recio			019-	-86-7898
Α	Principal business or profession	on, including product or se	ervice (see instructions)	B Ente	r code from instructions
	Car Sales and Towi		▶ 9 9 9 9 9 9 9		
С	Business name. If no separate	business name, leave bla	ank.		loyer ID number (EIN) (see instr.)
	Empire Motors LLC			4 7	5 3 1 0 5 3 3
E	Business address (including su				
	City, town or post office, state		ringfield, VA 22150		
F		K Cash (2) 🗌 Accru			
G			ousiness during 2021? If "No," see instructions for li		
н		-	eck here		
I			you to file Form(s) 1099? See instructions		
J	If "Yes," did you or will you file	erequired Form(s) 1099?			🗌 Yes 🗌 No
Part	I Income				
1			check the box if this income was reported to you on rm was checked \ldots	1	111,000.
2	Returns and allowances			2	
3	Subtract line 2 from line 1 .			3	111,000.
4	Cost of goods sold (from line 4	42)		4	0.
5	Gross profit. Subtract line 4 fr	rom line 3		5	111,000.
6	Other income, including federa	al and state gasoline or fu	el tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 an	ıd 6		7	111,000.
Part	II Expenses. Enter expe	enses for business use	e of your home only on line 30.		
8	Advertising	8	18 Office expense (see instructions) .	18	
9	Car and truck expenses (see		19 Pension and profit-sharing plans .	19	
	instructions)	9	20 Rent or lease (see instructions):		
10	Commissions and fees .	10	a Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11	b Other business property	20b	
12	Depletion	12	21 Repairs and maintenance	21	59,654.
13	Depreciation and section 179 expense deduction (not		22 Supplies (not included in Part III) .	22	
	included in Part III) (see		23 Taxes and licenses	23	
	instructions)	13	24 Travel and meals:		
14	Employee benefit programs		a Travel	24a	
	(other than on line 19) .	14	b Deductible meals (see		
15	Insurance (other than health)	15	instructions)		
16	Interest (see instructions):		25 Utilities	25	
a	Mortgage (paid to banks, etc.)	16a	26 Wages (less employment credits)	26	24.101
b	Other	16b	27a Other expenses (from line 48)	27a	34,121.
17	Legal and professional services	17	b Reserved for future use	27b	02.775
28	• •		ome. Add lines 8 through 27a ►	28	93,775.
29	,			29	17,225.
30	unless using the simplified me Simplified method filers only	thod. See instructions. Enter the total square for			
	and (b) the part of your home		. Use the Simplified		
04		-	unt to enter on line 30	30	
31	Net profit or (loss). Subtract I		١		
			e 3, and on Schedule SE, line 2. (If you d trusts, enter on Form 1041, line 3.	31	17,225.
	• If a loss, you must go to line		J		
32	If you have a loss, check the b	ox that describes your inv	vestment in this activity. See instructions.		
		box on line 1, see the line 3	1 (Form 1040), line 3, and on Schedule 31 instructions.) Estates and trusts, enter on ar loss may be limited.	32a 32b	 All investment is at risk. Some investment is not at risk.

Schedu	le C (Form 1040) 2021			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a 🗶 Cost b 🗌 Lower of cost or market c 🗌 Other (atta	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	ry?	. 🗌 Yes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		0.
36	Purchases less cost of items withdrawn for personal use	36		0.
37	Cost of labor. Do not include any amounts paid to yourself	37		0.
38	Materials and supplies	38		0.
39	Other costs	39		0.
40	Add lines 35 through 39	40		0.
41	Inventory at end of year	41	:	398,850.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0.
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your	vehicle	e for:	
а	Business b Commuting (see instructions) c (Other		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	No No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗌 No
b Part	If "Yes," is the evidence written?	 1e.30	· · Yes	🗌 No
T are				
Di	esel			34,121.
		1		
48	Total other expenses. Enter here and on line 27a	48		34,121.

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074 2 \bigcirc

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

Attachment Internal Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Sequence No. 09 Name of proprietor Social security number (SSN) 223-97-6498 Ayman S. Recio Α Principal business or profession, including product or service (see instructions) B Enter code from instructions ▶ 4 8 8 0 0 0 Towing С Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) 8 2 1 2 7 1 0 5 0 Emporio Towing LLC 6912 Gilbert Street Е Business address (including suite or room no.) ► City, town or post office, state, and ZIP code Springfield, VA 22150 F Accounting method: (1) 🗙 Cash (2) Accrual (3) Other (specify) ► G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . X Yes No н If you started or acquired this business during 2021, check here Yes X No L. J. Yes No Part I Income 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 31,000. Form W-2 and the "Statutory employee" box on that form was checked 1 2 2 31,000. 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 5 5 31,000. 6 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . 31,000. 7 7 Gross income. Add lines 5 and 6 **Part II** Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 8 358. 18 Office expense (see instructions) . 18 19 19 Pension and profit-sharing plans . 9 Car and truck expenses (see 9 20 instructions) Rent or lease (see instructions): Commissions and fees . 10 10 Vehicles, machinery, and equipment 20a а 11 Contract labor (see instructions) 11 b Other business property . . . 20b 5,792. 12 Depletion 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 24 13 Travel and meals: instructions) . . . а Travel. . . . 24a 14 Employee benefit programs (other than on line 19) 14 b Deductible meals (see 15 Insurance (other than health) 15 instructions) 24b 25 25 16 Interest (see instructions): Utilities 26 Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 а 16,719. 16b 27a b Other Other expenses (from line 48) . . 27a 17 Legal and professional services 17 b Reserved for future use . . 27b 22,869. 28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a 28 29 29 8,131. 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 8,131. • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule **32a** All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not at risk. • If you checked 32b, you must attach Form 6198. Your loss may be limited.

Schedu	e C (Form 1040) 2021									Page 2
Part	Cost of Good	Is Sold (see ins	tructions)							
33	Method(s) used to value closing inventory	: a 🗌 Cosi	t b 🗌	Lower of cos	st or market	с 🗌	Other (atta	ach exp	olanation)	
34	Was there any change If "Yes," attach explana	in determining quar							Yes	🗌 No
35	Inventory at beginning	of year. If different f	from last year's	closing inven	tory, attach e	explanation		35		
36	Purchases less cost of	items withdrawn fo	r personal use					36		
37	Cost of labor. Do not in	clude any amounts	paid to yourse	lf				37		
38	Materials and supplies							38		
39	Other costs							39		
40	Add lines 35 through 39	9						40		
41	Inventory at end of yea	r						41		
42	Cost of goods sold. S	ubtract line 41 from	line 40. Enter t	he result here	e and on line	4		42		
Part		ed to file Form								
43	When did you place yo	ur vehicle in service	e for business p	urposes? (mc	onth/day/year) ►				
44	Of the total number of r	miles you drove you	ur vehicle during	g 2021, enter	the number c	of miles you	used your v	vehicle	for:	
а	Business	b	Commuting (se	ee instruction	s)		c (Other		
45	Was your vehicle availa	ble for personal us	e during off-dut	y hours?					🗌 Yes	No No
46	Do you (or your spouse) have another vehi	cle available for	r personal use	ə?				🗌 Yes	🗌 No
47a	Do you have evidence	to support your dec	duction?						🗌 Yes	No No
b	If "Yes," is the evidence								· · 🗌 Yes	No No
Part	V Other Expens	ses. List below	business ex	penses not	i included (on lines 8	-26 or 11	ie 30.		
Die	esel									15,025.
Sma	all Tools									1,694.
								-		
48	Total other expenses.	Enter here and on	line 27a					48		16,719.

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2

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

	ient of the Treasury		•		partnerships must generally file l		065.	Atta Sea	chment Jence No	. 09	
Name	of proprietor					Socia	I secu		umber (
Milł	Milkessa Recio					019-86-7898					
Α	Principal business or profession	on, incl	uding product or service (see ir	nstru	ctions)	B Enter code from instructions					
	Towing							4 8	8 0	0	0
С	Business name. If no separate	busin	ess name, leave blank.			D Em	ployer	ID num	ber (EIN)	(see i	nstr.)
	Empire Motors Towi	.ng &	Recovery LLC			8 4	3	7 0	49	9	1
E	Business address (including s	uite or	room no.)▶ 6912 Gilbe	ert	Street						
	City, town or post office, state										
F		K Cas			other (specify) ►						
G					2021? If "No," see instructions for li				X Yes		No
н											
I					(s) 1099? See instructions				_ Yes	×	No
J		e requi	red Form(s) 1099?						Yes		No
Part	Income										
1	·				this income was reported to you on				75	2 1	0
	,	• •				1	+		/ 5	,37	9.
2						2			75	2.0	
3						3	+		/5	,37	۶.
4	÷ .	,				4	+		75	2.0	0
5	•				· · · · · · · · · · · ·		+		/ 5	,37	9.
6 7			-		efund (see instructions)	6	+		75	,37	0
Part	Gross income. Add lines 5 ar	10 0 . 20202	for business use of your h	nom	<u> </u>	1			/ 5	, 57	9.
8	Advertising	8		8	Office expense (see instructions)	18	—				
9	Car and truck expenses (see	–		9	Pension and profit-sharing plans		+				
9	instructions)	9		20	Rent or lease (see instructions):						
10	Commissions and fees .	10		a	Vehicles, machinery, and equipment	20a	1				
11	Contract labor (see instructions)	11		b	Other business property						
12	Depletion	12	2	21	Repairs and maintenance		+		21	,45	7.
13	Depreciation and section 179			22	Supplies (not included in Part III)	-	+			,31	
	expense deduction (not			23	Taxes and licenses		+				
	included in Part III) (see instructions)	13	2	24	Travel and meals:						
14	Employee benefit programs			а	Travel	24a					
	(other than on line 19)	14		b	Deductible meals (see						
15	Insurance (other than health)	15			instructions)	24b					
16	Interest (see instructions):		2	25	Utilities	25					
а	Mortgage (paid to banks, etc.)	16a	2	26	Wages (less employment credits)	26					
b	Other	16b	2	27a	Other expenses (from line 48) .	27a			28	,88	0.
17	Legal and professional services	17		b	Reserved for future use	27b					
28	Total expenses before expen	ises fo	r business use of home. Add lir	nes 8	sthrough 27a ►	28				,64	
29	Tentative profit or (loss). Subtr	ract lin	e 28 from line 7			29	<u> </u>		22	,73	0.
30	Expenses for business use c	of your	home. Do not report these e	xper	nses elsewhere. Attach Form 8829						
	unless using the simplified me										
			r the total square footage of (a)	you							
	and (b) the part of your home				. Use the Simplified						
			s to figure the amount to enter	on li	ne 30	30	+				
31	Net profit or (loss). Subtract										
	•		1 (Form 1040), line 3, and on s uctions). Estates and trusts, ent			31			22	,73	0.
	• If a loss, you must go to line	e 32.			J						
32	If you have a loss, check the b	oox tha	t describes your investment in	this	activity. See instructions.						
	• If you checked 32a, enter th	e loss	on both Schedule 1 (Form 104	10), l i	ine 3, and on Schedule		_				
	SE, line 2. (If you checked the	box or	line 1, see the line 31 instruction	ns.) E	Estates and trusts, enter on $\left.\right\}$				stment i		
	Form 1041, line 3.					32b			ivestme	nt is	not
	 If you checked 32b, you mu 	st atta	ch Form 6198. Your loss may b	be lir	nited.		a	t risk.			

Schedu	e C (Form 1040) 2021			Page 2
Part	II Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ch exi	olanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	y?	. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or tare not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your v	ehicle	for:	
а	Business b Commuting (see instructions) c O	ther		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	No No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗌 No
b	If "Yes," is the evidence written?		· · 🗌 Yes	No
Part	• Other Expenses. List below business expenses not included on lines 6–26 of line	e 30.		
Die	esel			28,483.
Equ	lipment			397.
48	Total other expenses. Enter here and on line 27a	48		28,880.

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2 2 1

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

	ient of the Treasury		•		partnerships must generally file F		Attachment Sequence No. 09		
	of proprietor			,			security number (SSN)		
	kessa Recio					019-86-7898			
A	Principal business or profession	uctions)		er code from instructions					
	Towing	,			,		▶ 4 8 8 0 0 0		
С	Business name. If no separate	busine	ess name, leave blank.			D Emp	bloyer ID number (EIN) (see instr.)		
	Camel Towing LLC						3 7 0 4 8 5 9		
E	Business address (including s	uite or	room no.)▶ 6912 Gilb	ert	Street				
	City, town or post office, state				VA 22150				
F	Accounting method: (1)	< Cash	n (2) Accrual (3)		Other (specify) ►				
G	Did you "materially participate	" in the	operation of this business du	ring	2021? If "No," see instructions for lin	mit on lo	osses . 🗙 Yes 🗌 No		
н									
I	Did you make any payments in	n 2021	that would require you to file F	Form	(s) 1099? See instructions		🗌 Yes 🗙 No		
J	If "Yes," did you or will you file	e requi	red Form(s) 1099?				🗌 Yes 🗌 No		
Part									
1					this income was reported to you on				
	Form W-2 and the "Statutory e	employ	vee" box on that form was chee	cked	▶□	1	18,000.		
2	Returns and allowances			•		2			
3	Subtract line 2 from line 1 .			•		3	18,000.		
4	Cost of goods sold (from line	42) .				4			
5	•						18,000.		
6			0		efund (see instructions)				
7	Gross income. Add lines 5 an	nd 6 .	<u> </u>		<u></u>	7	18,000.		
Part			for business use of your h		•		<u> </u>		
8	Advertising	8		18	Office expense (see instructions) .	18			
9	Car and truck expenses (see			19	Pension and profit-sharing plans .	19			
	instructions)	9	2	20	Rent or lease (see instructions):				
10	Commissions and fees .	10		а	Vehicles, machinery, and equipment				
11	Contract labor (see instructions)	11		b	Other business property		2 752		
12 13	Depletion	12		21	Repairs and maintenance		3,753.		
15	expense deduction (not			22	Supplies (not included in Part III) .				
	included in Part III) (see	10		23	Taxes and licenses	23			
	instructions)	13	2	24	Travel and meals:	04-			
14	Employee benefit programs (other than on line 19)	14		a		24a			
15	Insurance (other than health)	14 15		b	Deductible meals (see instructions)	24b			
15 16	Interest (see instructions):	15		25	,	240			
	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	25			
a b	Other	16b		27a	Other expenses (from line 48)	27a	6,235.		
17	Legal and professional services	17		b	Reserved for future use		072551		
28	Total expenses before expen		business use of home. Add lir			28	9,988.		
29	Tentative profit or (loss). Subtr					29	8,012.		
30	,			exper	nses elsewhere. Attach Form 8829				
	unless using the simplified me								
	Simplified method filers only	: Enter	the total square footage of (a)) you	r home:				
	and (b) the part of your home	used fo	or business:		. Use the Simplified				
	Method Worksheet in the instr	ruction	s to figure the amount to enter	on li	ine 30	30			
31	Net profit or (loss). Subtract	line 30	from line 29.						
	• If a profit, enter on both Sch	edule	1 (Form 1040), line 3, and on \$	Sche	edule SE, line 2. (If you				
	checked the box on line 1, see	e instru	ctions). Estates and trusts, ent	ter o	n Form 1041, line 3.	31	8,012.		
	• If a loss, you must go to line	e 32.			J				
32	If you have a loss, check the b	box tha	t describes your investment in	this	activity. See instructions.				
	• If you checked 32a, enter the	e loss (on both Schedule 1 (Form 104	40), I	ine 3, and on Schedule		_		
	SE, line 2. (If you checked the	box on	line 1, see the line 31 instructio	ons.) I	Estates and trusts, enter on	32a	All investment is at risk.		
	Form 1041, line 3.					32b			
	 If you checked 32b, you mu 	st atta	ch Form 6198. Your loss may l	be lir	mited.		at risk.		

Schedu	e C (Form 1040) 2021			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ch ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	y?	. Ves	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43 44	When did you place your vehicle in service for business purposes? (month/day/year)			
а	Business b Commuting (see instructions) c C	ther		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	No No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	No No
⊳ Part	If "Yes," is the evidence written?		· · Yes	No No
Part	Other Expenses. List below business expenses not included on lines 6–20 of line	e 30.		
Die	esel			5,647.
In	ernet			588.
48	Total other expenses. Enter here and on line 27a	48		6,235.

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2 1

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

	nent of the Treasury		0		partnerships must generally file I		Attachment 55. Sequence No. 09
	of proprietor		, , , .	. ,			security number (SSN)
	kessa Recio						86-7898
Α	Principal business or profession	on, includin	g product or service (see in	nstru	ictions)		r code from instructions
	Car Sales and Towi		▶ 9 9 9 9 9 9				
С	Business name. If no separate		name, leave blank.			D Empl	oyer ID number (EIN) (see instr.)
	Emporio Towing LLC						1 2 7 1 0 5 0
E	Business address (including s		n no.)▶ 6912 Gilbe	ert	Street	II	
	City, town or post office, state						
F	· · ·	K Cash					
G					2021? If "No," see instructions for li	mit on lo	sses . 🗙 Yes 🗌 No
Н							
1					(s) 1099? See instructions		
J							
Par							
1	Gross receipts or sales. See ir	nstructions	for line 1 and check the bo	ox if	this income was reported to you on		
•	•					1	20,000.
2	Returns and allowances					2	
3						3	20,000.
4						4	
5	Gross profit. Subtract line 4 f	rom line 3				5	20,000.
6	Other income, including feder	al and state	e gasoline or fuel tax credit	t or r	efund (see instructions)	6	
7	Gross income. Add lines 5 ar	nd 6			<u></u>	7	20,000.
Part	II Expenses. Enter expe	enses for	business use of your h	nom	e only on line 30.		
8	Advertising	8	1	8	Office expense (see instructions) .	18	
9	Car and truck expenses (see		1	9	Pension and profit-sharing plans .	19	
	instructions)	9	2	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		а	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		b	Other business property	20b	
12	Depletion	12	2	21	Repairs and maintenance	21	2,491.
13	Depreciation and section 179		2	22	Supplies (not included in Part III) .	22	
	expense deduction (not included in Part III) (see		2	23	Taxes and licenses	23	
	instructions)	13	2	24	Travel and meals:		
14	Employee benefit programs			а	Travel	24a	
	(other than on line 19) .	14		b	Deductible meals (see		
15	Insurance (other than health)	15			instructions)	24b	
16	Interest (see instructions):		2	25	Utilities	25	
а	Mortgage (paid to banks, etc.)	16a	2	26	Wages (less employment credits)	26	
b	Other	16b	2	27a	Other expenses (from line 48) .	27a	8,786.
17	Legal and professional services	17		b	Reserved for future use	27b	
28	Total expenses before expen	ises for bus	siness use of home. Add lir	nes 8	8 through 27a 🕨	28	11,277.
29	Tentative profit or (loss). Subtr	ract line 28	from line 7			29	8,723.
30	Expenses for business use o	of your hor	ne. Do not report these e	exper	nses elsewhere. Attach Form 8829		
	unless using the simplified me						
	Simplified method filers only	: Enter the	total square footage of (a)	you		.	
	and (b) the part of your home		-		. Use the Simplified		
	Method Worksheet in the instr	ructions to	figure the amount to enter	on li	ne 30	30	
31	Net profit or (loss). Subtract	line 30 fron	n line 29.)		
	• If a profit, enter on both Sch checked the box on line 1, see					31	8,723.
	• If a loss, you must go to line						
32 If you have a loss, check the box that describes your investment in this activity. See instructions.							
	• If you checked 32a, enter the	e loss on b	oth Schedule 1 (Form 104	40), I	ine 3, and on Schedule		
	SE, line 2. (If you checked the	box on line	1, see the line 31 instruction	ns.) I	Estates and trusts, enter on $\left.\right\}$	32a [All investment is at risk.
	Form 1041, line 3.					32b [Some investment is not
	 If you checked 32b, you mu 	st attach F	orm 6198. Your loss may b	be lir	nited.		at risk.

-	e C (Form 1040) 2021			Page 2
Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ich exi	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	·y?	. 🗌 Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle during 2021.	vehicle	o for:	
а	Business b Commuting (see instructions) c C)ther		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	No No
46	Do you (or your spouse) have another vehicle available for personal use?	•	🗌 Yes	No No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗌 No
b	If "Yes," is the evidence written?		· · 🗌 Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or lin	e 30.		
Di	esel			8,527.
Sm	all Tools			259.
48	Total other expenses. Enter here and on line 27a	48		8,786.

SCHED	ULE	С
(Form 1	040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 20 21

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

	nent of the Treasury		•		ictions and the latest information. partnerships must generally file Fe	orm	1065.	Attachment Sequence N	 10 09	
	of proprietor		,,,,,,,	-,			Social security number (SSN)			
	kessa Recio					019-86-7898				
A		on. incl	iding product or service (see inst	tru	ctions)			de from instruc	tions	
	Day Care	,						9 9 9 9		
С	Business name. If no separate	•	DE		r ID number (EIN					
	Tuesdays Child Aca								7 8 1	
E			room no.)► 6912 Gilber	t	Street					
	City, town or post office, state									
F	Accounting method: (1)	🗙 Casł	(2) 🗌 Accrual (3) 🗌]0	ther (specify) 🕨					
G	Did you "materially participate	" in the	operation of this business during	g 2	2021? If "No," see instructions for lin	nit or	n losse	s . 🗙 Yes	s 🗌 No	
н	If you started or acquired this	busine	ss during 2021, check here					. 🕨 🗶		
I	Did you make any payments in	n 2021	that would require you to file For	m((s) 1099? See instructions			🗌 Yes	s 🗙 No	
J		e requi	ed Form(s) 1099?.....		<u></u>			🗌 Yes	s 🗌 No	
Par	t I Income									
1					this income was reported to you on			0		
						1		24	4,000.	
2						2				
3						3		24	4,000.	
4	J V	,				4			4 0 0 0	
5	•					5		24	4,000.	
6			•		efund (see instructions)	6			4 000	
7 Por	Gross income. Add lines 5 ar		for business use of your hor		<u> </u>	7		24	4,000.	
Part	· · ·			1116	-		_			
8	Advertising	8	18		Office expense (see instructions) .	18	-			
9	Car and truck expenses (see		19		Pension and profit-sharing plans .	19	9			
10	instructions)	9 10	20		Rent or lease (see instructions):	20				
10 11	Commissions and fees . Contract labor (see instructions)	11	a		Vehicles, machinery, and equipment Other business property	20 20	-			
12	Depletion	12	b 21	,	Repairs and maintenance	20	-			
13	Depreciation and section 179	12	22		Supplies (not included in Part III) .	2		(5,200.	
	expense deduction (not		23		Taxes and licenses	23				
	included in Part III) (see instructions)	13	23		Travel and meals:	2	,			
14	Employee benefit programs		a	4		24	а			
14	(other than on line 19)	14	b		Deductible meals (see		<u> </u>			
15	Insurance (other than health)	15		-	instructions)	24	b			
16	Interest (see instructions):		25		Utilities	2	5		1,435.	
а	Mortgage (paid to banks, etc.)	16a	26		Wages (less employment credits)	26				
b	Other	16b	27a	9	Other expenses (from line 48) .	27	a	12	1,540.	
17	Legal and professional services	17	b)	Reserved for future use	27	b			
28	Total expenses before expen	ises for	business use of home. Add lines	s 8	through 27a	28	3	19	9,175.	
29	Tentative profit or (loss). Subtr	ract lin	28 from line 7			29	9		4,825.	
30	Expenses for business use c	of your	home. Do not report these expe	en	ses elsewhere. Attach Form 8829					
	unless using the simplified me									
	Simplified method filers only	/: Enter	the total square footage of (a) yo	our	home:					
	and (b) the part of your home	used for	r business:		. Use the Simplified					
			to figure the amount to enter on	n lir	ne 30	30)			
31	Net profit or (loss). Subtract	line 30	from line 29.)					
	•		(Form 1040), line 3, and on Sci				.			
			ctions). Estates and trusts, enter	on	Form 1041, line 3.	3.	1		4,825.	
	• If a loss, you must go to line		denote the second second second second		J					
32	-		describes your investment in thi		.)					
			n both Schedule 1 (Form 1040),		,	~~	-		io of rich	
		no xoa	line 1, see the line 31 instructions.	.) E	estates and trusts, enter on	32 32		All investment Some investm		
	Form 1041, line 3.If you checked 32b, you mu	st atta	h Form 6198. Your loss may be	lin	nited.	32		at risk.	GIL IS HUL	

Schedu	e C (Form 1040) 2021			Page 2
Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attac	ch ex	olanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory. If "Yes," attach explanation		. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or t are not required to file Form 4562 for this business. See the instructions for line 15 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your ve	ehicle	for:	
а	Business b Commuting (see instructions) c Ot	ther		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	No No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗌 No
b	If "Yes," is the evidence written?		· · 🗌 Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or line	e 30.		
Bus	siness Phone			200.
Bus	iness Internet			180.
Fue	21			9,667.
AMO	DRTIZATION			1,493.
48	Total other expenses. Enter here and on line 27a	48		11,540.

	4562		Depreciatio	on and A	mortizat	ion	(OMB No. 1545-0172	
Form	TUUL		(Including Infor	mation on I	Listed Prop	erty)	2021		
	ment of the Treasury			ch to your tax				Attachment	
	Revenue Service (99)	► Go to	www.irs.gov/Form456					Sequence No. 179	
	(s) shown on return an S. & Milke	assa Pecio		ss or activity to w C Day Ca:		lates		tifying number 3-97-6498	
			rtain Property Und	_			22.	5-97-0490	
Га			ed property, comple			omplete Part I.			
1							1	1,050,000.	
2	Total cost of secti	2	1,050,000.						
3						ions)	3	2,620,000.	
4	4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0								
5			btract line 4 from lir	ne 1. If zero	or less, ente	er -0 If married filing			
	separately, see in:	structions					5		
6	(a)	Description of proper	rty	(b) Cost (busi	ness use only)	(c) Elected cost		-	
								-	
			(" 00					-	
(from line 29			al 7	0		
8 9						d7	8		
9 10							10		
11			•			r line 5. See instructions	11		
12						ne 11	12		
13			to 2022. Add lines 9			13		1	
			for listed property. Ir						
1			· · · · · ·			ude listed property. See	e instr	ructions.)	
14					listed prop	erty) placed in service			
	during the tax yea	r. See instructio	ns				14		
							15		
16	Other depreciation	n (including ACR	<u>(S)</u>	<u> </u>	<u> </u>	<u></u>	16		
Par	t III MACRS D	epreciation (D	on't include listed	,	e instructio	ns.)			
47		a far acata pla	and in convince in tax.	Section A	na hoforo 00'	21	17		
			-	•	•	21	17		
10	asset accounts, c			-	-				
						e General Depreciation	1 Syst	tem	
(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) Conventio	on (f) Method	(g) D	Depreciation deduction	
19a	3-year property								
k	5-year property								
	. , , , ,								
	10-year property						<u> </u>		
	15-year property								
	f 20-year property			25		<u> </u>			
	25-year property			25 yrs. 27.5 yrs.	MM		+		
r	Residential rental			27.5 yrs. 27.5 yrs.	MM	S/L			
	property i Nonresidential rea			39 yrs.	MM	S/L S/L	+		
	property			00 910.	MM	S/L	+		
	<u> </u>	Assets Place	d in Service During			Alternative Depreciation	on Sv	stem	
202	Class life					S/L		otom	
	12-year			12 yrs.		S/L	+		
	c 30-year 30 yrs. MM 5/L								
	40-year			40 yrs.	MM	S/L	1		
		(See instructio	ons.)	· · · · ·					
	Listed property. E	nter amount fror	m line 28				21		
22						n (g), and line 21. Enter			
•			of your return. Partne	-	-		22		
23			ed in service during t section 263A costs .			23			

Form 4562 (2021) Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V 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 🕴 24b If "Yes," is the evidence written? 🗌 Yes 🗌 No (c) (e) (a) (b) (f) (g) Basis for depreciation Business/ (d) Type of property (list Date placed Recovery Method/ Cost or other basis investment use (business/investment vehicles first) in service period Convention percentage use only) 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a gualified business use. See instructions . 25 26 Property used more than 50% in a qualified business use:

% %

			%							
27	Property use	ed 50% or l	ess in a qu	alified business u	se:					
			%			5/1	Ľ –			
			%			5/1	Ľ –			
			%			5/1	Ľ –			
28	Add amount	s in column	ı (h), lines 2	5 through 27. Ent	er here and on line	21, page 1		28		
29	Add amounts	s in column	n (i), line 26	. Enter here and o	n line 7, page 1 .				 29	
				Section B-	Information on Us	se of Vehicles	s			

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.

30	Total business/investment miles driven during the year (don't include commuting miles) .		a) icle 1	(t Vehi	o) cle 2	(d Vehi	cle 3	(d Vehi	d) cle 4	(e) Vehicle 5		(1 Vehio	
31 32	Total commuting miles driven during the year Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
	Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
36	Is another vehicle available for personal use?												
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 more than 5% owners or related persons. See instructions.						who ar o	ən't						
37	Do you maintain a written policy statemen your employees?								ding co	mmutin 	ig, by 	Yes	No
38	Do you maintain a written policy statemen employees? See the instructions for vehicle	les use	d by co	rporate	officers	s, direct	tors, or	1% or	more o	wners			
39													
40	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													
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.													
Par	t 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 beg	ins during your 20	21 tax year (see instructio	ons):				
Amortized Startup Costs	09/01/2021	021 67,200. 195		15.00 yrs		1,493.	
43 Amortization of costs that beg	an before your 202	21 tax year			43		
44 Total. Add amounts in column	n (f). See the instru	ictions for where to report	t		44	1,493.	
						4500	

(i)

Elected section 179

cost

(h)

Depreciation

deduction

SCHE	DULE	SE
(Form	1040)	

Self-Employment Tax

OMB No. 1545-0074 2021

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

	Revenue Service (99)		Atta Sec	achment quence No. 17
Name o	f person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) Social security number of per			
	an S. Recio with self-employment income	э 🕨 💈	223	-97-6498
Part				
	If your only income subject to self-employment tax is church employee income , see instructions for he definition of church employee income.	low to	o rep	ort your income
Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Forr \$400 or more of other net earnings from self-employment, check here and continue with Part I			•
	nes 1a and 1b if you use the farm optional method in Part II. See instructions.	I		
	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065) box 14, code A	1a	a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH		b ()
Skip li	ne 2 if you use the nonfarm optional method in Part II. See instructions.			
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order		2	71,114.
3	Combine lines 1a, 1b, and 2	3	<u>ا</u>	71,114.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 $$.	48	a	65,674.
	Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		<u>b</u>	
С	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception : I less than \$400 and you had church employee income , enter -0- and continue.		c	65,674.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income 5a			
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0		_	0.
6	Add lines 4c and 5b		i	65,674.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax of the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021		,	142,800
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2)and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines8b through 10, and go to line 118a			
b	Unreported tips subject to social security tax from Form 4137, line 10 8b			
С	Wages subject to social security tax from Form 8919, line 10 8c			
d	Add lines 8a, 8b, and 8c	80	d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		<u> </u>	142,800.
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)		-	8,144.
11	Multiply line 6 by 2.9% (0.029)	11	_	1,905.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	2	10,049.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040),			
	line 15			
Part		•		
-	Optional Method. You may use this method only if (a) your gross farm income ¹ wasn't more than	n		
	0, or (b) your net farm profits ² were less than \$6,367.			
14	Maximum income for optional methods	14	4	5,880
15	Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$5,880. Also, include this amount on line 4b above		5	
Nonfa	rm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$6,363			
	so less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employmen east \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.	t		
16	Subtract line 15 from line 14	16	6	
17	Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount or line 16. Also, include this amount on line 4b above		7	

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A. 1 From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B. ² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount ⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C. you would have entered on line 1b had you not used the optional method.

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

SCHE	DULE	SE
(Form	1040)	

Self-Employment Tax

OMB No. 1545-0074 20

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

	Revenue Service (99)		At Se	tachment equence No. 17
Name o	of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) Social security number of			
	cessa Recio with self-employment inc	;ome 🕨	019	9-86-7898
Part				
	If your only income subject to self-employment tax is church employee income , see instructions the definition of church employee income.	ior how t	to re	port your income
Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed \$400 or more of other net earnings from self-employment, check here and continue with Part I			•
Skip li	ines 1a and 1b if you use the farm optional method in Part II. See instructions.			
1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 10 box 14, code A		la	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Res Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code		lb ()
Skip li	ine 2 if you use the nonfarm optional method in Part II. See instructions.			
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other farming). See instructions for other income to report or if you are a minister or member of a religious or		2	61,515.
3	Combine lines 1a, 1b, and 2		3	61,515.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		la	56,809.
_	Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instruct		.	
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		1b	
С	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception less than \$400 and you had church employee income , enter -0- and continue.		1c	56,809.
5a	definition of church employee income			
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0		5b	0.
6	Add lines 4c and 5b		6	56,809.
7	Maximum amount of combined wages and self-employment earnings subject to social security ta the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021		7	142,800
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2)and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines8b through 10, and go to line 118b through 10, and go to line 11			
b	Unreported tips subject to social security tax from Form 4137, line 10 8b			
с	Wages subject to social security tax from Form 8919, line 10			
d	Add lines 8a, 8b, and 8c	8	Bd	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	142,800.
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)		10	7,044.
11	Multiply line 6 by 2.9% (0.029)		11	1,647.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	[1	12	8,691.
13	Deduction for one-half of self-employment tax.			
	Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), 13 4,3	346.		
Part		10.		
_	Optional Method. You may use this method only if (a) your gross farm income ¹ wasn't more	than		
	0, or (b) your net farm profits ² were less than \$6,367.			
14	Maximum income for optional methods	🖂	14	5,880
15	Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$5,880. Also, inc this amount on line 4b above		15	
Nonfa	arm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$6			
and al	Iso less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employn east \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.			
16	Subtract line 15 from line 14	🕇	16	
17	Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amour line 16. Also, include this amount on line 4b above		17	

line 16. Also, include this amount on line 4b above	
¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.	³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.
² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount	⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.
you would have entered on line 1b had you not used the optional method.	

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995 for instructions and the latest information
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2021 Attachment Sequence No. 55

OMB No. 1545-2294

Name(s) shown on return	

Ayman S. & Milkessa Recio

Your taxpayer identification number 223-97-6498

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 \$164,900 (\$164,925 if married filing separately; \$329,800 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	Empire Motors LLC	32-0630327	25,620.	
ii	Empire Motors Towing & Recovery LLC	84-3704991		23,449.
iii	Camel Towing LLC	84-3704859		9,463.
iv	Empire Motors LLC	47-5310533	16,008.	
v	See Stmt			
2 3 4 5	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 123,257. 3 () 4 123,257. 	5	24,651.
6 7 8 9	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- REIT and PTP component. Multiply line 8 by 20% (0.20)	6 7 () 8	9	
10 11 12 13	Qualified business income deduction before the income limitation. Add lines 5 an Taxable income before qualified business income deduction (see instructions) Net capital gain (see instructions)	d9 11 98,158. 12 0. 13 98,158.	10	24,651.
14 15	Income limitation. Multiply line 13 by 20% (0.20)	14 15	19,632. 19,632.	
16 17	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0-	nd 7. If greater than	16 17	(<u> </u>
For Pri	17	Form 8995 (2021)		

Name(s) Shown on Return Ayman S. & Milkessa Recio

	Five Year Tax History:				
	2017	2018	2019	2020	2021
Filing status					MFJ
Total income					132,629.
Adjustments to income					9,371.
Adjusted gross income					123,258.
Tax expense					5,576.
Interest expense					9,888.
Contributions					
Misc. deductions					_
Other itemized ded'ns					_
Total itemized/ standard deduction					25,100.
Exemption amount					0.
QBI deduction					19,632.
Taxable income					78,526.
Тах					9,025.
Alternative min tax					_
Total credits					_
Other taxes					18,740.
Payments					2,800.
Form 2210 penalty					449.
Amount owed					25,414.
Applied to next year's estimated tax .					_
Refund					_
Effective tax rate %					7.32
**Tax bracket %					12.0

**Tax bracket % is based on Taxable income.

Additional information from your 2021 Federal Tax Return

Form 8995: QB Income Deduction Simplified Computation Business Information

Continuation Statement

Trade, Business, or Aggregation Name	Taxpayer Identification Number	Qualified business income or (loss)
Emporio Towing LLC	82-1271050	7,556.
Empire Motors Towing & Recovery LLC	84-3704991	21,124.
Camel Towing LLC	84-3704859	7,446.
Emporio Towing LLC	82-1271050	8,107.
Tuesdays Child Academy LLC	87-2236781	4,484.