

# 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

| <b>1. BUILDING NAME/LOCATION:</b> | 1000 Florida Ave. Washington, DC 20002   |
|-----------------------------------|--|
| <b>2.</b> 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<br>guarantee and promise to Lessor the due, punctual<br>and full performance by Lessee of each and all of the<br>covenants, obligations, liabilities and promises of<br>Lessee under the Lease to be performed by Lessee,<br>including without limitation, the payment of Base<br>Rent and Percentage Rent due under the Lease and<br>any other amounts due under the Lease. So long as<br>Lessee is not, and has not been, in monetary default<br>under the Lease, this Guarantee shall be terminated<br>and Guarantor shall have no further obligations<br>hereunder on the first anniversary of the<br>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<br>Months 4-12: \$4,504.50<br>Months 12-24: \$4,606.92<br>Months 25-36: \$4,712.33<br>Months 37-48: \$4,820.92<br>Months 49-60: \$4,932.83<br>In the event Tenant elects to exercise their option to   |
|                                   | renew the lease the rent shall increase on the<br>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<br>repairing and maintaining the common areas of the<br>shopping center including real estate taxes and<br>insurance currently estimated at \$5.60 per square foot<br>per year and a management/administration fee not to<br>exceed ten (10%) percent of the common area cost.<br>Tenant's proration shall be based on Tenant's gross<br>leasable floor area compared to the total gross leasable<br>area of the Shopping Center. Tenant's pro-rata share<br>of CAM expense increases will be capped at three<br>(3%) percent annually, (excluding real estate taxes and<br>insurance). |
| 11. TENANT'S USE:              | Coffee Shop and event space   |
| <b>12.</b> Exclusivity:        | The landlord agrees not to allow any other tenant to<br>sell or distribute coffee products (including any hot<br>beverages such as tea, steamed milk, or hot chocolate)<br>in any other space in this building or any other<br>building the Landlord may own within a one mile<br>radius of the premise   |
| 14. SECURITY DEPOSIT:          | One month's gross rent plus 3 months of advance payments to total \$13,500  |
| <b>15. CONDITION OF SPACE:</b> | Landlord will turn the space over to Tenant in the as is<br>condition. Landlord shall ensure that the HVAC,<br>electrical and plumbing systems are in good condition<br>and repair and shall provide a 12 month warranty on<br>the HVAC system from the date of full execution of<br>the lease.   |
| <b>16. RENT COMMENCEMENT:</b>  | Landlord shall provide a gross rent free period of up<br>to four months for the installation of the center by<br>tenant.  |
| <b>17. DELIVERY DATE:</b>      | 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<br>provided the assignee meets the Landlord's minimum<br>financial requirements. Tenant shall be relieved of any<br>and all liability following the assignment in the<br>assignment language.              |
| <b>19. TENANTS WORK</b> | Move the back wall towards the bathroom on the left,<br>change lighting, fix exposed hole in the ceiling, change<br>flooring on top level.   |
|                         | In the basement change flooring, fix lighting if possible provide ventilation.   |
| 20. SIGNAGE             | Landlord approves Tenant's building and window<br>signage as shown on the attached criteria. Tenant, at<br>its sole cost and expense, shall have the right to<br>position its name on any and all pylon or monument<br>signs.                              |
| <b>21. HOURS:</b>       | Tenant does not agree to continuous operation.<br>Landlord acknowledges Tenants typical hours of<br>7:00am to 9:00pm, Monday through Sunday, and<br>Extended hours and holidays are at the discretion of<br>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<br>Properties represent the tenant in this transaction. The<br>landlord will be responsible for payment of all<br>commissions per separate commission agreement<br>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:           | <br>_ |
|---------------|-------|
| Printed Name: | <br>_ |
| Date:         | <br>_ |

## 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<br>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<br>Washington, DC 20002 |       |       |       |       |       |       |              |       |       |       | ZAR - Franchise Coffee Shop   Floors BSMT, 1<br>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<br>sures: 0   | 6684-8519  |                    |
|  | EMPIRE MOTORS LLC<br>6912 GILBERT ST<br>SPRINGFIELD VA 22150-2421 |                      |                               | 🗏 PNC Bank C                   | <ul> <li>For 24-hour banking sign on to</li> <li>PNC Bank Online Banking on pnc.com</li> <li>FREE Online Bill Pay</li> </ul> |  |                    |
|  |   |                      |                               | PNC accepts calls.             | s Telecommu  | 1-877-BUS-BNKG<br>nications Relay Serv<br>1-877-BUS-BNKG | <i>v</i> ice (TRS) |
|  |   |                      |                               |                                |  |  |                    |
|  |   |                      |                               | Moving? Please                 | 2  |  |                    |
|  |   |                      |                               | Write to: Cu                   |  | e  |                    |
|  |   |                      |                               | PO Box 609<br>Pittsburgh       | PA 15230-973   | 88   |                    |
|  |   |                      |                               | Visit us at PI                 |  |  |                    |
| Business Checking<br>Account number: 53-6684 | -   | У                    |                               |                                | Empire N   | Notors LIC   |                    |
| Overdraft Protection Provide                 | ed By: XXXX   | XXXXXXXX5311         |                               |                                |  |  |                    |
| Balance Summary                              | ,   |                      |                               |                                |  |  |                    |
|  |   | Beginning<br>balance | Deposi<br>other add           | ts and Check                   | s and other deductions   | Ending<br>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  |                      | <b>nary</b><br>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<br>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<br>/ |   | Empire Mot             | od 12/31/2022 to<br>ors Llc<br>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<br>posted   | Amount                       | Transaction description                 |                        |   | Reference<br>number                     |
| 01/12  | 9,240.00                     | Deposit                                 |                        |   | 051780567                               |
| 01/20  | 4,000.00                     | Deposit                                 |                        |   | 053709143                               |
| ATM Deposits a   | nd Additions                 |   |                        |   |   |
| Date<br>posted   | Amount                       | Transaction<br>description              |                        |   | Reference<br>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<br>posted   | Amount                       | Transaction description                 |                        |   | Reference<br>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<br>Effective 01-05-23 |                        |   | 00023005006830219                       |
| 01/06  | 319.35                       |   | 5<br>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<br>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<br>posted      | Amount        | Transaction<br>description            | Reference<br>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<br>posted      | Amount        | Transaction<br>description            | Reference<br>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<br>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

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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<br>posted | Amount       | Transaction<br>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

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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<br>posted | Amount      | Transaction<br>description                      | Reference<br>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<br>posted | Amount | Transaction<br>description                 | Reference<br>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 |
|---|
| nne com/mubucinosc/                         |

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<br>posted    | Amount            | Transaction<br>description                      | Reference<br>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<br>posted    | Amount            | Transaction<br>description                      | Reference<br>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<br>posted    | Amount            | Transaction<br>description                      | Reference<br>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/<br>Business Checking Account Number: 53-6684-8519 - continued |                          |                            | Empire Motors Llc<br>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<br>posted  | Amount                   | Transaction description    |   | Reference<br>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<br>posted  | Amount                   | Transaction<br>description |   | Reference<br>number     |  |
| 01/03   | 650.00                   | Online Transfer To         | 0000005366848914  | EMPIRE<br>MOTOR00119878 |  |
| 01/03   | 100.00                   | Online Transfer To         | 0000005426334203  | BIG BOY TOWI00119879    |  |
| 01/11   | 91.15                    | Online Transfer To         | 0000005366848914  | EMPIRE<br>MOTOR00031410 |  |
| 01/12   | 9,234.52                 | Withdrawal                 |   | 051780569               |  |
| 01/17   | 300.00                   | Online Transfer To         | 0000005366848914  | EMPIRE<br>MOTOR00106579 |  |
| 01/17   | 722.26                   | Loan Payment 000           | 000 1201007800026126                                      | 53000035                |  |
| 01/23   | 250.00                   | Online Transfer To         | 0000005366848914  | EMPIRE<br>MOTOR00077930 |  |
| 01/24   | 800.00                   | Online Transfer To         | 0000005366848914  | EMPIRE<br>MOTOR00031076 |  |
| 01/31   | 150.00                   | Online Transfer To         | 0000005366848914  | EMPIRE<br>MOTOR00041094 |  |
| 01/31   | 20.00                    | Online Transfer To         | 0000005366848914  | EMPIRE<br>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<br>Cards |           |                        |          | .00     | Not Met     |



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

#### 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                     | <b>023 to 02/28/2023</b><br>er: 53-6684-8519 |                                |                                  |                              |                     |
|--|------------------------|--------------------------------|--|--------------------------------|----------------------------------|------------------------------|---------------------|
| Business Checking Accoun                           | t Number: 53-668       | 34-8519 - contin               | ued  | Page 2 of                      |                                  |                              |                     |
| Balance Summary                                    | /                      |                                |  |                                |                                  |                              |                     |
|  |                        | Beginning<br>balance<br>508.31 | Deposit<br>other add<br>29,81                | litions                        | ss and other deductions 0,607.45 | Ending<br>balance<br>287.42- |                     |
|  |                        |                                |  | Ave                            | erage ledger<br>balance          | Average collected balance    |                     |
|  |                        |                                |  |                                | 3,300.61                         | 2,803.65                     |                     |
| Overdraft and Ret                                  | urned Item             |                                | I <b>AFY</b><br>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<br>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<br>02/09                                     | 16,776.15<br>15,237.21 | 02/17                          |  | 3,862.39                       | 02/28                            |                              | 287.42-             |
| Activity Detail                                    |                        |                                |  |                                |                                  |                              |                     |
| Deposits and Other A                               | dditions               |                                |  |                                |                                  |                              |                     |
| Deposits   |                        |                                |  |                                |                                  |                              |                     |
| Date<br>posted                                     | Amount                 | Transaction<br>description     |  |                                |                                  |                              | Reference<br>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<br>description     |  |                                |                                  |                              | Reference<br>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<br>posted | Amount           | Transaction<br>description   | Reference<br>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<br>02/10 | 134.30<br>118.10 | Corporate ACH 18661 Carvana 18661                                      | 00023040012154420                       |
| 02/10          | 107.30           | Corporate ACH 18607 Carvana 18607<br>Corporate ACH 18642 Carvana 18642 | 00023040012154414<br>00023040012154416  |
| 02/13          | 45.08            | Corporate ACH Too42 Carvana Too42<br>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:<br>Page 4 of 8 | 53-6684-8519        |
|---------------------|------------------------|----------------------------|--|---------------------|
| ACH Additions       | - continued            |                            |  |                     |
| Date<br>posted      | Amount                 | Transaction description    |  | Reference<br>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<br>posted      | Amount                 | Transaction<br>description |  | Reference<br>number |
| 02/06               | 36.00                  | OD Fee Itm 15403720        | 34 Refund                              |                     |
| 02/06               | 36.00                  | OD Fee Itm 15403720        | 34 Refund                              |                     |
| Other Additions     |                        |                            |  |                     |
| Date<br>posted      | Amount                 | Transaction<br>description |  | Reference<br>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<br>posted number | Amo          | Reference   |                      |
| 02/22 075 *                 |              | 0.00 083414842  |                      |
| Debit Card Purch            | hases        |   |                      |
| Date<br>posted              | Amount       | Transaction<br>description  | Reference<br>number  |
| 02/01                       | 6.19         | 0372 Debit Card Purchase Py *Kung Fu Tea - Spri<br>Springfield VA | 88881933041540372032 |
| 02/01                       | 35.00        | 0372 Debit Card Purchase Cash App*Jahir<br>8774174551 Ca          | 88880933041540372032 |
| 02/02                       | 6.82         | 0372 Debit Card Purchase Py *Kung Fu Tea - Spri<br>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<br>Springfield VA | 88308933041540372034 |
| 02/03                       | 6.19         | 0372 Debit Card Purchase Py *Kung Fu Tea - Spri<br>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<br>Springfield VA | 69501933041540372040 |
| 02/10                       | 7.90         | 0372 Debit Card Purchase Py *Kung Fu Tea - Spri<br>Springfield VA | 70295933041540372041 |
| 02/10                       | 6.82         | 0372 Debit Card Purchase Py *Kung Fu Tea - Spri<br>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<br>posted | Amount       | Transaction<br>description  | Reference<br>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<br>410-4012060 MD     | 70287933041540372041 |
| 02/10          | 58.12        | 0372 Debit Card Purchase ebay O*24-09696-06578<br>San Jose Ca     | 70290933041540372041 |
| 02/10          | 32.47        | 0372 Debit Card Purchase ebay O*24-09696-06580<br>San Jose Ca     | 70292933041540372041 |
| 02/10          | 28.08        | 0372 Debit Card Purchase ebay O*24-09696-06581<br>San Jose Ca     | 70293933041540372041 |
| 02/10          | 14.44        | 0372 Debit Card Purchase ebay O*24-09696-06579<br>San Jose Ca     | 70291933041540372041 |
| 02/10          | 29.67        | 0372 Debit Card Purchase Carquest 1227<br>Springfield VA          | 70289933041540372041 |
| 02/10          | 29.67        | 0372 Debit Card Purchase Advance Auto Parts #88<br>Springfield VA | 70285933041540372041 |
| 02/13          | 41.24        | 0372 Debit Card Purchase DD Doordash Periperio<br>855-9731040 Ca  | 14548933041540372043 |
| 02/13          | 9.14         | 0372 Debit Card Purchase Cold Stone Creamery #2<br>703-8626484 VA | 14547933041540372043 |
| 02/13          | 6.82         | 0372 Debit Card Purchase Py *Kung Fu Tea - Spri<br>Springfield VA | 14541933041540372043 |
| 02/13          | 55.80        | 0372 Debit Card Purchase DD Doordash 54Asianre<br>855-9731040 Ca  | 14546933041540372043 |
| 02/13          | 10.78        | 0372 Debit Card Purchase DD Doordash Kungfutea<br>855-9731040 Ca  | 14544933041540372043 |
| 02/13          | 248.50       | 0372 Debit Card Purchase 1394 Lkq Baltimore<br>410-4012060 MD     | 14543933041540372043 |
| 02/13          | 10.37        | 0372 Debit Card Purchase Py *Kung Fu Tea - Spri<br>Springfield VA | 14545933041540372043 |
| 02/13          | 6.82         | 0372 Debit Card Purchase Py *Kung Fu Tea - Spri<br>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<br>Springfield VA | 31934933041540372046 |
| 02/16          | 4.19         | 0372 Debit Card Purchase Py *Kung Fu Tea - Spri<br>Springfield VA | 64782933041540372047 |
| 02/16          | 50.00        | 0372 Debit Card Purchase Cash App*Travis Fer<br>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<br>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<br>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<br>posted  | Amount     | Transaction<br>description  | Reference<br>number  |
| 02/21           | 162.69     | 0372 Debit Card Purchase Northern Virginia Supp<br>703-5697505 VA | 04011933041540372052 |
| 02/21           | 229.17     | 0372 Debit Card Purchase Northern Virginia Supp<br>703-5697505 VA | 04009933041540372052 |
| 02/22           | 8.06       | 0372 Debit Card Purchase Py *Kung Fu Tea - Spri<br>Springfield VA | 95611933041540372053 |
| 02/22           | 6.19       | 0372 Debit Card Purchase Py *Kung Fu Tea - Spri<br>Springfield VA | 95609933041540372053 |
| 02/22           | 160.00     | 0372 Debit Card Purchase Cash App*Tevin Kenn<br>8774174551 Ca     | 95610933041540372053 |
| 02/22           | 55.00      | 0372 Debit Card Purchase Cash App*Tony<br>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<br>8774174551 Ca            | 37595933041540372055 |
| 02/27           | 5.19       | 0372 Debit Card Purchase Py *Kung Fu Tea - Spri<br>Springfield VA | 41093933041540372057 |
| 02/27           | 750.00     | 0372 Debit Card Purchase Cash App*Walid Elsh<br>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<br>8774174551 Ca     | 41095933041540372057 |
| 02/27           | 55.00      | 0372 Debit Card Purchase Cash App*Travis Fer<br>8774174551 Ca     | 41096933041540372057 |

**POS Purchases** 

| Date<br>posted | Amount | Transaction<br>description              | Reference<br>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 |

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

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#### 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<br>posted      | Amount          | Transaction<br>description  | Reference<br>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<br>800-5580940 Al | 88309933041540372034    |
| 02/10               | 499.00          | 0372 Recurring Debit Card Towingwebsites.Com<br>Httpstowing Fl    | 70286933041540372041    |
| 02/10               | 499.00          | 0372 Recurring Debit Card Towingwebsites.Com<br>Httpstowing Fl    | 70294933041540372041    |
| 02/15               | 1,003.00        | ATM Withdrawal 6225 Brandon Ave S<br>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<br>posted      | Amount          | Transaction<br>description  | Reference<br>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<br>02/03      | 39.60<br>36.00  | Service Charge Period Ending 01/31/2023<br>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<br>00044957 |
| 02/01               | 15.00           | Online Transfer To 0000005426334043                               | EMPORIO<br>TOWI00044958 |
| 02/06               | 300.00          | Online Transfer To 0000005366848914                               | EMPIRE<br>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<br>posted   | Amount      | Transaction<br>description            | Reference<br>number     |
| 02/08            | 400.00      | Online Transfer To 0000005366848914   | EMPIRE<br>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<br>MOTOR00035006 |
| 02/21            | 3,200.00    | Online Transfer To 0000005366848914   | EMPIRE<br>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<br>Cards |           |                        |          | .00     | Not Met     |





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

#### 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<br>posted   | Amount    | Transaction<br>description   | Reference<br>number  |
| 03/01            | 393.00    | Visa Money Transfer C Cash App*Mil Recio                                     | 03476933041540372060 |
| 03/06            | 98.25     | Visa Direct Ca<br>Visa Money Transfer C Cash App*Mil Recio<br>Visa Direct Ca | 47181933041540372064 |
| 03/21            | 2.78      | Debit Card Credit Uber 8005928996  | 66516933041540372080 |
| ACH Additions    |           |  |                      |
| Date<br>posted   | Amount    | Transaction<br>description   | Reference<br>number  |
| 03/01            | 1,303.16  | Corporate ACH Signature<br>Allstate Road Sv VA2029691                        | 00023058007154063    |
| 03/02            | 152.35    | Corporate ACH Signature<br>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<br>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<br>Allstate Road Sv VA2029691                        | 00023062009992797    |
| 03/07            | 100.70    | Corporate ACH A Carvana 19896  | 00023065007098714    |
| 03/08            | 418.73    | Corporate ACH Signature<br>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<br>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<br>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<br>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<br>posted | Amount      | Transaction<br>description                                     | Reference<br>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<br>Allstate Road Sv VA2029691          | 00023079007674349   |
| 03/22          | 193.70      |  | 00023080014460684   |
| 03/22          | 164.30      | Corporate ACH A Carvana 21864<br>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<br>posted  | Amount           | Transaction<br>description                        | Reference<br>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            | <b>A</b>         | Transaction                                       | Reference                 |
| posted<br>03/06 | Amount           | description Opling Transfer From 0000005266848014 | number<br>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<br>posted   | Check<br>number     | Amount   | Reference<br>number |          | Check<br>number | Amount   | Reference<br>number |       |     | Amount | Reference<br>number |
| 03/15            | 077 *               | 1,025.00 | 085803519           | 03/17    | 078             | 7,500.00 | 086852824           | 03/21 | 079 | 525.00 | L084524605          |
| <b>D</b> . I. 11 |                     |          |                     |          |                 |          |                     |       |     |        |                     |

#### **Debit Card Purchases**

| Date<br>posted | Amount | Transaction<br>description                      | Reference<br>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<br>posted | Amount        | Transaction<br>description  | Reference<br>number  |
| 03/02          | 500.00        | 0372 Debit Card Purchase Cash App*Masoud<br>8774174551 Ca         | 73365933041540372061 |
| 03/06          | 300.00        | 0372 Debit Card Purchase Sq *Roberts Towing Rep<br>Washington Dc  | 47182933041540372064 |
| 03/10          | 64.15         | 0372 Debit Card Purchase Northern Virginia Supp<br>Springfield VA | 12226933041540372069 |
| 03/10          | 148.25        | 0372 Debit Card Purchase K Neal Truck and Bus C<br>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<br>877-7627824 VA        | 78232933041540372072 |
| 03/13          | 2.29          | 0372 Debit Card Purchase Pragm VA Toll App Fee<br>872-2227478 Nv  | 78234933041540372072 |
| 03/14          | 85.00         | 0372 Debit Card Purchase Sq *Access Medical 420<br>gosq.com VA    | 06505933041540372073 |
| 03/16          | 6.51          | 0372 Debit Card Purchase Py *Kung Fu Tea - Spri<br>Springfield VA | 74395933041540372075 |
| 03/17          | 6.51          | 0372 Debit Card Purchase Py *Kung Fu Tea - Spri<br>Springfield VA | 70946933041540372076 |
| 03/20          | 5.70          | 0372 Debit Card Purchase DD/Br #363684<br>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<br>877-7627824 VA        | 38354933041540372079 |
| 03/20          | 2.29          | 0372 Debit Card Purchase Pragm VA Toll App Fee<br>872-2227478 Nv  | 38357933041540372079 |
| 03/20          | 12.57         | 0372 Debit Card Purchase DD/Br #363684<br>Springfield VA          | 38352933041540372079 |
| 03/20          | 185.50        | 0372 Debit Card Purchase ebay 0*13-09838-67972<br>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<br>Springfield VA | 66519933041540372080 |
| 03/21          | 25.03         | 0372 Debit Card Purchase Uber Help.Uber.C Ca                      | 66518933041540372080 |

| 므 | For 24-hour | account | 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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| Debit Card Purchases - continued |                |                            |   |                      |  |  |
|----------------------------------|----------------|----------------------------|---|----------------------|--|--|
| Date<br>posted                   | Amount         | Transaction<br>description | n   | Reference<br>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<br>posted                   |                | Amount                     | Transaction<br>description                      | Reference<br>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<br>posted                   |                | Amount                     | Transaction<br>description                      | Reference<br>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  |  |  |
|                                  |                |                            |   |                      |  |  |

| 9 | For 24-hour account information, sign-on to |  |  |  |  |
|---|---|--|--|--|--|
|   | pnc.com/mybusiness/                         |  |  |  |  |

pnc.com/mybusiness/

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<br>posted                    | Amount   | Transaction<br>description                                     | Reference<br>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<br>posted                    | Amount   | Transaction<br>description                                     | Reference<br>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<br>posted | Amount | Transaction<br>description | Reference<br>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    |
|                |        |                            |                      |

| For 24-hour account information, sign-o |              | Fo                         |    |
|---|--------------|----------------------------|----|
| pnc.com/mybusiness/                     |              |                            | Er |
|   |              |                            | Pr |
| Business Checking Account Num           | ber: 53-6684 | -8519 - continued          | Pa |
| Service Charges and Fees                | - conti      | nued                       |    |
| Date<br>posted                          | Amount       | Transaction<br>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<br>description         Transaction<br>description         Reference<br>(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<br>description         Reference<br>mumber           03/01         20.00         Online Transfer To         0000005366848914         MOTOR00039822           03/02         300.00         Online   | Service Charges and Fee | S - contii | - continued        |                     |                      |
|---|-------------------------|------------|--------------------|---------------------|----------------------|
| 03/22         36.00         Overdraft Item Fee         66520933041540372080           03/22         36.00         Overdraft Item Fee         66519933041540372080           03/22         36.00         Overdraft Item Fee         66519933041540372080           03/23         36.00         Overdraft Item Fee         67917933041540372081           03/23         36.00         Overdraft Item Fee         00023080014519174           03/28         36.00         Overdraft Item Fee         0002308013336719           03/31         3.00         ATM Withdrawal Fee         PLUFC74         0006899           Other Deductions           Transaction description           03/01         20.00         Online Transfer To         0000005366848914         MOTOR00048973           03/01         20.00         Online Transfer To         0000005366848914         EMPIRE           03/02         300.00         Online Transfer To         0000005366848914         EMPIRE           03/09         20.00         Online Transfer To         0000005366848914         EMPIRE           03/15         722.26         Loan Payment         000005366848914         EMPIRE           03/20         21,500.00         Online Transfer To         0000005366848914  | Date<br>posted          | Amount     |                    |                     |                      |
| 03/22         36.00         Overdraft Item Fee         66519933041540372080           03/22         36.00         Overdraft Item Fee         66518933041540372080           03/23         36.00         Overdraft Item Fee         67917933041540372081           03/23         36.00         Overdraft Item Fee         000230801451917           03/28         36.00         Overdraft Item Fee         0002308013336719           03/31         3.00         ATM Withdrawal Fee         PLUFC74         0006889           Other Deductions           Transaction description           03/01         300.00         Online Transfer To         0000005366848914         EMPIRE ECOM 0048973           03/01         20.00         Online Transfer To         0000005426334043         EMPORIO           03/02         300.00         Online Transfer To         0000005366848914         EMPIRE           03/02         300.00         Online Transfer To         0000005366848914         EMPIRE           03/09         200.00         Online Transfer To         0000005366848914         EMPIRE           03/15         722.26         Loan Payment         00000         12010780026126         53000011           03/15         722.26         Loan Payment<   | 03/22                   | 36.00      | Overdraft Item Fee |                     | 66517933041540372080 |
| 03/22         36.00         Overdraft Item Fee         66518933041540372080           03/23         36.00         Overdraft Item Fee         67917933041540372081           03/23         36.00         Overdraft Item Fee         00023080014519174           03/28         36.00         Overdraft Item Fee         0002308013336719           03/31         3.00         ATM Withdrawal Fee         PLUFC74         0006889           Other Deductions           Reference           03/01         30.00         Online Transfer To         0000005366848914         EMPIRE           03/01         20.00         Online Transfer To         0000005426333657         EMPIRE ECOM           03/02         300.00         Online Transfer To         000000546848914         EMPIRE           03/02         300.00         Online Transfer To         0000005366848914         EMPIRE           03/09         200.00         Online Transfer To         0000005366848914         EMPIRE           03/15         722.26         Loan Payment         00000         1201007800026126         53000011           03/15         722.26         Loan Payment         0000005366848914         EMPIRE         EMPIRE           03/20         21,500.00  | 03/22                   | 36.00      | Overdraft Item Fee |                     | 66520933041540372080 |
| 03/23         36.00         Overdraft Item Fee         67917933041540372081           03/23         36.00         Overdraft Item Fee         00023080014519174           03/28         36.00         Overdraft Item Fee         00023080014519174           03/21         3.00         ATM Withdrawal Fee         PLUFC74         0006889           Other Deductions         Transaction         Reference         number           03/01         30.00         Online Transfer To         0000005366848914         MOTOR00048972           03/01         20.00         Online Transfer To         0000005426333657         EMPIRE ECOM<br>00048973           03/01         20.00         Online Transfer To         0000005366848914         EMPORO<br>MOTOR00039822           03/02         300.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00039822           03/09         200.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033442           03/09         100.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033442           03/00         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00042809           03/20         21,500.00         Online Transfer To         0000005366848914 <t< td=""><td>03/22</td><td>36.00</td><td>Overdraft Item Fee</td><td></td><td>66519933041540372080</td></t<>                       | 03/22                   | 36.00      | Overdraft Item Fee |                     | 66519933041540372080 |
| 03/23         36.00         Overdraft Item Fee         00023080014519174           03/28         36.00         Overdraft Item Fee         00023083013336719           03/31         3.00         ATM Withdrawal Fee         PLUFC74         0006889           Other Deductions         Transaction<br>description         Transaction<br>description         Reference<br>number         Reference<br>number           03/01         300.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00048972           03/01         20.00         Online Transfer To         0000005426333657         EMPIRE ECOM<br>00048973           03/02         300.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00038922           03/02         300.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033441           03/09         200.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033441           03/15         722.26         Loan Payment         00000         12010780026126         53000011           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383 <t< td=""><td>03/22</td><td>36.00</td><td>Overdraft Item Fee</td><td></td><td>66518933041540372080</td></t<> | 03/22                   | 36.00      | Overdraft Item Fee |                     | 66518933041540372080 |
| 03/28         36.00         Overdraft Item Fee         00023083013336719           03/31         3.00         ATM Withdrawal Fee         PLUFC74         0006889           Other Deductions         Transaction         Reference         Reference           03/01         300.00         Online Transfer To         0000005366848914         EMPIRE           03/01         20.00         Online Transfer To         0000005426333657         EMPIRE ECOM           03/01         20.00         Online Transfer To         0000005426334043         EMPORIO           03/02         300.00         Online Transfer To         0000005366848914         EMPIRE           03/02         300.00         Online Transfer To         0000005366848914         EMPIRE           03/09         200.00         Online Transfer To         0000005366848914         EMPIRE           03/09         100.00         Online Transfer To         0000005366848914         EMPIRE           03/15         722.26         Loan Payment         00000         120107800026126         53000011           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE  | 03/23                   | 36.00      | Overdraft Item Fee |                     | 67917933041540372081 |
| 03/31         3.00         ATM Withdrawal Fee         PLUFC74         0006889           Other Deductions         Transaction<br>description         Transaction<br>description         Reference<br>number         Reference<br>number           03/01         300.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00048972           03/01         20.00         Online Transfer To         0000005426333657         EMPIRE ECOM<br>00048973           03/01         20.00         Online Transfer To         0000005426334043         EMPORIO<br>TOWI00048974           03/02         300.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033422           03/09         200.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033441           03/15         722.26         Loan Payment         00000         1201007800026126         53000011           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033431           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR000843833           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR000843831           03/20         1,370.00         Online Transfer To         00000   | 03/23                   | 36.00      | Overdraft Item Fee |                     | 00023080014519174    |
| Other Deductions         Transaction<br>description         Transaction<br>description         Reference<br>number           03/01         300.00         Online Transfer To         0000005366848914         MOTOR00048972           03/01         20.00         Online Transfer To         0000005426333657         EMPIRE<br>MOTOR00048973           03/01         20.00         Online Transfer To         0000005426334043         EMPORIO<br>TOWI00048974           03/02         300.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00039822           03/09         200.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033441           03/15         722.26         Loan Payment         00000         1201007800026126         53000011           03/15         722.26         Loan Payment         0000005366848914         EMPIRE<br>MOTOR00033441           03/15         722.26         Loan Payment         000000         120100780026126         53000011           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         1,370.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/28         209.00         Online Transfer To         0000005366848914         <  | 03/28                   | 36.00      | Overdraft Item Fee |                     | 00023083013336719    |
| Date<br>posledAmountTransaction<br>descriptionReference<br>number03/01300.00Online Transfer To0000005366848914MOTOR0004897203/0120.00Online Transfer To0000005426333657EMPIRE ECOM<br>0004897303/0120.00Online Transfer To0000005426334043EMPORIO<br>TOWI0004897403/02300.00Online Transfer To0000005366848914EMPORIO<br>TOWI0004897403/02300.00Online Transfer To0000005366848914EMPIRE<br>MOTOR0003982203/09200.00Online Transfer To0000005366848914EMPIRE<br>MOTOR0003344203/09100.00Online Transfer To0000005366848914EMPIRE<br>MOTOR0003344103/15722.26Loan Payment00000120100780026126530001103/2021,500.00Online Transfer To0000005366848914EMPIRE<br>MOTOR0003483103/201,370.00Online Transfer To0000005366848914EMPIRE<br>MOTOR0008438303/201,370.00Online Transfer To0000005366848914EMPIRE<br>MOTOR0008438303/201,370.00Online Transfer To0000005366848914EMPIRE<br>MOTOR0008438303/201,370.00Online Transfer To0000005366848914EMPIRE<br>MOTOR0008438303/201,370.00Online Transfer To0000005366848914EMPIRE<br>MOTOR0008438303/201,370.00Online Transfer To0000005366848914EMPIRE<br>MOTOR0008438303/28209.00Online Transfer To0000005366848914 <td< td=""><td>03/31</td><td>3.00</td><td>ATM Withdrawal Fee</td><td></td><td>PLUFC74 0006889</td></td<>  | 03/31                   | 3.00       | ATM Withdrawal Fee |                     | PLUFC74 0006889      |
| posted         Amount         description         number           03/01         300.00         Online Transfer To         000005366848914         EMPIRE<br>MOTOR00048973           03/01         20.00         Online Transfer To         000005426333657         EMPIRE ECOM<br>00048973           03/01         20.00         Online Transfer To         0000005426334043         EMPORIO<br>TOWI00048973           03/02         300.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00039822           03/09         200.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033441           03/09         100.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033441           03/15         722.26         Loan Payment         00000         120100780026126         53000011           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         1,370.00         Online Transfer To         00000005366848914         EMPIRE<br>MOTOR00084382 <th>Other Deductions</th> <th></th> <th></th> <th></th> <th></th>                                   | Other Deductions        |            |                    |                     |                      |
| Operation         Operation         MotoRoou48972           03/01         20.00         Online Transfer To         0000005426333657         EMPIRE ECOM<br>00048973           03/01         20.00         Online Transfer To         0000005426334043         EMPORIO<br>TOWI00048974           03/02         300.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00039822           03/09         200.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033442           03/09         100.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033441           03/15         722.26         Loan Payment         00000         1201007800026126         53000011           03/15         40.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033441           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         1,370.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084382           03/28         209.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084382  |                         | Amount     |                    |                     |                      |
| 03/01         20.00         Online Transfer To         0000005426334043         EMPORIO<br>TOWI00048974           03/02         300.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00039822           03/09         200.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033442           03/09         200.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033442           03/09         100.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033441           03/15         722.26         Loan Payment         00000         120100780026126         53000011           03/15         722.26         Loan Payment         00000         2000005366848914         EMPIRE<br>MOTOR00034431           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         1,370.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         1,370.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/28         209.00         Online Transfer To   | 03/01                   | 300.00     | Online Transfer To | 0000005366848914    |                      |
| TOWI00048974           03/02         300.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00039822           03/09         200.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033442           03/09         100.00         Online Transfer To         0000005366848914         EMPIRE<br>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<br>MOTOR00042809           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         300.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         1,370.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/22         209.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084382           03/28         209.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033409           03/31         5,000.00         <  | 03/01                   | 20.00      | Online Transfer To | 0000005426333657    |                      |
| MOTOR00039822           03/09         200.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033442           03/09         100.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033441           03/15         722.26         Loan Payment         0000         1201007800026126         53000011           03/15         722.26         Loan Payment         0000         1201007800026126         53000011           03/15         40.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00042809           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         300.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084381           03/20         1,370.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084382           03/28         209.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033409           03/21         5,000.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033409   | 03/01                   | 20.00      | Online Transfer To | 0000005426334043    |                      |
| MOTOR00033442           03/09         100.00         Online Transfer To         0000005366848914         EMPIRE<br>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<br>MOTOR00042809           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         300.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         1,370.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084381           03/20         1,370.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084382           03/28         209.00         Online Transfer To         0000005366848914         EMPIRE<br>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<br>MOTOR00042809           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         21,500.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084383           03/20         300.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084381           03/20         1,370.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084382           03/28         209.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033409           03/31         5,000.00         Online Transfer To         0000005366848914         EMPIRE<br>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<br>MOTOR00084383           03/20         300.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084381           03/20         1,370.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084382           03/20         1,370.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084382           03/28         209.00         Online Transfer To         0000005366848914         EMPIRE<br>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<br>MOTOR00084381           03/20         1,370.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084382           03/28         209.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR0003409           03/31         5,000.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00033409  | 03/15                   | 40.00      | Online Transfer To | 0000005366848914    |                      |
| MOTOR00084381           03/20         1,370.00         Online Transfer To         0000005366848914         EMPIRE<br>MOTOR00084382           03/28         209.00         Online Transfer To         0000005366848914         EMPIRE<br>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<br>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

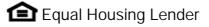
#### Business Checking - Maintenance Fee Relationship Pricing

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

#### 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 04/01/2023 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<br>balance | Deposits and other additions | Checks and other deductions | Ending<br>balance         |
|-----------------|----------------------|------------------------------|-----------------------------|---------------------------|
|                 | 85.35                | 18,329.87                    | 16,113.97                   | 2,301.25                  |
|                 |                      |                              | Average ledger<br>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<br>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 |
|---|---|
|---|---|

pnc.com/mybusiness/

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<br>posted     | Amount        | Transaction<br>description                               | Reference<br>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<br>Visa Direct Ca | 88092933015543501117 |
| ACH Additions      |               |  |                      |
| Date<br>posted     | Amount        | Transaction<br>description                               | Reference<br>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<br>posted     | Amount        | Transaction<br>description                               | Reference<br>number  |
| 04/17              | 36.00         | OD Fee Itm 3 0002732 Refund                              |                      |
| 04/19              | 36.00         | OD Threshold Refund                                      |                      |
| Other Additions    |               |  |                      |
| Date<br>posted     | Amount        | Transaction<br>description                               | Reference<br>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 <sup>*</sup> Gaj               | in check se | equence               |                     |                      |
|------------------------|---------------------|-----------------------------------|-------------|-----------------------|---------------------|----------------------|
| Date Che<br>posted num |                     | Reference Date<br>unt number post |             | Amount                | Reference<br>number |                      |
| 04/11 041              | * 1,500             | .00 015204268 04/2                | 042         | 540.00                | 009104570           |                      |
| Debit Car              | rd Purchases        |                                   |             |                       |                     |                      |
| Date<br>posted         | Amount              | Transaction<br>description        |             |                       |                     | Reference<br>number  |
| 04/10                  | 8.20                | 3501 Debit Car<br>Springfield VA  | Purchase    | e Py *Kung Fu Tea - S | Spri                | 69082933015543501100 |
| 04/11                  | 6.51                | 3501 Debit Car<br>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<br>posted | Amount       | Transaction<br>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<br>2501 Debit Card Durchasse Uber, Help Uber C.Ca                              | 14923933015543501109 |
| 04/19          | 4.05         | 3501 Debit Card Purchase Uber Help.Uber.C Ca<br>3501 Debit Card Purchase Uber Help.Uber.C Ca | 14922933015543501109 |
| 04/19          | 4.05<br>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 |
|                |              |  |                      |

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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<br>posted | Amount      | Transaction<br>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<br>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<br>posted         | Amount   | Transaction<br>description            |                             |               | Reference<br>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<br>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       |          | <b>T</b>                              |                             |               |                     |
| Date<br>posted         | Amount   | Transaction<br>description            |                             |               | Reference<br>number |
| 04/03                  | 12.00    | Online Transfer To                    | 0000005426333657            |               | RE ECOM<br>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<br>posted   | Amount      | Transaction description |                  | Reference<br>number     |
| 04/06            | 500.00      | Online Transfer To      | 0000005366848519 | EMPIRE<br>MOTOR00035983 |
| 04/10            | 100.00      | Online Transfer To      | 0000005366848519 | EMPIRE<br>MOTOR00081336 |
| 04/10            | 150.00      | Online Transfer To      | 0000005366848519 | EMPIRE<br>MOTOR00081337 |
| 04/10            | 500.00      | Online Transfer To      | 0000005366848519 | EMPIRE<br>MOTOR00081339 |
| 04/10            | 450.00      | Online Transfer To      | 0000005366848519 | EMPIRE<br>MOTOR00081338 |
| 04/13            | 200.00      | Online Transfer To      | 0000005366848519 | EMPIRE<br>MOTOR00034993 |
| 04/21            | 2,500.00    | Withdrawal              |                  | 046761711               |
| 04/24            | 200.00      | Online Transfer To      | 0000005366848519 | EMPIRE<br>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<br>Page 1 of 9<br>Number of enclosures: 0   |
|--|--|
| EMPIRE MOTORS TOWING & RECOVERY<br>LLC<br>6912 GILBERT ST<br>SPRINGFIELD VA 22150-2421 | <ul> <li>For 24-hour banking sign on to</li> <li>PNC Bank Online Banking on pnc.com</li> </ul>   |
| SERINGITELD VA 22130-2421  | FREE Online Bill Pay<br>For customer service call 1-877-BUS-BNKG<br>PNC accepts Telecommunications Relay Service (TRS)<br>calls.<br>Para servicio en espanol, 1-877-BUS-BNKG |
|  | Moving? Please contact your local branch   |
|  | <ul> <li>Write to: Customer Service<br/>PO Box 609<br/>Pittsburgh, PA 15230-9738</li> <li>Visit us at PNC.com/smallbusiness</li> </ul>                                       |

#### 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<br>other additions | Checks and other<br>deductions | Ending balance            |  |
|                  | 2,301.25          | 19,499.05                       | 20,650.23                      | 1,150.07                  |  |
|                  |                   |                                 | Average ledger<br>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<br>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<br>ss/ |                            | Empire Mot                      | od 04/29/2023 to o<br>ors Towing & Rec<br>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<br>posted                       | Amount                            | Transaction<br>description |                                 |   | Reference<br>number  |
| 05/01                                | 122.81                            | •                          | <sup>-</sup> C Cash App* Visa D | )irect Ca   | 66346933015543501120 |
| 05/31                                | 805.65                            | •                          | C Cash App*Kawtha               |   | 49485933015543501151 |
|                                      |                                   | Visa Direct Ca             |                                 |   |                      |
| ACH Additions                        |                                   |                            |                                 |   |                      |
| Date<br>posted                       | Amount                            | Transaction<br>description |                                 |   | Reference<br>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<br>posted                       | Amount                            | Transaction<br>description |                                 |   | Reference<br>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<br>posted                       | Amount                            | Transaction<br>description |                                 |   | Reference<br>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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#### Checks and Other Deductions

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

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| Chec           | ks and Substitute | Checks | _                   | * Gap in | check sequence  |        |                     |       |                 |          |                     |
|----------------|-------------------|--------|---------------------|----------|-----------------|--------|---------------------|-------|-----------------|----------|---------------------|
| Date<br>posted | Check<br>number   | Amount | Reference<br>number |          | Check<br>number | Amount | Reference<br>number |       | Check<br>number | Amount   | Reference<br>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<br>posted | Amount   | Transaction<br>description                                  | Reference<br>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<br>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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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<br>posted | Amount     | Transaction<br>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<br>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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| Debit Card Pu  | urchases - a | continued   |                      |
|----------------|--------------|---|----------------------|
| Date<br>posted | Amount       | Transaction<br>description  | Reference            |
| 05/11          | 4.51         | 3501 Debit Card Purchase Py *Kung Fu Tea - Spri<br>Springfield VA | 75637933015543501131 |
| 05/11          | 200.00       | 3501 Debit Card Purchase Cash App*Daniesha C<br>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<br>8774174551 Ca        | 58768933015543501132 |
| 05/12          | 500.00       | 3501 Debit Card Purchase Cash App*Masoud<br>8774174551 Ca         | 58767933015543501132 |
| 05/15          | 6.51         | 3501 Debit Card Purchase Py *Kung Fu Tea - Spri<br>Springfield VA | 40608933015543501134 |
| 05/15          | 125.00       | 3501 Debit Card Purchase Cash App*Michael<br>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<br>Springfield VA | 37669933015543501135 |
| 05/15          | 150.00       | 3501 Debit Card Purchase Cash App*Michael<br>8774174551 Ca        | 40606933015543501134 |
| 05/15          | 3.96         | 3501 Debit Card Purchase McDonald's F20514<br>Springfield VA      | 40609933015543501134 |
| 05/15          | 23.98        | 3501 Debit Card Purchase McDonald's F20514<br>Springfield VA      | 40605933015543501134 |
| 05/18          | 7.00         | 3501 Debit Card Purchase New York State Dmv<br>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<br>Springfield VA | 85787933015543501141 |
| 05/22          | 21.73        | 3501 Debit Card Purchase Malek`s Pizza-Order In<br>Springfield VA | 85785933015543501141 |
| 05/22          | 125.00       | 3501 Debit Card Purchase Cash App*Michael<br>8774174551 Ca        | 85786933015543501141 |
| 05/22          | 30.61        | 3501 Debit Card Purchase Yard House 83500083584<br>Springfield VA | 85782933015543501141 |
| 05/22          | 6.14         | 3501 Debit Card Purchase Py *Kung Fu Tea - Spri<br>Springfield VA | 85781933015543501141 |
| 05/22          | 7.14         | 3501 Debit Card Purchase Py *Kung Fu Tea - Spri<br>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<br>8774174551 Ca        | 07218933015543501142 |
| 05/23          | 5.70         | 3501 Debit Card Purchase DD/Br #363684<br>Springfield VA          | 57386933015543501143 |
| 05/23          | 100.00       | 3501 Debit Card Purchase Cash App*Michael<br>8774174551 Ca        | 57389933015543501143 |
| 05/23          | 26.49        | 3501 Debit Card Purchase Springfield Tobacco &<br>Springfield VA  | 57387933015543501143 |

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| Debit Card F   | Purchases - a | continued   |                      |
|----------------|---------------|---|----------------------|
| Date<br>posted | Amount        | Transaction<br>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<br>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<br>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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| Debit Card Pu  | rchases - a    | continued                 |   |                      |
|----------------|----------------|---------------------------|---|----------------------|
| Date<br>posted | Amount         | Transactio<br>descriptior |   | Reference<br>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<br>posted |                | Amount                    | Transaction<br>description  | Reference<br>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<br>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<br>posted |                | Amount                    | Transaction<br>description  | Reference<br>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<br>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<br>posted      | Amount   | Transaction<br>description |                     | Reference<br>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<br>posted      | Amount   | Transaction description    |                     | Reference<br>number     |
| 05/01               | 350.00   | Online Transfer To         | 0000005366848519    | EMPIRE<br>MOTOR00101799 |
| 05/01               | 15.00    | Online Transfer To         | 0000005426334043    | EMPORIO<br>TOWI00101801 |
| 05/01               | 15.00    | Online Transfer To         | 0000005426333657    | EMPIRE ECOM<br>00101800 |
| 05/11               | 1,500.00 | Online Transfer To         | 0000005366848519    | EMPIRE<br>MOTOR00033771 |
| 05/19               | 588.71   | Online Transfer To         | 0000005366848519    | EMPIRE<br>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  | <b>.</b>   |
| 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<br>reported or as      | B. Net change -<br>amount of increase  | C. Correct   |
| Incon        | e and Deductions   |  |              | previously adjusted<br>(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  |
| <b>.</b>     |  |  |              |   |  |  |
| 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<br>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.)                             |  | ! <b>1</b> 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   |  |  |
|              | <b>x</b> 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<br>amending your 2018 or late  |   | ling. This would include a  | change in the nu   | your 20<br>Imber of   | 018 or later<br>exemptions  | return) l<br>s (of dep   | has changed<br>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<br>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<br>or amount                            |
| for the tax year l   | being amended. See also   | the Form 1040-X instruct  | lone   | ora   | s previously<br>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                               |
|  |   | number  | to you   |   |   | Corectic   |  | 018 or later returns                           |
|  |   |   |  |   | 1. S. | 1. 1. 1. 1   | [ · · · · · · · · · · · · · · · · · · ·  |  |
|  |   |   |  |   |   |  |  |  |
|  |   |   |  |   |   |  |  |  |
| •  |   |   |  |   |   |  |  |  |
|  |   |   |  | :   |   |  |  |  |
| Checking below won't increa<br>Check here if you didn'<br>Check here if this is a jo   | t previously want \$3 to go<br>pint return and your spous   | our refund.<br>o to the fund, but now do.<br>se did not previously want   | \$3 to go to the t   | lund, bu  | now does.   |  |  | <u> </u>                                       |
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| <sup>1</sup> / <sub>2</sub> 1040                             |                 | nent of the Treasury-Internal Revenue Service<br>. Individual Income Tax                                    | (Beturn 201  | 9 OMB No. 1                               | 545-007    |             |          |                          | or staple in      | <b>1</b> 1.1  |
|--|-----------------|---|--|---|------------|-------------|----------|--------------------------|-------------------|---------------|
| Filing<br>Status<br>Check only one<br>box.                   | □<br>□<br>If yo | Single<br>Head of household (HOH)<br>u checked the MFS box, enter th<br>e if the qualifying person is a chi | ☑ Married filing<br>□ Qualifying wich<br>ne name of spouse. If you | jointly<br>low(er) (QW)<br>ou checked the |            | Married     | filing s | separa                   | tely (MF          |               |
| Your first name  |                 |   | Last name  | 5110                                      |            |             | Vo       | ur socis                 | I security n      | umber         |
| MILKESSA   |                 |   | RECIO  |   |            |             |          |                          | 6-7898            |               |
|  | spouse          | s first name and middle initial   | Last name  | <u> </u>                                  |            |             |          |                          | social secur      |               |
| AYMAN S  |                 |   | RECIO  |   |            | t           |          |                          | 7-6498            | -             |
|  | •               | ber and street). If you have a P.O. bo  | x, see instructions.   | · · · · ·                                 |            | Apt. no     | . Pr     | esiden                   |                   | n Campaign    |
| 4701 ROUG  |                 |   |  |   |            | 101         | join     |                          | 3 to go to this f |               |
| Alexandri  |                 | ice, state, and ZIP code. If you have a   | a toreign address, also con  | npiete spaces pelo                        | ow (see    | instruction |          | ecking a b<br>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<br>dener | ndent       | se       | e inst. a                | k check her       | e • []        |
| Deduction  | <b>—</b>        | Spouse itemizes on a separate re  |  |   | i uepei    | luem        |          |                          |                   |               |
| Age/Blindness  | You             | Were born before January  | / 2, 1955 🗌 A  | re blind<br>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                 | ]             |
|  |                 |   |  |   |            |             |          |                          | Ĺ                 |               |
|  |                 |   |  | · ·                                       |            |             |          |                          |                   |               |
|  |                 |   |  |   |            |             |          | <u></u>                  |                   |               |
|  | 1               | Wages, salaries, tips, etc. Attac   | h Form(s) W-2  | • • • • • • • • •                         | • • •      | • • • • •   |          | 1                        | -<br>-<br>-       |               |
| l <del></del>  | 2a              | Tax-exempt interest   | 2a   | <b>b</b> Taxable                          | e intere   | est         | • • • •  | 2b                       |                   |               |
| Standard   | 3a              | Qualified dividends   | . <u>3a</u>  | <b>b</b> Ordinal                          | y divid    | ends        | • • • •  | 3b                       |                   |               |
| Deduction  | 4a              | IRA distributions   | . <u>4a</u>  | <b>b</b> Taxable                          | e amou     | unt         | • • • •  | 4b                       |                   |               |
| <ul> <li>Single or Married<br/>filing separately,</li> </ul> | C               | Pensions and annuities  | 4c   | d Taxabl                                  | e amol     | unt         | •••;•    | 4d                       |                   |               |
| \$12,200   | 5a              | Social security benefits  | . 5a   | <b>b</b> Taxable                          | e amou     | t           | • • • •  | 5b                       |                   |               |
| <ul> <li>Married filing<br/>jointly or</li> </ul>            | 6               | Capital gain or (loss). Attach So   | chedule D if required. If  | not required, cl                          | neck he    | ere         |          | -6                       |                   |               |
| Qualifying<br>widow(er),                                     | 7a              | Other income from Schedule 1,   | line 9   |   | • • •      | •••••       | • • • •  | 7a                       |                   | 131,801       |
| \$24,400<br>Head of  | b               | Add lines 1, 2b, 3b, 4b, 4d, 5b,  | 6, and 7a. This is your  | total income                              | •••        | • • • • •   | •••      | 7b                       |                   | 131,801       |
| household,<br>\$18,350                                       | 8a              | Adjustments to income from So   | hedule 1, line 22  |   | •••        | • • • • •   | •••••    | 8a                       |                   | 9,313         |
| <ul> <li>If you checked</li> </ul>                           | b               | Subtract line 8a from line 7b. T  |  |   | ••••       | •••••       | •••      | 8b                       |                   | 122,488       |
| any box under<br>Standard                                    | 9               | Standard deduction or itemiz  | ed deductions (from S  | Schedule A)                               | 9          | 2           | 4,40     | <u>o</u>                 |                   |               |
| Deduction,<br>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 <b>2</b>    |
|--|-----------------|--|-------------------------|-----------------|--|--------------|---|--------------------|
|  | 12a             | Tax (see instructions). Check if a   | iny from:               |                 |  |              |   |                    |
|  |                 | 1 Form(s) 8814 2 Form  | 4972 <b>3</b>           |                 | 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<br>a qualifying                                    | а               | Earned income credit (EIC)   |                         |                 | 18a  |              |   |                    |
| child, attach<br>Sch. ElC.                                     | b               | Additional child tax credit. Attach  |                         |                 |  |              |   |                    |
| <ul> <li>If you have<br/>nontaxable<br/>combat pay,</li> </ul> | c               | American opportunity credit from   |                         |                 |  | 1,0          | 000                                     |                    |
| see<br>instructions.   | d               | Schedule 3, line 14  |                         |                 |  |              |   |                    |
|  | e               | Add lines 18a through 18d. These are you   |                         |                 |  | <b>s</b> !   | ▶ 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 <b>overp</b> a   | aid          | . 20                                    |                    |
|  | 21 a            | Amount of line 20 you want refunded  | <b>d to you.</b> If For | m 8888 is a     | ttached, check l   | here. ▶ [    | 21a                                     | ······             |
| Direct deposit?  |                 | Routing number   |                         | ► c Type:       |  | Saving       |   |                    |
| See<br>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<br>Here   | my kn<br>of whi | penalties of perjury, I declare that I have ex<br>lowledge and belief, they are true, correct, a<br>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?<br>See instructions.                             | 410<br>Sp       | 81.<br>ouse's signature. If a joint return, both must sign.  | 05-12-2021<br>Date      | Spouse's or     | cupation   |              | the IRS sent your                       | spouse an          |
| Keep a copy for<br>your records.                               | 939             |  | 05-12-2021              |                 |  |              | lentity Protection P<br>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<br>n's address ► 6000 STEVENSON AVENU  |                         |                 |  | <u> </u>     | · · · · ·                               | · · · · · ·        |
|  | 1-111           | Ms address ▶ 6000 STEVENSON AVENU<br>Alexandria, VA 22304  |                         |                 |  | -            | rm's EIN ► 20-                          | -8018550           |
| Go to www.irs.go   | ov/Form         | 1040 for instructions and the latest information.  |                         |                 | · ·  | <u>_</u>     |   | <b>1040</b> (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.

:

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<br>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<br>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).   | <b>a 1</b>                                    |  |  |  |  |  |
|           | • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3, (or<br>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                    |  |  |  |  |  |
|           | <ul> <li>If you checked 32b, you must attach Form 6198. Your loss may be limited.</li> </ul>  | 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<br>value closing inventory: <b>a</b> X Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta   |            | nation)                               |             |
| 34                                     | Was there any change in determining quantities, costs, or valuations between opening and closing invento<br>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<br>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<br>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<br>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                      |          |                                   |         |   | · · · · · · · |                                       | <b></b>         |                                       |
|  | 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 <b>only</b> 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)                                 |               |                                       | <b>_</b>        | 780                                   |
|  | expense deduction (not                                |          |                                   | 23      | Taxes and licenses  |               |                                       |                 | 1,903                                 |
|  | included in Part III) (see<br>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 <b>must</b> 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)<br>S RECIO   | SSN                                   |
| Part       |   | 223-97-6498                           |
| 33         | Method(s) used to<br>value closing inventory: <b>a</b> X Cost <b>b</b> Lower of cost or market <b>c</b> Other (at   | tach explanation)                     |
| 34         | Was there any change in determining quantities, costs, or valuations between opening and closing invent<br>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<br>Part | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4<br>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<br>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 |  |
|--------------|--|--|
|              | •  |  |
| <br><b>1</b> |  |  |

|                | ntment of the Treasury<br>al Revenue Service (99)  | to Form 1  | 040, 1040-SR, 1040-NR,                | or 10   | 41; partnerships generally mu           | st file  | Form 1065. Attachment<br>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)   | <b>K</b> 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 <b>only</b> 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<br>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 <del>9</del> | 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  |  |                                       |         |   |          |  |  |
|                | <ul> <li>If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line</li> <li>13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and</li> </ul> |  |                                       |         |   | 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<br>If you have a loss, check the bay;   |  |                                       |         | -                                       | 1        |  |  |
| 32             | If you have a loss, check the box  |  |                                       |         |   | 7        |  |  |
|                | <ul> <li>If you checked 32a, enter the</li> </ul>  |  |                                       |         | ••• •••                                 | 32       |  |  |
|                | Form 1040-NR, line 13) and on<br>31 instructions). Estates and trus  |  |                                       | ine ine | but on line 1, see the line             | 32       |  |  |
|                | <ul> <li>If you checked 32b, you mus</li> </ul>  |  |                                       | 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 <b>TOWING 488000</b>  |                    |                   |         | Pi                                     | age <b>2</b> |
|--------------|---|--------------------|-------------------|---------|--|--------------|
| Name(        |   | SSN                |                   | _       |  |              |
| Part         | ESSA RECIO<br>Cost of Goods Sold (see instructions)   | 019-8              | 6-789             | 8       | <u></u>                                |              |
| 33           | Method(s) used to<br>value closing inventory: <b>a X</b> Cost <b>b</b> Lower of cost or market <b>c</b> 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<br>or line | k expe<br>13 to f | ind out | n line 9<br>. if you                   | 9<br>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              | ·····             | :       |  | <del></del>  |
| 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 |  |
|------------|--|
|------------|--|

Name of proprietor

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c

| (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><br>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<br>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 <b>must</b> 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.                               |
|                 | <ul> <li>If you checked 32b, you must a</li> </ul>  | 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 <b>2</b>                          |
|-------------------|--|---------------------------------------|--|
| Name(             | e(s)<br>Xessa recio  | SSN                                   |  |
| Part              |  | 019-86-7898                           |  |
| 33                | Method(s) used to<br>value closing inventory: <b>a X</b> Cost <b>b</b> Lower of cost or market <b>c</b>  | 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<br>41          | Add lines 35 through 39      Inventory at end of year  |                                       | 224,000                                |
|                   |  |                                       | 0                                      |
| 42<br>Part        | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4<br>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?<br>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 <b>065.</b> 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.) <b>&gt; 4701 ROUGE</b>        |         |   |           |                 |                       |
|     | 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 <b>only</b> 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<br>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.<br>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 <b>mus</b> 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 <b>TOWING 811310</b>   |                          |                              | Page <b>2</b>              |
|---------------|--|--------------------------|------------------------------|----------------------------|
| Name          |  | SSN                      |                              |                            |
| Part          | K S RECIO     Cost of Goods Sold (see instructions)  | 223-97                   | -6498                        |                            |
| 33            | Method(s) used to<br>value closing inventory: <b>a X</b> Cost <b>b</b> Lower of cost or market <b>c</b> 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<br>and are not required to file Form 4562 for this business. See the instructions<br>file Form 4562.   | r or truck<br>for line 1 | c expenses of 13 to find out | on line 9<br>t if you must |
| 43<br>44<br>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<br>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<br>nal Revenue Service (99) | ,                                      |           |                                       |         | 41; partnerships generally must        |         | n 1065.                               | Attachment<br>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                                | <del>.</del> .                         |           | · · · · · · · · · · · · · · · · · · · |         |  |         |                                       |                            |                                       |
| 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 <b>only</b> 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<br>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.                            |         |  |         |                                       |                            |                                       |
|           | <ul> <li>If a profit, enter or</li> </ul>           | 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<br>Part | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4<br>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<br>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                              |
| ·          |  |                                     |
|            |  |                                     |
|            |  |                                     |
|            |  |                                     |
|            |  |                                     |
|            |  |                                     |
|            |  |                                     |

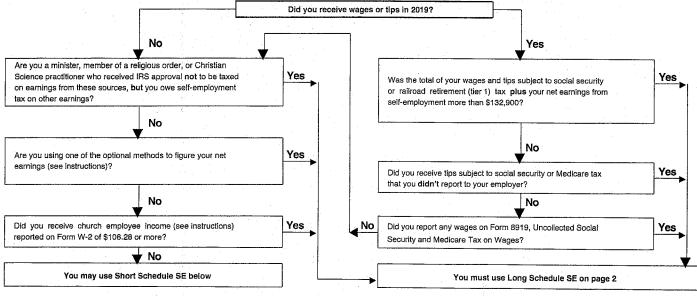
...

| SCHEDULE SE<br>(Form 1040 or 1040-SR)                       | SR) Self-Employment Tax  |                                       |  |  |  |  |  |
|---|--|---------------------------------------|--|--|--|--|--|
| Department of the Treasury<br>Internal Revenue Service (99) | <ul> <li>Go to www.irs.gov/ScheduleSE for instructions and the latest information.</li> <li>Attach to Form 1040, 1040-SR, or 1040-NR.</li> </ul> | 2019<br>Attachment<br>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.

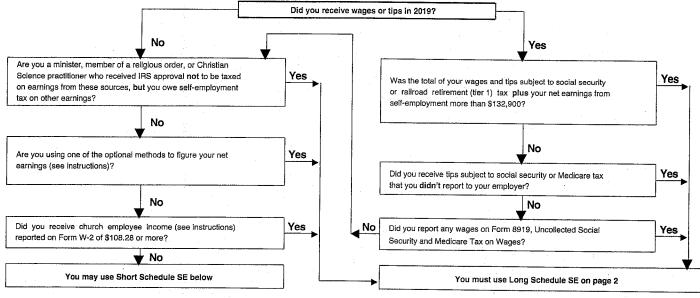
| Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065),  | r   |   |   |
|---|---|---|---|
|   |   | 1   |   |
|   | 1a  |   |   |
|   |   |   |   |
|   |   |   |   |
|   | 1b  | (   |   |
|   |   |   |   |
|   |   |   |   |
|   | 2   |   | 21,405  |
| Combine 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   |
|   | <ul> <li>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</li> <li>Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions</li> <li>Self-employment tax. If the amount on line 4 is:</li> <li>\$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.</li> <li>More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result.</li> <li>Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.</li> <li>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</li></ul> | 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<br>(Form 1040 or 1040-SR)                       | Self-Employme   | Self-Employment Tax                   |             |  |  |  |  |
|---|---|---------------------------------------|-------------|--|--|--|--|
| Department of the Treasury<br>Internal Revenue Service (99) | <ul> <li>▶ Go to www.irs.gov/ScheduleSE for instructio</li> <li>▶ Attach to Form 1040, 1040-SF</li> </ul> | 2019<br>Attachment<br>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:   |        |                     |
|      | <ul> <li>\$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form</li> </ul> |        |                     |
|      | 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<br>CHARLES<br>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 <b>6</b> | 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:   |                               |  |
|            | <ul> <li>Equal to or more than line 16, enter 1.000 on line 17 and go to line 18</li> </ul>                |                               |  |
|            | • 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<br>lit. Use additional copies of page 2 as needed for   |
| Part III Student and Educational Institution Informat   | ion. See instructions   |
| <b>20</b> 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)  |
| <ul> <li>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> <li>3300 WEST CAMELBACK RD</li> <li>Phoenix, AZ 85017</li> </ul>  | <ul> <li>Address. Number and street (or P.O. box). City, town or<br/>post office, state, and ZIP code. If a foreign address, see<br/>instructions.</li> </ul>   |
| (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<br>from this institution for 2018 with box X Yes No<br>7 checked?   | (3) Did the student receive Form 1098-T<br>from this institution for 2018 with box  Yes  No<br>7 checked?   |
| <ul> <li>(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.</li> <li>20-3356009</li> </ul>  | (4) Enter the institution's employer identification number<br>(EIN) if you're claiming the American opportunity credit or<br>if you checked "Yes" in (2) or (3). You can get the EIN<br>from Form 1098-T or from the institution.   |
| <b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019?   | Yes - Stop!<br>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.<br>No - Stop! Go to line 31 for this student.  |
| <ul><li>25 Did the student complete the first 4 years of postsecondary education before 2019? See instructions.</li></ul>   | Yes - Stop! Go to line 31 for this Student. No - Go to line 26.   |
| <b>26</b> 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 <b>same student</b> in the same year. If complete line 31.   |
| American Opportunity Credit           27 Adjusted qualified education expenses (see instructions). Don't  |   |
| <b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0-   |   |
| <b>29</b> Multiply line 28 by 25% (0.25)  |   |
| 30 If line 28 is zero, enter the amount from line 27. Otherwise, add<br>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)

| <b>٤ ٦ ٢</b>  |  | 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  |                                 | <b>x</b> . |   |                                       |          |                                       |
|               |  | (month and year ended           | ):         | ,   | Your social secu                      | urity pu | mbor                                  |
| Your first n  |  | ast name                        |            |   |                                       | -        | lilibei                               |
|               |  | RECIO                           |            |   | 019-86-7<br>Spouse's social           |          | he number                             |
| If joint retu |  | ast name                        |            |   | •                                     |          | ty number                             |
| AYMA          |  | RECIO                           |            | Apt. no.  | 223-97-6<br>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<br>ig your filing status. Caution: In general, you can't change yo<br>rom a joint retum to separate retums after the due date. | ur filing                       | 1          | <b>Full-year health</b><br>2018 returns only,<br>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<br>previously adjusted                               | amount of incre<br>or (decrease)      |          | C. Correct<br>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 <b>ov</b> | 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<br>mending. This would i  | lependents if<br>nclude a chan   | amend<br>ge in tl  | ing your 20<br>he number   | 18 or la<br>of exer   | ater return<br>nptions (o   | ) has changed<br>f dependents if                                    |
| ending your 2018 or la<br>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><br><b>Note:</b> See the Fo  | rms 1040 and 1040-SR,  | or Form 1040A, instructi  | ons  | or as  | emptions or<br>unt reported<br>s previously<br>adjusted  |   |   | númber<br>or amount   |
|   | <u>ing amended. See also t</u><br>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 <b>Explanati</b> Attach any su   | nt return and your spouse<br>on of Changes. In<br>pporting documents and   | to the fund, but now do.<br>e did not previously want the space provided be<br>new or changed forms ar<br>OR MY COMPANIES ?   | low, tell us wh<br>nd schedules.   | ny you   | are filing Fo  |   |   | ······································                              |
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| Check here if this is a joi<br>art III Explanati<br>► Attach any su<br>E TO TIME TO GET<br>ADDING MY COMPA<br>ADDING MY COMPA<br>LING.<br>ADDING MY COMPAN<br>LLING.<br>ADDING MY COMPAN<br>ADDING MY COMPAN<br>ADDIN   | nt return and your spouse<br>on of Changes. In<br>pporting documents and<br>MY DOCUMENTS FO<br>NY CAMEL TOWING<br>NY EMPIRE MOTORS<br>(Y EMPIRE MOTORS<br>(Y EMPIRE MOTORS)<br>(Y EMPIRE MOTORS)<br>(Y SCH.C EMPORIC)<br>(NY SCH.C EMPORIC)<br>(NY SCH.C EMPORIC)<br>(Sof this form for your re-<br>clare that I have filed an orig<br>e and belief, this amended r<br>ny knowledge. | e did not previously want is<br>the space provided be<br>new or changed forms ar<br>DR MY COMPANIES ?<br>LLC ON SCH. C WA<br>S TOWING & RECOVA<br>ON SCH.C EIN NUA<br>O TOWING LLC FOR<br>O TOWING LLC FOR<br>TOWING LLC FOR<br>COTOS.<br>inal return and that I have executed in the strue, correct, and correct<br>Date<br>Date<br>10-14-2021 | low, tell us while a schedules.<br>FOGETHER DI<br>AS NOT INC:<br>ERY LLC ON<br>MBER 47-53<br>CAR SALE<br>TOWING SE<br>amined this amen<br>mplete. Declaration<br>Your occupation<br>Spouse's occupati<br>AFG FOR A<br>Firm's name (or you<br>6000 STEV<br>Alexandri<br>Firm's address an | UE TO<br>LUDED<br>SCH.<br>10533<br>AND T<br>RVICE<br>ded return<br>n of prep | THE PAN<br>WITH OR<br>C WAS NOT<br>WAS NOT<br>OWING SE<br>ONLY FO<br>rn, including ad<br>arer (other that<br>TING SER<br>remployed)<br>AVENUE<br>22304     | DAMIC<br>IGNAL<br>T INCL<br>INCL<br>RVICE<br>Companies<br>In taxpay | I AM:<br>FILING<br>LUDED WI<br>S FOR T.<br>USE.<br>ving schedule<br>er) is based of | TH ORIGINAL<br>AXPAYER.<br>es and statements,<br>on all information |

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| <b>1040</b>  | Depart                | ment of the Treasury-Internal Revenue Servi<br>. Individual Income Tax   |                        | (99)<br>t <b>urn</b>             | 2020            | ) ом                 | B No. 1545                                   | -0074     | IRS Use Only | y-Do not wi                           | rite or stap             | le in this | space.    |
|--|-----------------------|--|------------------------|----------------------------------|-----------------|----------------------|--|-----------|--------------|---------------------------------------|--------------------------|------------|-----------|
| Filing Status<br>Check only<br>one box.              | lf you                | ingle x Married filing jointly<br>I checked the MFS box, enter the r<br>In is a child but not your dependent     | name o                 | arried filing s<br>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 <sup>i</sup> 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        | <b>51</b>    | Check h                               | nere if you              | i, or vol  | ur        |
| 4701 ROUGE   |                       | . If you have a foreign address, also co   | molete                 | snaces helow                     | <br>L:          | State                |  | ZIP code  |              | spouse                                | if filing joi            | ntly, wa   | ant \$3   |
|  |                       |  | mpioro                 | 0000000000                       |                 | VA                   | <b>`</b>                                     | 2231      | 2            |                                       | this fund.<br>ow will no |            |           |
| Alexandria   |                       |  |                        | Eoreign pro                      | ovince/state/c  |                      | <b>1</b>                                     |           | 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):<br>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<br>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>b</b> Taxa        | ble intere                                   | st        |              | . 2                                   | b                        |            | <u>"</u>  |
| Sch. B if  | 2a                    | Tax-exempt interest  | 2a<br>3a               |                                  |                 |                      |  |           | dends        |                                       | b                        |            |           |
| required.  | <u>3a</u>             | Qualified dividends  |                        |                                  |                 |                      | e amount                                     |           |              | b                                     |                          |            |           |
|  | j 4a                  | IRA distributions  | - <del>4</del> a<br>5a |                                  |                 | <b>b</b> Taxable amo |  |           |              | . 5                                   | b                        |            |           |
|  | 5a                    | Pensions and annuities<br>Social security benefits   | 6a                     |                                  |                 |                      | able amou                                    |           |              | . 6                                   | b                        |            |           |
| Standard<br>Deduction for-                           | 6a<br>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<br>Adjustments to income:   | ,                      |                                  |                 |                      |  |           |              |                                       |                          |            |           |
| <ul> <li>Married filing<br/>jointly or</li> </ul>    | 10                    | From Schedule 1, line 22   |                        |                                  |                 |                      | 1  | 0a        | 8.7          | 752                                   |                          |            |           |
| Qualifying<br>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     |
| <ul> <li>Head of<br/>household,</li> </ul>           | C                     | Add lines 10a and 10b. These a<br>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<br>Standard deduction or itemize   | is is yo<br>al ala al  | un aujusieu                      | m Schodule      | Δ)                   |  |           |              |                                       | 2                        |            | 24,800    |
| <ul> <li>If you checked<br/>any box under</li> </ul> | 12                    | Qualified business income deduction  | tion ^                 | ttoch Form G                     | 2005 or For     | n 8005-4             | Δ  |           |              |                                       | 3                        |            | 18,066    |
| Standard<br>Deduction,                               | 13                    |  |                        | •••••                            |                 |                      |  |           |              |                                       | 4                        |            | 42,866    |
| Duddoulong   |                       |  |                        |                                  |                 |                      |  |           |              |                                       |                          |            |           |
| see instructions.                                    | 14<br>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): <b>1</b> 🗌 8814 | 4 <b>2</b> 🗌 49 <sup>.</sup> | 72 3      | ]           |             | . 16                          |           | 8,       | 278     |
|                                      | 17      | Amount from Schedule 2, line 3  |                        | . <b></b> .                  |           |             | • • • •     | . 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<br>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 <b>refunded to you.</b> If Form 8888 is attached, check here         |                        |                              |           |             |             |                               |           |          | 0       |
| Direct deposit?<br>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<br>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<br>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<br>your records.   | . Op    |   |                        |                              | •         |             |             | Identity Proi<br>(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

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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<br>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 <b>adjustments to income.</b> 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<br>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. <b>02</b><br>curity number<br>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  | <b></b> | · · · · · · · · · · · · · · · · · · ·         |
| 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: <b>a</b> 🗌 Form 8959 <b>b</b> 🗋 Form 8960  | -<br>   |   |
|         | 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 <b>total other taxes.</b> 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<br>Revenue Service (99) > Attach to         | Form       | •                                     |           | 41; partnerships generally must        |           | n 1065. Attachment<br>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<br>Accounting method: (1) X |            |                                       |           | Other (specify)                        |           |  |  |  |
|                  |  |            | · · housed                            | <b>3)</b> | 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 <b>only</b> 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<br>25 | 3,529                                  |  |  |
|                  |  | 160        |                                       |           | Wages (less employment credits)        |           | 4,290                                  |  |  |
|                  | Mortgage (paid to banks, etc.)                                   | 16a<br>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                             |            |                                       |           | -                                      | <br>      | 219,620<br>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                                 |  |  |
|                  | <ul> <li>If a loss, you must go to line 3</li> </ul>             |            | 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                 |           |  |  |  |
|                  | <ul> <li>If you checked 32a, enter the</li> </ul>                |            |                                       |           |  | 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.                               |  |  |
|                  | <ul> <li>If you checked 32b, you mus</li> </ul>                  | 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<br>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<br/>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<br>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<br>and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you mus<br>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 <b>only</b> if you are claiming ca<br>32 for this business. See the instructions | ar or truc<br>s for line | k expenses or<br>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                                 |
|   |          |   |  |                          |                                 |                                       |
|   |          |   |  |                          |                                 |                                       |
|   |          |   |  |                          |                                 | :<br>                                 |
|   |          |   |  | ······                   | -                               | 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<br>al Revenue Service (99) |                  |           | •                                     |         | 1; partnerships generally mus        |                | n 1065.      | Attachment<br>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 | •  |                  |           |                                       |         |                                      | <b> </b> →     | 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) <b>22</b>   |              | 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                               | . <b>.</b> 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) <b>26</b>   |              |                           |             |
| 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      |
|     | <ul> <li>If a loss, you mu</li> </ul>            | -                |           |                                       |         |                                      | _              |              |                           |             |
| 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       | <b>32b</b>     |              | 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 <b>2</b>                             |
|-------------|---|---|---|
| Name(s      |   |   | SSN                                       |
| Part I      | SSA RECIO<br>Cost of Goods Sold                           | (see instructions)  | 019-86-7898                               |
| <u></u>     |   |   | ·   |
| 33          | Method(s) used to value closing inventory: <b>a</b>       |   | 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                                   | ·<br>• • • • • • • • • • • • • • • • • • •  | 40 88,500                                 |
| 41          | Inventory at end of year                                  | a<br>• • • • • • • • • • • • • • • • • • •  | ••• 41 0                                  |
| 42          |   | ne 41 from line 40. Enter the result here and on line 4   |   |
| Part        |   | <b>r Vehicle.</b> Complete this part <b>only</b> if you are claiming c to file Form 4562 for this business. See the instruction |   |
| <b>43</b> · | 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>b</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<br>Part \ | If "Yes," is the evidence written?<br>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                                   |
|             |   |   |   |
|             | · · · · · · · · · · · · · · · · · · ·                     |   |   |
|             |   |   |   |
|             |   |   |   |
|             |   |   |   |
|             | · · · · · · · · · · · · · · · · · · ·                     |   |   |
| <b>48</b>   | Total other expenses. Enter her                           | re and on line 27a  | 48 294,251<br>Schedule C (Form 1040) 2020 |

| SCHEDULE C  |  |
|-------------|--|
| (Form 1040) |  |

Department of the Treasury

### **Profit or Loss From Business**

OMB No. 1545-0074 2020

ł

| (Sole | Proprietors | nip) |
|-------|-------------|------|
|-------|-------------|------|

► Go to www.irs.gov/ScheduleC for instructions and the latest information. . 11. \_

|                | ment of the Treasury<br>Revenue Service (99) Attach to F | Form 1040, 1040-SR 1040-NR          | or 104    | 1; partnerships generally mus        | t file Form  | Attachment<br>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 .<br>. 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 <b>only</b> on line 30.         |              |                                  |
| 8              | Advertising  | 8 16,98                             |           | Office expense (see instructions     | s) <b>18</b> |                                  |
| 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) <b>22</b> | 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) <b>26</b> |                                  |
| 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 <del>9</del> | 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 <b>must</b> go to line 32               |                                     |           |                                      | 1            |                                  |
| 32             | If you have a loss, check the box th                     |                                     |           |                                      | Ъ            | · · · ·                          |
|                | <ul> <li>If you checked 32a, enter the lo</li> </ul>     |                                     |           |                                      | 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      | <b>32</b> b  | Some investment is not           |
|                | Form 1041, line 3.                                       | 1                                   |           |                                      |              | at risk.                         |
|                | <ul> <li>If you checked 32b, you must</li> </ul>         | 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<br>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>b</b> Lower of cost or market <b>c</b> 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                                     |
|            |                                    |  |              | -<br>                                  |                                       |
| 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<br>• • • • • • • • • • • • • • • • • • •   | • 38         | ·····.                                 |                                       |
| 39         | Other costs                        | · · · · · · · · · · · · · · · · · · ·  | . 39         |  |                                       |
|            |                                    |  |              |  |                                       |
| 40         | Add lines 35 through 39            | *<br>************************************  | . 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         |                                    |  |              |  | <b>—</b> .                            |
| 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                 |  |              |  |                                       |
| <b>HEA</b> | 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)                      | <ul> <li>Attach te</li> </ul> | o Form   | 1040, 1040-SR, 1040-NR, o             | r 104   | 1; partnerships generally must         | file For                              | m 1065.             | Attachn<br>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<br>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 <b>only</b> 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) (<br>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. |
|-----|----------|-------------|-------------|------------------|---------------|
|-----|----------|-------------|-------------|------------------|---------------|

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<br>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<br>Part  | IN Information on You                           | e 41 from line 40. Enter the result here and on line 4<br>r Vehicle. Complete this part only if you are claiming ca<br>to file Form 4562 for this business. See the instructions | ar or truck expenses or | <u>671,666</u><br>n line 9<br>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<br>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<br>Seguence No. 09 |
|---------------------------|--|-----------|--------------------------------|---------|---|-----------|--|
|                           | e of proprietor  |           |                                |         |   |           | I security number (SSN)                |
| AYN                       | IAN S RECIO  | 5.<br>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.) <b>&gt; 4701 ROUGE</b> | 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<br>4                    |  |           |                                |         |   |           | 213,617                                |
| 4<br>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 <b>only</b> 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<br>30                  | Tentative profit or (loss). Subtract                                   |           |                                |         |   | . 29      | (3,836)                                |
| 50                        | Expenses for business use of you<br>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      |  |
|                           | <ul> <li>If a profit, enter on both Scheet</li> </ul>                  |           |                                | 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.                               |
|                           | <ul> <li>If you checked 32b, you mus</li> </ul>                        |           |                                | 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 <b>2</b> |
| Name(s  | 3)   |  |   | SSN  |                                       |               |
|         | S RECIO  | • /  |   | 223-97                                     | -6498                                 | <u>.</u>      |
| Part    |  | (see instructions)   | · · · · · · · · · · · · · · · · · · ·                       | · · · ·                                    |                                       |               |
| 33      | Method(s) used to value closing inventory: <b>a</b>              | Cost <b>b</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 • • • •                                   | <b></b>  |   |  |                                       |               |
| 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<br>and are not required<br>file Form 4562. | <b>ur Vehicle.</b> Complete th<br>I to file Form 4562 for th | is part <b>only</b> if you are c<br>is business. See the ir | laiming car or truc<br>structions for line | k expenses on<br>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>b</b> Commuting (see                                      | instructions)   | <b>c</b> 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<br>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   | , <b></b>    | •••••                                    | . 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<br>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                            |  |  |  |
|      | <ul> <li>If a loss, you must go to line 32.</li> </ul>                                       |              |  |             |                                  |  |  |  |
| 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.                         |  |  |  |
|      | <ul> <li>If you checked 32b, you must attach Form 6198. Your loss r</li> </ul>               | nay be       | limited.                                 |             | chedule C (Form 1040) 2020       |  |  |  |
| Fo   | r Paperwork Reduction Act Notice, see the separate instructions                              | i <b>.</b> ' |  | 5           | chequie C (FOITH 1040) 2020      |  |  |  |

| Schedu | le C (Form 1040) 2020                               | CAR SALES AND TOWING 999999   |                     | Page <b>2</b> |
|--------|---|---|---------------------|---------------|
| Name(s | )<br>SSA RECIO                                      |   | SSN<br>019-86-7898  |               |
| Part   |   | d (see instructions)  |                     |               |
| 33     | Method(s) used to value closing inventory: <b>a</b> | Cost <b>b</b> Lower of cost or market <b>c</b> 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<br>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>b</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<br>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 •••<br>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<br>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 <sup>2</sup> 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 <sup>®</sup> were le | iss man \$6,107                                 |           |                                       |
| and all                    | so less than $72.1$                       | 89% of your gross noniarin   | incomḗ, <b>and (b)</b> you had ne<br>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        |                                       |
| <sup>1</sup> From          | Sch. F. line 9; and                       | Sch. K-1 (Form 1065), box 14, c                                    | ode B.  |                                 | ne 31; and Sch. K-1 (Form 1065                  |           |                                       |
| <sup>2</sup> From<br>you w | Sch. F, line 34; and<br>ould have entered | i Sch. K-1 (Form 1065), box 14,<br>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  | ·<br>· · · · |                                       |
| 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<br>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 <b>and</b> 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<br>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                      |  |  |
| <b>4 a</b> 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>b</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<br>8a  |                               |  |  |
| 8b through 10  | , and go to line 11   |  |                               |  |  |
| <b>b</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                            |  |  |
| <b>d</b> 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<br>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 <sup>2</sup> 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 <sup>1</sup> (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, <b>and (b)</b> you had net of the prior 3 years. <b>Caution:</b> 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                            |  |  |
| <sup>1</sup> From Sch. F. line 9: at                           | nd Sch. K-1 (Form 1065), box 14, code B.  | <sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065   | 5), box 14, code A.           |  |  |
| <sup>2</sup> From Sch. F, line 34; a<br>you would have entered | and Sch. K-1 (Form 1065), box 14, code A-minus the amount<br>ad on line 1b had you not used the optional method.  | <sup>4</sup> 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

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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<br>to www.irs.gov/Payments for pay |  | 2020              |
| 1 Your social security number (SSN)<br>(if a joint return, SSN shown first on your return) | 2 If a joint return, SSN shown second<br>on your return<br>223-97-6498 | 3 Amount you are paying by check or<br>money order. Make your check or<br>money order payable to "United<br>States Treasury" | 25,781            |
| MILKESSA & AYMAN S R<br>4701 ROUGE CT APT 10<br>Alexandria, VA 2231                        | ECIO In<br>L P-  | ternal Revenue Servi<br>0. Box 931000<br>uisville: KY 40293-   | Ce                |

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

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| <b>1040</b>  |              | artment of the Treasury—Internal Revenue Ser<br>S. Individual Income Ta                                      |            | (99)<br>S <b>urn</b> | 20                         | 21                         | OMB No.                 | 1545-0 | 0074 IRS      | Use Only | ∕−Do not v | write or staple | in this space.                |
|--|--------------|--|------------|----------------------|----------------------------|----------------------------|-------------------------|--------|---------------|----------|------------|-----------------|-------------------------------|
| Filing Status<br>Check only<br>one box.              | lf yo        | Single 🔀 Married filing jointly [<br>u checked the MFS box, enter the<br>on is a child but not your depender | name of    |                      | separately<br>buse. If you |                            |                         |        |               | . ,      |            | , ,             | dow(er) (QW)<br>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<br>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<br>number     | rity                       | (3) Relat               |        |               |          |            | or (see instru  | ,                             |
| If more  | <b>(1)</b> F | rst name Last name   |            |                      |                            | to you                     |                         | ou     | Child tax cre |          | redit      | Credit for of   | ther dependents               |
| than four<br>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>b</b> Ordinary dividend |                         |        |               |          | . 31       |                 |                               |
|  | ) 4a         | IRA distributions  | 4a         |                      |                            |                            | <b>b</b> Taxable amount |        |               |          | . 41       |                 |                               |
|  | 5a           | Pensions and annuities   | 5a         |                      |                            | <b>b</b> Taxable amount    |                         |        | · ·           | . 51     |            |                 |                               |
| Standard<br>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 <b>total in</b>        | come                       |                         | ·      |               | · ·      | ► <u>9</u> |                 | 32,629.                       |
| <ul> <li>Married filing<br/>jointly or</li> </ul>    | 10           | Adjustments to income from Sch   |            |                      |                            | • •                        |                         | ·      |               | · ·      | . 10       |                 | 9,371.                        |
| Qualifying<br>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.         |                 |                               |
| <ul> <li>Head of<br/>household,</li> </ul>           | b            | Charitable contributions if you take   |            |                      |                            |                            | ,                       | 12b    |               |          |            |                 |                               |
| \$18,800   | c            |  |            |                      |                            |                            |                         |        |               | · ·      | . 12       |                 | 25,100.                       |
| <ul> <li>If you checked<br/>any box under</li> </ul> | 13           | Qualified business income deduc  |            |                      |                            |                            |                         |        |               | · ·      | . 1:       |                 | 19,632.                       |
| Standard<br>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<br>te Spouse's occupation<br>Towing<br>nail address<br>te 500 The Woodlar  | Date F             | If the IR<br>Identity<br>(see inst<br>PTIN<br>Phone r | Protection<br>t.) ▶<br>Che<br><br>10.832 | Ir spouse an<br>PIN, enter it here<br>ck if:<br>Self-employed<br>289-7110<br>-1075373 |  |
|--|--------------------|---|--|---|--|
| te Spouse's occupatio Towing nail address  | Date F             | If the IR<br>Identity<br>(see inst<br>PTIN<br>Phone r | Protection<br>t.) ▶<br>Che<br><br>10.832 | ck if:<br>Self-employed<br>289-7110   |  |
| te Spouse's occupatio<br>Towing  | on                 | If the IR<br>Identity<br>(see inst                    | Protection<br>t.) ►<br>Che               | n PIN, enter it here  |  |
| te Spouse's occupatio<br>Towing  | on                 | If the IR<br>Identity<br>(see inst                    | Protection<br>t.) ►                      | PIN, enter it here  |  |
| te Spouse's occupatio<br>Towing  | on .               | If the IR<br>Identity<br>(see inst                    | Protection<br>t.) ►                      | PIN, enter it here  |  |
| te Spouse's occupatio  |                    | If the IR<br>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<br>Person | nplete belo<br>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 <b>refunded to you.</b> If Form 8888 is attached, check here  |                    |   |  |   |  |
| om line 33. This is the amount   | •                  |   | 34<br>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<br>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<br>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<br>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<br>0 | Total other income. Add lines 8a through 8z   |               | <br>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<br>the rental of personal property engaged in for profit <b>24b</b>                                  |     |        |
| С   | Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 8l <b>24c</b>  |     |        |
| d   | Reforestation amortization and expenses   |     |        |
| е   | Repayment of supplemental unemployment benefits under the<br>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<br>award from the IRS for information you provided that helped the<br>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) |   |

Department of the Treasury

### **Additional Taxes**

OMB No. 1545-0074 20

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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 <b>5</b>                             |        |                |
| 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 <b>total other</b> 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<br>; partnerships must generally file F |           | Attachment<br>Sequence No. <b>09</b> |
|------|--|----------------|-------------------------------|----------|--|-----------|--------------------------------------|
|      | 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    | <b>3</b> 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.  |           |                                      |
|      | <ul> <li>If you checked 32a, enter th</li> </ul> |                | •                             |          |  |           |                                      |
|      | 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                     | <b>st</b> atta | ch Form 6198. Your loss ma    | ay be li | mited.   |           | at risk.                             |

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| Schedu | le C (Form 1040) 2021  |         |            | Page <b>2</b> |
|--------|--|---------|------------|---------------|
| Part   | III Cost of Goods Sold (see instructions)  |         |            |               |
| 33     | Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> 🔀 Lower of cost or market <b>c</b> 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<br>are not required to file Form 4562 for this business. See the instructions for line<br>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 <b>2</b> |
|--------|--|--------------------------|-----------|------------|---------------|
| Part   | t III Cost of Goods Sold (see instructions)  |                          |           |            |               |
| 33     | Method(s) used to<br>value closing inventory: <b>a</b> 🗙 Cost <b>b</b> 🗌 Lower of cost or marke              | et <b>c</b> 🗌 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>b</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   | <b>Other Expenses.</b> 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.       |

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| (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<br>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 <b>only</b> 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. <b>19</b>   |                                  |
|      | instructions)  | 9                    | 20                         | Rent or lease (see instructions):   |                |                                  |
| 10   | Commissions and fees .                                 | 10                   | а                          | Vehicles, machinery, and equipme    | ent <b>20a</b> |                                  |
| 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<br>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                              | . <b>24</b> 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 <b>must</b> 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            |                                  |
|      | <ul> <li>If you checked 32b, you must</li> </ul>       | st attach Form 61    | 98. Your loss may be li    | mited.                              | 520            | at risk.                         |

| Schedu    | e C (Form 1040) 2021   |         |            | Page <b>2</b> |
|-----------|--|---------|------------|---------------|
| Part      | II Cost of Goods Sold (see instructions)   |         |            |               |
| 33        | Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta   | ch ex   | planation) |               |
| 34        | Was there any change in determining quantities, costs, or valuations between opening and closing inventor<br>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<br>are not required to file Form 4562 for this business. See the instructions for line 1<br>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         |
| ⊳<br>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 |
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| (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 <b>only</b> on line 30.  |            |   |
| 8        | Advertising   | 8   | 18 Office expense (see instructions) .  | 18         |   |
| 9        | Car and truck expenses (see                                     |   | <b>19</b> Pension and profit-sharing plans .  | 19         |   |
|          | instructions)   | 9   | <b>20</b> Rent or lease (see instructions):   |            |   |
| 10       | Commissions and fees .  | 10  | a Vehicles, machinery, and equipment  | 20a        |   |
| 11       | Contract labor (see instructions)                               | 11  | <b>b</b> Other business property  | 20b        |   |
| 12       | Depletion   | 12  | 21 Repairs and maintenance  | 21         | 59,654.   |
| 13       | Depreciation and section 179<br>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                                       |   | <b>a</b> Travel   | 24a        |   |
|          | (other than on line 19) .                                       | 14  | <b>b</b> Deductible meals (see  |            |   |
| 15       | Insurance (other than health)                                   | 15  | instructions)   |            |   |
| 16       | Interest (see instructions):                                    |   | <b>25</b> 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<br>Simplified method filers only | thod. See instructions.<br>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<br>d trusts, enter on Form 1041, line 3.   | 31         | 17,225.   |
|          | • If a loss, you <b>must</b> 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                         | <b>1 (Form 1040), line 3,</b> and on <b>Schedule</b><br>31 instructions.) Estates and trusts, enter on<br>ar loss may be limited. | 32a<br>32b | <ul> <li>All investment is at risk.</li> <li>Some investment is not<br/>at risk.</li> </ul> |

| Schedu    | le C (Form 1040) 2021  |           |            | Page <b>2</b> |
|-----------|--|-----------|------------|---------------|
| Part      | III Cost of Goods Sold (see instructions)  |           |            |               |
| 33        | Method(s) used to<br>value closing inventory: <b>a</b> 🗶 Cost <b>b</b> 🗌 Lower of cost or market <b>c</b> 🗌 Other (atta  | ach ex    | planation) |               |
| 34        | Was there any change in determining quantities, costs, or valuations between opening and closing inventor<br>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<br>are not required to file Form 4562 for this business. See the instructions for line<br>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<br>Part | If "Yes," is the evidence written?   | <br>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 <b>2</b> |
|--------|--|-------------------------|-------------------|----------------|----------------|--------------|-------------|---------|------------|---------------|
| Part   | Cost of Good                                     | <b>Is Sold</b> (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<br>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)             |              | <b>c</b> (  | 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<br>Sea | chment<br>Jence No | . <b>09</b> |        |
|----------------|--|-----------------|---|-----------------|--|-------------|----------|-------------|--------------------|-------------|--------|
| 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<br>7         |  |                 | -   |                 | efund (see instructions)               | 6           | +        |             | 75                 | ,37         | 0      |
| Part           | Gross income. Add lines 5 ar                   | 10 0 .<br>20202 | for business use of your h  | nom             | <u> </u>                               | 1           |          |             | / 5                | , 57        | 9.     |
| 8              | Advertising                                    | 8               |   | 8               | Office expense (see instructions)      | 18          | <b>—</b> |             |                    |             |        |
| 9              | Car and truck expenses (see                    | <b>–</b>        |   | 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                 |                 |   |                 |  |             |          |             |                    |             |        |
|                | •  |                 | <b>1 (Form 1040), line 3,</b> and on <b>s</b> uctions). Estates and trusts, ent |                 |  | 31          |          |             | 22                 | ,73         | 0.     |
|                | • If a loss, you <b>must</b> 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  | <b>10), l</b> 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    |
|                | <ul> <li>If you checked 32b, you mu</li> </ul> | st atta         | ch <b>Form 6198.</b> Your loss may b  | be lir          | nited.                                 |             | a        | t risk.     |                    |             |        |

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|--------|---|--------|------------|---------------|
| Part   | II Cost of Goods Sold (see instructions)  |        |            |               |
| 33     | Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta  | ch exi | olanation) |               |
| 34     | Was there any change in determining quantities, costs, or valuations between opening and closing inventor<br>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 |
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| (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<br>Sequence No. <b>09</b> |
|----------|---|----------------|--------------------------------------|---------|---|-----------|--------------------------------------|
|          | 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<br>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<br>15       |                                      | b       | Deductible meals (see instructions)     | 24b       |                                      |
| 15<br>16 | Interest (see instructions):                      | 15             |                                      | 25      | ,                                       | 240       |                                      |
|          | Mortgage (paid to banks, etc.)                    | 16a            |                                      | 26      | Wages (less employment credits)         | 25        |                                      |
| a<br>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 <b>must</b> 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       |                                      |
|          | <ul> <li>If you checked 32b, you mu</li> </ul>    | <b>st</b> atta | ch <b>Form 6198.</b> Your loss may l | be lir  | mited.                                  |           | at risk.                             |

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|-----------|--|-------|------------|---------------|
| Part      | III Cost of Goods Sold (see instructions)  |       |            |               |
| 33        | Method(s) used to<br>value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta  | ch ex | planation) |               |
| 34        | Was there any change in determining quantities, costs, or valuations between opening and closing inventor<br>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<br>are not required to file Form 4562 for this business. See the instructions for line 1<br>Form 4562. |       |            |               |
| 43<br>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         |
| ⊳<br>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<br>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 <b>only</b> 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 <b>Sch</b> 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            |
|      | <ul> <li>If you checked 32b, you mu</li> </ul>                         | st attach F  | orm 6198. Your loss may b      | be lir | nited.  |           | at risk.                          |

| -    | e C (Form 1040) 2021   |         |            | Page <b>2</b> |
|------|--|---------|------------|---------------|
| Part | Cost of Goods Sold (see instructions)  |         |            |               |
| 33   | Method(s) used to<br>value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta  | ich exi | planation) |               |
| 34   | Was there any change in determining quantities, costs, or valuations between opening and closing inventor<br>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<br>are not required to file Form 4562 for this business. See the instructions for line 1<br>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.<br>partnerships must generally file Fe | orm         | 1065.         | Attachment<br>Sequence N       | <br>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<br>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<br>10  | 20                                     |       | Rent or lease (see instructions):  | 20          |               |                                |            |
| 10<br>11 | Commissions and fees .<br>Contract labor (see instructions)             | 11       | a                                      |       | Vehicles, machinery, and equipment<br>Other business property              | 20<br>20    | -             |                                |            |
| 12       | Depletion   | 12       | b<br>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 <b>must</b> go to line                                 |          | denote the second second second second |       | J  |             |               |                                |            |
| 32       | -   |          | describes your investment in thi       |       | . )  |             |               |                                |            |
|          |   |          | n both Schedule 1 (Form 1040),         |       | ,  | ~~          | - <sup></sup> |                                | io of rich |
|          |   | no xoa   | line 1, see the line 31 instructions.  | .) E  | estates and trusts, enter on   | 32<br>32    |               | All investment<br>Some investm |            |
|          | <ul><li>Form 1041, line 3.</li><li>If you checked 32b, you mu</li></ul> | st atta  | h Form 6198. Your loss may be          | lin   | nited.   | 32          |               | at risk.                       | GIL IS HUL |

| Schedu               | e C (Form 1040) 2021                     |  |        |            | Page <b>2</b> |
|----------------------|--|--|--------|------------|---------------|
| Part                 | III Cost of Goo                          | ds Sold (see instructions)   |        |            |               |
| 33                   | Method(s) used to value closing inventor | y: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta   | ch exi | olanation) |               |
| 34                   | Was there any change                     | in determining quantities, costs, or valuations between opening and closing inventor<br>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                 |  | <b>on Your Vehicle.</b> Complete this part <b>only</b> 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>b</b> Commuting (see instructions) <b>c</b> 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          |
| <sub>b</sub><br>Part | If "Yes," is the evidence V Other Experi | e written?<br>I <b>ses.</b> 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<br>Sequence No. <b>17</b> |
|---------|---|----------------|--------------------------------------|
| 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 <b>church employee income</b> , 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 <b>and</b> you filed Form \$400 or more of <b>other</b> 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, <b>stop</b> ; you don't owe self-employment tax. <b>Exception</b> : If less than \$400 and you had <b>church employee income</b> , enter -0- and continue  | 4c             | 65,674.                              |
| 5a      | Enter your church employee income from Form W-2. See instructions for<br>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 <b>smaller</b> 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    |   |                |                                      |
|         | <b>Optional Method.</b> You may use this method <b>only</b> if <b>(a)</b> your gross farm income <sup>1</sup> wasn't more than 0, <b>or (b)</b> your net farm profits <sup>2</sup> were less than \$6,367.  |                |                                      |
| 14      | Maximum income for optional methods   | 14             | 5,880                                |
| 15      | Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$5,880. Also, include this amount on line 4b above  | 15             |                                      |
| and al  | <b>Arm Optional Method.</b> You may use this method <b>only</b> if <b>(a)</b> your net nonfarm profits <sup>3</sup> were less than \$6,367 lso less than 72.189% of your gross nonfarm income, <sup>4</sup> <b>and (b)</b> you had net earnings from self-employment east \$400 in 2 of the prior 3 years. <b>Caution:</b> You may use this method no more than five times. |                |                                      |
| 16      | Subtract line 15 from line 14   | 16             |                                      |
| 17      | Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on line 16. Also, include this amount on line 4b above   | 17             |                                      |

| <sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.                  | <sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A. |
|--|--|
| <sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount | <sup>4</sup> 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<br>Sequence No. <b>17</b> |
|---------|---|--------|--------------------------------------|
|         | 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 <b>church employee income</b> , 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 <b>and</b> you filed Form \$400 or more of <b>other</b> 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, <b>stop</b> ; you don't owe self-employment tax. <b>Exception</b> : If less than \$400 and you had <b>church employee income</b> , 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 <b>smaller</b> 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   |        |                                      |
|         | <b>Optional Method.</b> You may use this method <b>only</b> if <b>(a)</b> your gross farm income <sup>1</sup> wasn't more than  |        |                                      |
|         | D, or (b) your net farm profits <sup>2</sup> were less than $$6,367$ .  |        |                                      |
| 14      | Maximum income for optional methods   | 14     | 5,880                                |
| 15      | Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$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 <sup>3</sup> were less than \$6,367  |        |                                      |
|         | so less than 72.189% of your gross nonfarm income, <sup>4</sup> and (b) you had net earnings from self-employment   |        |                                      |
|         | east \$400 in 2 of the prior 3 years. <b>Caution:</b> You may use this method no more than five times.  |        |                                      |
| 16      | Subtract line 15 from line 14   | 16     |                                      |
| 17      | Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on line 16. Also, include this amount on line 4b above               | 17     |                                      |

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

|            |  |         |            | y No.<br>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<br>Does your 2021 return include a social security number that was issued on or<br>before the due date of your 2021 return (including extensions) for you and, if filing  | et      |            |              |
|            | a joint return, your spouse?<br>X Yes. Go to line 6<br>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.<br>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<br>on or before the due date of your 2021 return (including extensions)?<br>Yes. Your credit is not limited. Go to line <b>6</b> .  |         |            |              |
| 4          | <b>No.</b> Go to line 4.<br>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.<br>No. Go to line 5<br>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       |            |              |
|            | <ul> <li>taxpayer identification number?</li> <li>Yes. Enter 0 on line 6 and go to line 7.</li> <li>No. Stop. You can't take the credit. Don't complete the rest of this worksheet</li> </ul>  | :       |            |              |
| 6          | <ul> <li>and don't enter any amount on Form 1040, line 30.</li> <li>Enter: • \$1,400 if single, head of household, married filing separately, qualifying widow(er).</li> </ul>   |         |            |              |
| 7          | <ul> <li>\$1,400 if married filing jointly and you answered "Yes" to question 4, or</li> <li>\$2,800 if married filing jointly and you answered "Yes" to question 2 or 3</li> <li>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</li> </ul> |         | 6          | 2,800.       |
| 0          | that was issued on or before the due date of your 2021 return (including identification number   |         | 7<br>8     | 2,800.       |
| 8<br>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.       |
|            | <ul> <li>Single or married filing separately-\$75,000</li> <li>Married filing jointly or qualifying widow(er)-\$150,000</li> <li>Head of household-\$112,500</li> </ul>  |         |            |              |
| 10         | Yes. Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10<br>X No. Enter the amount from line 8 on line 12 and skip lines 10 and 11<br>Is line 9 more than the amount shown below for your filing status?   | )       | 9          |              |
|            | <ul> <li>Single or married filing separately-\$80,000</li> <li>Married filing jointly or qualifying widow(er)-\$160,000</li> <li>Head of household-\$120,000</li> </ul>  |         |            |              |
|            | 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.   |         |            |              |
| <b>1</b> 1 | <b>No.</b> Subtract line 9 from the amount shown above for your filing status<br>Divide line 10 by the amount shown below for your filing status. Enter the result as<br>a decimal (rounded to at least 2 places).   |         | 10         |              |
|            | <ul> <li>Single or married filing separately-\$5,000</li> <li>Married filing jointly or qualifying widow(er)-\$10,000</li> <li>Head of household-\$7,500</li> </ul>  |         | <b>1</b> 1 |              |
| 12<br>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 <b>Recovery rebate credit</b> . 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<br>Number | Qualified business<br>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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22.

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25.

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27.

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29.

30.

31.

32.

33.

| MILKESSA RE<br>6912 GILBERT STRE   | ECIO<br>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<br>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<br>VA Driver's Licen |                |                                   | Amended                              |   |
|                                   |                |                                   | Reason Code                          |   |
| VA Driver's Licen                 | 15e - 155. Dai |                                   | Overseas on Due Date                 |   |
| Exemptions (A)<br>You             | 1              | Exemptions (B)<br>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<br/>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<br>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: <b>Commuting</b>                |                      |          |                       |   |
|     | # 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<br>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<br>(Divide the amount on Line<br>reported on Line 5 and er<br>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<br>Return  | edit from Your 20  | 20 Income Tax    |             |               |                |               |
| 10. | Enter the Amount of Any<br>Installment Period in the Ap<br>(Do not enter any late paym  | propriate Column   | Made for Each    |             |               |                |               |
| 11. | Underpayment or [Overpayi<br>(Subtract Lines 8, 9 and 10<br>overpayment)  |  | nstructions for  | 1,337.      | 1,338.        | 1,338.         | 1,338.        |
| 12. | Other Payments<br>(Enter the payments from the<br>below, beginning with the e<br>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 <b>Timely</b> Paym<br>Due Date From Lines 8, 9, 7<br>(For ex., in Column A enter a  | 10 and 12  |                  |             |               |                |               |
| 14. | Subtract Line 13 from Line 7<br>(If the sum of all underp<br><b>OVERPAYMENTS</b> ) reported<br>not subject to an addition to<br>more than \$150, proceed to | ayments( <b>do no</b><br>l is \$150 or less, st<br>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 <b>adjusted gross income</b> subject to tax in 2022 (includes the age deduction plus additions to and   | 2021 Actual | 2022 Estimated |
| Α           |   | 2021 Actual | 2022 Estimated |
| A<br>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)<br>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<br>subtractions from federal adjusted gross income)<br>If you will itemize deductions on your 2022 federal return,<br>enter the estimated total of those deductions allocated<br>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)<br>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<br>C      | in 2022 (includes the age deduction plus additions to and<br>subtractions from federal adjusted gross income) If you will itemize deductions on your 2022 federal return,<br>enter the estimated total of those deductions allocated<br>to taxpayer, less state and local income tax (Fixed Date<br>Conformity adjustments should be made where applicable) | 123,258.    | 2022 Estimated |
| B<br>C<br>D | in 2022 (includes the age deduction plus additions to and<br>subtractions from federal adjusted gross income)   | 123,258.    | 2022 Estimated |

#### Part VI 2022 Estimated Taxable Income and Tax

|    |   | A<br>Spouse Use<br>only when using<br>filing status 4<br>on Form 760PY | B<br>Yourself<br>Use for all<br>other filers |
|----|---|--|--|
| 1  | Expected Virginia <b>adjusted gross income</b> subject to tax in 2022<br>(includes the age deduction plus additions to and subtractions<br>from federal adjusted gross income). <b>See Part I on page 1 to see if</b><br><b>you are required to file Form 760ES</b> |  | 123,258.                                     |
| 2a | If you will claim itemized deductions on your 2022 federal tax return,<br>enter the estimated total of those deductions, less any state<br>and local income tax   |  |  |
| 2b | If you will not itemize deductions, enter the standard deduction<br>amount for your filing status:<br>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,<br>Exemptions for "65 or over" & "Blind" X \$800)   |  | 1,860.                                       |
| 5  | Add line 2a <b>or</b> line 2b, line 3 and line 4  |  | 10,860.                                      |
| 6  | Estimated Virginia taxable income (line 1 less line 5)  |  | 112,398.                                     |
| 7  | Virginia <b>income tax</b> 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) <b>10</b>   | 5,946.                                       |

| <b>1040</b>  |              | artment of the Treasury—Internal Revenue Ser<br>S. Individual Income Ta                                      |            | (99)<br>S <b>urn</b> | 20                         | 21      | OMB No.      | 1545-0 | 0074 IRS    | Use Only  | ∕−Do not v | write or staple | in this space.                |
|--|--------------|--|------------|----------------------|----------------------------|---------|--------------|--------|-------------|-----------|------------|-----------------|-------------------------------|
| Filing Status<br>Check only<br>one box.              | lf yo        | Single 🔀 Married filing jointly [<br>u checked the MFS box, enter the<br>on is a child but not your depender | name of    |                      | separately<br>buse. If you |         |              |        |             | . ,       |            | , ,             | dow(er) (QW)<br>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<br>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<br>number     | rity    | (3) Relat    |        |             |           |            | or (see instru  | ,                             |
| If more  | <b>(1)</b> F | rst name Last name   |            | _                    | number                     |         | to y         | ou     | Ch          | ild tax c | redit      | Credit for of   | ther dependents               |
| than four<br>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<br>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 <b>total in</b>        | come    |              | ·      |             | · ·       | ► <u>9</u> |                 | 32,629.                       |
| <ul> <li>Married filing<br/>jointly or</li> </ul>    | 10           | Adjustments to income from Sch   |            |                      |                            | • •     |              | ·      |             | · ·       | . 10       |                 | 9,371.                        |
| Qualifying<br>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.         |                 |                               |
| <ul> <li>Head of<br/>household,</li> </ul>           | b            | Charitable contributions if you take   |            |                      |                            |         | ,            | 12b    |             |           |            |                 |                               |
| \$18,800   | c            |  |            |                      |                            |         |              |        |             | · ·       | . 12       |                 | 25,100.                       |
| <ul> <li>If you checked<br/>any box under</li> </ul> | 13           | Qualified business income deduc  |            |                      |                            |         |              |        |             | · ·       | . 1:       |                 | 19,632.                       |
| Standard<br>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<br>Protection F<br>(see inst.) ►<br>If the IRS se<br>Identity Proi<br>(see inst.) ►<br>PTIN<br>Phone no.   | est of my knowledge an<br>rer has any knowledge.<br>ent you an Identity<br>PIN, enter it here<br>ent your spouse an<br>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.<br>mplete below.<br>nal identification<br>or (PIN) ►<br>s, and to the be<br>of which prepa<br>If the IRS se<br>Protection F<br>(see inst.) ►<br>If the IRS se<br>Identity Proi<br>(see inst.) ►<br>PTIN<br>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.<br>mplete below.<br>nal identification<br>or (PIN) ►<br>s, and to the be<br>of which prepa<br>If the IRS se<br>Protection F<br>(see inst.) ►<br>If the IRS se<br>Identity Prot<br>(see inst.) ►<br>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.<br>mplete below.<br>nal identification<br>er (PIN) ►<br>s, and to the be<br>of which prepa<br>If the IRS se<br>Protection F<br>(see inst.) ►<br>If the IRS se<br>Identity Prot<br>(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.<br>mplete below.<br>nal identification<br>er (PIN) ►<br>s, and to the be<br>of which prepa<br>If the IRS se<br>Protection F<br>(see inst.) ►<br>If the IRS se<br>Identity Prot<br>(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.<br>mplete below.<br>nal identification<br>or (PIN) ▶<br>s, and to the be<br>of which prepa<br>If the IRS se<br>Protection F<br>(see inst.) ▶<br>If the IRS se<br>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.<br>mplete below.<br>nal identification<br>or (PIN) ►<br>s, and to the be<br>of which prepa<br>If the IRS se<br>Protection F<br>(see inst.) ►<br>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.<br>mplete below.<br>nal identification<br>or (PIN) ►<br>s, and to the be<br>of which prepa<br>If the IRS se<br>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.<br>mplete below.<br>nal identification<br>or (PIN) ►<br>s, and to the be<br>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.<br>mplete below.<br>hal identification<br>er (PIN) ►<br>s, and to the be  | No   |
| stimated tax penalty (see instructions)   | 449.<br>mplete below.<br>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 <b>overpaid</b>   | 34   | ,  |
| dd lines 25d, 26, and 32. These are your <b>total payments</b>  |  | 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 <b>28</b>  |  |  |
| 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  | <b>25</b> 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 <b>total tax</b>   |  | 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<br>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<br>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<br>0 | Total other income. Add lines 8a through 8z   |                | <br>SR. or | 9  |                |

1040-NR, line 8 

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

Schedule 1 (Form 1040) 2021

132,629.

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| 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<br>the rental of personal property engaged in for profit <b>24b</b>                                  |     |        |
| С   | Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 8l <b>24c</b>  |     |        |
| d   | Reforestation amortization and expenses   |     |        |
| е   | Repayment of supplemental unemployment benefits under the<br>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<br>award from the IRS for information you provided that helped the<br>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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|-------|-------|---|
| (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 <b>5</b>                             |        |                |
| 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 <b>total other</b> 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<br>; partnerships must generally file F |             | Attachment<br>Sequence No. <b>09</b> |  |
|------|--|--|-------------------------------|----------|--|-------------|--------------------------------------|--|
|      | 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    | <b>3</b> 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.  |             |                                      |  |
|      | <ul> <li>If you checked 32a, enter th</li> </ul> |  | •                             |          |  |             |                                      |  |
|      | SE, line 2. (If you checked the                  |  | •                             |          | ,  | 32a         | All investment is at risk.           |  |
|      | Form 1041, line 3.                               |  |                               |          |  | 32b         | _                                    |  |
|      | • If you checked 32b, you mu                     | <b>st</b> atta   | ch Form 6198. Your loss ma    | ay be li | mited.   |             | at risk.                             |  |

| Schedu | le C (Form 1040) 2021  |         |            | Page <b>2</b> |
|--------|--|---------|------------|---------------|
| Part   | III Cost of Goods Sold (see instructions)  |         |            |               |
| 33     | Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> 🔀 Lower of cost or market <b>c</b> 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<br>are not required to file Form 4562 for this business. See the instructions for line<br>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 <b>2</b> |
|--------|--|--------------------------|-----------|------------|---------------|
| Part   | t III Cost of Goods Sold (see instructions)  |                          |           |            |               |
| 33     | Method(s) used to<br>value closing inventory: <b>a</b> 🗙 Cost <b>b</b> 🗌 Lower of cost or marke              | et <b>c</b> 🗌 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>b</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   | <b>Other Expenses.</b> 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<br>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 <b>only</b> 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. <b>19</b>                   |                                  |  |  |  |  |
|      | instructions)  | 9                    | 20                         | Rent or lease (see instructions):   |                                |                                  |  |  |  |  |
| 10   | Commissions and fees .                                 | 10                   | а                          | Vehicles, machinery, and equipme    | ent <b>20a</b>                 |                                  |  |  |  |  |
| 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<br>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                              | . <b>24</b> 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 <b>must</b> 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                            |                                  |  |  |  |  |
|      | <ul> <li>If you checked 32b, you must</li> </ul>       | st attach Form 61    | 98. Your loss may be li    | mited.                              | 520                            | at risk.                         |  |  |  |  |

| Schedu    | e C (Form 1040) 2021   |         |            | Page <b>2</b> |
|-----------|--|---------|------------|---------------|
| Part      | II Cost of Goods Sold (see instructions)   |         |            |               |
| 33        | Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta   | ch ex   | planation) |               |
| 34        | Was there any change in determining quantities, costs, or valuations between opening and closing inventor<br>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<br>are not required to file Form 4562 for this business. See the instructions for line 1<br>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         |
| ⊳<br>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 <b>only</b> on line 30.  |            |   |
| 8        | Advertising   | 8   | 18 Office expense (see instructions) .  | 18         |   |
| 9        | Car and truck expenses (see                                     |   | <b>19</b> Pension and profit-sharing plans .  | 19         |   |
|          | instructions)   | 9   | <b>20</b> Rent or lease (see instructions):   |            |   |
| 10       | Commissions and fees .  | 10  | a Vehicles, machinery, and equipment  | 20a        |   |
| 11       | Contract labor (see instructions)                               | 11  | <b>b</b> Other business property  | 20b        |   |
| 12       | Depletion   | 12  | 21 Repairs and maintenance  | 21         | 59,654.   |
| 13       | Depreciation and section 179<br>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                                       |   | <b>a</b> Travel   | 24a        |   |
|          | (other than on line 19) .                                       | 14  | <b>b</b> Deductible meals (see  |            |   |
| 15       | Insurance (other than health)                                   | 15  | instructions)   |            |   |
| 16       | Interest (see instructions):                                    |   | <b>25</b> 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<br>Simplified method filers only | thod. See instructions.<br>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<br>d trusts, enter on Form 1041, line 3.   | 31         | 17,225.   |
|          | • If a loss, you <b>must</b> 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                         | <b>1 (Form 1040), line 3,</b> and on <b>Schedule</b><br>31 instructions.) Estates and trusts, enter on<br>ar loss may be limited. | 32a<br>32b | <ul> <li>All investment is at risk.</li> <li>Some investment is not<br/>at risk.</li> </ul> |

| Schedu    | le C (Form 1040) 2021  |           |            | Page <b>2</b> |
|-----------|--|-----------|------------|---------------|
| Part      | III Cost of Goods Sold (see instructions)  |           |            |               |
| 33        | Method(s) used to<br>value closing inventory: <b>a</b> 🗶 Cost <b>b</b> 🗌 Lower of cost or market <b>c</b> 🗌 Other (atta  | ach ex    | planation) |               |
| 34        | Was there any change in determining quantities, costs, or valuations between opening and closing inventor<br>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<br>are not required to file Form 4562 for this business. See the instructions for line<br>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<br>Part | If "Yes," is the evidence written?   | <br>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 <b>2</b> |
|--------|--|-------------------------|-------------------|----------------|----------------|--------------|-------------|---------|------------|---------------|
| Part   | Cost of Good                                     | <b>Is Sold</b> (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<br>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)             |              | <b>c</b> (  | 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<br>Sea | chment<br>Jence No | . <b>09</b> |        |
|--------|--|-----------------|---|-----------------|---|--------------------------------|----------|-------------|--------------------|-------------|--------|
| 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<br>7 |  |                 | -   |                 | efund (see instructions)                      | 6                              | +        |             | 75                 | ,37         | 0      |
| Part   | Gross income. Add lines 5 ar                   | 10 0 .<br>20202 | for business use of your h  | nom             | <u> </u>                                      | 1                              |          |             | / 5                | , 57        | 9.     |
| 8      | Advertising                                    | 8               |   | 8               | Office expense (see instructions)             | 18                             | <b>—</b> |             |                    |             |        |
| 9      | Car and truck expenses (see                    | <b>–</b>        |   | 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                 |                 |   |                 |   |                                |          |             |                    |             |        |
|        | •  |                 | <b>1 (Form 1040), line 3,</b> and on <b>s</b> uctions). Estates and trusts, ent |                 |   | 31                             |          |             | 22                 | ,73         | 0.     |
|        | • If a loss, you <b>must</b> 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  | <b>10), l</b> 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    |
|        | <ul> <li>If you checked 32b, you mu</li> </ul> | st atta         | ch <b>Form 6198.</b> Your loss may b  | be lir          | nited.  |                                | a        | t risk.     |                    |             |        |

| Schedu | e C (Form 1040) 2021  |        |            | Page <b>2</b> |
|--------|---|--------|------------|---------------|
| Part   | II Cost of Goods Sold (see instructions)  |        |            |               |
| 33     | Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta  | ch exi | olanation) |               |
| 34     | Was there any change in determining quantities, costs, or valuations between opening and closing inventor<br>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 |
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| (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<br>Sequence No. <b>09</b> |  |  |
|----------|---|----------------|--------------------------------------|---------------------------|---|-------------|--------------------------------------|--|--|
|          | 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<br>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<br>15       |                                      | b                         | Deductible meals (see instructions)     | 24b         |                                      |  |  |
| 15<br>16 | Interest (see instructions):                      | 15             |                                      | 25                        | ,                                       | 240         |                                      |  |  |
|          | Mortgage (paid to banks, etc.)                    | 16a            |                                      | 26                        | Wages (less employment credits)         | 25          |                                      |  |  |
| a<br>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 <b>must</b> 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         |                                      |  |  |
|          | <ul> <li>If you checked 32b, you mu</li> </ul>    | <b>st</b> atta | ch <b>Form 6198.</b> Your loss may l | be lir                    | mited.                                  |             | at risk.                             |  |  |

| Schedu    | e C (Form 1040) 2021   |       |            | Page <b>2</b> |
|-----------|--|-------|------------|---------------|
| Part      | III Cost of Goods Sold (see instructions)  |       |            |               |
| 33        | Method(s) used to<br>value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta  | ch ex | planation) |               |
| 34        | Was there any change in determining quantities, costs, or valuations between opening and closing inventor<br>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<br>are not required to file Form 4562 for this business. See the instructions for line 1<br>Form 4562. |       |            |               |
| 43<br>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         |
| ⊳<br>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<br>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 <b>only</b> 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 <b>Sch</b> 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            |
|   | <ul> <li>If you checked 32b, you mu</li> </ul>                         | st attach F  | orm 6198. Your loss may b      | be lir | nited.  |           | at risk.                          |

| -    | e C (Form 1040) 2021   |         |            | Page <b>2</b> |
|------|--|---------|------------|---------------|
| Part | Cost of Goods Sold (see instructions)  |         |            |               |
| 33   | Method(s) used to<br>value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta  | ich exi | planation) |               |
| 34   | Was there any change in determining quantities, costs, or valuations between opening and closing inventor<br>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<br>are not required to file Form 4562 for this business. See the instructions for line 1<br>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.<br>partnerships must generally file Fe | orm         | 1065.                        | Attachment<br>Sequence N       | <br>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<br>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<br>10  | 20                                     |       | Rent or lease (see instructions):  | 20          |                              |                                |            |  |
| 10<br>11 | Commissions and fees .<br>Contract labor (see instructions)             | 11       | a                                      |       | Vehicles, machinery, and equipment<br>Other business property              | 20<br>20    | -                            |                                |            |  |
| 12       | Depletion   | 12       | b<br>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 <b>must</b> go to line                                 |          | denote the second second second second |       | J  |             |                              |                                |            |  |
| 32       | -   |          | describes your investment in thi       |       | . )  |             |                              |                                |            |  |
|          |   |          | n both Schedule 1 (Form 1040),         |       | ,  | ~~          | - <sup></sup>                |                                | io of rich |  |
|          |   | no xoa   | line 1, see the line 31 instructions.  | .) E  | estates and trusts, enter on   | 32<br>32    |                              | All investment<br>Some investm |            |  |
|          | <ul><li>Form 1041, line 3.</li><li>If you checked 32b, you mu</li></ul> | st atta  | h Form 6198. Your loss may be          | lin   | nited.   | 32          |                              | at risk.                       | GIL IS HUL |  |

| Schedu | e C (Form 1040) 2021  |        |            | Page <b>2</b> |
|--------|---|--------|------------|---------------|
| Part   | Cost of Goods Sold (see instructions)   |        |            |               |
| 33     | Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (attac   | ch ex  | olanation) |               |
| 34     | Was there any change in determining quantities, costs, or valuations between opening and closing inventory.<br>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<br>are not required to file Form 4562 for this business. See the instructions for line 15<br>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. <b>179</b>     |  |
|         | (s) shown on return<br>an S. & Milke  | assa Pecio                                   |  | ss or activity to w<br>C Day Ca: |                | lates                      |          | tifying number<br>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<br>9  |   |  |  |                                  |                | d7                         | 8        |                             |  |
| 9<br>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<br>placed in<br>service | (c) Basis for depreciation<br>(business/investment use<br>only-see instructions) | (d) Recovery period              | (e) Conventio  | on <b>(f)</b> 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.<br>27.5 yrs.             | MM             |                            | +        |                             |  |
| r       | Residential rental  |  |  | 27.5 yrs.<br>27.5 yrs.           | MM             | S/L                        |          |                             |  |
|         | property<br>i Nonresidential rea  |  |  | 39 yrs.                          | MM             | S/L<br>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                        | +        |                             |  |
|         | <b>c 30-year</b> 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 .  |                |     |    | <br>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 ( <b>don't</b> include commuting miles) .   |         | <b>a)</b><br>icle 1 | (t<br>Vehi | <b>o)</b><br>cle 2 | (d<br>Vehi      | cle 3    | (d<br>Vehi | <b>d)</b><br>cle 4 | <b>(e)</b><br>Vehicle 5 |            | (1<br>Vehio |    |
|---|--|---------|---------------------|------------|--------------------|-----------------|----------|------------|--------------------|-------------------------|------------|-------------|----|
| 31<br>32  | Total commuting miles driven during the year<br>Total other personal (noncommuting)<br>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<br>Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who<br>more than 5% owners or related persons. See instructions. |  |         |                     |            |                    | who <b>ar</b> o | ən't     |            |                    |                         |            |             |    |
| 37  | Do you maintain a written policy statemen your employees?  |         |                     |            |                    |                 |          |            | ding co            | mmutin<br>              | ig, by<br> | Yes         | No |
| 38  | Do you maintain a written policy statemen<br>employees? See the instructions for vehicle   | les use | d by co             | rporate    | officers           | s, direct       | tors, or | 1% or      | more o             | wners                   |            |             |    |
| 39  |  |         |                     |            |                    |                 |          |            |                    |                         |            |             |    |
| 40  | <b>40</b> 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  |         |                     |            |                    |                 |          |            | ()                 |                         |            |             |    |

| <b>(a)</b><br>Description of costs | <b>(b)</b><br>Date amortization<br>begins | <b>(c)</b><br>Amortizable amount | <b>(d)</b><br>Code section | (e)<br>Amortization<br>period or<br>percentage |    | <b>(f)</b><br>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<br>Sec | achment<br>quence No. <b>17</b> |
|---------|---|--------|-------------|---------------------------------|
| 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 <b>church employee income</b> , 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 <b>and</b> you filed Forr \$400 or more of <b>other</b> 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<br>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, <b>stop</b> ; you don't owe self-employment tax. <b>Exception</b> : I less than \$400 and you had <b>church employee income</b> , 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   |        | <b>i</b>    | 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 <b>smaller</b> 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.<br>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 <sup>1</sup> wasn't more than   | n      |             |                                 |
|         | 0, <b>or (b)</b> your net farm profits <sup>2</sup> were less than \$6,367.   |        |             |                                 |
| 14      | Maximum income for optional methods   | 14     | 4           | 5,880                           |
| 15      | Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$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 <sup>3</sup> were less than \$6,363  |        |             |                                 |
|         | so less than 72.189% of your gross nonfarm income, <sup>4</sup> 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 <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount or line 16. Also, include this amount on line 4b above           |        | 7           |                                 |

<sup>3</sup> 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. <sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount <sup>4</sup> 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

21

| ▶ 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<br>Se | tachment<br>equence No. <b>17</b> |
|------------|---|-----------|----------|-----------------------------------|
| 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 <b>church employee income</b> , 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 <b>and</b> you filed \$400 or more of <b>other</b> 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.  |           |          |                                   |
| <b>1</b> 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<br>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, <b>stop</b> ; you don't owe self-employment tax. <b>Exception</b> less than \$400 and you had <b>church employee income</b> , 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 <b>smaller</b> 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.       |          |                                   |
| _          | <b>Optional Method.</b> You may use this method <b>only</b> if <b>(a)</b> your gross farm income <sup>1</sup> wasn't more   | than      |          |                                   |
|            | 0, or (b) your net farm profits <sup>2</sup> were less than \$6,367.  |           |          |                                   |
| 14         | Maximum income for optional methods   | 🖂         | 14       | 5,880                             |
| 15         | Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$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 <sup>3</sup> were less than \$6   |           |          |                                   |
| and al     | Iso less than 72.189% of your gross nonfarm income, <sup>4</sup> and (b) you had net earnings from self-employn east \$400 in 2 of the prior 3 years. <b>Caution:</b> You may use this method no more than five times.      |           |          |                                   |
| 16         | Subtract line 15 from line 14   | 🕇         | 16       |                                   |
| 17         | Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amour line 16. Also, include this amount on line 4b above                   |           | 17       |                                   |

| line 16. Also, include this amount on line 4b above  |  |
|--|--|
| <sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.                  | <sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A. |
| <sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount | <sup>4</sup> 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 |
|--|
|--|

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>(b)</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<br>3<br>4<br>5     | Total qualified business income or (loss). Combine lines 1i through 1v, column (c)   | 2 123,257.<br>3 ( )<br>4 123,257.<br>                                    | 5                                       | 24,651.    |
| 6<br>7<br>8<br>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<br>7 ( )<br>8  | 9                                       |            |
| 10<br>11<br>12<br>13 | Qualified business income deduction before the income limitation. Add lines 5 an<br>Taxable income before qualified business income deduction (see instructions)<br>Net capital gain (see instructions)  | d9         11       98,158.         12       0.         13       98,158. | 10                                      | 24,651.    |
| 14<br>15             | Income limitation. Multiply line 13 by 20% (0.20)  | 14<br>15   | 19,632.<br>19,632.                      |            |
| 16<br>17             | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than<br>Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a<br>zero, enter -0-   | nd 7. If greater than  | 16<br>17                                | ( <u> </u> |
| For Pri              | 17   | Form <b>8995</b> (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/<br>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<br>Number | Qualified business<br>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.                                 |