

2023 Form 6 - Full and Public Disclosure of Financial Interests

RECEIVED
DEPARTMENT OF STATE
2026 APR 23 AM 10:56

DIVISION OF ELECTIONS
TALLAHASSEE, FL

General Information

Name: Cristobal David Padron
Address: 19305 SW 207TH AVE UNIT A, MIAMI, FL 33187
County: Miami-Dade

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
Circuit Judge	11th Judicial Circuit	Circuit Court Judge, 11th Circuit

Net Worth

My Net Worth as of April 16, 2024 was \$937,573.00.

For
purposes

2023 Form 6 - Full and Public Disclosure of Financial Interests

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 8,400.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
19305 SW 207 Ave, Miami FL 33187	\$ 1,516,585.00
20501 SW 194 St, Miami FL 33187	\$ 270,000.00
Bank Account (Chase)	\$ 44,912.00
Campaign Loan (First Citizens Bank)	\$ 120,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
RoundPoint Mortgage	RoundPoint Mortgage Servicing LLC PO Box 19409 Charlotte, NC 28219-9409	\$ 478,115.65
CENLAR	425 Phillips Blvd., Ewing, NJ 08618	\$ 218,895.95

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

2023 Form 6 - Full and Public Disclosure of Financial Interests

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

Interests in Specified Businesses

Business Entity # 1

N/A

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Cristobal David Padron

Digitally signed: 04/16/2024

For Qualifying
Purposes Only

US 1040

Main Information Sheet

2023

PRINTED 04/16/2024

CRISTOBAL D PADRON
 DAZHEYRA C
 19305 SW 207TH AVE
 MIAMI FL 33187

	Taxpayer	Spouse
SSN		
Birth		
Death		
Day Phone	786-253-3479	305-979-6093
Evening		
Cell or Fax		
PIN		

Email

Taxpayer Occupation

ATTORNEY

Spouse Occupation EDUCATOR

Filing Status

MARRIED FILING JOINT

Name	Relationship	SSN	Age	Gender	DOB	POB
DAVID E PADRON	SON		12	1		
TOMAS PADRON	SON		12	1		
DANIEL E PADRON	SON		12	1		

Preparer ID: MERCY

Preparation Fee:

Date: 03/20/2024

Preparer: MERCEDES PADRON

Time in return 98 min.

Recap of 2023 Income Tax Return

Earned Income 106,226
 Federal AGI 343,539
 Taxable Income 254,187
 EIC

Federal Tax 41,805
 Withholding 21,221
 Refund/(Due) -20,672
 Tax Bracket 24.0 %

State	FL				
Tax					
Withholding					
Refund/Due					
State					
Tax					
Withholding					
Refund/Due					

Bank Product Information	Advance Only	Check	Direct Deposit	Debit Card	Walmart Direct2Cash
Qualifying refund					
Fees					
Net refund					
Advance					
Federal disbursement					
State disbursement					
Check one					

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____

See separate instructions.

Your first name and middle initial

CRISTOBAL D

Last name

PADRON

Your social security number

[REDACTED]

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

DAZHEYRA C

Last name

PADRON

Spouse's social security number

[REDACTED]

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

19305 SW 207TH AVE

Apt. no.

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.

City, town, or post office. If you have a foreign address, also complete spaces below.

MIAMI

State

FL

ZIP code

33187

Foreign country name

Foreign province/state/country

Foreign postal code

☐ You☐ Spouse

Filing Status

☐ Single☐ Head of household (HOH)

Check only one box.

☒ Married filing jointly (even if only one had income)☐ Married filing separately (MFS)☐ Qualifying surviving spouse (QSS)

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

Digital Assets

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes☒ No

Standard Deduction

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

Age/Blindness

You: ☐ Were born before January 2, 1959☐ Are blindSpouse: ☐ Was born before January 2, 1959☐ Is blind

Dependents

(see instructions):

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

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
DAVID E	PADRON	[REDACTED]	SON	☒	☐
TOMAS	PADRON	[REDACTED]	SON	☒	☐
DANIEL E	PADRON	[REDACTED]	SON	☒	☐
				☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	106,226
b	Household employee wages not reported on Form(s) W-2	
c	Tip income not reported on line 1a (see instructions)	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	
e	Taxable dependent care benefits from Form 2441, line 26	
f	Employer-provided adoption benefits from Form 8839, line 29	
g	Wages from Form 8919, line 6	
h	Other earned income (see instructions)	
i	Nontaxable combat pay election (see instructions)	
z	Add lines 1a through 1h	106,226
2a	Tax-exempt interest	
2b	Taxable interest	
3a	Qualified dividends	
3b	Ordinary dividends	
4a	IRA distributions	
4b	Taxable amount	
5a	Pensions and annuities	
5b	Taxable amount	
6a	Social security benefits	
6b	Taxable amount	
c	If you elect to use the lump-sum election method, check here (see instructions)	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	
8	Additional income from Schedule 1, line 10	237,313
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	343,539
10	Adjustments to income from Schedule 1, line 26	
11	Subtract line 10 from line 9. This is your adjusted gross income	343,539
12	Standard deduction or itemized deductions (from Schedule A)	41,889
13	Qualified business income deduction from Form 8995 or Form 8995-A	47,463
14	Add lines 12 and 13	89,352
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	254,187

Standard Deduction for—

• Single or Married filing separately, \$13,850

• Married filing jointly or Qualifying surviving spouse, \$27,700

• Head of household, \$20,800

• If you checked any box under Standard Deduction, see instructions.

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

Form 1040 (2023)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	47,805
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	47,805
	19	Child tax credit or credit for other dependents from Schedule 8812	19	6,000
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	6,000
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	41,805
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	41,805	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	21,221
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	21,221
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	21,221	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	
	b	Routing number	c Type: ☐ Checking ☐ Savings	
	d	Account number		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions	37	20,672
	38	Estimated tax penalty (see instructions)	38	88

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

Designee's name	MERCEDES PADRON	Phone no.	305-818-0404	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.)
			ATTORNEY	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		EDUCATOR		
Phone no. 786-253-3479		Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	MERCEDES PADRON	MERCEDES PADRON	03/20/2024	P00616858	
	Firm's name	PADRON & ASSOCIATES INC	Phone no.	305-818-0404	
	Firm's address	2095 W 76TH STREET HIALEAH FL 33016	Firm's EIN	59-3779289	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

CRISTOBAL D & DAZHEYRA C PADRON

Your social security number

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	237,313
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	237,313

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

Schedule 1 (Form 1040) 2023

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service**Itemized Deductions**Go to www.irs.gov/ScheduleA for instructions and the latest information.
Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2023Attachment
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Your social security number

CRISTOBAL D & DAZHEYRA C PADRON

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040 or 1040-SR, line 11 2 343,539		
3	Multiply line 2 by 7.5% (0.075)	3	25,765
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local taxes.		
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒ X	5a	5,586
	b State and local real estate taxes (see instructions)	5b	8,083
	c State and local personal property taxes	5c	
	d Add lines 5a through 5c	5d	13,669
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000
	6 Other taxes. List type and amount:	6	
	7 Add lines 5e and 6	7	10,000
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐		
Caution: Your mortgage interest deduction may be limited. See instructions.	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	30,889
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b	
	Name		
	Address		
	TIN	8c	
	c Points not reported to you on Form 1098. See instructions for special rules	8d	
	d Reserved for future use	8e	30,889
	e Add lines 8a through 8c	9	
	9 Investment interest. Attach Form 4952 if required. See instructions	10	30,889
	10 Add lines 8e and 9		
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	1,000
Caution: If you made a gift and got a benefit for it, see instructions.	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	
	13 Carryover from prior year	13	
	14 Add lines 11 through 13	14	1,000
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15	
Other Itemized Deductions	16 Other—from list in instructions. List type and amount:	16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17	41,889
Deductions	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐		

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2023

BCA

US Schedule A

Itemized Deduction Detail Worksheet

2023

Name: CRISTOBAL D & DAZHEYRA C PADRON

SSN: [REDACTED]

Medical Expenses

Medical miles:

Deduction:

Insurance premiums paid (not pre-tax)		Medicare from 1040 worksheet	
Taxpayer		Remainder from worksheets	
Spouse		Taxpayer	
Qualified long term care contracts		Spouse	
Taxpayer		Self-employed health insurance	
Spouse		Taxpayer	
Other medical expenses		Spouse	
		Amount from additional worksheets	
		Total	

Cash Contributions

50% Limit Organizations		Other Charitable miles:	X .14 =
	500		
	500		
		From Schedules K-1	
		Amount from additional worksheets	
		Total	1,000

30% Limit Organizations

Charitable miles:

X .14 =

		Schedules K-1	
		Amount from additional worksheets	
		Total	

Other Than Cash Contributions

50% Limit Organizations

		From Forms 8283	
		Amount from additional worksheets	
From Schedules K-1		Total	

30% Limit Capital gain property donated to 50% limit organizations.

		From Forms 8283	
From Schedules K-1		Total	

30% Limit Not capital gain property donated to 30% limit organizations.

		From Forms 8283	
From Schedules K-1		Total	

20% Limit Organization Capital gain property donated to 30% limit organizations.

		From Forms 8283	
From Schedules K-1		Total	

Contribution Carryovers

From years 2018 through 2022	Cash 100%	Cash 60%	Cash and other property		Capital gain property	
			50%	30%	30%	20%
2018						
2019						
2020						
2021						
2022						
To 2024 tax year	Cash 100%	Cash 60%	Cash and other property		Capital gain property	
			50%	30%	30%	20%
2019						
2020						
2021						
2022						
2023						

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

CRISTOBAL D & DAZHEYRA C PADRON

Your social security number

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	CRISTOBAL D PADRON & ASSOCIAT	S	☐		☐	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

Passive Income and Loss**Nonpassive Income and Loss**

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					237,313
B					
C					
D					
29a Totals					237,313
b Totals					
30	Add columns (h) and (k) of line 29a				30 237,313
31	Add columns (g), (i), and (j) of line 29b				31 ()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31.				32 237,313

Part III Income or Loss From Estates and Trusts

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

Passive Income and Loss**Nonpassive Income and Loss**

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				
35	Add columns (d) and (f) of line 34a			35
36	Add columns (c) and (e) of line 34b			36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36.			37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below.				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5.	41	237,313
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules.	43	

[REDACTED]

	Current	Loss	Allowed	Short	Long	Sect.	Sect.	Rental	Passive	PTP
	Gain/	Carry	Gain/	Term	Capital	1231	179	Carryover	Carryover	Carryover
Entity	P/S Loss	Forward	Loss	Interest Gains	Gains	Gain	Sch E	Sch E	Sch E	Sch E
CRISTOBAL D PAD S	237313		237313							
	-----		-----							
	237313		237313							



W-2 DETAIL REPORT - 2023

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
THE SCHOOL BOARD OF CRISTOBAL D PADRON & ASS		X	58226	6989	3723	871					
		X	48000	14232	2976	696					
			106226	21221	6699	1567					

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

CRISTOBAL D & DAZHEYRA C PADRON

**Credits for Qualifying Children
and Other Dependents**

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Your social security number

[REDACTED]

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	343,539
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	343,539
4	Number of qualifying children under age 17 with the required social security number	4	3
5	Multiply line 4 by \$2,000	5	6,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	6,000
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 }	9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? ☐ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. ☒ Yes. Subtract line 11 from line 8. Enter the result.	12	6,000
13	Enter the amount from Credit Limit Worksheet A	13	47,805
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	6,000

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

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

Name: CRISTOBAL D & DAZHEYRA C PADRON

SSN: [REDACTED]

Credit Limit Worksheet A

1	Amount from Form 1040 or Form 1040-NR, line 18		47,805
2	Amount from: Schedule 3, line 1		
	Schedule 3, line 2		
	Schedule 3, line 3		
	Schedule 3, line 4		
	Schedule 3, line 5b		
	Schedule 3, line 6d		
	Schedule 3, line 6f		
	Schedule 3, line 6i		
	Schedule 3, line 6m		
	Total		
3	Subtract line 2 from line 1		47,805
	Complete the Credit Limit Worksheet B only if you meet all of the following.		
	• You are completing Part I-C of Schedule 8812		
	• You are claiming the mortgage interest credit (Form 8936), adoption credit (form 8839), residential energy efficient property credit (Form 5695, Part 1), or District of Columbia first-time homebuyer credit (Form 8859).		
	• You are not filing Form 2555		
	• Line 4a of Schedule 8812 is more than zero.		
4	Amount from Credit Limit Worksheet B, if required		
5	Subtract line 4 from line 3		47,805

Credit Limit Worksheet B

1	Amount from Schedule 8812, line 12	
2	Number of qualifying children under 18 with the required social security number multiplied by \$1,500	
3	Earned income	
4	Subtract \$2,500 from line 3	
5	Multiply line 4 by 15%	
6	Is the amount on line 2 \$4,500 or more?	
	☐ No. If line 2 or line 5 above is zero, the amount from line 1 is entered on line 14.	
	☐ Yes. If line 5 is equal to or more than line 1, skip lines 7 through 11 and go to line 12. Otherwise, go to line 7.	
7	Social security or RR tier 1 plus Medicare	
8	Total of Schedule 1, line 15; Schedule 2, line 5; Schedule 2, line 6; and Schedule 2, line 13	
9	Add lines 7 and 8	
10	Total of Form 1040, line 27a and Schedule 3, line 11	
11	Subtract line 10 from line 9	
12	Larger of line 5 or line 11	
13	Smaller of line 2 or line 12	
14	Subtract line 13 from line 1, but not less than -0	
15	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits	

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2023Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CRISTOBAL D & DAZEYRA C PADRON

RENTAL INCOME

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 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			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20 a 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	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2023)

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
SCH E RENTAL			2,502		2,502
Total. Enter on Part I, lines 2a, 2b, and 2c			2,502		

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

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

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SCH E RENTAL	SCH E 23	2,502	1.0000	2,502
Total		2,502	1.00	2,502

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SCH E RENTAL	SCH E 23	2,502	2,502	
Total		2,502	2,502	

2023

EIN: _____

[illegible]

Form **8867**

(Rev. November 2023)

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

OMB No. 1545-0074

For tax year
20Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

CRISTOBAL D & DAZHEYRA C PADRON

Preparer's name

MERCEDES PADRON

Taxpayer identification number

Preparer tax identification number

P00616858

Part I Due Diligence Requirements

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

☐ EIC☒ CTC/ACTC/ODC☐ AOTC☐ HOH

- 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?
- 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?
- 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.
 - Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.
 - Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)
- 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)
 - a Did you make reasonable inquiries to determine the correct, complete, and consistent information?
 - b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)
- 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)

List those documents provided by the taxpayer, if any, that you relied on:

INTERVIEW WITH THE TAXPAYER

- 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?
- 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)
 - a Did you complete the required recertification Form 8862?
- 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?

Yes	No	N/A
☒	☐	
☒	☐	☐
☒	☐	
☐	☒	
☐	☐	
☒	☐	
☒	☐	
☒	☐	☐
☐	☐	☒

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (Rev. 11-2023)

BCA

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

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

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

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

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2023Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Your taxpayer identification number

CRISTOBAL D & DAZHEYRA C PADRON

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	CRISTOBAL D PADRON & ASSOCIATES PA		237,313
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	237,313	
3	Qualified business net (loss) carryforward from the prior year	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	237,313	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		47,463
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		47,463
11	Taxable income before qualified business income deduction (see instructions)	301,650	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)		
13	Subtract line 12 from line 11. If zero or less, enter -0-	301,650	
14	Income limitation. Multiply line 13 by 20% (0.20)		60,330
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)		47,463
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		()
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		()

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

Form **8995** (2023)

BCA

US**Direct Debit for Balance Due or Estimated Tax Payment****2023****Name:** CRISTOBAL D & DAZHEYRA C PADRON**SSN:** [REDACTED]

This worksheet is for electronic funds transfer (direct debit) of your 2023 income tax balance due:

☒**OR**

2023 amended return balance due:

☐

2024 estimated tax payment

☐**For the Balance Due On Your 2023 Tax Return**

Amount of tax due: . . . 20,672

Amount you want debited: . . . 20,672

Routing Number: . . . [REDACTED]

☒

Checking

☐

Savings

Account Number: . . . [REDACTED]

Requested Payment Date: . . . 04/03/2024**For 2024 Estimated Tax Payment**

Amount you want debited for this 2024 estimated tax payment

Routing Number: . . .

☐

Checking

☐

Savings

Account Number: . . .

Requested Payment Date: . . .

Daytime Telephone Number: . . . 786-253-3479

**PADRON AND ASSOCIATES INC
2095 W 76TH ST
HIALEAH FL 33016
305-818-0404**

April 16, 2024

CRISTOBAL D PADRON
& DAZHEYRA C PADRON
19305 SW 207TH AVE
MIAMI, FL 33187

Dear CRISTOBAL & DAZHEYRA,

Enclosed are your 2023 Federal and state income tax returns.

Your Federal income tax balance due is \$20,672.00.

Your Federal tax return has been filed electronically. You have chosen to pay your balance due by electronic funds withdrawal. The IRS will withdraw \$20,672.00 on 4/3/2024 from the account indicated in your tax return. Please keep a copy of the return with your records.

If you have any questions, please call us. We appreciate the opportunity to serve you.

Sincerely,

MERCEDES PADRON

IRS e-file Signature Authorization

OMB No. 1545-0074

- ▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶ 6506842024094D001736

Taxpayer's name CRISTOBAL D PADRON	Social security number [REDACTED]
Spouse's name DAZHEYRA C PADRON	Spouse's social security number [REDACTED]

Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	343,539
2	Total tax	2	41,805
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	21,221
4	Amount you want refunded to you	4	
5	Amount you owe	5	20,672

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

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

Taxpayer's PIN: check one box only

- ☒ I authorize PADRON & ASSOCIATES INC to enter or generate my PIN [REDACTED] as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 03/20/2024

Spouse's PIN: check one box only

- ☒ I authorize PADRON & ASSOCIATES INC to enter or generate my PIN [REDACTED] as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ 03/20/2024

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [REDACTED]
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ MERCEDES PADRON Date ▶ 03/20/2024

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

US Schedule A

Sales Tax Worksheet

2023

Name: CRISTOBAL D & DAZHEYRA C PADRON

SSN: [REDACTED]

1	Federal AGI	343,539	
2	Nontaxable income listed on tax return		
a	Nontaxable interest		
b	Social security		
c	Combat pay		
d	Income on Forms 4970 and 4972		
e	Nontaxable part of IRA, pension, or annuity distributions, not including rollovers		
3	Other nontaxable income		
a			
b			
c			
d			
e			
4	Income for sales tax chart	343,539	
1	Enter the taxpayer's state of residency for 2023		FL
	If the taxpayer was a part-year resident, enter the dates resided in this state _____ to _____		
	State sales tax from the applicable table		2,578
2	Did you live Alaska, Arizona, Arkansas, California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah or Virginia in 2023?		
	☒ No. Line 2 should be -0-.		
	☐ Yes. Enter the letter (A - D) for the optional local sales tax table you want to use		
	Local sales tax from the applicable table		
3	Did your locality impose a local general sales tax in 2023? Residents of California and Nevada, see the Schedule A instructions.		
	☐ No. Go to line 7.		
	☒ Yes. Enter the local general sales tax rate. If the rate is 2.5%, enter 2.5	7.0000	
4	Did you enter -0- on line 2 above?		
	☐ No. Skip to line 6.		
	☒ Yes. Enter the state general sales tax rate from the table headed by the state in the Schedule A instructions. Enter 6.5% as 6.5	6.0000	
5	Divide line 3 by line 4	1.1667	
6	Did you enter -0- on line 2 above?		
	☐ No. Multiply line 2 by line 3.		
	☒ Yes. Multiply line 1 by line 5		3,008
7	Total of lines 1 and 6 - prorated for part-year residents		5,586
8	General sales tax paid on specified items. Motor vehicles - If the tax rate is higher than the general sales tax rate, only include the amount of tax at the general sales tax rate. Aircraft, boats, homes, including mobile and prefabricated, or home building materials - Only deductible if the sales tax charged is at the federal sales tax rate		
9	Total sales tax using the sales tax chart		5,586
10	Sales tax using actual receipts		
11	Sales tax deduction for Schedule A, line 5		5,586

a Employee's SSN		b Employer identification number (EIN) 45-4186364				OMB No. 1545-0008	
c Employer's name, address, and ZIP code CRISTOBAL D. PADRON & ASSOCIATES, 2095 W 76 STREET SUITE 111 HIALEAH FL 33016		1 Wgs, tips, other compn 48000.00	2 Fed inc tax withheld 14232.00	3 Social security wages 48000.00		Form W-2 Wage and Tax Statement 2023 Copy B To Be Filed with Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service.	
		4 SS tax withheld 2976.00	5 Medicare wages & tips 48000.00	6 Medicare tax withheld 696.00			
		7 Social security tips	8 Allocated tips	9			
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a			
e Employee's name, address, and ZIP code Suff. CRISTOBAL D PADRON 741 SW 129TH AVENUE APT 6 MIAMI FL 33183		13 Statutory employee ☐	14 Other		12b		
		Retirement plan ☐			12c		
		Third-party sick pay ☐			12d		
15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name	

REV 11/30/23 QBDT

Department of the Treasury — IRS

a Employee's SSN		b Employer identification number (EIN) 45-4186364				OMB No. 1545-0008	
c Employer's name, address, and ZIP code CRISTOBAL D. PADRON & ASSOCIATES, 2095 W 76 STREET SUITE 111 HIALEAH FL 33016		1 Wgs, tips, other compn 48000.00	2 Fed inc tax withheld 14232.00	3 Social security wages 48000.00		Form W-2 Wage and Tax Statement 2023 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.	
		4 SS tax withheld 2976.00	5 Medicare wages & tips 48000.00	6 Medicare tax withheld 696.00			
		7 Social security tips	8 Allocated tips	9			
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a			
e Employee's name, address, and ZIP code Suff. CRISTOBAL D PADRON 741 SW 129TH AVENUE APT 6 MIAMI FL 33183		13 Statutory employee ☐	14 Other		12b		
		Retirement plan ☐			12c		
		Third-party sick pay ☐			12d		
15 State	Employer's state ID No.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name	

REV 11/30/23 QBDT

a Employee's SSN		b Employer identification number (EIN) 45-4186364				OMB No. 1545-0008	
c Employer's name, address, and ZIP code CRISTOBAL D. PADRON & ASSOCIATES, 2095 W 76 STREET SUITE 111 HIALEAH FL 33016		This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
		1 Wgs, tips, other compn 48000.00	2 Fed inc tax withheld 14232.00	3 Social security wages 48000.00		Form W-2 Wage and Tax Statement 2023 Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)	
		4 SS tax withheld 2976.00	5 Medicare wages & tips 48000.00	6 Medicare tax withheld 696.00			
7 Social security tips	8 Allocated tips	9					
d Control No.		10 Depdnt care benefits	11 Nonqualified plans	12a			
e Employee's name, address, and ZIP code Suff. CRISTOBAL D PADRON 741 SW 129TH AVENUE APT 6 MIAMI FL 33183		13 Statutory employee ☐	14 Other		12b		
		Retirement plan ☐			12c		
		Third-party sick pay ☐			12d		
15 State	Employer's state ID No.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name	

REV 11/30/23 QBDT