

HARZAR - Franchise Coffee Shop

WASHINGTON, DC



TENANT PROPOSAL

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

PRESENTED BY:

ANTHONY R. BOLLING, JD, CCIM
Group Leader
O: 240.339.6979
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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 COMMERCIAL

June 06, 2023

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

anthony@anthonybollinggroup.com

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

Dear New Samaritan Baptist Church/Anthony R. Boiling:

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

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

Sincerely,

Nikell Grant
Associate
Samson Properties
240-899-3665

Proposal

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

Proposal

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

Proposal

this date, Tenant shall have the right to terminate the lease.

18. ASSIGNMENT:

Tenant shall have the right to assign the lease provided the assignee meets the Landlord's minimum financial requirements. Tenant shall be relieved of any and all liability following the assignment in the assignment language.

19. TENANTS WORK

Move the back wall towards the bathroom on the left, change lighting, fix exposed hole in the ceiling, change flooring on top level.

In the basement change flooring, fix lighting if possible provide ventilation.

20. SIGNAGE

Landlord approves Tenant's building and window signage as shown on the attached criteria. Tenant, at its sole cost and expense, shall have the right to position its name on any and all pylon or monument signs.

21. HOURS:

Tenant does not agree to continuous operation. Landlord acknowledges Tenants typical hours of 7:00am to 9:00pm, Monday through Sunday, and Extended hours and holidays are at the discretion of the Tenant.

22. MARKETING FUND:

Tenant shall not be required to join or pay dues.

23. BROKERS:

It is understood that Nikell Grant of Samson Properties represent the tenant in this transaction. The landlord will be responsible for payment of all commissions per separate commission agreement should a lease transaction be consummated.

Proposal

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

Landlord
Agreed and Accepted

By: _____
Printed Name: _____
Date: _____

Proposal Cash Flow Owner Perspective

1000-1004 Florida Ave NE

Washington, DC 20002

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

MODEL: Lease Proposal



SPACE DETAILS

Use:	Retail
Floor:	BSMT, 1
Rentable SF:	2,348

LEASE TERMS

Lease Start:	8/1/2023	Free Rent:	4 Months (\$18,017)
Lease End:	7/31/2028	Service Type:	Triple Net (NNN)
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



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.



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7/9/2023

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

Use:	Retail
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Starting Rent:	\$23.02 / RSF	Commission:	6.00%
Rent Increases:	3% Annual Steps	Improvements:	None
Percent Rent:	None		

BASE RENT (Triple Net (NNN))

Date		Amount		Increase		
Month	Date	\$ / RSF	\$ / Month	\$ / RSF	\$ / Month	%
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

FREE RENT

Lease Month	# of Months	% Free
1	4	100%

RECOVERIES

Service Type: Triple Net (NNN)

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



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Proposal Input Detail

Owner Perspective

1000-1004 Florida Ave NE

Washington, DC 20002

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

MODEL: Lease Proposal

INFLATION

	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
Global Inflation	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
Consumer Price Index (CPI)	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%

SETTINGS

Discount Rate:	6%
IRR Investment Basis:	None
IRR Exit Cap Rate:	None
Base Rent Input:	Annual Basis
Fiscal Year End:	December
Currency:	US Dollars
Area Measure:	Square Feet

DEAL DETAILS

Security 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



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7/9/2023

Proposal Highlights From HAZAR - Franchise Coffee Shop

Initial Term: 5 year Option Terms: 2- 5 year options Rental Rate: \$23.02/ SF Escalations: 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: NNN Rent Abatement: 4 months of Free rent Parking: N/A Rent 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



Business Checking

PNC Bank



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

Primary Account Number: 53-6684-8519

Page 1 of 7

Number of enclosures: 0

EMPIRE MOTORS LLC
6912 GILBERT ST
SPRINGFIELD VA 22150-2421

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Write to: Customer Service
PO Box 609

Pittsburgh, PA 15230-9738

Visit us at PNC.com/smallbusiness

Business Checking Summary

Empire Motors Llc

Account number: 53-6684-8519

Overdraft Protection Provided By: XXXXXXXXXXXX5311

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
2,489.61	33,038.87	35,020.17	508.31
		Average ledger balance	Average collected balance
		458.68	458.68

Overdraft and Returned Item Fee Summary

	Total for this Period	Total Year to Date
Total Overdraft Fees	180.00	180.00
Total Returned Item Fees (NSF)	72.00	72.00

Deposits and Other Additions

Description	Items	Amount
Deposits	2	13,240.00
ATM Deposits and Additions	3	591.77
ACH Additions	43	19,025.38
Other Additions	1	181.72
Total	49	33,038.87

Checks and Other Deductions

Description	Items	Amount
Checks	1	460.00
Debit Card Purchases	46	3,494.09
POS Purchases	13	1,004.43
ATM/Misc. Debit Card Transactions	5	589.18
ACH Deductions	20	16,872.54
Service Charges and Fees	8	282.00
Other Deductions	10	12,317.93
Total	103	35,020.17

Daily Balance

Date	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-
01/05	11,318.43-	01/12	632.92	01/20	4,030.79
01/06	1,204.61-	01/13	640.51	01/23	1,678.74

Daily Balance continued on next page

Business Checking



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pnc.com/mybusiness/

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

Empire Motors Llc

Primary Account Number: 53-6684-8519

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

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 Other Additions

Deposits

Date posted	Amount	Transaction description	Reference number
01/12	9,240.00	Deposit	051780567
01/20	4,000.00	Deposit	053709143

ATM Deposits and Additions

Date posted	Amount	Transaction description	Reference number
01/17	149.21	Visa Money Transfer C Cash App* Visa Direct Ca	35693933041540372015
01/17	393.00	Visa Money Transfer C Cash App*Youssef Raiss Visa Direct Ca	72457933041540372017
01/23	49.56	Debit Card Credit Uber 8005928996	49329933041540372023

ACH Additions

Date posted	Amount	Transaction description	Reference number
01/04	210.50	Corporate ACH 16301 Carvana 16301	00023003011540362
01/04	159.80	Corporate ACH 16307 Carvana 16307	00023003011540364
01/04	66.05	Corporate ACH Signature Allstate Road Sv VA2029691	00023003007840937
01/06	6,199.79	Reverse Corporate ACH Debit Effective 01-05-23	00023005006830228
01/06	2,614.98	Reverse Corporate ACH Debit Effective 01-05-23	00023005006830219
01/06	319.35	Corporate ACH 16312 Carvana 16312	00023005008597953
01/06	209.00	Corporate ACH 16419 Carvana 16419	00023005008597957
01/06	194.00	Corporate ACH 16390 Carvana 16390	00023005008597955
01/06	167.30	Corporate ACH 16458 Carvana 16458	00023005008597967
01/06	144.50	Corporate ACH 16455 Carvana 16455	00023005008597965
01/06	141.80	Corporate ACH 16448 Carvana 16448	00023005008597963
01/06	108.80	Corporate ACH 16428 Carvana 16428	00023005008597959
01/06	86.30	Corporate ACH 16429 Carvana 16429	00023005008597961
01/09	340.94	Corporate ACH Signature Allstate Road Sv VA2029691	00023005008579923
01/10	545.68	Corporate ACH Signature Allstate Road Sv VA2029691	00023006005628314
01/10	170.30	Corporate ACH 16625 Carvana 16625	00023009012395542
01/11	738.84	Corporate ACH Signature Allstate Road Sv VA2029691	00023009012317878
01/12	139.10	Corporate ACH 16886 Carvana 16886	00023011006161433
01/12	137.78	Corporate ACH Signature Allstate Road Sv VA2029691	00023010008646250
01/13	384.74	Corporate ACH Signature Allstate Road Sv VA2029691	00023012009942453

ACH Additions continued on next page

Business Checking



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

Empire Motors Llc

Primary Account Number: 53-6684-8519

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

ACH Additions - continued

Date posted	Amount	Transaction description	Reference number
01/17	504.81	Corporate ACH Signature Allstate Road Sv VA2029691	00023013007083947
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 Allstate Road Sv VA2029691	00023017007731749
01/19	47.50	Corporate ACH Signature Allstate Road Sv VA2029691	00023017011296390
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 Allstate Road Sv VA2029691	00023018010157483
01/23	231.83	Corporate ACH Signature Allstate Road Sv VA2029691	00023019006372377
01/24	427.79	Corporate ACH Signature Allstate Road Sv VA2029691	00023020013024930
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 Allstate Road Sv VA2029691	00023023009749156
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 Allstate Road Sv VA2029691	00023024005816749
01/30	145.46	Corporate ACH Signature Allstate Road Sv VA2029691	00023026008645168
01/31	419.20	Corporate ACH Signature Allstate Road Sv VA2029691	00023027006904562
01/31	211.00	Corporate ACH 17968 Carvana 17968	00023030014719541

Other Additions

Date posted	Amount	Transaction description	Reference number
01/13	181.72	Online Transfer From	0000005366848914 EMPIRE MOTORS L

Checks and Other Deductions

Checks and Substitute Checks

Date posted	Check number	Amount	Reference number
01/24	074 *	460.00	086308049

Debit Card Purchases

Date posted	Amount	Transaction description	Reference number
01/03	551.62	0372 Debit Card Purchase Matheny Motor Truck Co Woodbridge VA	60885933041540372365

Debit Card Purchases continued on next page

Business Checking



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

Empire Motors Llc

Primary Account Number: 53-6684-8519

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

Debit Card Purchases - continued

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

Debit Card Purchases continued on next page

Business Checking



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

Empire Motors Llc

Primary Account Number: 53-6684-8519

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

Debit Card Purchases - continued

Date posted	Amount	Transaction description	Reference number
01/23	6.82	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	49333933041540372023
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 Springfield VA	79861933041540372024
01/25	14.00	0372 Debit Card Purchase National Harbor Sunoco Oxon Hill MD	98469933041540372025
01/25	6.19	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	98470933041540372025
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 Springfield VA	58849933041540372026
01/26	27.98	0372 Debit Card Purchase Springfield Tobacco & Springfield VA	58848933041540372026
01/26	400.00	0372 Debit Card Purchase Bresslers Inc Morgantown PA	58847933041540372026
01/27	21.73	0372 Debit Card Purchase Malek's Pizza-Order In Springfield VA	00418933041540372027
01/27	6.19	0372 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	00415933041540372027
01/27	61.00	0372 Debit Card Purchase Bresslers Inc 610-2866013 PA	00417933041540372027
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 Springfield VA	83490933041540372031

POS Purchases

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

Business Checking



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

Empire Motors Llc

Primary Account Number: 53-6684-8519

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

ATM/Misc. Debit Card Transactions

Date posted	Amount	Transaction description	Reference number
01/03	24.95	0372 Recurring Debit Card Idclub.com 8005580940 800-5580940 AI	48411933041540372003
01/03	38.51	0372 Recurring Debit Card Google 650-2530000 C	48410933041540372003
01/17	40.00	ATM Withdrawal 6400 Springfield	MACSU560705 0021252
01/17	40.00	ATM Withdrawal 6400 Springfield	MACSU560705 0021253
01/17	445.72	0372 Recurring Debit Card GEICO 800-8413000 Dc	72461933041540372017

ACH Deductions


Date posted	Amount	Transaction description	Reference number
01/03	2,548.67	Corporate ACH Afco Afco 0492136648	00022364008062939
01/03	383.00	ACH Web Payment Applecard Gsbank 50005448	00023003003839471
01/05	6,199.79	Corporate ACH Lease Rent First Business B Les00000005515	00023005006830228
01/05	2,614.98	Corporate ACH Lease Rent First Business B Les00000004095	00023005006830219
01/13	110.00	ACH Web Payment Citi Card Online 430958193874401	00023012014463310
01/17	647.28	ACH Web 01122023 Toyota ACH Rtl Dasdfuj8H8Xdumy	00023013006548731
01/18	100.00	ACH Web Payment Citi Card Online 430962317118146	00023017012760275
01/18	618.73	ACH Debit Ins. Prem Freedom Life Ins 52XXXXXXXXXX0052	00023018005891146
01/20	321.00	Corporate ACH Payment Amtrust Na 35488840	00023019006279987
01/23	546.60	ACH Web Payment Citi Card Online 430965401127435	00023020013120444
01/23	300.00	Corporate ACH Online Pmt Bk Of Amer Visa Ckf605894791POS	00023020012919677
01/23	300.00	Corporate ACH ACH Pmt Amex Epayment M9674	00023020012992276
01/23	265.00	ACH Tel Auto Pynt 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 Citi Card Online 420965401425461	00023020013120207
01/23	100.00	Corporate ACH ACH Pmt Amex Epayment M1876	00023020012992305
01/26	811.37	ACH Debit Loan Pmt Virginia Cu Inc XXXXXXXXXXXX6683	00023025012350326
01/26	250.00	ACH Web Payment Applecard Gsbank 50005448	00023025013916116
01/26	200.00	ACH Web Payment Citi Card Online 420969970467143	00023025013881808

Service Charges and Fees

Date posted	Amount	Transaction description	Reference number
01/03	30.00	Service Charge Period Ending 12/30/2022	
01/04	36.00	Overdraft Item Fee	00022364008062939
01/04	36.00	Overdraft Item Fee	00023003003839471
01/06	36.00	Returned Item Fee (nsf)	00023005006830228
01/06	36.00	Returned Item Fee (nsf)	00023005006830219

Service Charges and Fees continued on next page

Business Checking

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For the Period 12/31/2022 to 01/31/2023
Empire Motors Llc
Primary Account Number: 53-6684-8519
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Business Checking Account Number: 53-6684-8519 - continued

Service Charges and Fees - continued

Date posted	Amount	Transaction description	Reference number
01/18	36.00	Overdraft Item Fee	00023013006548731
01/18	36.00	Overdraft Item Fee	53000035
01/19	36.00	Overdraft Item Fee	00023018005891146

Other Deductions

Date posted	Amount	Transaction description	Reference number
01/03	650.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00119878
01/03	100.00	Online Transfer To	0000005426334203 BIG BOY TOWI00119879
01/11	91.15	Online Transfer To	0000005366848914 EMPIRE MOTOR00031410
01/12	9,234.52	Withdrawal	051780569
01/17	300.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00106579
01/17	722.26	Loan Payment	00000 1201007800026126 53000035
01/23	250.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00077930
01/24	800.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00031076
01/31	150.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00041094
01/31	20.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00041093

Detail of Services Used During Current Period

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

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

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

Business Checking - Maintenance Fee Relationship Pricing

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

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

Business Checking

PNC Bank





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

Primary Account Number: 53-6684-8519

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Number of enclosures: 0

EMPIRE MOTORS LLC
6912 GILBERT ST
SPRINGFIELD VA 22150-2421


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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

Empire Motors LLC

Account number: 53-6684-8519

Overdraft Protection Provided By: XXXXXXXXXXXX5311

Business Checking

 For 24-hour account information, sign-on to
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For the Period 02/01/2023 to 02/28/2023
Empire Motors Llc
Primary Account Number: 53-6684-8519
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Business Checking Account Number: 53-6684-8519 - continued

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
508.31	29,811.72	30,607.45	287.42-
		Average ledger balance	Average collected balance
		3,300.61	2,803.65

Overdraft and Returned Item Fee Summary

	Total for 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 Additions

Description	Items	Amount
Deposits	3	18,615.86
ATM Deposits and Additions	1	248.50
ACH Additions	34	8,225.28
Fee Refunds	2	72.00
Other Additions	4	2,650.08
Total	44	29,811.72

Checks and Other Deductions

Description	Items	Amount
Checks	1	720.00
Debit Card Purchases	51	5,222.68
POS Purchases	18	875.53
ATM/Misc. Debit Card Transactions	8	2,770.66
ACH Deductions	10	11,575.72
Service Charges and Fees	8	225.60
Other Deductions	9	9,217.26
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	16,776.15	02/17	3,862.39	02/28	287.42-
02/09	15,237.21				

Activity Detail

Deposits and Other Additions

Deposits

Date posted	Amount	Transaction description	Reference number
02/06	4,500.00	Deposit	047888785
02/08	12,500.00	Deposit	046602842
02/14	1,615.86	Deposit	049254152

ATM Deposits and Additions

Date posted	Amount	Transaction description	Reference number
02/21	248.50	Debit Card Credit 1394 Lkq Baltimore 4104012060 MD	61121933041540372050

Business Checking



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

Empire Motors Llc

Primary Account Number: 53-6684-8519

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

ACH Additions

Date posted	Amount	Transaction description	Reference number
02/01	894.67	Corporate ACH Signature Allstate Road Sv VA2029691	00023030014701732
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 Allstate Road Sv VA2029691	00023031012247751
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 Allstate Road Sv VA2029691	00023032010063059
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 Allstate Road Sv VA2029691	00023033007829691
02/07	224.25	Corporate ACH Signature Allstate Road Sv VA2029691	00023034015423505
02/08	887.60	Corporate ACH Signature Allstate Road Sv VA2029691	00023037012862465
02/08	186.40	Corporate ACH 18481 Carvana 18481	00023038009338801
02/09	62.25	Corporate ACH Signature Allstate Road Sv VA2029691	00023038009329492
02/10	185.30	Corporate ACH 18658 Carvana 18658	00023040012154418
02/10	134.30	Corporate ACH 18661 Carvana 18661	00023040012154420
02/10	118.10	Corporate ACH 18607 Carvana 18607	00023040012154414
02/10	107.30	Corporate ACH 18642 Carvana 18642	00023040012154416
02/13	45.08	Corporate ACH Signature Allstate Road Sv VA2029691	00023040012144097
02/14	74.58	Corporate ACH Signature Allstate Road Sv VA2029691	00023041009263587
02/15	877.48	Corporate ACH Signature Allstate Road Sv VA2029691	00023044006728125
02/16	241.83	Corporate ACH Signature Allstate Road Sv VA2029691	00023045013982300
02/17	305.35	Corporate ACH Signature Allstate Road Sv VA2029691	00023047005183751
02/17	84.20	Corporate ACH A Carvana 19128	00023047008225893
02/21	384.16	Corporate ACH Signature Allstate Road Sv VA2029691	00023048002894061
02/21	60.00	Corporate ACH Signature Allstate Road Sv VA2029691	00023047008210764
02/22	1,030.64	Corporate ACH Signature Allstate Road Sv VA2029691	00023052013164143
02/23	175.51	Corporate ACH Signature Allstate Road Sv VA2029691	00023052016543539

ACH Additions continued on next page

Business Checking



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

Empire Motors Llc

Primary Account Number: 53-6684-8519

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

ACH Additions - continued

Date posted	Amount	Transaction description	Reference number
02/24	157.51	Corporate ACH Signature Allstate Road Sv VA2029691	00023053015133057
02/27	178.76	Corporate ACH Signature Allstate Road Sv VA2029691	00023054011649320
02/28	210.20	Corporate ACH Signature Allstate Road Sv VA2029691	00023055009713188

Fee Refunds

Date posted	Amount	Transaction description	Reference number
02/06	36.00	OD Fee Itm 1540372034 Refund	
02/06	36.00	OD Fee Itm 1540372034 Refund	

Other Additions

Date posted	Amount	Transaction description	Reference number
02/21	200.08	Online Transfer From	0000005366848914 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	0000005366848914 EMPIRE MOTORS L

Checks and Other Deductions

Checks and Substitute Checks

Date posted	Check number	Amount	Reference number
02/22	075 *	720.00	083414842

Debit Card Purchases

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

Debit Card Purchases continued on next page

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

Empire Motors Llc

Primary Account Number: 53-6684-8519

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

Debit Card Purchases - continued

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

Debit Card Purchases continued on next page

Business Checking



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

Empire Motors Llc

Primary Account Number: 53-6684-8519

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

Debit Card Purchases - continued

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

POS Purchases

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

Business Checking



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

Empire Motors Llc

Primary Account Number: 53-6684-8519

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

ATM/Misc. Debit Card Transactions

Date posted	Amount	Transaction description	Reference number
02/01	60.00	ATM Withdrawal 6400 Springfield	MACSU560705 0008068
02/02	36.00	0372 Recurring Debit Card Google 650-2530000 C	58035933041540372033
02/03	24.95	0372 Recurring Debit Card Idclub.com 8005580940 800-5580940 AI	88309933041540372034
02/10	499.00	0372 Recurring Debit Card Towingwebsites.Com Httpstowing FI	70286933041540372041
02/10	499.00	0372 Recurring Debit Card Towingwebsites.Com Httpstowing FI	70294933041540372041
02/15	1,003.00	ATM Withdrawal 6225 Brandon Ave S Springfield VA	PLUFC74 0007627
02/17	445.71	0372 Recurring Debit Card GEICO 800-8413000 Dc	36009933041540372048
02/21	203.00	ATM Withdrawal 3332 Lee Hwy Arlington VA	MACCS83668 0021561

ACH Deductions

Date posted	Amount	Transaction description	Reference number
02/02	2,548.67	Corporate ACH Afco Afco 0492136648	00023032006216326
02/10	3,817.88	Corporate ACH ACH Pmt Amex Epayment M3938	00023040012103671
02/10	2,017.54	Corporate ACH ACH Pmt Amex Epayment M3070	00023040012103607
02/13	647.28	ACH Web 02102023 Toyota ACH RTI Ywprncpfq0Lnur	00023041006986225
02/13	367.25	Corporate ACH ACH Pmt Amex Epayment M3730	00023041009250023
02/15	618.73	ACH Debit Ins. Prem Freedom Life Ins 52XXXXXXXXXX0052	00023046008895050
02/17	179.00	Corporate ACH Online Pmt Bk Of Amer Visa Ckf605894791POS	00023047008162116
02/22	321.00	Corporate ACH Payment Amtrust Na 35637501	00023052016409519
02/22	247.00	ACH Tel Auto Pymt Home Depot 720966749180925	00023052016584143
02/27	811.37	ACH Debit Loan Pmt Virginia Cu Inc XXXXXXXXXXXX6683	00023055009621432

Service Charges and Fees

Date posted	Amount	Transaction description	Reference number
02/01	39.60	Service Charge Period Ending 01/31/2023	
02/03	36.00	Overdraft Item Fee	00023032006216326
02/06	36.00	Overdraft Item Fee	88308933041540372034
02/06	36.00	Overdraft Item Fee	88310933041540372034
02/06	36.00	Overdraft Item Fee	88309933041540372034
02/15	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

Date posted	Amount	Transaction description	Reference number
02/01	10.00	Online Transfer To	0000005426333657 EMPIRE ECOM 00044957
02/01	15.00	Online Transfer To	0000005426334043 EMPORIO TOWI00044958
02/06	300.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00084485

Other Deductions continued on next page

Business Checking



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

Empire Motors Llc

Primary Account Number: 53-6684-8519

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

Other Deductions - continued

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

Detail of Services Used During Current Period

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

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

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

Business Checking - Maintenance Fee Relationship Pricing

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

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



Business Checking

PNC Bank





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

Primary Account Number: 53-6684-8519

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Number of enclosures: 0

EMPIRE MOTORS LLC
6912 GILBERT ST
SPRINGFIELD VA 22150-2421


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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.

Business Checking

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

Empire Motors Llc

Account number: 53-6684-8519

Overdraft Protection Provided By: XXXXXXXXXXXX5311

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
287.42-	96,391.28	55,236.44	40,867.42
Average ledger balance	Average collected 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

Description	Items	Amount
Deposits	2	80,500.00
ATM Deposits and Additions	3	494.03
ACH Additions	92	14,897.25
Fee Refunds	5	180.00
Other Additions	3	320.00
Total	105	96,391.28

Checks and Other Deductions

Description	Items	Amount
Checks	3	9,050.00
Debit Card Purchases	40	3,530.87
POS Purchases	18	1,156.15
ATM/Misc. Debit Card Transactions	10	1,492.41
ACH Deductions	14	9,166.75
Service Charges and Fees	22	759.00
Other Deductions	13	30,081.26
Total	120	55,236.44

Daily Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
03/01	948.00	03/13	84.04	03/22	1,953.28-
03/02	2,298.32-	03/14	108.64	03/23	2,025.28-
03/03	2,064.37-	03/15	1,638.70-	03/27	1,799.05-
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
03/08	472.59-	03/20	782.77-	03/30	48,317.70
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	Amount	Transaction description	Reference number
03/17	33,000.00	Deposit	051043421
03/30	47,500.00	Deposit	048492899

Business Checking

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

Empire Motors Llc

Primary Account Number: 53-6684-8519

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

ATM Deposits and Additions

Date posted	Amount	Transaction description	Reference number
03/01	393.00	Visa Money Transfer C Cash App*Mil Recio Visa Direct Ca	03476933041540372060
03/06	98.25	Visa Money Transfer C Cash App*Mil Recio Visa Direct Ca	47181933041540372064
03/21	2.78	Debit Card Credit Uber 8005928996	66516933041540372080

ACH Additions

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

ACH Additions continued on next page

Business Checking



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

ACH Additions - continued

Date posted	Amount	Transaction description	Reference number
03/15	417.61	Corporate ACH Signature Allstate Road Sv VA2029691	00023072010942719
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 Allstate Road Sv VA2029691	00023073008889801
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 Allstate Road Sv VA2029691	00023075012998608
03/21	128.48	Corporate ACH Signature Allstate Road Sv VA2029691	00023076010932475
03/22	535.81	Corporate ACH Signature Allstate Road Sv VA2029691	00023079007674349
03/22	193.70	Corporate ACH A Carvana 21864	00023080014460684
03/22	164.30	Corporate ACH A Carvana 22132	00023080014460685
03/27	225.50	Corporate ACH A Carvana 22743	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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Empire Motors Llc

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

ACH Additions - continued

Date posted	Amount	Transaction description	Reference number
03/28	142.10	Corporate ACH A Carvana 20288	00023086009846201
03/28	133.10	Corporate ACH A Carvana 23227	00023086009846212
03/28	131.90	Corporate ACH A Carvana 22175	00023086009846210
03/28	126.20	Corporate ACH A Carvana 20483	00023086009846203
03/28	112.40	Corporate ACH A Carvana 20729	00023086009846207
03/28	109.70	Corporate ACH A Carvana 23425	00023086009846215
03/28	103.40	Corporate ACH A Carvana 23341	00023086009846213
03/28	86.00	Corporate ACH A Carvana 20407	00023086009846202
03/28	85.40	Corporate ACH A Carvana 20681	00023086009846206
03/28	77.00	Corporate ACH A Carvana 20520	00023086009846204
03/28	64.70	Corporate ACH A Carvana 22538	00023086009846211
03/28	53.35	Corporate ACH A Carvana 23427	00023086009846216
03/30	226.10	Corporate ACH A Carvana 24097	00023088015442499
03/30	181.70	Corporate ACH A Carvana 24483	00023088015442502
03/30	133.70	Corporate ACH A Carvana 24369	00023088015442501
03/30	129.80	Corporate ACH A Carvana 23895	00023088015442498
03/30	87.50	Corporate ACH A Carvana 24513	00023088015442503
03/30	83.00	Corporate ACH A Carvana 24184	00023088015442500
03/30	75.80	Corporate ACH A Carvana 24542	00023088015442504

Fee Refunds

Date posted	Amount	Transaction description	Reference number
03/14	36.00	OD Threshold Refund	
03/17	36.00	OD Fee Itm 1540372075 Refund	
03/22	36.00	OD Fee Itm 1540372080 Refund	
03/22	36.00	OD Fee Itm 1540372080 Refund	
03/22	36.00	OD Fee Itm 1540372080 Refund	

Other Additions

Date posted	Amount	Transaction description	Reference number
03/06	300.00	Online Transfer From	0000005366848914 EMPIRE MOTORS L
03/13	10.00	Online Transfer From	0000005426334043 EMPIRE MOTORS L
03/13	10.00	Online Transfer From	0000005426333657 EMPIRE MOTORS L

Checks and Other Deductions

Checks and Substitute Checks

* Gap in check sequence

Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number
03/15	077 *	1,025.00	085803519	03/17	078	7,500.00	086852824	03/21	079	525.00	L084524605

Debit Card Purchases

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

Debit Card Purchases continued on next page

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Empire Motors Llc

Primary Account Number: 53-6684-8519

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

Debit Card Purchases - continued

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

Debit Card Purchases continued on next page

Business Checking



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

Empire Motors Llc

Primary Account Number: 53-6684-8519

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

Debit Card Purchases - continued

Date posted	Amount	Transaction description	Reference number
03/29	100.00	0372 Debit Card Purchase E Z Pass VA Web 877-7627824 VA	63267933041540372088
03/29	2.29	0372 Debit Card Purchase Pragm VA Toll App Fee 872-2227478 Nv	63266933041540372088
03/29	100.00	0372 Debit Card Purchase Cash App*Michael 8774174551 Ca	63265933041540372088
03/30	100.00	0372 Debit Card Purchase E Z Pass VA Web 877-7627824 VA	54581933041540372089
03/30	2.29	0372 Debit Card Purchase Pragm VA Toll App Fee 872-2227478 Nv	54580933041540372089
03/30	50.00	0372 Debit Card Purchase Cash App*Michael 8774174551 Ca	54579933041540372089
03/31	13.59	0372 Debit Card Purchase Starbucks 72454 340010 Penns Grove NJ	38302933041540372090
03/31	100.00	0372 Debit Card Purchase Cash App*Daniesha C 8774174551 Ca	38300933041540372090
03/31	26.49	0372 Debit Card Purchase Springfield Tobacco & Springfield VA	38301933041540372090

POS Purchases

Date posted	Amount	Transaction description	Reference number
03/01	24.97	POS Purchase Sunoco 0057280 Springfield	POS65182503 0007958
03/01	9.14	POS Purchase CVS/Pharmacy # Springfield	POS30139817 0007957
03/09	125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0008051
03/13	35.01	POS Purchase Sunoco 0057280 Springfield	POS65182503 0015676
03/13	21.49	POS Purchase Sunoco 0057280 Springfield	POS65182503 0015677
03/15	11.96	POS Purchase Sunoco 0057280 Springfield	POS65182503 0007917
03/15	38.00	POS Purchase Giant Landover Springfield	POS001 0007918
03/20	94.57	POS Purchase Sunoco 0057280 Springfield	POS65182503 0016373
03/20	40.40	POS Purchase Sunoco 0057280 Springfield	POS65182503 0016374
03/20	125.00	POS Purchase Alban Road Springfield	POS12651101 0016375
03/20	82.38	POS Purchase Alban Road Springfield	POS12651101 0016371
03/20	125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0016372
03/28	24.30	POS Purchase Hyattsville Ci Hyattsville	POS005AUA04 0007552
03/29	27.55	POS Purchase 7-Eleven Springfield	POS00MUK101 0007755
03/29	38.37	POS Purchase Sunoco 0741602 National Har MD	POS27618104 0007756
03/30	125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0007481
03/31	9.53	POS Purchase Sunoco 0057280 Springfield	POS65182503 0006886
03/31	198.48	POS Purchase Giant Landover Springfield	POS001 0006887

ATM/Misc. Debit Card Transactions

Date posted	Amount	Transaction description	Reference number
03/02	36.00	0372 Recurring Debit Card Google 650-2530000 C	73367933041540372061
03/03	24.95	0372 Recurring Debit Card Idclub.com 8005580940 800-5580940 AI	12375933041540372062
03/09	250.00	0372 Recurring Debit Card Towingwebsites.Com Httpstowing FI	33872933041540372068
03/10	200.00	ATM Withdrawal 6400 Springfield	MACSU560705 0007961

ATM/Misc. Debit Card Transactions continued on next page

Business Checking



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Empire Motors Llc

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

ATM/Misc. Debit Card Transactions

- continued

Date posted	Amount	Transaction description	Reference number
03/13	100.00	ATM Withdrawal 6400 Springfield	MACSU560705 0015675
03/17	488.59	0372 Recurring Debit Card GEICO 800-8413000 Dc	70945933041540372076
03/20	40.00	ATM Withdrawal 6400 Springfield	MACSU560705 0016370
03/21	239.88	0372 Recurring Debit Card Adobe Inc. 408-53660	66517933041540372080
03/22	9.99	0372 Recurring Debit Card Uber Help.Uber.C Ca	67917933041540372081
03/31	103.00	ATM Withdrawal 6225 Brandon Ave S Springfield VA	PLUFC74 0006888

ACH Deductions

Date posted	Amount	Transaction description	Reference number
03/02	2,548.67	Corporate ACH Afco Afco 0492136648	00023060009717285
03/13	799.00	ACH Web Payment Applecard Gsbank 50005448	00023072006827143
03/15	618.73	ACH Debit Ins. Prem Freedom Life Ins 52XXXXXXXXXX0052	00023074002639450
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 Bk Of Amer Visa Ckf605894791POS	00023079002636391
03/20	200.00	Corporate ACH ACH Pmt Amex Epayment M2712	00023079002717423
03/21	647.28	ACH Web 03202023 Toyota ACH Rtl Xykhpc1Rbmfwopr	00023079005107739
03/21	321.00	Corporate ACH Payment Amtrust Na 35773446	00023079007665204
03/22	231.00	ACH Tel Auto Pymt Home Depot 720993533490348	00023080014519174
03/27	811.37	ACH Debit Loan Pmt Virginia Cu Inc XXXXXXXXXXXX6683	00023083013336719
03/31	949.96	ACH Web Payment Citi Card Online 431025055280524	00023089012932010
03/31	639.41	ACH Web Payment Citi Card Online 431025055055504	00023089012932009
03/31	406.82	ACH Web Payment Citi Card Online 421025054817820	00023089012929804

Service Charges and Fees

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

Service Charges and Fees continued on next page

Business Checking



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Empire Motors Llc

Primary Account Number: 53-6684-8519

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

Service Charges and Fees

- continued

Date posted	Amount	Transaction description	Reference number
03/22	36.00	Overdraft Item Fee	66517933041540372080
03/22	36.00	Overdraft Item Fee	66520933041540372080
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	00023080014519174
03/28	36.00	Overdraft Item Fee	00023083013336719
03/31	3.00	ATM Withdrawal Fee	PLUFC74 0006889

Other Deductions

Date posted	Amount	Transaction description	Reference number
03/01	300.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00048972
03/01	20.00	Online Transfer To	0000005426333657 EMPIRE ECOM 00048973
03/01	20.00	Online Transfer To	0000005426334043 EMPORIO TOWI00048974
03/02	300.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00039822
03/09	200.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00033442
03/09	100.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00033441
03/15	722.26	Loan Payment	00000 1201007800026126 53000011
03/15	40.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00042809
03/20	21,500.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00084383
03/20	300.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00084381
03/20	1,370.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00084382
03/28	209.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00033409
03/31	5,000.00	Online Transfer To	0000005366848914 EMPIRE MOTOR00057673


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	

Business Checking

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Empire Motors Llc
Primary Account Number: 53-6684-8519
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Business Checking Account Number: 53-6684-8519 - continued

Business Checking - Maintenance Fee Relationship Pricing

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

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

Business Checking

PNC Bank



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


Primary Account Number: 53-6684-8914


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Number of enclosures: 0

EMPIRE MOTORS TOWING & RECOVERY
LLC

6912 GILBERT ST
SPRINGFIELD VA 22150-2421

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Pittsburgh, PA 15230-9738

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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

Business Checking

 For 24-hour account information, sign-on to
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For the Period 04/01/2023 to 04/28/2023
Empire Motors Towing & Recovery Llc
Primary Account Number: 53-6684-8914
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Business Checking Account Number: 53-6684-8914 - continued

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

Empire Motors Towing & Recovery Llc

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

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

Overdraft and Returned Item Fee Summary

	Total for this Period	Total Year to Date
Total Overdraft Fees	72.00	684.00
Total NSF/OD Refunds	72.00	468.00

Deposits and Other Additions

Description	Items	Amount
ATM Deposits and Additions	2	1,395.15
ACH Additions	10	1,533.85
Fee Refunds	2	72.00
Other Additions	10	15,328.87
Total	24	18,329.87

Checks and Other Deductions

Description	Items	Amount
Checks	2	2,040.00
Debit Card Purchases	57	4,772.49
POS Purchases	22	2,489.23
ATM/Misc. Debit Card Transactions	6	1,054.25
Service Charges and Fees	5	146.00
Other Deductions	10	5,612.00
Total	102	16,113.97

Daily Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger 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 description	Reference number
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ATM Deposits and Additions continued on next page

Business Checking



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

Empire Motors Towing & Recovery Llc

Primary Account Number: 53-6684-8914

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

ATM Deposits and Additions - continued

Date posted	Amount	Transaction description	Reference number
04/18	589.50	Visa Money Transfer C Cash App*Mil Recio Visa Direct Ca	50954933015543501108
04/27	805.65	Visa Money Transfer C Cash App*Kawthar Visa Direct Ca	88092933015543501117

ACH Additions

Date posted	Amount	Transaction description	Reference number
04/05	53.85	Corporate ACH Payment Crosscountry Pmd 12197537	00023094005525017
04/05	20.00	Corporate ACH Payment Crosscountry Pmd 12197399	00023094005525024
04/10	164.13	Corporate ACH Payment Crosscountry Pmd 12209043	00023097006003054
04/12	325.00	Corporate ACH Payment Crosscountry Pmd 12213194	00023101009352645
04/12	120.00	Corporate ACH Payment Crosscountry Pmd 12212563	00023101009352632
04/12	114.21	Corporate ACH Payment Crosscountry Pmd 12212541	00023101009352633
04/19	285.73	Corporate ACH Payment Crosscountry Pmd 12227645	00023108007678279
04/21	108.30	Corporate ACH Payment Crosscountry Pmd 12234122	00023110011555330
04/26	91.20	Corporate ACH Payment Crosscountry Pmd 12241589	00023115012218228
04/28	251.43	Corporate ACH Payment Crosscountry Pmd 12249393	00023117007812620

Fee Refunds

Date posted	Amount	Transaction description	Reference number
04/17	36.00	OD Fee Itm 3 0002732 Refund	
04/19	36.00	OD Threshold Refund	

Other Additions

Date posted	Amount	Transaction description	Reference number
04/04	5,000.00	Online Transfer From	0000005366848519 EMPIRE MOTORS T
04/07	400.00	Online Transfer From	0000005366848519 EMPIRE MOTORS T
04/17	150.00	Online Transfer From	0000005366848519 EMPIRE MOTORS T
04/17	85.44	Online Transfer From	0000005366848519 EMPIRE MOTORS T
04/18	1,000.00	Online Transfer From	0000005366848519 EMPIRE MOTORS T
04/18	1,020.00	Online Transfer From	0000005366848519 EMPIRE MOTORS T
04/19	573.43	Online Transfer From	0000005366848519 EMPIRE MOTORS T
04/19	5,500.00	Online Transfer From	0000005366848519 EMPIRE MOTORS T
04/24	900.00	Online Transfer From	0000005366848519 EMPIRE MOTORS T
04/26	700.00	Online Transfer From	0000005366848519 EMPIRE MOTORS T

Checks and Other Deductions

Checks and Substitute Checks

* Gap in check sequence

Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number
04/11	041 *	1,500.00	015204268	04/24	042	540.00	009104570

Debit Card Purchases

Date posted	Amount	Transaction description	Reference number
04/10	8.20	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	69082933015543501100
04/11	6.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	95413933015543501101

Debit Card Purchases continued on next page

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Empire Motors Towing & Recovery Llc

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Debit Card Purchases - continued

Date posted	Amount	Transaction description	Reference number
04/12	6.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	05967933015543501102
04/13	138.25	3501 Debit Card Purchase Matheny Motor Truck Co Woodbridge VA	79851933015543501103
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 Springfield VA	90791933015543501104
04/17	6.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	73434933015543501106
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 Springfield VA	31317933015543501107
04/18	7.37	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	50957933015543501108
04/18	8.20	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	50956933015543501108
04/18	600.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	50955933015543501108
04/19	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	14924933015543501109
04/19	500.00	3501 Debit Card Purchase Cash App*Masoud 8774174551 Ca	14921933015543501109
04/19	15.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	14919933015543501109
04/19	1,020.00	3501 Debit Card Purchase Cash App*Mohammad A 8774174551 Ca	14920933015543501109
04/19	16.43	3501 Debit Card Purchase Uber Help.Uber.C Ca	14923933015543501109
04/19	4.05	3501 Debit Card Purchase Uber Help.Uber.C Ca	14922933015543501109
04/20	5.66	3501 Debit Card Purchase Starbucks Store 11153 Springfield VA	91454933015543501110
04/20	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	91453933015543501110
04/20	150.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	91450933015543501110
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 8774174551 Ca	91449933015543501110
04/21	31.78	3501 Debit Card Purchase The UPS Store 4608 703-5698802 VA	71706933015543501111
04/21	7.00	3501 Debit Card Purchase 60298 - Prosperity Met Fairfax VA	71712933015543501111

Debit Card Purchases continued on next page

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Empire Motors Towing & Recovery Llc

Primary Account Number: 53-6684-8914


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

Debit Card Purchases - continued

Date posted	Amount	Transaction description	Reference number
04/21	24.99	3501 Debit Card Purchase Springfield Tobacco & Springfield VA	71710933015543501111
04/21	1.33	3501 Debit Card Purchase Dollar Tree 000006469 Springfield VA	71713933015543501111
04/21	18.71	3501 Debit Card Purchase Chipotle 0787 Springfield VA	71708933015543501111
04/21	11.66	3501 Debit Card Purchase Panda Express #1901 Springfield VA	71709933015543501111
04/21	250.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	71707933015543501111
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 Springfield VA	73610933015543501113
04/24	17.91	3501 Debit Card Purchase Valentinos New York St Alexandria VA	63324933015543501114
04/24	250.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	73607933015543501113
04/24	6.00	3501 Debit Card Purchase Tysons Tower Roswell	73609933015543501113
04/24	18.78	3501 Debit Card Purchase Capital Grille 0138014 McLean VA	73608933015543501113
04/24	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	63322933015543501114
04/24	5.45	3501 Debit Card Purchase Taco Bamba Taqueria Springfield VA	63320933015543501114
04/24	87.00	3501 Debit Card Purchase Www.Petsmart.Com 888-8399638 Az	63323933015543501114
04/24	25.98	3501 Debit Card Purchase Springfield Tobacco & Springfield VA	63321933015543501114
04/25	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	01945933015543501115
04/25	100.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	01947933015543501115
04/25	15.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	01942933015543501115
04/25	650.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	01946933015543501115
04/25	200.00	3501 Debit Card Purchase Cash App*Tarek Skaf 8774174551 Ca	01943933015543501115
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 Springfield VA	82334933015543501116
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 Springfield VA	88093933015543501117
04/27	15.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	88094933015543501117
04/28	50.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	31960933015543501118

Business Checking

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

Empire Motors Towing & Recovery Llc

Primary Account Number: 53-6684-8914

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

POS Purchases

Date posted	Amount	Transaction description	Reference number
04/10	18.57	POS Purchase 7-Eleven Springfield	POS00M6LM13 0012731
04/10	200.00	POS Purchase The Home Depot Springfield	POS06239716 0012729
04/10	804.97	POS Purchase The Home Depot Springfield	POS06239716 0012730
04/11	122.94	POS Purchase Sunoco 0057280 Springfield	POS65182503 0003192
04/11	31.38	POS Purchase 7-Eleven Springfield	POS00MOG313 0003193
04/13	28.73	POS Purchase CVS/Pharmacy # Springfield	POS30139817 0003290
04/13	125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0003291
04/14	4.84	POS Purchase Giant Landover Springfield	POS001 0002733
04/14	125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0002732
04/17	19.06	POS Purchase Sunoco 0057280 Springfield	POS65182503 0006808
04/17	8.05	POS Purchase Lidl #1229 Springfield	POS010 0006807
04/17	1.39	POS Purchase Dc Oil, Inc Washington Dc	POS12597001 0006806
04/18	125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0003295
04/19	19.76	POS Purchase 7-Eleven Springfield	POS00M6LM13 0003022
04/19	21.00	POS Purchase 7-Eleven Dale City VA	POS00MSU501 0003021
04/21	125.00	POS Purchase Sunoco 0057280 Springfield	POS65182503 0015895
04/21	252.74	POS Purchase Autozone Springfield	POS99999999 0015894
04/24	16.06	POS Purchase 7-Eleven Springfield	POS00M6LM13 0006709
04/24	86.89	POS Purchase Petsmart # 044 Springfield	POS08992366 0006710
04/24	9.36	POS Purchase Lidl #1229 Springfield	POS010 0006708
04/24	45.55	POS Purchase Sunoco 0057280 Springfield	POS65182503 0006707
04/25	297.94	POS Purchase Costco Whse #0 Springfield	POS99022713 0003395

ATM/Misc. Debit Card Transactions

Date posted	Amount	Transaction description	Reference number
04/11	240.00	ATM Withdrawal 7029 Brookfield PI Springfield VA	MAC7E002969 0003191
04/18	253.00	ATM Withdrawal 6225 Brandon Ave S Springfield VA	PLUFC74 0003296
04/19	99.00	3501 Recurring Debit Card Towbook Management So 810-3205063 Mi	14925933015543501109
04/21	202.25	ATM Withdrawal 4133 Braddock Road Alexandria VA	MACCS52931 0015892
04/25	160.00	ATM Withdrawal 8071 Alban Road Springfield	MAC7E003404 0003394
04/26	100.00	ATM Withdrawal 8071 Alban Road Springfield	MAC7E003404 0003445

Service Charges and Fees


Date posted	Amount	Transaction description	Reference number
04/03	68.00	Service Charge Period Ending 03/31/2023	
04/17	36.00	Overdraft Item Fee	POS65182503 0002732
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

Date posted	Amount	Transaction description	Reference number
04/03	12.00	Online Transfer To	0000005426333657 EMPIRE ECOM 00101607
04/04	1,000.00	Online Transfer To	0000005366848519 EMPIRE MOTOR00037759

Other Deductions continued on next page

Business Checking

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Other Deductions - continued

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

Detail of Services Used During Current Period

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

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

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

Business Checking

PNC Bank



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


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Number of enclosures: 0

EMPIRE MOTORS TOWING & RECOVERY
LLC

6912 GILBERT ST
SPRINGFIELD VA 22150-2421

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PO Box 609

Pittsburgh, PA 15230-9738

 Visit us at PNC.com/smallbusiness

IMPORTANT ACCOUNT INFORMATION

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


Rule 370 Notification Requirements

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

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

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

Business Checking

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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

Empire Motors Towing & Recovery Llc

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

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

Overdraft and Returned Item Fee Summary

	Total for this Period	Total Year to Date
Total Overdraft Fees	.00	684.00
Total NSF/OD Refunds	.00	468.00

Deposits and Other Additions

Description	Items	Amount
ATM Deposits and Additions	2	928.46
ACH Additions	7	1,858.64
Fee Refunds	4	11.95
Other Additions	8	16,700.00
Total	21	19,499.05

Checks and Other Deductions

Description	Items	Amount
Checks	3	3,035.00
Debit Card Purchases	105	11,796.96
POS Purchases	22	1,485.68
ATM/Misc. Debit Card Transactions	10	1,836.88
Service Charges and Fees	5	27.00
Other Deductions	5	2,468.71
Total	150	20,650.23

Daily Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
04/29	2,301.25	05/02	2,918.65	05/04	2,994.90
05/01	4,418.05	05/03	3,127.36	05/05	2,512.05

Daily Balance continued on next page

Business Checking



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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 Detail

Deposits and Other Additions

ATM Deposits and Additions

Date posted	Amount	Transaction description	Reference number
05/01	122.81	Visa Money Transfer C Cash App* Visa Direct Ca	66346933015543501120
05/31	805.65	Visa Money Transfer C Cash App*Kawthar Visa Direct Ca	49485933015543501151

ACH Additions

Date posted	Amount	Transaction description	Reference number
05/03	743.62	Corporate ACH Payment Crosscountry Pmd 12257701	00023122013263072
05/05	228.43	Corporate ACH Payment Crosscountry Pmd 12263920	00023124008091741
05/10	254.60	Corporate ACH Payment Crosscountry Pmd 12271603	00023129008393072
05/12	81.60	Corporate ACH Payment Crosscountry Pmd 12277962	00023131012269420
05/17	359.71	Corporate ACH Payment Crosscountry Pmd 12286243	00023136004657150
05/24	150.68	Corporate ACH Payment Crosscountry Pmd 12299437	00023143008438723
05/26	40.00	Corporate ACH Payment Crosscountry Pmd 12305472	00023145011864214


Fee Refunds

Date posted	Amount	Transaction description	Reference number
05/12	3.00	ATM Transact Fee Refund	
05/12	3.00	ATM Transact Fee Refund	
05/12	3.00	ATM Surcharge Refund	
05/12	2.95	ATM Surcharge Refund	

Other Additions

Date posted	Amount	Transaction description	Reference number
05/01	4,000.00	Online Transfer From	0000005366848519 EMPIRE MOTORS T
05/08	400.00	Online Transfer From	0000005366848519 EMPIRE MOTORS T
05/11	4,250.00	Online Transfer From	0000005366848519 EMPIRE MOTORS T
05/15	300.00	Online Transfer From	0000005366848519 EMPIRE MOTORS T
05/16	1,650.00	Online Transfer From	0000005366848519 EMPIRE MOTORS T
05/18	5,000.00	Online Transfer From	0000005366848519 EMPIRE MOTORS T
05/25	600.00	Online Transfer From	0000005366848519 EMPIRE MOTORS T
05/30	500.00	Online Transfer From	0000005366848519 EMPIRE MOTORS T

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Checks and Other Deductions

Checks and Substitute Checks

* Gap in check sequence

Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number
05/02	043 *	860.00	014199657	05/08	044	950.00	017086714	05/12	045	1,225.00	009655973

Debit Card Purchases

Date posted	Amount	Transaction description	Reference number
05/01	6.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	66347933015543501120
05/01	22.79	3501 Debit Card Purchase Malek's Pizza-Order In Springfield VA	66351933015543501120
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 Springfield VA	66350933015543501120
05/01	50.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	66357933015543501120
05/01	300.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	66354933015543501120
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 Lorton VA	67809933015543501121
05/01	600.00	3501 Debit Card Purchase Cash App*AMP 8774174551 Ca	66348933015543501120
05/01	200.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	66355933015543501120
05/01	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	67810933015543501121
05/02	100.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	73323933015543501122
05/02	520.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	73322933015543501122
05/03	20.91	3501 Debit Card Purchase Valentinos New York St Alexandria VA	38060933015543501123
05/03	31.38	3501 Debit Card Purchase Yard House 0108358 Springfield VA	38063933015543501123
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 Springfield VA	03597933015543501124
05/04	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	03596933015543501124
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 Springfield VA	64724933015543501125
05/05	86.46	3501 Debit Card Purchase Northern Virginia Supp Springfield VA	64723933015543501125

Debit Card Purchases continued on next page

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Debit Card Purchases - continued

Date posted	Amount	Transaction description	Reference number
05/05	300.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	64722933015543501125
05/05	20.00	3501 Debit Card Purchase Cash App*Kevin Brow 8774174551 Ca	64726933015543501125
05/05	47.68	3501 Debit Card Purchase Springfield Tobacco & Springfield VA	64725933015543501125
05/05	250.00	3501 Debit Card Purchase Cash App*AMP 8774174551 Ca	64727933015543501125
05/08	6.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	57072933015543501127
05/08	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	57077933015543501127
05/08	7.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	57075933015543501127
05/08	30.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	57078933015543501127
05/08	6.14	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	57079933015543501127
05/08	19.98	3501 Debit Card Purchase Valentinos New York St Alexandria VA	74435933015543501128
05/08	30.61	3501 Debit Card Purchase Yard House 83500083584 Springfield VA	57074933015543501127
05/08	1.05	3501 Debit Card Purchase McDonald's F20514 Springfield VA	57080933015543501127
05/08	25.56	3501 Debit Card Purchase Uber Help.Uber.C Ca	57076933015543501127
05/08	16.50	3501 Debit Card Purchase Uber Help.Uber.C Ca	57081933015543501127
05/08	138.81	3501 Debit Card Purchase Tst* Osteria Marzano Franconia VA	57073933015543501127
05/08	125.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	74436933015543501128
05/09	6.93	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	78854933015543501129
05/09	13.84	3501 Debit Card Purchase McDonald's F20514 Springfield VA	78852933015543501129
05/09	2.85	3501 Debit Card Purchase McDonald's F20514 Springfield VA	78851933015543501129
05/09	620.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	78853933015543501129
05/09	60.64	3501 Debit Card Purchase Uber Help.Uber.C Ca	78855933015543501129
05/10	6.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	75319933015543501130
05/10	300.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	75318933015543501130
05/11	6.51	3501 Debit Card Purchase Py *Kung Fu Tea - Spri Springfield VA	75636933015543501131
05/11	125.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	75638933015543501131

Debit Card Purchases continued on next page

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Debit Card Purchases - continued

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

Debit Card Purchases continued on next page

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Empire Motors Towing & Recovery Llc

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Debit Card Purchases - continued

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

Debit Card Purchases continued on next page

Business Checking



For 24-hour account information, sign-on to

pnc.com/mybusiness/

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

Empire Motors Towing & Recovery Llc

Primary Account Number: 53-6684-8914

Page 8 of 9

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

Debit Card Purchases - continued

Date posted	Amount	Transaction description	Reference number
05/30	15.40	3501 Debit Card Purchase Sq *Alibaba Washingto	71218933015543501149
05/30	125.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	71224933015543501149
05/30	44.30	3501 Debit Card Purchase Uber Help.Uber.C Ca	10928933015543501150
05/31	500.00	3501 Debit Card Purchase Cash App*Michael 8774174551 Ca	49486933015543501151

POS Purchases

Date posted	Amount	Transaction description	Reference number
05/01	19.40	POS Purchase Sunoco 0057280 Springfield	POS65182503 0006679
05/02	19.40	POS Purchase Sunoco 0057280 Springfield	POS65182503 0003508
05/04	82.00	POS Purchase Giant Landover Springfield	POS001 0003226
05/04	11.65	POS Purchase Autozone Springfield	POS99999999 0003227
05/08	3.22	POS Purchase 7-Eleven Springfield	POS00M6LM13 0006807
05/08	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. Debit Card Transactions

Date posted	Amount	Transaction description	Reference number
05/01	200.00	ATM Withdrawal 6400 Springfield	MACSU560705 0006678
05/03	85.98	3501 Recurring Debit Card Fubotv Inc 844-44138	38061933015543501123
05/03	203.00	ATM Withdrawal 6225 Brandon Ave S Springfield VA	PLUFC74 0003773
05/11	82.95	ATM Withdrawal 3216 Old Picket Rd Fairfax VA	MACTX62919 0003143
05/12	203.00	ATM Withdrawal 6225 Brandon Ave S Springfield VA	PLUFC74 0002643
05/19	99.00	3501 Recurring Debit Card Towbook Management So 810-3205063 Mi	59529933015543501139
05/19	300.00	ATM Withdrawal 3023 Duke Street Alexandria VA	MAC7E002204 0002607
05/19	200.00	ATM Withdrawal 6950 Braddock Rd Annandale VA	PNCPX2895 2649303
05/22	400.00	ATM Withdrawal 6400 Springfield	MACSU560705 0006761
05/30	62.95	ATM Withdrawal 3216 Old Picket Rd Fairfax VA	MACTX62919 0008721

Business Checking



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

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

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

Service Charges and Fees

Date posted	Amount	Transaction description	Reference number
05/01	15.00	Service Charge Period Ending 04/28/2023	
05/03	3.00	ATM Withdrawal Fee	PLUFC74 0003774
05/11	3.00	ATM Withdrawal Fee	MACTX62919 0003144
05/12	3.00	ATM Withdrawal Fee	PLUFC74 0002644
05/30	3.00	ATM Withdrawal Fee	MACTX62919 0008722

Other Deductions

Date posted	Amount	Transaction description	Reference number
05/01	350.00	Online Transfer To	0000005366848519 EMPIRE MOTOR00101799
05/01	15.00	Online Transfer To	0000005426334043 EMPORIO TOWI00101801
05/01	15.00	Online Transfer To	0000005426333657 EMPIRE ECOM 00101800
05/11	1,500.00	Online Transfer To	0000005366848519 EMPIRE MOTOR00033771
05/19	588.71	Online Transfer To	0000005366848519 EMPIRE MOTOR00045034

Detail of Services Used During Current Period

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

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

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



Tax Returns

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



Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. January 2020)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year

☒ 2019 ☐ 2018 ☐ 2017 ☐ 2016

Other year. Enter one: calendar year

or fiscal year (month and year ended):

Your first name and middle initial

MILKESSA

Last name

RECIO

Your social security number

019-86-7898

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

AYMAN S

Last name

RECIO

Spouse's social security number

223-97-6498

Current home address (number and street). If you have a P.O. box, see instructions.

4701 ROUGE CT

Apt. no.

101

Your phone number

571-494-9249

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

Alexandria, VA 22312

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

☐ Single☒ Married filing jointly☐ Married filing separately (MFS)☐ Qualifying widow(er) (QW)☐ Head of household (HOH)

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

☐ Full-year health care coverage (or, for amended 2018 returns only, exempt). If amending a 2019 return, leave blank. See instructions.

Use Part III on page 2 to explain any changes

Income and Deductions

	A. Original amount reported or as previously adjusted (see instructions)	B. Net change - amount of increase or (decrease) - explain in Part III	C. Correct amount
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here <input type="checkbox"/>	124,897	(2,409)	122,488
2 Itemized deductions or standard deduction	24,400		24,400
3 Subtract line 2 from line 1	100,497	(2,409)	98,088
4a Exemptions. (amended 2017 or earlier returns only). If changing, complete Part I on page 2 and enter the amount from line 29			
4b Qualified business income deduction (amended 2018 or later returns only)	20,099	(481)	19,618
5 Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	80,398	(1,928)	78,470
Tax Liability			
6 Tax. Enter method(s) used to figure tax (see instructions): TABLE			
7 Credits. If a general business credit carryback is included, check here <input type="checkbox"/>	9,400	(371)	9,029
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	1,500		1,500
9 Health care: individual responsibility (amended 2018 or earlier returns only). See instructions	7,900	(371)	7,529
10 Other taxes			
11 Total tax. Add lines 8, 9, and 10	18,989	(365)	18,624
	26,889	(736)	26,153

Payments

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)			
13 Estimated tax payments, including amount applied from prior year's return			
14 Earned income credit (EIC)			
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input checked="" type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	1,000		1,000
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed			
17 Total payments. Add lines 12 through 15, column C, and line 16			1,000

Refund or Amount You Owe

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS			
19 Subtract line 18 from line 17. (If less than zero, see instructions.)			1,000
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference			25,153
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return.			
22 Amount of line 21 you want refunded to you			
23 Amount of line 21 you want applied to your (enter year):	estimated tax	23	

Complete and sign this form on page 2.

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

CAUTION! For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.

Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.

	A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24 Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	24		
25 Your dependent children who lived with you	25		
26 Your dependent children who didn't live with you due to divorce or separation	26		
27 Other dependents	27		
28 Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	28		
29 Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29		

30 List **ALL** dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and check here ☐

Dependents (see instructions):

(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents (amended 2018 or later returns only)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

☐ Check here if you didn't previously want \$3 to go to the fund, but now do.

☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

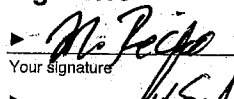
▶ Attach any supporting documents and new or changed forms and schedules.


1. ADDING THE INCOME FROM TOWING SERVICES TO ADD A SCH.C WHICH WAS NOT INCLUDED WITH MY ORIGINAL FILING.
2. ADDING MY COMPANY SCH. C FOR EMPIRE MOTORS TOWING AND RECOVERY.
3. ADDING MY COMPANY SCH.C CAMEL TOWING LLC.
4. ADDING MY COMPANY SCH.C EMPORIO TOWING LLC FOR CAR SALES AND TOWING SERVICES FOR TAXPAYER.
5. ADDING MY COMPANY SCH.C EMPORIO TOWING LLC FOR TOWING SERVICES ONLY FOR SPOUSE.

Remember to keep a copy of this form for your records.

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

Sign Here

▶  Your signature 10/14/21 Date 10/14/21 Date

▶  Spouse's signature. If a joint return, both must sign. 10/14/21 Date 10/14/21 Date

Paid Preparer Use Only

▶ Preparer's signature 10-11-2021 Date AFG FOR ACCOUNTING SERVICES INC Firm's name (or yours if self-employed)

6000 STEVENSON AVENUE SUIT E Firm's address and ZIP code

Alexandria, VA 22304 Firm's address and ZIP code

ASHRAF GADELRAH
Print/type preparer's name

P00139837
PTIN

☐ Check if self-employed

703-921-0684
Phone number

20-8018550
EIN

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial MILKESSA	Last name RECIO	Your social security number 019-86-7898
If joint return, spouse's first name and middle initial AYMAN S	Last name RECIO	Spouse's social security number 223-97-6498
Home address (number and street). If you have a P.O. box, see instructions. 4701 ROUGE CT		Apt. no. 101
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Alexandria, VA 22312		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see inst. & check here ▶ <input type="checkbox"/>		

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

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind
Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a Tax-exempt interest	2a	
2b Taxable interest	2b	
3a Qualified dividends	3a	
3b Ordinary dividends	3b	
4a IRA distributions	4a	
4b Taxable amount	4b	
c Pensions and annuities	4c	
d Taxable amount	4d	
5a Social security benefits	5a	
b Taxable amount	5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9	7a	131,801
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	131,801
8a Adjustments to income from Schedule 1, line 22	8a	9,313
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	122,488
9 Standard deduction or itemized deductions (from Schedule A)	9	24,400
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A. . .	10	19,618
11a Add lines 9 and 10	11a	44,018
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	78,470

12a Tax (see instructions). Check if any from:1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ _____ **12a** 9,029**b** Add Schedule 2, line 3, and line 12a and enter the total **12b** 9,029**13a** Child tax credit or credit for other dependents **13a****b** Add Schedule 3, line 7, and line 13a and enter the total **13b** 1,500**14** Subtract line 13b from line 12b. If zero or less, enter -0- **14** 7,529**15** Other taxes, including self-employment tax, from Schedule 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 Forms W-2 and 1099 **17****18 Other payments and refundable credits:****a** Earned income credit (EIC) **18a****b** Additional child tax credit. Attach Schedule 8812 **18b****c** American opportunity credit from Form 8863, line 8 **18c** 1,000**d** Schedule 3, line 14. **18d****e** Add lines 18a through 18d. These are your **total other payments and refundable credits** **18e** 1,000**19** Add lines 17 and 18e. These are your **total payments** **19** 1,000**Refund****20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid** **20****21 a** Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here ☐ **21a**Direct deposit?
See
instructions.**b** Routing number **c** Type: ☐ Checking ☐ Savings**d** Account number **22** Amount of line 20 you want **applied to your 2020 estimated tax** **22****Amount You Owe****23** **Amount you owe**. Subtract line 19 from line 16. For details on how to pay, see instructions **23** 25,922**24** **Estimated tax penalty** (see instructions) **24** 769**Third Party Designee**Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ Yes. Complete below.☒ No(Other than
paid preparer)Designee's
name ▶Phone
no. ▶Personal identification
number (PIN) ▶**Sign Here**

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

Your signature

Date

Your occupation

If the IRS sent you an Identity

Protection PIN, enter it here

(see inst.)

41081**05-12-2021**

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent your spouse an

Identity Protection PIN, enter it here

(see inst.)

93916**05-12-2021**Phone no. **571-494-9249**

Email address

Paid Preparer Use Only

Preparer's signature

Date

PTIN

Check if:

10-11-2021**P00139837**☐ 3rd Party DesigneePreparer's name **ASHRAF GADELRAH**Phone no. **703-921-0684**☐ Self-employedFirm's name ▶ **AFG FOR ACCOUNTING SERVICES INC**Firm's address ▶ **6000 STEVENSON AVENUE SUIT E****Alexandria, VA 22304**Firm's EIN ▶ **20-8018550**

SCHEDULE 1

(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

▶ Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019Attachment
Sequence No. **01**

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

Your social security number

MILKESSA & AYMAN S RECIO**019-86-7898**At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any
virtual currency? ☐ Yes ☒ No**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	131,801
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	131,801

Part II Adjustments to Income

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	9,313
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.		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 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

EEA

SCHEDULE 2

(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service**Additional Taxes**

► Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019Attachment
Sequence No. **02**

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

Your social security number

MILKESSA & AYMAN S RECIO**019-86-7898****Part I Tax**

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	18,624
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	18,624

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

Schedule 2 (Form 1040 or 1040-SR) 2019

EEA

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **03**

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

Your social security number

MILKESSA & AYMAN S RECIO

019-86-7898

Part I 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	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	1,500

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
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 <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	0

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

Schedule 3 (Form 1040 or 1040-SR) 2019

EEA

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2019

Attachment
Sequence No. **09**

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

MILKESSA RECIO

Social security number (SSN)

019-86-7898

A Principal business or profession, including product or service (see instructions)

CAR SALES AND TWING

B Enter code from instructions

► **999999**

C Business name. If no separate business name, leave blank.

EMPIRE MOTORS LLC

D Employer ID number (EIN) (see instr.)

47-5310533

E Business address (including suite or room no.) ► **4701 ROUGE CT APT 101**

City, town or post office, state, and ZIP code **Alexandria, VA 22312**

F Accounting method: (1) ☒ 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 ☒ Yes ☐ No

H If you started or acquired this business during 2019, check here. ☐

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	121,985
2 Returns and allowances	2	5,487
3 Subtract line 2 from line 1	3	116,498
4 Cost of goods sold (from line 42)	4	1,253,146
5 Gross profit. Subtract line 4 from line 3.	5	(1,136,648)
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	1,569,503
7 Gross income. Add lines 5 and 6	7	432,855

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

8 Advertising	8	2,400	18 Office expense (see instructions)	18	137,862
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	39,000	a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	14,400
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	6,950
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	40,355
15 Insurance (other than health)	15	7,800	23 Taxes and licenses	23	124,469
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	18,545	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	32,742
			b Reserved for future use	27b	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a. **28** **424,523**

29 Tentative profit or (loss). Subtract line 28 from line 7 **29** **8,332**

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home: _____

and (b) the part of your home used for business: _____ Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

31 **Net profit or (loss).** Subtract line 30 from line 29.

- If a profit, enter on both **Schedule 1 (Form 1040 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 trusts, enter on **Form 1041, line 3**.
- If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3**, (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

Name(s)

SSN

MILKESSA RECIO**019-86-7898****Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
39	Other costs	39
40	Add lines 35 through 39	40 1,253,146
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 1,253,146

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

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
a	Business _____ b Commuting (see instructions) _____ c Other _____
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V 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

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2019

Attachment
Sequence No. **09**

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor AYMAN S RECIO		Social security number (SSN) 223-97-6498
A Principal business or profession, including product or service (see instructions) TOWING SERVICES		B Enter code from instructions ► 999999
C Business name. If no separate business name, leave blank. EMPIRE MOTORS LLC		D Employer ID number (EIN) (see instr.) 32-0630327

E Business address (including suite or room no.) ► 4701 ROUGE CT APT 101
City, town or post office, state, and ZIP code Alexandria, VA 22312

F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►	G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2019, check here.	I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	335,210
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	335,210
4 Cost of goods sold (from line 42)	4	34,625
5 Gross profit. Subtract line 4 from line 3.	5	300,585
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	300,585

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

8 Advertising	8	5,400	18 Office expense (see instructions)	18	21,000
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	18,500
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	59,480
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	780
15 Insurance (other than health)	15	16,200	23 Taxes and licenses	23	1,903
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	3,120
17 Legal and professional services	17		25 Utilities	25	4,800
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	51,823
			b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28	183,006
29 Tentative profit or (loss). Subtract line 28 from line 7	29	117,579

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 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 trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	117,579

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 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 the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.
---	---

Name(s)

AYMAN S RECIO

SSN

223-97-6498**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	37 34,625
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 34,625
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 34,625

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

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:	
a	Business	b Commuting (see instructions)
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

FUEL	48,251
WORK CLOTHES	1,322
CELL PHONE	2,250
48 Total other expenses. Enter here and on line 27a	48 51,823

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019

Attachment
Sequence No. **09**

Name of proprietor

MILKESSA RECIO

Social security number (SSN)

019-86-7898

A Principal business or profession, including product or service (see instructions)

TOWING

B Enter code from instructions

► **488000**

C Business name. If no separate business name, leave blank.

EMPIRE MOTORS TOWING & RECOVERY LLC

D Employer ID number (EIN) (see instr.)

84-3704991

E Business address (including suite or room no.) ► **4701 ROUGE CT APT 101**

City, town or post office, state, and ZIP code **Alexandria, VA 22312**

F Accounting method: (1) ☒ 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 ☒ Yes ☐ No

H If you started or acquired this business during 2019, check here.

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes ☐ No ☐

J If "Yes," did you or will you file required Forms 1099? Yes ☐ No ☐

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	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 line 3.		5	538,354
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions).		6	
7 Gross income. Add lines 5 and 6		7	538,354

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

8 Advertising	8	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	76,255
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	190,355
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22	137,862
15 Insurance (other than health)	15	23 Taxes and licenses	23	136,589
16 Interest (see instructions):		24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48)	27a	
		b Reserved for future use	27b	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a. **28** **559,606**

29 Tentative profit or (loss). Subtract line 28 from line 7 **29** **(21,252)**

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 **30**

31 **Net profit or (loss).** Subtract line 30 from line 29.

• If a profit, enter on both **Schedule 1 (Form 1040 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 trusts, enter on **Form 1041, line 3**.

• If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3**, (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.

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

32a ☒ All investment is at risk.

32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

Name(s)

SSN

MILKESSA RECIO

019-86-7898

Part III	Cost of Goods Sold (see instructions)
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33 Method(s) used to value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ Yes ☒ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35	0
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36	Purchases less cost of items withdrawn for personal use	36	1,195,898
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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	1,913,146
----	-----------------------------------	----	-----------

41	Inventory at end of year	41	0
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42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	1,913,146
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Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

44 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

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

Part V	Other Expenses. List below business expenses not included on lines 8-26 or line 30.
---------------	--

48	Total other expenses. Enter here and on line 27a	48
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SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019

Attachment
Sequence No. **09**

Name of proprietor

MILKESSA RECIO

Social security number (SSN)

019-86-7898

A Principal business or profession, including product or service (see instructions)

TOWING

B Enter code from instructions

► **811310**

C Business name. If no separate business name, leave blank.

CAMEL TOWING LLC

D Employer ID number (EIN) (see instr.)

84-3704859

E Business address (including suite or room no.) ► **4701 ROUGE CT APT 101**

City, town or post office, state, and ZIP code **Alexandria, VA 22312**

F Accounting method: (1) ☒ 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 ☒ Yes ☐ No

H If you started or acquired this business during 2019, check here. ☐ Yes ☐ No

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	765,499
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	765,499
4 Cost of goods sold (from line 42)	4	224,000
5 Gross profit. Subtract line 4 from line 3.	5	541,499
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions).	6	
7 Gross income. Add lines 5 and 6	7	541,499

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

8 Advertising	8	15,614	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	31,011
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	92,481
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	78,451
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	334,303
			b Reserved for future use	27b	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a. **28** **551,860**

29 Tentative profit or (loss). Subtract line 28 from line 7 **29** **(10,361)**

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 **30**

31 **Net profit or (loss).** Subtract line 30 from line 29.

• If a profit, enter on both **Schedule 1 (Form 1040 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 trusts, enter on **Form 1041, line 3**.

• If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3**, (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.

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

32a ☒ All investment is at risk.

32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

Name(s)

SSN

MILKESSA RECIO**019-86-7898****Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	37 224,000
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 224,000
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	42 224,000

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

43 When did you place your vehicle in service for business purposes? (month, day, year) ► _____

44 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

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

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

HEAVY DUTY TRUCK DESIEL	307,821
INTERNET AND PHONE	3,048
TOOLS	16,893
ACCESSORIES	6,541
48 Total other expenses. Enter here and on line 27a	48 334,303

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019

Attachment
Sequence No. **09**

Name of proprietor

AYMAN S RECIO

A Principal business or profession, including product or service (see instructions)

TOWING

C Business name. If no separate business name, leave blank.

EMPORIO TOWING LLC

E Business address (including suite or room no.) ► **4701 ROUGE CT APT 101**

City, town or post office, state, and ZIP code **Alexandria, VA 22312**

F Accounting method: (1) ☒ 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 ☒ Yes ☐ No

H If you started or acquired this business during 2019, check here. ☐ Yes ☐ No

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	294,316
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	294,316
4 Cost of goods sold (from line 42)	4	39,824
5 Gross profit. Subtract line 4 from line 3.	5	254,492
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	254,492

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

8 Advertising	8		18 Office expense (see instructions)	18	17,824
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	18,500
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	82,614
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	24,783
15 Insurance (other than health)	15	16,800	23 Taxes and licenses	23	1,816
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	2,962
17 Legal and professional services	17		25 Utilities	25	4,782
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	75,787
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).			b Reserved for future use	27b	
Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29.	31	8,624			

• 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 trusts, enter on **Form 1041, line 3**.

• If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3**, (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.

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

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

Name(s)

SSN

AYMAN S RECIO**223-97-6498****Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	37 39,824
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 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 IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:	
a	Business	b Commuting (see instructions)
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

FUEL		72,273
CELL PHONE		1,200
UNIFORM		2,314
48	Total other expenses. Enter here and on line 27a	48 75,787

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019

Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

019-86-7898

MILKESSA RECIO

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions

CAR SALES AND TOWING

► **999999**

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

EMPORIO TOWING LLC

82-1271050

E Business address (including suite or room no.) ► **4701 ROUGE CT APT 101**

City, town or post office, state, and ZIP code **Alexandria, VA 22312**

F Accounting method: (1) ☒ 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 ☒ Yes ☐ No

H If you started or acquired this business during 2019, check here.

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	493,284
2 Returns and allowances		2	0
3 Subtract line 2 from line 1		3	493,284
4 Cost of goods sold (from line 42)		4	42,834
5 Gross profit. Subtract line 4 from line 3.		5	450,450
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	450,450

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

8 Advertising	8		18 Office expense (see instructions)	18	18,624
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	18,500
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	283,916
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	49,283
15 Insurance (other than health)	15	24,600	23 Taxes and licenses	23	4,729
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	3,195
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	18,724
			b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28	421,571
29 Tentative profit or (loss). Subtract line 28 from line 7	29	28,879

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 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 trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	28,879

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 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 the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.
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For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

Name(s)

SSN

MILKESSA RECIO**019-86-7898****Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	37 42,834
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 42,834
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 42,834

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

43	When did you place your vehicle in service for business purposes? (month, day, year) ► _____
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
a	Business _____ b Commuting (see instructions) _____ c Other _____
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

FUEL	18,724
48 Total other expenses. Enter here and on line 27a	48 18,724

SCHEDULE SE
(Form 1040 or 1040-SR)

Self-Employment Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

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

2019

Attachment
Sequence No. **17**

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

MILKESSA RECIO

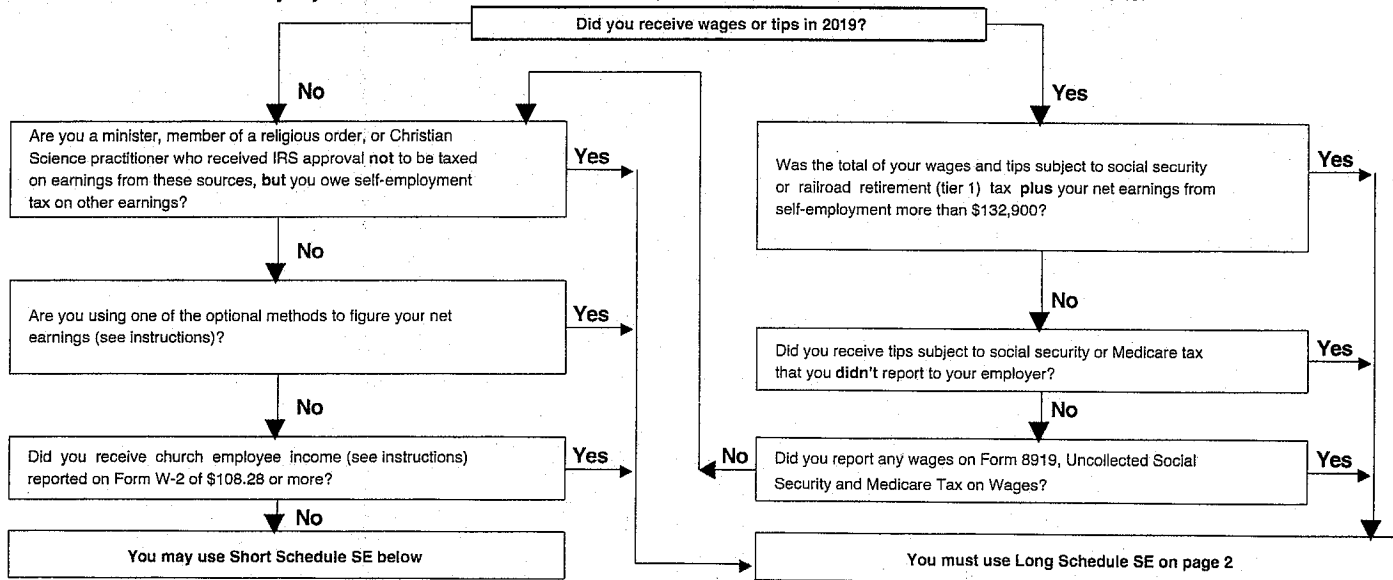
Social security number of person

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.

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	()
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other 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	2	21,405
3 Combine lines 1a, 1b, and 2	3	21,405
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this 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 instructions		
5 Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none">• \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.• More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.	5	3,025
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	6	1,513

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

Schedule SE (Form 1040 or 1040-SR) 2019

SCHEDULE SE
(Form 1040 or 1040-SR)

Self-Employment Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

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

2019

Attachment
Sequence No. **17**

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

AYMAN S RECIO

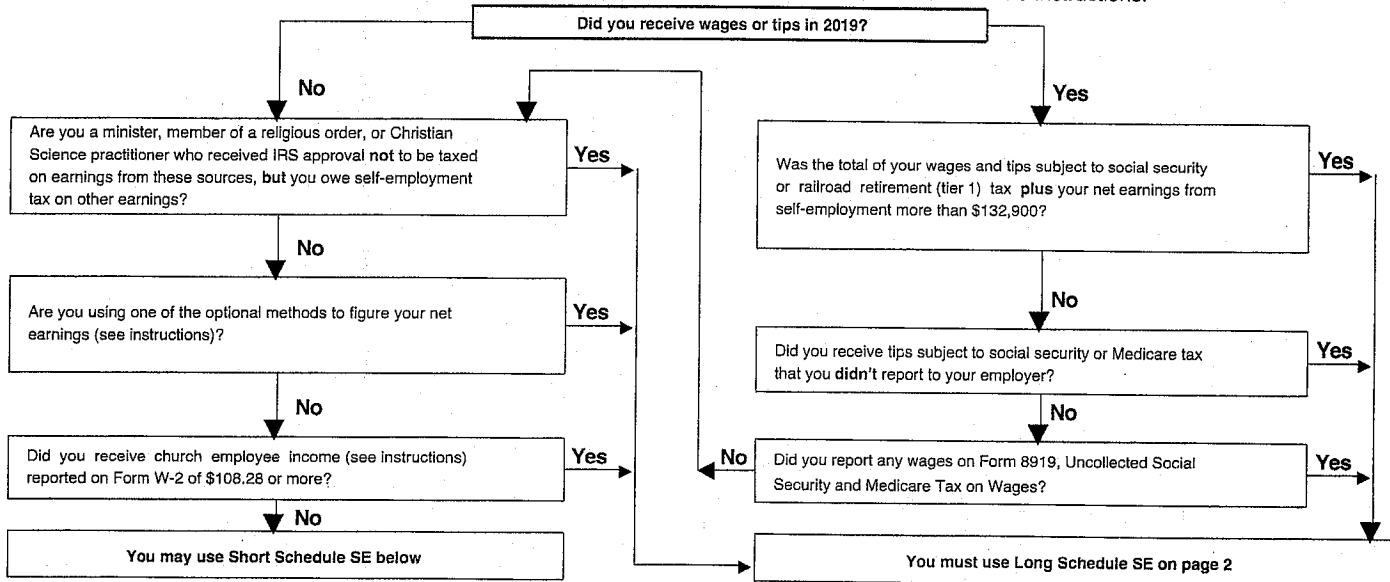
Social security number of person
with self-employment income ►

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	()
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other 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	2	110,396
3 Combine lines 1a, 1b, and 2	3	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 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 instructions	4	101,951
5 Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none">• \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.• More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.	5	15,599
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	6	7,800

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

Schedule SE (Form 1040 or 1040-SR) 2019

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or 1040-SR.

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

Your social security number

MILKESSA & AYMAN S RECIO**019-86-7898***Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	2,500
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, qualifying widow(er)	2	180,000
3	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	3	122,488
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	57,512
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	20,000
6	If line 4 is: <ul style="list-style-type: none"> Equal to or more than line 5, enter 1.000 on line 6 Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) 	6	1.000
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 <input type="checkbox"/>	7	2,500
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 18c. Then go to line 9 below	8	1,000

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	1,500
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	0
11	Enter the smaller of line 10 or \$10,000	11	
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)	13	
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	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	
17	If line 15 is: <ul style="list-style-type: none"> Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) 	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	0
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3	19	1,500

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

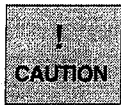
Form **8863** (2019)

Name(s) shown on return

Your social security number

MILKESSA & AYMAN S RECIO

019-86-7898



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

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return)	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. Name of second educational institution (if any)
GRAND CANYON UNIVERSITY	
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 3300 WEST CAMELBACK RD Phoenix, AZ 85017	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2019? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 20-3356009	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019?	<input type="checkbox"/> Yes - Stop! Go to line 31 for this student.	<input checked="" type="checkbox"/> No - Go to line 24.
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	<input checked="" type="checkbox"/> Yes - Go to line 25.	<input type="checkbox"/> No - Stop! Go to line 31 for this student.
25 Did the student complete the first 4 years of postsecondary education before 2019? See instructions.	<input type="checkbox"/> Yes - Stop! Go to line 31 for this student.	<input checked="" type="checkbox"/> No - Go to line 26.
26 Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?	<input type="checkbox"/> Yes - Stop! Go to line 31 for this student.	<input checked="" type="checkbox"/> No - Complete lines 27 through 30 for this student.



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

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	4,000
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	2,000
29 Multiply line 28 by 25% (0.25)	29	500
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	2,500

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. January 2020)

Go to www.irs.gov/Form1040X for instructions and the latest information.This return is for calendar year ☐ 2019 ☐ 2018 ☐ 2017 ☐ 2016Other year. Enter one: calendar year **2020** or fiscal year (month and year ended):

Your first name and middle initial

MILKESSA

Last name

RECIO

Your social security number

019-86-7898

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

AYMAN S

Last name

RECIO

Spouse's social security number

223-97-6498

Current home address (number and street). If you have a P.O. box, see instructions.

4701 ROUGE CT

Apt. no.

101

Your phone number

571-494-9249

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

Alexandria, VA 22312

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

☐ **Full-year health care coverage (or, for amended 2018 returns only, exempt).** If amending a 2019 return, leave blank. See instructions.

☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Qualifying widow(er) (QW) ☐ Head of household (HOH)

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

Use Part III on page 2 to explain any changes

Income and Deductions

	A. Original amount reported or as previously adjusted (see instructions)	B. Net change - amount of increase or (decrease) - explain in Part III	C. Correct amount
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here <input type="checkbox"/>	1 110,025	5,103	115,128
2 Itemized deductions or standard deduction	2 24,800		24,800
3 Subtract line 2 from line 1	3 85,225	5,103	90,328
4a Exemptions (amended 2017 or earlier returns only). If changing, complete Part I on page 2 and enter the amount from line 29	4a		
b Qualified business income deduction (amended 2018 or later returns only)	4b 17,045	1,021	18,066
5 Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	5 68,180	4,082	72,262

Tax Liability

6 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, check here <input type="checkbox"/>	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 earlier returns 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

Payments

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12		
13 Estimated tax payments, including amount applied from prior year's return	13		
14 Earned income credit (EIC)	14		
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15		
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16		
17 Total payments. Add lines 12 through 15, column C, and line 16	17		

Refund or Amount You Owe

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	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. This is the amount overpaid 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): estimated tax 23	23		

Complete and sign this form on page 2.

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

CAUTION! For amended 2018 or later returns only, leave lines 24, 28, and 29 blank.
Fill in all other applicable lines.

Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.

	A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24 Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	24		
25 Your dependent children who lived with you	25		
26 Your dependent children who didn't live with you due to divorce or separation	26		
27 Other dependents	27		
28 Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	28		
29 Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29		

30 List **ALL** dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and check here ☐

Dependents (see instructions):

(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents (amended 2018 or later returns only)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

☐ Check here if you didn't previously want \$3 to go to the fund, but now do.

☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules.

DUE TO TIME TO GET MY DOCUMENTS FOR MY COMPANIES TOGETHER DUE TO THE PANDAMIC I AM:

1. ADDING MY COMPANY CAMEL TOWING LLC ON SCH. C WAS NOT INCLUDED WITH ORIGNAL FILING
2. ADDING MY COMPANY EMPIRE MOTORS TOWING & RECOVERY LLC ON SCH.C WAS NOT INCLUDED WITH ORIGINAL FILING.
- 3.ADDING MY COMPANY EMPIRE MOTORS ON SCH.C EIN NUMBER 47-5310533 WAS NOT INCLUDED WITH ORIGINAL FILLING.
4. ADDING MY COMPANY SCH.C EMPORIO TOWING LLC FOR CAR SALE AND TOWING SERVICES FOR TAXPAYER.
5. ADDING MY COMPANY SCH.C EMPORIO TOWING LLC FOR TOWING SERVICE ONLY FOR SPOUSE.

Remember to keep a copy of this form for your records.

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

Sign Here

▶ **58415**

Your signature

Date

Your occupation

▶ **26426**

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

Paid Preparer Use Only

▶
Preparer's signature

10-14-2021
Date

AFG FOR ACCOUNTING SERVICES INC
Firm's name (or yours if self-employed)

6000 STEVENSON AVENUE SUIT E
Alexandria, VA 22304

Firm's address and ZIP code

ASHRAF GADELRAH
Print/type preparer's name

P00139837
PTIN

☐ Check if self-employed

703-921-0684
Phone number

20-8018550
EIN

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial MILKESSA		Last name RECIO		Your social security number 019-86-7898	
If joint return, spouse's first name and middle initial AYMAN S		Last name RECIO		Spouse's social security number 223-97-6498	
Home address (number and street). If you have a P.O. box, see instructions. 4701 ROUGE CT				Apt. no. 101	
City, town, or post office. If you have a foreign address, also complete spaces below. Alexandria				State VA	
Foreign country name				ZIP code 22312	
Foreign province/state/county				Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

(1) First name		Last name		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit		Credit for other dependents	
						<input type="checkbox"/>		<input type="checkbox"/>	
						<input type="checkbox"/>		<input type="checkbox"/>	
						<input type="checkbox"/>		<input type="checkbox"/>	
						<input type="checkbox"/>		<input type="checkbox"/>	

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	
2a Tax-exempt interest	2a	b Taxable interest	2b
3a Qualified dividends	3a	b Ordinary dividends	3b
4a IRA distributions	4a	b Taxable amount	4b
5a Pensions and annuities	5a	b Taxable amount	5b
6a Social security benefits	6a	b Taxable amount	6b
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		7	
8 Other income from Schedule 1, line 9		8 123,880	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9 123,880	
10 Adjustments to income:			
a From Schedule 1, line 22	10a 8,752		
b Charitable contributions if you take the standard deduction. See instructions	10b		
c Add lines 10a and 10b. These are your total adjustments to income	10c 8,752		
11 Subtract line 10c from line 9. This is your adjusted gross income		11 115,128	
12 Standard deduction or itemized deductions (from Schedule A).		12 24,800	
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		13 18,066	
14 Add lines 12 and 13		14 42,866	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15 72,262	

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

Form 1040 (2020)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	8,278
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,278
19	Child tax credit or credit for other dependents	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, from Schedule 2, 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:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	0
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits .	32	0
33	Add lines 25d, 26, and 32. These are your total payments .	33	0
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .	34	0
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here.	35a	0
Direct deposit?	b Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
See instructions.	d Account number		
	36 Amount of line 34 you want applied to your 2021 estimated tax .	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now .	37	26,186
For details on how to pay, see instructions.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	38 Estimated tax penalty (see instructions)	38	405

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions

☐ Yes. Complete below. ☒ No

Designee's name

Phone no.

Personal identification number (PIN)

Sign Here

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

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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

58415

05-12-2021

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

26426

05-12-2021

Phone no. 571-494-9249

Email address

Paid Preparer Use Only

Preparer's signature

Date

PTIN

Check if:

10-14-2021

P00139837

☐ Self-employed

Preparer's name ASHRAF GADELRAH

Phone no. 703-921-0684

Firm's name AFG FOR ACCOUNTING SERVICES INC

Firm's address 6000 STEVENSON AVENUE SUIT E

Alexandria, VA 22304

Firm's EIN 20-8018550

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

Form 1040 (2020)

EEA

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

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

MILKESSA & AYMAN S RECIO

Your social security number

019-86-7898

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes	1	
2a Alimony received	2a	
b Date of original divorce or separation agreement (see instructions) . . . ▶		
3 Business income or (loss). Attach Schedule C	3	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	
6 Farm income or (loss). Attach Schedule F	6	
7 Unemployment compensation	7	
8 Other income. List type and amount . ▶	8	
9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8	9	123,880

Part II Adjustments to Income

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 ▶		
c Date of original divorce or separation agreement (see instructions) . . . ▶		
19 IRA deduction	19	
20 Student loan interest deduction	20	
21 Tuition and fees deduction. Attach Form 8917	21	
22 Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	8,752

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

Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **02**

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

MILKESSA & AYMAN S RECIO

Your social security number
019-86-7898

Part I Tax

- | | | | |
|---|--|---|---|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 | 3 | 0 |

Part II Other Taxes

- | | | | |
|----|---|----|--------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | 17,503 |
| 5 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919. | 5 | |
| 6 | Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required | 6 | |
| 7a | Household employment taxes. Attach Schedule H | 7a | |
| b | Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required | 7b | |
| 8 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960
c <input type="checkbox"/> Instructions; enter code(s) | 8 | |
| 9 | Section 965 net tax liability installment from Form 965-A | 9 | |
| 10 | Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | 10 | 17,503 |

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

Schedule 2 (Form 1040) 2020

SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2020Attachment
Sequence No. **09**▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

Social 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
999999**TOWING SERVICES****C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN) (see instr.)**EMPIRE MOTORS LLC****32-0630327****E** Business address (including suite or room no.) ▶ **4701 ROUGE CT APT 101**City, town or post office, state, and ZIP code **Alexandria, VA 22312****F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2020, check here ▶ ☐**I** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions ☐ Yes ☐ No**J** If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	334,450
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	334,450
4 Cost of goods sold (from line 42)	4	101,435
5 Gross profit. Subtract line 4 from line 3.	5	233,015
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	65,994
7 Gross income. Add lines 5 and 6 ▶	7	299,009

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

8 Advertising	8	5,395	18 Office expense (see instructions)	18	18,250
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	21,000
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	62,178
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	4,938
15 Insurance (other than health)	15	17,547	23 Taxes and licenses	23	1,452
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	3,529
17 Legal and professional services	17		25 Utilities	25	4,290
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	81,041
			b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a. ▶	28	219,620
29 Tentative profit or (loss). Subtract line 28 from line 7	29	79,389

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.**Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30**31** **Net profit or (loss).** Subtract line 30 from line 29.• If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.• If a loss, you **must** go to line 32.**32** If you have a loss, check the box that describes your investment in this activity. See instructions.• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.**32a** ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020

Name(s)

SSN

AYMAN S RECIO

223-97-6498

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 65,994
37	Cost of labor. Do not include any amounts paid to yourself	37 35,441
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 101,435
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	42 101,435

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

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ _____

44 Of the total number of miles you drove your vehicle during 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 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.

FUEL	77,375
WORK CLOTHES	1,255
CELL PHONE	2,411
48 Total other expenses. Enter here and on line 27a	48 81,041

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **09**

Name of proprietor

MILKESSA RECIO

Social security number (SSN)

019-86-7898

A Principal business or profession, including product or service (see instructions)

TOWING

B Enter code from instructions
488000

C Business name. If no separate business name, leave blank.

EMPIRE MOTORS TOWING & RECOVERY LLC

D Employer ID number (EIN) (see instr.)

84-3704991

E Business address (including suite or room no.) ► **4701 ROUGE CT APT 101**

City, town or post office, state, and ZIP code **Alexandria, VA 22312**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2020, check here

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes ☐ No ☐

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

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	995,483
2 Returns and allowances		2	0
3 Subtract line 2 from line 1		3	995,483
4 Cost of goods sold (from line 42)		4	88,500
5 Gross profit. Subtract line 4 from line 3.		5	906,983
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	906,983

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	42,000
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	375,241
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	128,627
15 Insurance (other than health)	15	27,480	23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
18 Total expenses before expenses for business use of home. Add lines 8 through 27a.	18		26 Wages (less employment credits)	26	
19 Tentative profit or (loss). Subtract line 28 from line 7	19		27a Other expenses (from line 48)	27a	294,251
20 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.	20		b Reserved for future use	27b	
Simplified method filers only: Enter the total square footage of (a) your home:			28	28	867,599
and (b) the part of your home used for business: Use the Simplified			29	29	39,384
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	39,384
• 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 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 .				32a	<input type="checkbox"/> All investment is at risk.
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.				32b	<input type="checkbox"/> Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020

Name(s)

SSN

MILKESSA RECIO

019-86-7898

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	37 88,500
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 88,500
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 88,500

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

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶

44 Of the total number of miles you drove your vehicle during 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 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.

CELL PHONE	3,600
INTERNET	2,700
HEAVY DUTY TRUCK DESIEL	287,951
48 Total other expenses. Enter here and on line 27a	48 294,251

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020

Attachment
Sequence No. **09**

Name of proprietor

MILKESSA RECIO

Social security number (SSN)

019-86-7898

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions
811310

TOWING

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see Instr.)

CAMEL TOWING LLC

84-3704859

E Business address (including suite or room no.) ► **4701 ROUGE CT APT 101**

City, town or post office, state, and ZIP code **Alexandria, VA 22312**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2020, check here

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes ☐ No ☐

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

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	556,992
2 Returns and allowances		2	0
3 Subtract line 2 from line 1		3	556,992
4 Cost of goods sold (from line 42)		4	56,500
5 Gross profit. Subtract line 4 from line 3.		5	500,492
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	500,492

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

8 Advertising	8	16,985	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	21,011
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	83,841
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	78,952
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28	497,781	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	2,711	27a Other expenses (from line 48)	27a	296,992
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	2,711			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.				

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020

Name(s)

SSN

MILKESSA RECIO

019-86-7898

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	37 56,500
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 56,500
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 56,500

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶ _____
44	Of the total number of miles you drove your vehicle during 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 during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

HEAVY DUTY TRUCK DESIEL	278,341
INTERNET AND PHONE	3,048
TOOLS	12,816
ACCESSORIES	2,787
48	Total other expenses. Enter here and on line 27a 48 296,992

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020

Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

MILKESSA RECIO

019-86-7898

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions
999999

CAR SALES ANDTOWING

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

EMPIRE MOTORS LLC

47-5310533

E Business address (including suite or room no.) ▶ **4701 ROUGE CT APT 101**

City, town or post office, state, and ZIP code **Alexandria, VA 22312**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2020, check here ▶ ☐

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions ☐ Yes ☐ No

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

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	873,693
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	873,693
4 Cost of goods sold (from line 42)	4	671,666
5 Gross profit. Subtract line 4 from line 3.	5	202,027
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	202,027

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

8 Advertising	8		18 Office expense (see instructions)	18	158,924
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	41,109
			b Reserved for future use	27b	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a. ▶ **28** **200,033**

29 Tentative profit or (loss). Subtract line 28 from line 7 **29** **1,994**

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.

Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 **30**

31 **Net profit or (loss).** Subtract line 30 from line 29.

- If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020

Name(s) MILKESSA RECIO	SSN 019-86-7898
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Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 36 523,816
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	Add lines 35 through 39 40 671,666
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 42 671,666

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

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ _____

44 Of the total number of miles you drove your vehicle during 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 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.

FUEL	39,824
WORK CLOTHES	1,285
48 Total other expenses. Enter here and on line 27a	41,109

SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2020Attachment
Sequence No. **09**

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

Name of proprietor

AYMAN S RECIO

Social security number (SSN)

223-97-6498**A** Principal business or profession, including product or service (see instructions)**TOWING****B** Enter code from instructions**811310****C** Business name. If no separate business name, leave blank.**EMPORIO TOWING LLC****D** Employer ID number (EIN) (see instr.)**82-1271050****E** Business address (including suite or room no.) ► **4701 ROUGE CT APT 101**City, town or post office, state, and ZIP code **Alexandria, VA 22312****F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►**G** Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2020, check here**I** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes ☐ No ☐**J** If "Yes," did you or will you file required Form(s) 1099? Yes ☐ No ☐**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	213,617
2 Returns and allowances		2	0
3 Subtract line 2 from line 1		3	213,617
4 Cost of goods sold (from line 42)		4	46,892
5 Gross profit. Subtract line 4 from line 3.		5	166,725
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	166,725

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

8 Advertising	8		18 Office expense (see instructions)	18	11,736
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	18,500
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	57,624
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	16,984
15 Insurance (other than health)	15	16,800	23 Taxes and licenses	23	1,926
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	3,812
17 Legal and professional services	17		25 Utilities	25	4,673
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	38,506
			b Reserved for future use	27b	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a. **28** **170,561****29** Tentative profit or (loss). Subtract line 28 from line 7 **29** **(3,836)****30** Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.

Simplified method filers only: Enter the total square footage of (a) your home: _____
and (b) the part of your home used for business: _____. Use the Simplified
Method Worksheet in the instructions to figure the amount to enter on line 30

31 **Net profit or (loss).** Subtract line 30 from line 29.

- If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.

- If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020

Name(s)

AYMAN S RECIO

SSN

223-97-6498

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	37 46,892
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 46,892
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 46,892

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶	
44	Of the total number of miles you drove your vehicle during 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 during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

FUEL	34,693
CELL PHONE	1,200
UNIFORM	2,613
48 Total other expenses. Enter here and on line 27a	48 38,506

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **09**

Name of proprietor

MILKESSA RECIO

Social security number (SSN)

019-86-7898

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions
999999

CAR SALES AND TOWING

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

82-1271050

EMPORIO TOWING LLC

E Business address (including suite or room no.) ► **4701 ROUGE CT APT 101**

City, town or post office, state, and ZIP code **Alexandria, VA 22312**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses ☒ Yes ☐ No

H 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 Form(s) 1099? See instructions ☐ Yes ☐ No

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

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	322,825
2 Returns and allowances		2	0
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 or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	299,111

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

8 Advertising	8	18 Office expense (see instructions)	18	12,783
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	18,500
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	164,619
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22	28,914
15 Insurance (other than health)	15	23 Taxes and licenses	23	1,827
16 Interest (see instructions):		24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	3,814
17 Legal and professional services	17	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7		27a Other expenses (from line 48)	27a	39,816
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.		b Reserved for future use	27b	
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		28	28	294,873
31 Net profit or (loss). Subtract line 30 from line 29.		29	29	4,238
• If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 .				
• If a loss, you must go to line 32.				
32 If you have a loss, check the box that describes your investment in this activity. See instructions.				
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 .		32a <input type="checkbox"/> All investment is at risk.		
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.		32b <input type="checkbox"/> Some investment is not at risk.		
		31		4,238

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020

Name(s)

SSN

MILKESSA RECIO

019-86-7898

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	37 23,714
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 23,714
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 23,714

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶	
44	Of the total number of miles you drove your vehicle during 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 during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

FUEL	39,816
48 Total other expenses. Enter here and on line 27a	48 39,816

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. 17

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

Social security number of person
with self-employment income ►

019-86-7898

MILKESSA RECIO

Part I Self-Employment Tax

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

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

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

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

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order

2

48,327

3 Combine lines 1a, 1b, and 2

3

48,327

4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

4a

44,630

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

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue

4c

44,630

5 a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income

5a

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

5b

6 Add lines 4c and 5b

6

44,630

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 2020

7

137,700

8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11

8a

b Unreported tips subject to social security tax from Form 4137, line 10

8b

c Wages subject to social security tax from Form 8919, line 10

8c

d Add lines 8a, 8b, and 8c

8d

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

9

137,700

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124).

10

5,534

11 Multiply line 6 by 2.9% (0.029)

11

1,294

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**

12

6,828

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 14

13

3,414

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$8,460, or (b) your net farm profits² were less than \$6,107.

14 Maximum income for optional methods

14

5,640

15 Enter the **smaller** of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$5,640. Also, include this amount on line 4b above

15

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income⁴, and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14

16

17 Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above

17

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

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

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Part III **Maximum Deferral of Self-Employment Tax Payments**

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	20	
21	Combine lines 19 and 20	21	
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	
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 Schedule 3 (Form 1040)	26	

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. 17

Name of person with self-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

Part I Self-Employment Tax

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

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

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

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

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** **75,553**

3 Combine lines 1a, 1b, and 2 **3** **75,553**

4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** **69,773**

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**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** **69,773**

5 a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b**

6 Add lines 4c and 5b **6** **69,773**

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 2020 **7** **137,700**

8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 **8a**

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** **137,700**

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124). **10** **8,652**

11 Multiply line 6 by 2.9% (0.029) **11** **2,023**

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** **10,675**

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 14 **13** **5,338**

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$8,460, or (b) your net farm profits² were less than \$6,107.

14 Maximum income for optional methods **14** **5,640**

15 Enter the **smaller** of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$5,640. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income⁴, and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

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

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Part III **Maximum Deferral of Self-Employment Tax Payments**

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	20	
21	Combine lines 19 and 20	21	

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	
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 Schedule 3 (Form 1040)	26	

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)

▼ Detach Here and Mail With Your Payment and Return ▼

Form 1040-V Department of the Treasury Internal Revenue Service (99)	Payment Voucher ► Do not staple or attach this voucher to your payment or return. Go to www.irs.gov/Payments for payment options and information.		OMB No. 1545-0074 2020
	1 Your social security number (SSN) (if a joint return, SSN shown first on your return) 019-86-7898	2 If a joint return, SSN shown second on your return 223-97-6498	3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury" 25,781

EEA

MILKESSA & AYMAN S RECIO
4701 ROUGE CT APT 101
Alexandria, VA 22312

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

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

019867898 CY RECI 30 0 202012 610

Filing Status

☐ Single
☒ Married filing jointly
☐ Married filing separately (MFS)
☐ Head of household (HOH)
☐ Qualifying widow(er) (QW)

Check only one box.

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

Your first name and middle initial Ayman S.		Last name Recio		Your social security number 223-97-6498	
If joint return, spouse's first name and middle initial Milkessa		Last name Recio		Spouse's social security number 019-86-7898	
Home address (number and street). If you have a P.O. box, see instructions. 6912 Gilbert Street				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Springfield			State VA	ZIP code 22150	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county		Foreign postal code	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?

☐ Yes
☒ No

Standard Deduction

Someone can claim:

☐ You as a dependent
☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You:

☐ Were born before January 2, 1957
☐ Are blind

Spouse:

☐ Was born before January 2, 1957
☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2				1		
	2a	Tax-exempt interest	2a		b	Taxable interest	2b	
	3a	Qualified dividends	3a		b	Ordinary dividends	3b	
	4a	IRA distributions	4a		b	Taxable amount	4b	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	5a	Pensions and annuities	5a		b	Taxable amount	5b	
	6a	Social security benefits	6a		b	Taxable amount	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>				7		
	8	Other income from Schedule 1, line 10				8	132,629.	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶				9	132,629.	
	10	Adjustments to income from Schedule 1, line 26				10	9,371.	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶				11	123,258.	
	12a	Standard deduction or itemized deductions (from Schedule A)			12a	25,100.		
	b	Charitable contributions if you take the standard deduction (see instructions)			12b			
	c	Add lines 12a and 12b			12c	25,100.		
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	19,632.		
14	Add lines 12c and 13				14	44,732.		
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-				15	78,526.		

Form **1040** (2021)

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

Ayman S. & Milkessa Recio

Your social security number

223-97-6498

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	132,629.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
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	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	132,629.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	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 ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount ▶	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	9,371.

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**

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

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **02**

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

Ayman S. & Milkessa Recio

Your social security number

223-97-6498

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	18,740.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ►	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ►	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Additional tax from Schedule 8812	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	18,740.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Ayman S. Recio		Social security number (SSN) 223-97-6498
A Principal business or profession, including product or service (see instructions) Towing Services	B Enter code from instructions ► 4 | 8 | 8 | 0 | 0 | 0	
C Business name. If no separate business name, leave blank. Empire Motors LLC	D Employer ID number (EIN) (see instr.) 3 | 2 | 0 | 6 | 3 | 0 | 3 | 2 | 7	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	286,065.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	286,065.
4 Cost of goods sold (from line 42)	4	0.
5 Gross profit. Subtract line 4 from line 3	5	286,065.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	286,065.

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

8 Advertising	8	212.	18 Office expense (see instructions)	18	600.
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	733.
12 Depletion	12		b Other business property	20b	8,995.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	82,995.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	12,955.
15 Insurance (other than health)	15	61,151.	23 Taxes and licenses	23	100.
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	8,776.	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	81,980.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	258,497.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	27,568.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	27,568.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☒ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☒ No
If "Yes," attach explanation

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

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶

44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

a Business **b** Commuting (see instructions) **c** Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

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

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

Cell Phone	935 .
Equipment	9,162 .
Diesel	68,438 .
Postage	601 .
Internet	1,421 .
Uniforms	1,400 .
Parking	23 .
48 Total other expenses. Enter here and on line 27a	48 81,980 .

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Ayman S. Recio		Social security number (SSN) 223-97-6498
A Principal business or profession, including product or service (see instructions) Towing	B Enter code from instructions ► 4 8 8 0 0 0	
C Business name. If no separate business name, leave blank. Empire Motors Towing & Recovery LLC	D Employer ID number (EIN) (see instr.) 8 4 3 7 0 4 9 9 1	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here . <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? . <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	92,130.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	92,130.
4 Cost of goods sold (from line 42)	4	0.
5 Gross profit. Subtract line 4 from line 3	5	92,130.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	92,130.

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	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans .	19	
10 Commissions and fees .	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	22,913.
14 Employee benefit programs (other than on line 19) .	14		22 Supplies (not included in Part III) .	22	6,800.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	580.
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	3,450.	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48) . .	27a	32,693.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28			28	66,898.
29 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: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30				30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.				31	25,232.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					

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

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 41 216,316.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 0.

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Diesel	29,593.
Small Tools	3,100.
48	Total other expenses. Enter here and on line 27a 48 32,693.

Department of the Treasury
Internal Revenue Service (99)

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

OMB No. 1545-0074

2021

Attachment
Sequence No. 09

Name of proprietor

Ayman S. Recio

Social security number (SSN)

223-97-6498

A Principal business or profession, including product or service (see instructions)

Towing

B Enter code from instructions

► | 4 | 8 | 8 | 0 | 0 | 0

C Business name. If no separate business name, leave blank.

Camel Towing LLC

D Employer ID number (EIN) (see instr.)

8 | 4 | 3 | 7 | 0 | 4 | 8 | 5 | 9

E Business address (including suite or room no.) ▶ 6912 Gilbert Street

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 ☒ Yes ☐ No

H If you started or acquired this business during 2021, check here

I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

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

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 ▶ <input type="checkbox"/>	1	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 from line 3	5	29,000.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6 ▶	7	29,000.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	6,999
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	11,818.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		28		28	18,817.
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32		29		29	10,183.
						30	
						31	10,183.

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ►
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Diesel	11,538.
Uniforms	280.
48	Total other expenses. Enter here and on line 27a 48 11,818.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Milkessa Recio		Social security number (SSN) 019-86-7898
A Principal business or profession, including product or service (see instructions) Car Sales and Towing	B Enter code from instructions ► 9 | 9 | 9 | 9 | 9 | 9	
C Business name. If no separate business name, leave blank. Empire Motors LLC	D Employer ID number (EIN) (see instr.) 4 | 7 | 5 | 3 | 1 | 0 | 5 | 3 | 3	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	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 42)	4	0.
5 Gross profit. Subtract line 4 from line 3	5	111,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	111,000.

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

8 Advertising	8	18 Office expense (see instructions) .	18	
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans .	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	59,654.
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III) .	22	
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest (see instructions):		24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	
		26 Wages (less employment credits) .	26	
		27a Other expenses (from line 48) . .	27a	34,121.
		b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28			93,775.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			17,225.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.				17,225.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				

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

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Diesel	34,121.
.....	
.....	
.....	
.....	
.....	
.....	
.....	
48	Total other expenses. Enter here and on line 27a 48 34,121.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Ayman S. Recio		Social security number (SSN) 223-97-6498
A Principal business or profession, including product or service (see instructions) Towing	B Enter code from instructions ► 4 8 8 0 0 0	
C Business name. If no separate business name, leave blank. Emporio Towing LLC	D Employer ID number (EIN) (see instr.) 8 2 1 2 7 1 0 5 0	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	31,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	31,000.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	31,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	31,000.

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	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	5,792.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	16,719.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	22,869.			
29 Tentative profit or (loss). Subtract line 28 from line 7	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: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	8,131.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ►
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Diesel	15,025.
Small Tools	1,694.
48	Total other expenses. Enter here and on line 27a 48 16,719.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Milkessa Recio		Social security number (SSN) 019-86-7898
A Principal business or profession, including product or service (see instructions) Towing	B Enter code from instructions ► 4 | 8 | 8 | 0 | 0 | 0	
C Business name. If no separate business name, leave blank. Empire Motors Towing & Recovery LLC	D Employer ID number (EIN) (see instr.) 8 | 4 | 3 | 7 | 0 | 4 | 9 | 9 | 1	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here . <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? . <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	75,379.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	75,379.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	75,379.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	75,379.

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

8 Advertising	8	18 Office expense (see instructions) .	18	
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans .	19	
10 Commissions and fees .	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	21,457.
14 Employee benefit programs (other than on line 19) .	14	22 Supplies (not included in Part III) .	22	2,312.
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest (see instructions):		24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48) . .	27a	28,880.
		b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28			52,649.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			22,730.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30			
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31			22,730.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				

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

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ►
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Diesel	28,483.
Equipment	397.
48	Total other expenses. Enter here and on line 27a 48 28,880.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Milkessa Recio		Social security number (SSN) 019-86-7898
A Principal business or profession, including product or service (see instructions) Towing	B Enter code from instructions ► 4 | 8 | 8 | 0 | 0 | 0	
C Business name. If no separate business name, leave blank. Camel Towing LLC	D Employer ID number (EIN) (see instr.) 8 | 4 | 3 | 7 | 0 | 4 | 8 | 5 | 9	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	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 Gross profit. Subtract line 4 from line 3	5	18,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	18,000.

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

8 Advertising	8	18 Office expense (see instructions) .	18	
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans .	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	3,753.
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III) .	22	
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest (see instructions):		24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48) . .	27a	6,235.
		b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28			9,988.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			8,012.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			31	8,012.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				

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

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business b Commuting (see instructions) c Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Diesel	5,647.
Internet	588.
48	Total other expenses. Enter here and on line 27a 48 6,235.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Milkessa Recio		Social security number (SSN) 019-86-7898
A Principal business or profession, including product or service (see instructions) Car Sales and Towing	B Enter code from instructions ► 9 | 9 | 9 | 9 | 9 | 9	
C Business name. If no separate business name, leave blank. Emporio Towing LLC	D Employer ID number (EIN) (see instr.) 8 | 2 | 1 | 2 | 7 | 1 | 0 | 5 | 0	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here . <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? . <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ► <input type="checkbox"/>	1	20,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	20,000.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	20,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ►	7	20,000.

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

8 Advertising	8	18 Office expense (see instructions) .	18	
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans .	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	2,491.
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest (see instructions):		24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48)	27a	8,786.
		b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ►	28			11,277.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			8,723.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.				
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				
				8,723.
		32a <input type="checkbox"/> All investment is at risk.		
		32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business b Commuting (see instructions) c Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Diesel	8,527.
Small Tools	259.
48 Total other expenses. Enter here and on line 27a	48 8,786.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Milkessa Recio		Social security number (SSN) 019-86-7898
A Principal business or profession, including product or service (see instructions) Day Care	B Enter code from instructions ► 9 9 9 9 9 9	
C Business name. If no separate business name, leave blank. Tuesdays Child Academy LLC	D Employer ID number (EIN) (see instr.) 8 7 2 2 3 6 7 8 1	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here . <input checked="" type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? . <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ► <input type="checkbox"/>	1	24,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	24,000.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	24,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ►	7	24,000.

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

8 Advertising	8	18 Office expense (see instructions) .	18	
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans .	19	
10 Commissions and fees .	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19) .	14	22 Supplies (not included in Part III) .	22	6,200.
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest (see instructions):		24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	1,435.
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48) . .	27a	11,540.
		b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ►	28			19,175.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			4,825.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30			
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31			4,825.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				

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

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ►
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Business Phone	200.
Business Internet	180.
Fuel	9,667.
AMORTIZATION	1,493.
.....	
.....	
.....	
48 Total other expenses. Enter here and on line 27a	48 11,540.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **17**

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

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

Ayman S. Recio

223-97-6498

Part I Self-Employment Tax

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

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

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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

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

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 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**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 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- **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 lines 8b through 10, and go to line 11 **8a**

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 142,800.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 8,144.

11 Multiply line 6 by 2.9% (0.029) **11** 1,905.

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 10,049.

13 **Deduction for one-half of self-employment tax.**
Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 5,025.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,820, **or (b)** your net farm profits² were less than \$6,367.

14 Maximum income for optional methods **14** 5,880

15 Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (not less than zero) **or** \$5,880. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,367 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

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

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **17**

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

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

Milkessa Recio

019-86-7898

Part I Self-Employment Tax

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

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

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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

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

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 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**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 56,809.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 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 lines 8b through 10, and go to line 11 **8a**

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 142,800.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 7,044.

11 Multiply line 6 by 2.9% (0.029) **11** 1,647.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 8,691.

13 Deduction for one-half of self-employment tax.
Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 4,346.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,820, **or (b)** your net farm profits² were less than \$6,367.

14 Maximum income for optional methods **14** 5,880

15 Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (not less than zero) **or** \$5,880. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,367 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

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

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

2021

Social Security No.
223-97-6498

<p>1 Can you be claimed as a dependent on another person's 2021 return?</p> <p><input checked="" type="checkbox"/> No. Go to line 2</p> <p><input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet</p> <p>2 Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 6</p> <p><input type="checkbox"/> No. If you are filing a joint return, go to line 3.</p> <p style="padding-left: 40px;">If you aren't filing a joint return, go to line 5.</p> <p>3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?</p> <p><input type="checkbox"/> Yes. Your credit is not limited. Go to line 6.</p> <p><input type="checkbox"/> No. Go to line 4.</p> <p>4 Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?</p> <p><input type="checkbox"/> Yes. Your credit is limited. Go to line 6.</p> <p><input type="checkbox"/> No. Go to line 5</p> <p>5 Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?</p> <p><input type="checkbox"/> Yes. Enter 0 on line 6 and go to line 7.</p> <p><input type="checkbox"/> No. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>6 Enter:</p> <ul style="list-style-type: none"> • \$1,400 if single, head of household, married filing separately, qualifying widow(er). • \$1,400 if married filing jointly and you answered "Yes" to question 4, or • \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3 <p>7 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 that was issued on or before the due date of your 2021 return (including identification number</p> <p>8 Add lines 6 and 7</p> <p>9 Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?</p> <ul style="list-style-type: none"> • Single or married filing separately-\$75,000 • Married filing jointly or qualifying widow(er)-\$150,000 • Head of household-\$112,500 <p><input type="checkbox"/> Yes. Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10</p> <p><input checked="" type="checkbox"/> No. Enter the amount from line 8 on line 12 and skip lines 10 and 11</p> <p>10 Is line 9 more than the amount shown below for your filing status?</p> <ul style="list-style-type: none"> • Single or married filing separately-\$80,000 • Married filing jointly or qualifying widow(er)-\$160,000 • Head of household-\$120,000 <p><input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p><input type="checkbox"/> No. Subtract line 9 from the amount shown above for your filing status.</p> <p>11 Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).</p> <ul style="list-style-type: none"> • Single or married filing separately-\$5,000 • Married filing jointly or qualifying widow(er)-\$10,000 • Head of household-\$7,500 <p>12 Multiply line 8 by line 11.</p> <p>13 Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at IRS.gov/Account for the amount to enter here</p> <p>14 Recovery rebate credit. Subtract line 13 from line 12. If zero or less, enter -0-. If 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.</p>	<p>6 <u>2,800.</u></p> <p>7</p> <p>8 <u>2,800.</u></p> <p>9</p> <p>10</p> <p>11</p> <p>12 <u>2,800.</u></p> <p>13 <u>0.</u></p> <p>14 <u>2,800.</u></p>
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Additional information from your 2021 Federal Tax Return**Form 8995: QB Income Deduction Simplified Computation****Business Information****Continuation Statement**

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

Qualified Business Inc Deduction Summary**GROUPS****Continuation Statement**

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



AYMAN S. RECIO
MILKESSA RECIO
6912 GILBERT STREET

SPRINGFIELD VA 22150

SSN - You	RECIO	223976498	Vendor ID	1555
SSN - Spouse	RECIO	019867898		
Fed Adj Gross Income (FAGI)	1.	123258.	Withholding (VA) - You	19A.
Additions	2.		Withholding (VA) - Spouse	19B.
Subtotal	3.	123258.	Estimated Payments	20.
Age Deduction - You	4A.		2020 Overpayment	21.
Age Deduction - Spouse	4B.		Extension Payments	22.
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.
Subtractions	7.		Credits - Schedule CR	25.
Subtotal Subtractions	8.		Total Payments / Credits	26.
Total VA Adj Gross Income (VAGI)	9.	123258.	Tax You Owe	27. 5946.
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.
Standard Deduction	11.	9000.	Overpayment Credited to Next Year	29.
Exemptions	12.	1860.	VAC - Virginia 529 / ABLE	30.
Deductions	13.		VAC - Other Contributions	31.
Subtotal (Deductions & Exemptions)	14.	10860.	Addition to Tax, Penalty & Interest	32. 187.
VA Taxable Income	15.	112398.	Sales and Use Tax	33.
Amount of Tax	16.	6205.	Amount You Owe	6133.
Spouse Tax Adjustment (STA)	17.	259.	Will Pay by Credit/Debit Card	IN
VAGI - Spouse	17A.	57169.	Your Refund	
Net Amount of Tax	18.	5946.	Bank Routing #	
			Bank Account #	



Filing Status, Age & License Information

Additional Filing Information

Filing Status 2

Locality 059

Federal Head of Household

Uninsured & Authorize DMAS

DOB - You 12211986

Name or Filing Status Change

VA Driver's License ID - You

Address Change

VA Driver's License - Iss. Date - You

VA Return Not Filed Last Year

Spouse Name (Filing Status 3 Only)

Dependent on Another's Return

DOB - Spouse 07081986

Farmer / Fisherman / Merchant Seaman

VA Driver's License ID - Spouse

Amended

VA Driver's License - Iss. Date - Spouse

Reason Code

Overseas on Due Date

Exemptions (A)

Exemptions (B)

You 1 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

Phone - You 5714949249

Signature - Spouse _____ Date

Phone - Spouse

Signature - Preparer _____ Date

Phone - Preparer

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

Preparer Information

File by May 1, 2022

Include Page 1, Page 2 and all
supporting 760CG documents.

Silvia Lorena Arzu Bermudez
J&A Tax Services
2001 Timberloch Pl, Ste 500
The Woodlands TX 77382
Firm's EIN:30-1075373



Additions

Interest on obligations (other state) 1.
 Other Additions
 Fixed Date Conformity 2A.
 2B.
 2C.
 Total Additions 3.

Subtractions

Income (US obligations / securities) 4.
 Disability Income (wages) - You 5A.
 Disability Income (wages) - Spouse 5B.
 Other Subtractions
 Fixed Date Conformity 6A.
 6B. Code
 6C. Code
 6D. Code
 Total Subtractions 7.

Deductions

8A.
 8B.
 8C.
 Total Deductions 9.

Claiming More Adjustments - Schedule ADJS

Low-Income Credit or VA EIC

Family	Name	SSN	VAGI
You			
Spouse			
Dependent			
Dependent			
Total Family VAGI		10.	

Low-Income Credit or VA EIC (con't)

Total Exemptions 11.
 # of Personal Exemptions 12.
 Total Exemptions Amount or \$0 13.
 Federal EIC 14.
 20% of Line 14 15.
 Greater of Line 13 or Line 15 16.
 Credit 17.

Addition to Tax, Penalty & Interest

Addition to Tax 18.	187.
Form 760C Addition	X
Form 760F Addition	
Penalty 19.	
Late Filing Penalty	
Extension Penalty	
Interest 20.	
Total Adjustments 21.	187.

Health Care Coverage Contact Information

Preferred Method of Contact

Email	Email Address
Phone	Daytime Number
Address, if different from 760	

2021 Schedule FED/CG

AYMAN S. RECIO
MILKESSA RECIO
6912 GILBERT STREET



SPRINGFIELD

VA 22150

223976498

019867898

059

SCHEDULE C and/or SCHEDULE F INFORMATION

1. Schedule Name	First Schedule Info.	C	Second Schedule Info.	C
2. Gross Receipts or Sales	286065.		92130.	
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 INFORMATION

11. # of miles you used your vehicle for: **Business**
12. # of miles you used your vehicle for: **Commuting**
13. # of miles you used your vehicle for: **Other**
14. % of business use of vehicle: **Vehicle 1**
15. % of business use of vehicle: **Vehicle 2**

SCHEDULE 4562 INFORMATION

16. Property Used more than 50% in qualified business
Type of Property
17. Date placed in service
18. Business/Investment Use %
19. Cost or other basis
20. Depreciation Deduction
21. Elected Section 179 Cost
22. Business Locality Code

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 _____, and check here ☐

First Name, Middle Initial and Last Name (of Both If Joint) - OR - Name of Estate or Trust		Your Social Security Number 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. (If \$150 or less, you are not required to file Form 760C)	1.	5,946.
2. Enter 90% of the Amount Shown on Line 1	2.	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

	A	B	C	D
6. Due Dates of Installment Payments	May 1, 2021	June 15, 2021	Sept. 15, 2021	Jan. 15, 2022
7. Tax Liability (Divide the amount on Line 4 by the number of installments reported on Line 5 and enter the result in the appropriate columns)	1,337.	1,338.	1,338.	1,338.
8. Enter the Income Tax Withheld for Each Installment Period				
9. Enter the Overpayment Credit from Your 2020 Income Tax Return				
10. Enter the Amount of Any Timely Payment Made for Each Installment Period in the Appropriate Column (Do not enter any late payments)				
11. Underpayment or [Overpayment] (Subtract Lines 8, 9 and 10 from Line 7. See instructions for overpayment)	1,337.	1,338.	1,338.	1,338.
12. Other Payments (Enter the payments from the Late Payment/Overpayment Table below, beginning with the earliest payment recorded. Do not enter more than the underpayment in any column.)				
	Date	Amount		
a. First Payment				
b. Second Payment				
c. Third Payment				
d. Fourth Payment				
13. Enter the Total Timely Payments Made as of Each Installment Due Date From Lines 8, 9, 10 and 12 (For ex., in Column A enter all payments made by May 1, 2021)				
14. Subtract Line 13 from Line 7 (If the sum of all underpayments (do not include any OVERPAYMENTS) reported is \$150 or less, stop here; you are not subject to an addition to tax. If your underpayments total more than \$150, proceed to Part II)	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)

	2021 Actual	2022 Estimated
A Expected Virginia adjusted gross income subject to tax in 2022 (includes the age deduction plus additions to and subtractions from federal adjusted gross income)		
B 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)		
C Expected amount of qualifying child and dependent care expenses . .		
D Tax credits		
E Withholdings for the year		

Yourself

	2021 Actual	2022 Estimated
A Expected Virginia adjusted gross income subject to tax in 2022 (includes the age deduction plus additions to and subtractions from federal adjusted gross income)	123,258.	
B 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)		
C Expected amount of qualifying child and dependent care expenses . .		
D Tax credits	259.	
E Withholdings for the year		
F Form 763 filers only: Enter nonresident allocation percentage.	%	%

Part VI 2022 Estimated Taxable Income and Tax

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

Filing Status
☐ Single
 ☒ Married filing jointly
 ☐ Married filing separately (MFS)
 ☐ Head of household (HOH)
 ☐ Qualifying widow(er) (QW)

Check only one box.
 If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Ayman S.		Last name Recio		Your social security number 223-97-6498	
If joint return, spouse's first name and middle initial Milkessa		Last name Recio		Spouse's social security number 019-86-7898	
Home address (number and street). If you have a P.O. box, see instructions. 6912 Gilbert Street				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Springfield			State VA	ZIP code 22150	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county		Foreign postal code	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?
 ☐ Yes ☒ No

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

Age/Blindness
You:
☐ Were born before January 2, 1957
☐ Are blind
 Spouse:
☐ Was born before January 2, 1957
☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	132,629.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	132,629.
	10	Adjustments to income from Schedule 1, line 26	10	9,371.
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	123,258.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	25,100.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	
	c	Add lines 12a and 12b	12c	25,100.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	19,632.
	14	Add lines 12c and 13	14	44,732.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	78,526.

Form **1040** (2021)

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

Ayman S. & Milkessa Recio

Your social security number

223-97-6498

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	132,629.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
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	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	132,629.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	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 ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount ▶	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	9,371.

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**

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

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **02**

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

Ayman S. & Milkessa Recio

Your social security number

223-97-6498

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	18,740.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ► _____	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ► _____	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Additional tax from Schedule 8812	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	18,740.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Ayman S. Recio		Social security number (SSN) 223-97-6498
A Principal business or profession, including product or service (see instructions) Towing Services	B Enter code from instructions ► 4 | 8 | 8 | 0 | 0 | 0	
C Business name. If no separate business name, leave blank. Empire Motors LLC	D Employer ID number (EIN) (see instr.) 3 | 2 | 0 | 6 | 3 | 0 | 3 | 2 | 7	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	286,065.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	286,065.
4 Cost of goods sold (from line 42)	4	0.
5 Gross profit. Subtract line 4 from line 3	5	286,065.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	286,065.

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

8 Advertising	8	212.	18 Office expense (see instructions)	18	600.
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	733.
12 Depletion	12		b Other business property	20b	8,995.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	82,995.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	12,955.
15 Insurance (other than health)	15	61,151.	23 Taxes and licenses	23	100.
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	8,776.	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	81,980.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	258,497.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	27,568.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	27,568.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☒ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☒ No
If "Yes," attach explanation

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

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

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

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

Cell Phone	935 .
Equipment	9,162 .
Diesel	68,438 .
Postage	601 .
Internet	1,421 .
Uniforms	1,400 .
Parking	23 .
48 Total other expenses. Enter here and on line 27a	48 81,980 .

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Ayman S. Recio		Social security number (SSN) 223-97-6498
A Principal business or profession, including product or service (see instructions) Towing	B Enter code from instructions ► 4 | 8 | 8 | 0 | 0 | 0	
C Business name. If no separate business name, leave blank. Empire Motors Towing & Recovery LLC	D Employer ID number (EIN) (see instr.) 8 | 4 | 3 | 7 | 0 | 4 | 9 | 9 | 1	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	92,130.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	92,130.
4 Cost of goods sold (from line 42)	4	0.
5 Gross profit. Subtract line 4 from line 3	5	92,130.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	92,130.

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	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	22,913.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	6,800.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	580.
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	3,450.	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	32,693.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28			28	66,898.
29 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: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30				30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.				31	25,232.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					

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

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 41 216,316.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 0.

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Diesel	29,593.
Small Tools	3,100.
48	Total other expenses. Enter here and on line 27a 48 32,693.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Ayman S. Recio		Social security number (SSN) 223-97-6498
A Principal business or profession, including product or service (see instructions) Towing	B Enter code from instructions ► 4 | 8 | 8 | 0 | 0 | 0	
C Business name. If no separate business name, leave blank. Camel Towing LLC	D Employer ID number (EIN) (see instr.) 8 | 4 | 3 | 7 | 0 | 4 | 8 | 5 | 9	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	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 from line 3	5	29,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	29,000.

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

8 Advertising	8	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	6,999.
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest (see instructions):		24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48)	27a	11,818.
		b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28			18,817.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			10,183.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30			
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31			10,183.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				

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

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ►
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Diesel	11,538.
Uniforms	280.
48	Total other expenses. Enter here and on line 27a 48 11,818.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Milkessa Recio		Social security number (SSN) 019-86-7898
A Principal business or profession, including product or service (see instructions) Car Sales and Towing	B Enter code from instructions ► 9 | 9 | 9 | 9 | 9 | 9	
C Business name. If no separate business name, leave blank. Empire Motors LLC	D Employer ID number (EIN) (see instr.) 4 | 7 | 5 | 3 | 1 | 0 | 5 | 3 | 3	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	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 42)	4	0.
5 Gross profit. Subtract line 4 from line 3	5	111,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	111,000.

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

8 Advertising	8	18 Office expense (see instructions) .	18	
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans .	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	59,654.
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III) .	22	
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest (see instructions):		24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48) . .	27a	34,121.
		b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28			93,775.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			17,225.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.				
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				
				17,225.
		32a <input type="checkbox"/> All investment is at risk.		
		32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Diesel	34,121.
.....	
.....	
.....	
.....	
.....	
.....	
48	Total other expenses. Enter here and on line 27a 48 34,121.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Ayman S. Recio		Social security number (SSN) 223-97-6498
A Principal business or profession, including product or service (see instructions) Towing	B Enter code from instructions ► 4 8 8 0 0 0	
C Business name. If no separate business name, leave blank. Emporio Towing LLC	D Employer ID number (EIN) (see instr.) 8 2 1 2 7 1 0 5 0	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here . <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? . <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ► <input type="checkbox"/>	1	31,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	31,000.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	31,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ►	7	31,000.

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	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	5,792.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	16,719.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ►	28	22,869.			
29 Tentative profit or (loss). Subtract line 28 from line 7	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: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	8,131.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ►
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business _____
b	Commuting (see instructions) _____
c	Other _____
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Diesel	15,025.
Small Tools	1,694.
48	Total other expenses. Enter here and on line 27a 48 16,719.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Milkessa Recio		Social security number (SSN) 019-86-7898
A Principal business or profession, including product or service (see instructions) Towing	B Enter code from instructions ► 4 | 8 | 8 | 0 | 0 | 0	
C Business name. If no separate business name, leave blank. Empire Motors Towing & Recovery LLC	D Employer ID number (EIN) (see instr.) 8 | 4 | 3 | 7 | 0 | 4 | 9 | 9 | 1	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	75,379.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	75,379.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	75,379.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	75,379.

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

8 Advertising	8	18 Office expense (see instructions) .	18	
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans .	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	21,457.
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22	2,312.
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest (see instructions):		24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48)	27a	28,880.
		b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28			52,649.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			22,730.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30			
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31			22,730.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				

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

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ►
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Diesel	28,483.
Equipment	397.
48	Total other expenses. Enter here and on line 27a 48 28,880.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Milkessa Recio		Social security number (SSN) 019-86-7898
A Principal business or profession, including product or service (see instructions) Towing	B Enter code from instructions ► 4 | 8 | 8 | 0 | 0 | 0	
C Business name. If no separate business name, leave blank. Camel Towing LLC	D Employer ID number (EIN) (see instr.) 8 | 4 | 3 | 7 | 0 | 4 | 8 | 5 | 9	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	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 Gross profit. Subtract line 4 from line 3	5	18,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	18,000.

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

8 Advertising	8	18 Office expense (see instructions) .	18	
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans .	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	3,753.
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III) .	22	
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest (see instructions):		24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48) . .	27a	6,235.
		b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		28	9,988.
29 Tentative profit or (loss). Subtract line 28 from line 7	29		29	8,012.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			31	8,012.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				

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

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ►
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Diesel	5,647.
Internet	588.
48	Total other expenses. Enter here and on line 27a 48 6,235.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Milkessa Recio		Social security number (SSN) 019-86-7898
A Principal business or profession, including product or service (see instructions) Car Sales and Towing	B Enter code from instructions ► 9 | 9 | 9 | 9 | 9 | 9	
C Business name. If no separate business name, leave blank. Emporio Towing LLC	D Employer ID number (EIN) (see instr.) 8 | 2 | 1 | 2 | 7 | 1 | 0 | 5 | 0	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	20,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	20,000.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	20,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	20,000.

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

8 Advertising	8	18 Office expense (see instructions) .	18	
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans .	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	2,491.
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III) .	22	
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest (see instructions):		24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	
		26 Wages (less employment credits) .	26	
		27a Other expenses (from line 48) . .	27a	8,786.
		b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28			11,277.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			8,723.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.				
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				
				8,723.
		32a <input type="checkbox"/> All investment is at risk.		
		32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business b Commuting (see instructions) c Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Diesel	8,527.
Small Tools	259.
48 Total other expenses. Enter here and on line 27a	48 8,786.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor Milkessa Recio		Social security number (SSN) 019-86-7898
A Principal business or profession, including product or service (see instructions) Day Care	B Enter code from instructions ► 9 9 9 9 9 9	
C Business name. If no separate business name, leave blank. Tuesdays Child Academy LLC	D Employer ID number (EIN) (see instr.) 8 7 2 2 3 6 7 8 1	
E Business address (including suite or room no.) ► 6912 Gilbert Street City, town or post office, state, and ZIP code Springfield, VA 22150		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input checked="" type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ► <input type="checkbox"/>	1	24,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	24,000.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	24,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ►	7	24,000.

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	6,200.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	1,435.
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	11,540.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ►	28	19,175.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	4,825.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	4,825.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ►
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Business Phone	200.
Business Internet	180.
Fuel	9,667.
AMORTIZATION	1,493.
.....	
.....	
.....	
48 Total other expenses. Enter here and on line 27a	48 11,540.

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2021Attachment
Sequence No. **179**

Name(s) shown on return

Ayman S. & Milkessa Recio

Business or activity to which this form relates

Sch C Day Care

Identifying number

223-97-6498

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

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

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

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

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

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%			S/L -				
		%			S/L -				
		%			S/L -				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							29		

Section B—Information on Use of Vehicles

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

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):					
Amortized Startup Costs	09/01/2021	67,200.	195	15.00 yrs	1,493.
43 Amortization of costs that began before your 2021 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44 1,493.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **17**

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

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

Ayman S. Recio

223-97-6498

Part I Self-Employment Tax

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

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

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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

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

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 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**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 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- **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 lines 8b through 10, and go to line 11 **8a**

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 142,800.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 8,144.

11 Multiply line 6 by 2.9% (0.029) **11** 1,905.

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 10,049.

13 **Deduction for one-half of self-employment tax.**
Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 5,025.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,820, **or (b)** your net farm profits² were less than \$6,367.

14 Maximum income for optional methods **14** 5,880

15 Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (not less than zero) **or** \$5,880. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,367 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

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

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **17**

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

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

Milkessa Recio

019-86-7898

Part I Self-Employment Tax

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

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

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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

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

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 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**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 56,809.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 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 lines 8b through 10, and go to line 11 **8a**

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 142,800.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 7,044.

11 Multiply line 6 by 2.9% (0.029) **11** 1,647.

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 8,691.

13 **Deduction for one-half of self-employment tax.**
Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 4,346.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,820, **or (b)** your net farm profits² were less than \$6,367.

14 Maximum income for optional methods **14** 5,880

15 Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (not less than zero) **or** \$5,880. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,367 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

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

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Qualified Business Income Deduction
Simplified Computation**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.****2021**Attachment
Sequence No. **55**

Name(s) shown on return

Ayman S. & Milkessa Recio

Your taxpayer identification number

223-97-6498

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Empire Motors LLC	32-0630327	25,620.
ii	Empire Motors Towing & Recovery LLC	84-3704991	23,449.
iii	Camel Towing LLC	84-3704859	9,463.
iv	Empire Motors LLC	47-5310533	16,008.
v	See Stmt		
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 123,257.	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 123,257.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 24,651.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 24,651.
11	Taxable income before qualified business income deduction (see instructions)	11 98,158.	
12	Net capital gain (see instructions)	12 0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 98,158.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 19,632.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ▶		15 19,632.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Tax History Report

► Keep for your records

2021

Name(s) Shown on Return

Ayman S. & Milkessa Recio

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

**Tax bracket % is based on Taxable income.

Additional information from your 2021 Federal Tax Return**Form 8995: QB Income Deduction Simplified Computation****Business Information****Continuation Statement**

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