

2025 Form 6 - Full and Public Disclosure of Financial Interests

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DIVISION OF ELECTIONS
TALLAHASSEE, FL

General Information

Name: Mr George A Lavin

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

State Senate

Florida Senate

District 36

Net Worth

My Net Worth as of June 10, 2026 was \$ 243,864.62.

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.

The aggregate value of my household goods and personal effect is \$ 10,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Invesco QQQ TR Unit Ser 1	\$ 39,625.07
Ishares Russell Top 200 Growth ETF	\$ 34,922.98
Fidelity NASDAQ Composite Index ETF	\$ 31,361.13

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Description of Asset	Value of Asset
Ishares TR Ishares MSCI USA Momentum Factor ETF	\$ 28,417.40
State Street SPDR DJIA ETF Trust Trust Units	\$ 20,729.49
First Trust Exchange Traded Fund II First Trust Init Equity Opportunities ETF	\$ 16,085.08
Wisdomtree Trust Wisdomtree European Opportunities Fund	\$ 14,612.81
DBX ETF Trust Xtrackers MSCI All World Ex US Hedged Equity ETF	\$ 13,159.14
Ishares Trust Ishares Currency Hedged MSCI EAFE ETF	\$ 11,997.65
Vaneck ETF TR Vaneck Morningstar Intl MOAT ETF	\$ 8,115.25
Ishares Gold Trust Shares of the Ishares Gold Trust	\$ 7,606.27
SPDR Gold TR Gold SHS	\$ 7,198.72
Vanguard Scottsdale Funds Vanguard Long-Term Corporate Bond ETF	\$ 1,843.85
Ishares U S ETF Trust Ishares Interest Rate Hedged Long Term Corporate Bond ETF	\$ 1,834.08
SPDR Series Trust State Street SPDR Portfolio Long Term Corporate Bond ETF	\$ 1,398.61
Cash & Sweep Funds (Self-Directed IRA)	\$ 9,690.42
JPMorgan TR II Mid Cap Growth FD CL R6	\$ 12,223.76
Nomura Emerging Markets Fund Class R6	\$ 8,838.33
JP Morgan TR I Equity Income FD R6	\$ 8,767.59
JP Morgan TR I US Equity FD CL R6	\$ 8,304.40
JP Morgan TR I Large Cap Growth FD CL R6	\$ 8,242.96
Ishares Russell 2000 ETF	\$ 7,665.57
Vanguard World Fund Intl Growth FD Admiral SHS	\$ 6,661.62
WCM Focused International Growth CL Institutional	\$ 5,855.48
JPMorgan TR IV Hedged Equity 2 FD CL R6	\$ 4,220.45
JPMorgan TR I JPMorgan Short Duration Core Plus Fund CL R6	\$ 3,972.98
JPMorgan TR I Income FD CL R6	\$ 3,961.16
PIMCO Income FD Instl CL	\$ 3,958.24

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Description of Asset	Value of Asset
Cash & Sweep Funds (Managed IRA)	\$ 1,830.55
Chase Checking - Personal	\$ 1,944.87
Chase Checking - Business	\$ 8,982.71

Liabilities		
LIABILITIES IN EXCESS OF \$1,000:		
Name of Creditor	Address of Creditor	Amount of Liability
BHG Financial Loan 1	10234 W State Rd 84, David, FL 33324	\$ 26,638.27
BHG Financial Loan 2	10234 W State Rd 84, David, FL 33324	\$ 22,385.03
Earnest - Education	535 Mission St, Suite 1663, San Francisco, CA 94105	\$ 26,805.67
Citi Personal Lon	PO Box 790110, St. Louis, MO 63179-0110	\$ 17,119.18
Chase Auto Lease	PO Box 650546, Dallas, TX 75265-0546	\$ 17,215.85
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:		
Name of Creditor	Address of Creditor	Amount of Liability
N/A		

2025 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 2025 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 2025 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.

George A Lavin

Digitally signed: 06/10/2026

For Qualifying
Purposes Only

Hand Delivered

**Carlos de la Osa, CPA, PA
267 Minorca Ave Ste 200
Coral Gables, FL 33134
305-273-1040**

April 14, 2026

CONFIDENTIAL

George A Lavin & Sergio F Mascaro
5820 SW 11th Street
West Miami, FL 33144

Dear George & Sergio:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Individual Income Tax Return (Form 1040)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

This office is committed to using safeguards that protect your information from data theft. To further protect your identity, you can also take steps to stop thieves. IRS Publication 4524 (www.irs.gov/pub/irs-pdf/p4524.pdf) outlines simple steps that help you keep your computer secure, avoid phishing and malware, and protect your personal information.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Carlos de la Osa, CPA, PA

Filing Instructions
Electronically Filed
Form 1040 US Individual Income Tax Return
With
Form 1040-V Payment Voucher
Form 8879 IRS e-file Signature Authorization
Form 9465 Installment Agreement Request
Taxable Year Ended December 31, 2025

Name: George A Lavin & Sergio F Mascaro

Form 9465, Installment Agreement Request has been submitted with your electronically filed return. Your return shows a total amount due of \$5,489. The Installment Agreement states that you agree to pay \$0 with the return and make payments of \$500 on the 15th day of each month.

CLERK COPY
You will be notified by the IRS of acceptance or denial of the installment request within 30 days. If your request is approved, you will be billed a \$178 fee with your first payment. You will also be charged interest and may incur a late payment penalty on the unpaid balance of \$5,489. If you have questions concerning this request, you may contact the IRS at 1-800-829-1040 or this office.

The remittance information in the following instructions is provided should you decide to cancel your Installment Agreement Request and pay the balance due in full. All other information included below should be followed if the Form 9465 is filed or not.

Date Due: October 15, 2026

Do not attach your payment to Form 1040-V. Instead place them loose in the envelope.

Mail To: Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

Include Form 1040-V with your check.

Signature: Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

Carlos de la Osa, CPA, PA
267 Minorca Ave Ste 200
Coral Gables, FL 33134

Important: Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.

Retain a copy of the signed and dated Form 8879 for your records.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

You will receive an email when your return has been accepted. Please be sure to add efile@efileservices.net to your Safe Senders list in order to receive this acceptance email.

CLIENT COPY

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

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

OMB No. 1545-0074

Submission Identification Number (SID) 

Taxpayer's name

George A Lavin

Social security number

Spouse's name

Sergio F Mascaro

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2025 (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	222,168
2	Total tax	2	46,941
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15,499
4	Amount you want refunded to you	4	
5	Amount you owe	5	5,489

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 **Carlos de la Osa, CPA, PA** to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

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 **04/13/26****Spouse's PIN: check one box only**

☒ I authorize **Carlos de la Osa, CPA, PA** to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

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 **04/13/26****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.

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 **Carlos Manuel de la Osa** Date **04/13/26**

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

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

Form **8879** (Rev. 01-2021)

Taxpayer Name George A Lavin
Spouse Name Sergio F Mascaro

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN *****

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

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. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or 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 my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) 04/13/26

Taxpayer's PIN (enter five numbers, other than all zeroes) _____

Spouse's PIN (enter five numbers, other than all zeroes) _____

Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund

Date

2025 Form 1040-V

Department of the Treasury
Internal Revenue Service

What Is Form 1040-V?

It's a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2025 Form 1040, 1040-SR, or 1040-NR.

Consider Making Your Tax Payment Electronically — It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment, you will receive immediate confirmation from the IRS. Go to www.irs.gov/Payments to see all your electronic payment options.

How To Fill in Form 1040-V

Line 1. Enter your social security number (SSN).

If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order. If paying online at www.irs.gov/Payments, don't complete this form.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to "United States Treasury." Don't send cash. If you want to pay in cash, in person, see *Pay by cash*, later.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also, enter "2025 Form 1040," "2025 Form 1040-SR," or "2025 Form 1040-NR," whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Don't use dashes or lines (for example, don't enter "\$ XXX—" or "\$ XXX ^{xx}/100").

Mail To: Internal Revenue Service

P.O. Box 1214

Charlotte, NC 28201-1214

Notice to taxpayers presenting checks. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

No checks of \$100 million or more accepted. The IRS can't accept a single check (including a cashier's check) for amounts of \$100,000,000 (\$100 million) or more. If you are sending \$100 million or more by check, you will need to spread the payments over two or more checks, with each check made out for an amount less than \$100 million.

Pay by cash. This is an in-person payment option for individuals provided through retail partners with a maximum of \$1,000 per day per transaction. To make a cash payment, you must first be registered online at www.acfpayonline.com, our official Payment provider. Click on "Federal IRS payments" to make your payment.

How To Send in Your 2025 Tax Return, Payment, and Form 1040-V

- Don't staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2025 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

How To Pay Electronically Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. You can pay using either of the following electronic payment methods. To pay your taxes online or for more information, go to www.irs.gov/Payments.

IRS Direct Pay

Pay your taxes directly from your checking or savings account at no cost to you. You receive instant confirmation that your payment has been made, and you can schedule your payment up to 30 days in advance.

Debit or Credit Card

The IRS doesn't charge a fee for this service; the card processors do. The authorized card processors and their phone numbers are all online at www.irs.gov/Payments.

Form **1040-V** (2025)

Separate here and mail with your payment and return.

CUT HERE

Form **1040-V**

Department of the Treasury
Internal Revenue Service

Payment Voucher for Individuals

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

2025

Print or type	1 Your social security number (SSN) (if a joint return, SSN shown first on your return)		2 If a joint return, SSN shown second on your return.		3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"		5,489	
	4 Your first name and middle initial George A				Last name Lavin			
	If a joint return, spouse's first name and middle initial Sergio F				Last name Mascaro			
	Home address (number and street) 5820 SW 11th Street			Apt. no.	City, town, or post office. If you have a foreign address, also complete spaces below. West Miami		State FL	ZIP code 33144
	Foreign country name			Foreign province/state/country			Foreign postal code	

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

DAA

Form 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 2025 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space. For the year Jan. 1–Dec. 31, 2025, or other tax year beginning 2025, ending 20 See separate instructions. Filed pursuant to section 301.9100-2 Combat zone Deceased Spouse Other

Your first name and middle initial George A Last name Lavin Your social security number If joint return, spouse's first name and middle initial Sergio F Last name Mascaro Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. 5820 SW 11th Street Apt. no. Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. [X] City, town, or post office. If you have a foreign address, also complete spaces below. West Miami State FL ZIP code 33144 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. Foreign country name Foreign province/state/county Foreign postal code [] You [] Spouse

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

Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Dependents (see instructions) (1) First name (2) Last name (3) SSN (4) Relationship (5) Check if lived with you more than half of 2025 (6) Check if (7) Credits Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 90,476 b Household employee wages not reported on Form(s) W-2 1b c Tip income not reported on line 1a (see instructions) 1c d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d e Taxable dependent care benefits from Form 2441, line 26 1e f Employer-provided adoption benefits from Form 8839, line 31 1f g Wages from Form 8919, line 6 1g h Other earned income (see instructions). Enter type and amount: 1h i Nontaxable combat pay election (see instructions) 1i z Add lines 1a through 1h 1z 90,476 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. Attach Sch. B if required. 2a Tax-exempt interest 2a b Taxable interest 2b 3a Qualified dividends 3a b Ordinary dividends 3b c Check if your child's dividends are included in 1 [] Line 3a 2 [] Line 3b 4a IRA distributions 4a b Taxable amount 4b c Check if (see instructions) 1 [] Rollover 2 [] QCD 3 [] 5a Pensions and annuities 5a 15,274 b Taxable amount 5b 11,373 c Check if (see instructions) 1 [] Rollover 2 [] PSO 3 [] 6a Soc. sec. ben. 6a b Taxable amount 6b c If you elect to use the lump-sum election method, check here (see instructions) d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here 7a Capital gain or (loss). Attach Schedule D if required 7a b Check if: [] Schedule D not required [] Includes child's capital gain or (loss) 8 Additional income from Schedule 1, line 10 8 136,851 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income 9 238,700 10 Adjustments to income from Schedule 1, line 26 10 16,532 11a Subtract line 10 from line 9. This is your adjusted gross income 11a 222,168 For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2025)

Tax and Credits

- 11b Amount from line 11a (adjusted gross income) 11b 222,168
- 12a Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent ☐
- b ☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien
- d You: ☐ Were born before January 2, 1961 ☐ Are blind
- Spouse: ☐ Was born before January 2, 1961 ☐ Is blind

Standard Deduction for—

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see instr.

e Standard deduction or itemized deductions (from Schedule A)

13a Qualified business income deduction from Form 8995 or Form 8995-A

b Additional deductions from Schedule 1-A, line 38

14 Add lines 12e, 13a, and 13b

15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income

16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 49723 ☐

17 Amount from Schedule 2, line 3

18 Add lines 16 and 17

19 Child tax credit or credit for other dependents from Schedule 8812

20 Amount from Schedule 3, line 8

21 Add lines 19 and 20

22 Subtract line 21 from line 18. If zero or less, enter -0-

23 Other taxes, including self-employment tax, from Schedule 2, line 21

24 Add lines 22 and 23. This is your total tax

Payments and Refundable Credits

25 Federal income tax withheld from:

a Form(s) W-2

25a 11,519

b Form(s) 1099

25b 3,980

c Other forms (see instructions)

25c

d Add lines 25a through 25c

25d 15,499

26 2025 estimated tax payments and amount applied from 2024 return

26 26,024

If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions)

27a Earned income credit (EIC)

27a

b Clergy filing Schedule SE (see instructions)

c If you do not want to claim the EIC, check here

28 Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐

28

29 American opportunity credit from Form 8863, line 8

29

30 Refundable adoption credit from Form 8839, line 13

30

31 Amount from Schedule 3, line 15

31

32 Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits

32

33 Add lines 25d, 26, and 32. These are your total payments

33 41,523

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

Direct deposit? See instructions.

36 Amount of line 34 you want applied to your 2026 estimated tax

36

Amount You Owe

37 Subtract line 33 from line 24. This is the amount you owe.

37

For details on how to pay, go to www.irs.gov/Payments or see instructions

5,489

38 Estimated tax penalty (see instructions)

38

71

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

Director of eDiscovery

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

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

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

Date

Spouse's occupation

Account Executive

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

Phone no.

Email address

Paid

Preparer's name

Preparer's signature

Date

PTIN

Check if:

Preparer

Carlos Manuel de la Osa

Carlos Manuel de la Osa

04/14/26

☐ Self-employed

Use Only

Firm's name Carlos de la Osa, CPA, PA

Phone no. 305-273-1040

267 Minorca Ave Ste 200

Firm's address Coral Gables

FL 33134

Firm's EIN

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **01**

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

George A Lavin & Sergio F Mascaro

Your social security number

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	136,851
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property. If you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	136,851

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

Schedule 1 (Form 1040) 2025

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. If claiming only storage fees (see instructions), check here ☐	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	9,668
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	6,864
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8i from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	16,532

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

2025Attachment
Sequence No. **02**

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

George A Lavin & Sergio F Mascaro

Your social security number

Part I Tax**1** Additions to tax:

- a** Excess advance premium tax credit repayment. Attach Form 8962
- b** Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)
- c** Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)

d Recapture of net EPE from Form 4255, line 2a, column (i)**e** Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions:

- (i) ☐ Line 1a (ii) ☐ Line 1c
(iii) ☐ Line 1d (iv) ☐ Line 2a

f 20% EP from Form 4255. Check applicable box and enter amount. See instructions.

- (i) ☐ Line 1a (ii) ☐ Line 1c
(iii) ☐ Line 1d (iv) ☐ Line 2a

y Other additions to tax (see instructions):**z** Add lines 1a through 1y**2** Alternative minimum tax. Attach Form 6251**3** Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17**Part II Other Taxes****4** Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions):**1** ☐ 4361 **2** ☐ 4029 **3** ☐**5** Social security and Medicare tax on unreported tip income. Attach Form 4137**6** Uncollected social security and Medicare tax on wages. Attach Form 8919**7** Total additional social security and Medicare tax. Add lines 5 and 6**8** Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.If not required, check here: ☒**9** Household employment taxes. Attach Schedule H**10** Reserved for future use**11** Additional Medicare Tax. Attach Form 8959**12** Net investment income tax. Attach Form 8960**13** Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12**14** Interest on tax due on installment income from the sale of certain residential lots and timeshares**15** Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000**16** Recapture of low-income housing credit. Attach Form 8611

(continued on page 2)

Part II Other Taxes (continued)**17 Other additional taxes:****a** Recapture of other credits. List type, form number, and amount:**17a****b** Recapture of federal mortgage subsidy. If you sold your home, see instructions.**17b****c** Additional tax on HSA distributions. Attach Form 8889.**17c****d** Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889.**17d****e** Additional tax on Archer MSA distributions. Attach Form 8853.**17e****f** Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.**17f****g** Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property.**17g****h** Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A.**17h****i** Compensation you received from a nonqualified deferred compensation plan described in section 457A.**17i****j** Section 72(m)(5) excess benefits tax.**17j****k** Golden parachute payments.**17k****l** Tax on accumulation distribution of trusts.**17l****m** Excise tax on insider stock compensation from an expatriated corporation.**17m****n** Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866.**17n****o** Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.**17o****p** Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund.**17p****q** Any interest from Form 8621, line 24.**17q****z** Any other taxes. List type and amount:**17z****18** Total additional taxes. Add lines 17a through 17z.**18****19** Recapture of net EPE from Form 4255, line 1d, column (i).**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****20,460**

Schedule 2 (Form 1040) 2025

SCHEDULE C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2025

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service

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

Name of proprietor

George A Lavin

Social security number (SSN)

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

eDiscovery Consultant

B Enter code from instructions

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

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

E Business address (including suite or room no.) **5820 SW 11th Street**

City, town or post office, state, and ZIP code **West Miami FL 33144**

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

G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2025, check here

I Did you make any payments in 2025 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	☐	1	187,777
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	187,777
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	187,777
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	187,777

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

8	Advertising	8	Office expense (see instructions)	18	4,682
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):	20	
11	Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	11,556
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	3,768
15	Insurance (other than health)	15	23 Taxes and licenses	23	125
16	Int. (see instr.):	16	24 Travel and meals:	24	
a Mortgage (paid to banks, etc.)	16a	25	a Travel	24a	13,976
b Other	16b	26	b Deductible meals (see instructions)	24b	7,293
		27	Utilities	25	
17	Legal and professional services	17	26 Wages (less employment credits)	26	
		27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28	b Other expenses (from line 48)	27b	7,788
29	Tentative profit or (loss). Subtract line 28 from line 7	29		28	50,926
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.	30		29	136,851

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) 2025

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **17**

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

George A. Lavin

Social security number of person
with self-employment income

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

- 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 AQ

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

- 3** Combine lines 1a, 1b, and 2

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

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

- 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

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

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

- 6** Add lines 4c and 5b

- 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 2025

- 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 \$176,100 or more, skip lines 8b through 10, and go to line 11

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

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

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

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

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

- 11** Multiply line 6 by 2.9% (0.029)

- 12 Self-employment tax.** Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3

- 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

1a	
1b	
2	136,851
3	136,851
4a	126,382
4b	
4c	126,382
5a	
5b	0
6	126,382
7	176,100
8a	
8b	
8c	
8d	
9	176,100
10	15,671
11	3,665
12	19,336
13	9,668

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

Schedule SE (Form 1040) 2025

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 \$10,860, or (b) your net farm profits² were less than \$7,840.

14 Maximum income for optional methods	14	7,240
15 Enter the smaller of two-thirds ($\frac{2}{3}$) of gross farm income ¹ (not less than zero) or \$7,240. 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 \$7,840 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 ($\frac{2}{3}$) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

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

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

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount 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.

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Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.**2025**Attachment
Sequence No. **52**

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

Sergio F Mascaro
George A LavinSocial security number of HSA beneficiary.
If both spouses have HSAs, see instructions.**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

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

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

14a	Total distributions you received in 2025 from all HSAs (see instructions):	14a	1,786
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions:	14b	
c	Subtract line 14b from line 14a:	14c	1,786
15	Qualified medical expenses paid using HSA distributions (see instructions):	15	1,786
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f:	16	0
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here: ☐		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c:	17b	

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

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

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

Form **8889** (2025)

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0074

2025Department 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

George A Lavin & Sergio F Mascaro

Your taxpayer identification number

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$197,300 (\$394,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	eDiscovery Consultant		120,319
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	120,319	
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-	120,319	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		24,064
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-	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		24,064
11	Taxable income before qualified business income deduction (see instructions)	190,668	
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-	190,668	
14	Income limitation. Multiply line 13 by 20% (0.20)		38,134
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)		24,064
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		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** (2025)

Self-Employed Health Insurance Deduction

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form7206 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. 206

Name(s) shown on return

George A Lavin

Your taxpayer identification number

Note: Use a separate Form 7206 for each trade or business under which an insurance plan is established.

1 Enter the total amount paid in 2025 for health insurance coverage established under your business (or the S corporation in which you were a more-than-2% shareholder) for 2025 for you, your spouse, and your dependents. But don't include the following. See instructions. • Amounts for any month you were eligible to participate in a health plan subsidized by your employer or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2025. • Any amounts paid, not to exceed \$3,000, from retirement plan distributions that were nontaxable because you are a retired public safety officer. See instructions. • Any payments for qualified long-term care insurance (see line 2).	1 6,864
2 For coverage under a qualified long-term care insurance contract, enter for each person covered the smaller of (a) or (b). (a) Total payments made for that person during the year. (b) The amount shown below. Use the person's age at the end of the tax year. \$480 — if that person is age 40 or younger \$900 — if age 41 to 50 \$1800 — if age 51 to 60 \$4810 — if age 61 to 70 \$6020 — if age 71 or older Note: The amount of long-term care premiums that can be included as a medical expense is limited by the person's age. Don't include payments for any month you were eligible to participate in a long-term care insurance plan subsidized by your employer or your spouse's employer, or the employer of either your dependent or your child who was under the age of 27 at the end of 2025. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts.	
3 Add lines 1 and 2	3 6,864
4 Enter your net profit* and any other earned income** from the trade or business under which the insurance plan is established. Don't include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S corporation, skip to line 11	4 136,851
5 Enter the total of all net profits* from Schedule C (Form 1040), line 31; Schedule F (Form 1040), line 34; or Schedule K-1 (Form 1065), box 14, code A, plus any other income allocable to the profitable businesses. Don't include Conservation Reserve Program payments exempt from self-employment tax. See the instructions for Schedule SE (Form 1040). Don't include any net losses shown on these schedules	5 136,851
6 Divide line 4 by line 5	6 1.0000
7 Multiply Schedule 1 (Form 1040), line 15, deductible part of self-employment tax, by the percentage on line 6	7 9,668
8 Subtract line 7 from line 4	8 127,183
9 Enter the amount, if any, from Schedule 1 (Form 1040), line 16, self-employed SEP, SIMPLE, and qualified plans, attributable to the same trade or business in which the insurance plan is established	9
10 Subtract line 9 from line 8	10 127,183
11 Enter your Medicare wages (box 5 of Form W-2) from an S corporation in which you are a more-than-2% shareholder and in which the insurance plan is established	11
12 Enter any amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above	12
13 Subtract line 12 from line 10 or 11, whichever applies	13 127,183
14 Self-employed health insurance deduction. Enter the smaller of line 3 or line 13 here and on Schedule 1 (Form 1040), line 17. Don't include this amount when figuring any medical expense deduction on Schedule A (Form 1040)	14 6,864

* If you used either optional method to figure your net earnings from self-employment from any business, don't enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE (Form 1040), Part I, line 4b.

**Earned income includes net earnings and gains from the sale, transfer, or licensing of property you created. However, it doesn't include capital gain income.

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

Form 7206 (2025)

Filing Status: ☐ 1 Single ☒ 2 Married filing jointly ☐ 3 Married filing separately ☐ 4 Head of household ☐ 5 Qualifying widow(er)*

MFS spouse name:

*Qualifying person that is a child but not a dependent:

Taxpayer first name and initial: **George A** Last name: **Lavin** Taxpayer social security number:If a joint return, spouse's first name and initial: **Sergio F** Last name: **Mascaro** Spouse's social security number:

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

5820 SW 11th Street

Apt. no.:

Presidential Election Campaign

Taxpayer ☐ Spouse ☐

City, town or post office, state, and ZIP code.

West Miami**FL 33144**

Foreign country name:

Foreign province/state/county:

Foreign postal code:

At anytime during 2025, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes ☒ No ☐6a ☒ Taxpayer. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

Boxes checked on 6a and 6b

2

Children on 6c who lived with you

Children on 6c who did not live with you

Dependents on 6c not entered above

Total. Add lines above

2

6c Dependents:

(1) First name

Last name

(2) Social security number

(3) Relationship to you

(4) ☒ if qualifies for

Child tax credit

Other dependents

If more than four

dependents,

✓ here ☐Income
(Schedule 1)

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	90,476
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	136,851
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
		b Taxable amount	
16a	Pensions and annuities	16a	15,274
		b Taxable amount	11,373
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
		b Taxable amount	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	238,700

Adjusted
GrossIncome
(Schedule 1)

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	9,668
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	6,864
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
	b Recipient's SSN		
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Reserved for future use	34	
35	Reserved for future use	35	
36	Add lines 23 through 35	36	16,532
37	Subtract line 36 from line 22. This is your adjusted gross income	37	222,168

Name **George A Lavin & Sergio F Mascaro**

Tp TIN

38	Amount from line 37 (adjusted gross income)	38	222,168
Tax and Credits (Schedules 2, 3)	39a Check ☐ You were born before January 2, 1961, ☐ Blind. ☐ Spouse was born before January 2, 1961, ☐ Blind. ☐ Total boxes checked 39a		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$15,750 Married filing jointly or Qualifying widow(er), \$31,500 Head of household, \$23,625	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b ☐		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	31,500
41	Subtract line 40 and 40b from line 38	41	190,668
42	Qualified business income deduction (see instructions) Sch 1-A	42	24,064
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	166,604
44	Tax (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	26,481
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Additions to tax (Excess advance premium tax credit repayment and clean vehicle repayment)	46	
47	Add lines 44, 45, and 46	47	26,481
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit/credit for other dependents	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	26,481
Other Taxes (Schedule 2)	57 Self-employment tax. Attach Schedule SE	57	19,336
	58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required ☒	59	1,124
	60a Household employment taxes from Schedule H	60a	
	b Reserved for future use	60b	
	61 Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	61	
	62 Section 965 net tax liability installment from Form 965-A	62	
	63 Add lines 56 through 61. This is your total tax	63	46,941
	64 Federal income tax withheld from:		
	a Form(s) W-2	64a	11,519
	b Form(s) 1099	64b	3,980
	c Other forms	64c	
	65 2025 estimated tax payments and amount applied from 2024 return	65	26,024
Payments (Schedule 3)	66 Earned income credit (EIC)	66	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Recovery rebate credit	69	
	70 Net premium tax credit. Attach Form 8962	70	
	71 Amount paid with request for extension to file	71	
	72 Excess social security and tier 1 RRTA tax withheld	72	
	73 Credit for federal tax on fuels. Attach Form 4136	73	
	74 Other payments and refundable credits	74	
	75 Total pymts. Add lines 64 - 74.	75	41,523
Refund	76 If line 75 is more than line 63; subtract line 63 from line 75. This is the amount you overpaid	76	
	77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here ☐	77a	
	b Routing number c Type: ☐ Checking ☐ Savings		
	d Account number		
	78 Amount of line 76 you want applied to your 2026 estimated tax	78	
Amount You Owe	79 Amount you owe. Subtract line 75 from line 63. For details on how to pay, see instructions	79	5,489
	80 Estimated tax penalty (see instructions)	80	

Int/Pen	Date filed	Int	Fail to file	Fail to pay	Total
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☐ No Personal identification no. (PIN)				
	Designee's Name Phone no.				
Other Info	Taxpayer Daytime phone number Taxpayer: Occupation Director of eDiscovery IRS Identity Protection PIN				
	Spouse: Occupation Account Executive IRS Identity Protection PIN				
	☐ Taxpayer ☐ Spouse Email address				

Name

George A Lavin & Sergio F Mascaro

Taxpayer Identification Number

Principle business or profession

eDiscovery Consultant

Form/Schedule

C

Unit

1

1. Schedule C, line 31, Net profit or (loss)

1. 136,851

Additions for qualified business income:

2. Form 4797, Ordinary income

2.

Prior suspended losses utilized this year

3. Passive suspended losses

3.

4. At-Risk suspended losses

4.

5. Section 179 carryover

5.

6. Total additions to net profit or (loss). Add lines 2 through 5.

6.

Subtractions for qualified business income

7. Form 4797, Ordinary loss (includes share of Net section 1231 losses)

7.

8. Deductible portion of self-employment taxes

8. 9,668

9. Self-employed SEP, SIMPLE, and qualified plans

9.

10. Self-employed health insurance deduction

10. 6,864

11. Tip income excluded from net profit under Section 224

11.

12. Reserved

12.

13. Total subtraction to net profit or (loss). Add lines 7 through 12.

13. 16,532

14. Qualified business income for this activity. Line 1 plus line 6 less line 13.

14. 120,319

Beginning of Year

End of Year

Carryovers:

Pre-2018

After 2017

Allowed loss

Pre-2018

After 2017

QBI Portion of

Passive activity:

(A)

(B)

(C)

(D)

(E)

Allowed Losses

Operating

Form 4797, Part II

Section 1231 loss

At-Risk:

Operating

Form 4797, Part II

Section 1231 loss

Section 179

Section 179 - COGS

Other:

Section 179

Section 179 - COGS

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward

Name

Taxpayer Identification Number

George A Lavin & Sergio F Mascaro

Taxpayer

Spouse

Farm profit or (loss)

Schedule F

Farm Partnerships - Schedule K-1, box 14, code A

Auto expense from farm partnerships

Amortization from farm partnerships

Depreciation & Section 179 from farm partnerships

Depletion from farm partnerships

Intangible drilling costs from farm partnerships

Other expenses from farm partnerships

Home office expenses from farm partnerships

Unreimbursed partnership expenses from farm partnerships

Debt financed acquisition interest from farm partnerships

Farm adjustment to SE income

Net farm profit or (loss) - Schedule SE line 1a**0****0****Conservation Reserve Program payments to social security/disability benefit recipients included on Sch F, In 4b or listed on Sch K-1 (Form 1065), box 20, code AH- Sch SE line 1b****0****0****Nonfarm profit or (loss)**

Schedule C (excluding minister Schedule C income reported below)

Nonfarm partnerships - Schedule K-1, box 14, code A

Auto expense from nonfarm partnerships

Amortization from nonfarm partnerships

Depreciation & section 179 from nonfarm partnerships

Depletion from nonfarm partnerships

Intangible drilling costs from nonfarm partnerships

Other expenses from nonfarm partnerships

Home office expenses from nonfarm partnerships

Unreimbursed partnership expenses from nonfarm partnerships

Debt financed acquisition interest from nonfarm partnerships

Nonfarm adjustment to SE income

Self-employment income reported as other income

Self-employment income from contracts and straddles

Minister/clergy self-employment income (from Clergy Worksheet Page 3, line 7)

Net nonfarm profit or (loss) - Schedule SE line 2**136,851****0****Other income items subject to and/or exempt from self-employment tax**

Fees received for services performed as a notary public

Earnings while debtor in a chapter 11 bankruptcy case

Taxable community property income/loss

Exempt community property income/loss

Net adjustment included on Schedule SE, line 3**0****0****Net profit (loss) from self-employment activities - Schedule SE line 3****136,851****0****Church employee income - Schedule SE, Page 1 line 5a**

Federal Statements**Form 1040, Line 26 - Estimated Tax Payments and Amount Applied From Previous Year**

<u>Description</u>	<u>Amount</u>
1st quarter estimate payment	\$ 6,506
2nd quarter estimate payment	6,506
3rd quarter estimate payment	6,506
4th quarter estimate payment	6,506
Total	<u>\$ 26,024</u>

Federal Statements**eDiscovery Consultant****Schedule C, Line 1 - Gross Receipts or Sales**

<u>Description</u>	<u>Amount</u>
Lawgical Insight, LLC	\$ <u>187,777</u>
Total	\$ <u><u>187,777</u></u>

eDiscovery Consultant**Schedule C, Line 16b - Other Interest**

<u>Description</u>	<u>Amount</u>
	\$ <u>1,738</u>
Total	\$ <u><u>1,738</u></u>

eDiscovery Consultant**Schedule C, Line 23 - Taxes and Licenses**

<u>Description</u>	<u>Amount</u>
Licenses, Taxes, & Permits	\$ <u>125</u>
Total	\$ <u><u>125</u></u>

Federal Statements**The Elevance Health Companies, Inc.****Form W-2, Box 12**

<u>Description</u>	<u>Amount</u>
Section 401(k) contributions	\$ 6,339
Employer (and employee sect. 125) contributions to HSA	8,550
Cost of employer-sponsored health coverage	24,248
Total	\$ <u>39,137</u>

Taxpayer Identification Number

George A Lavin & Sergio F Mascaro

[illegible]

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A				48		
B				3,932		
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
O						
Taxpayer				3,980		
Spouse						
Total				3,980		

Name

Taxpayer Identification Number

George A Lavin & Sergio F Mascaro

TS	Employer	Federal Wages	Federal Withheld	% Federal W/H to Wages	Soc Sec Wages	Soc Sec Withheld
A S	The Elevance Health Companies, Inc.	90,476	11,519	12.730	96,815	6,003
B						
C						
D						
E						
F						
G						
H						
	Taxpayer					
	Spouse	90,476	11,519		96,815	6,003
	Totals	90,476	11,519		96,815	6,003

	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Qualified Tips	Qualified Overtime	Other, Box 14
A	96,815	1,404						
B								
C								
D								
E								
F								
G								
H								
Taxpayer								
Spouse	96,815	1,404						
Totals	96,815	1,404						

	State	State Wages	State Withheld	% State W/H to Wages	Name of Locality	Local Wages	Local Withheld
A							
B							
C							
D							
E							
F							
G							
H							
Taxpayer							
Spouse							
Totals							

Name

George A Lavin & Sergio F Mascaro

Taxpayer Identification Number

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income; the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **Married filing jointly**Tax Pct Total Tax (ln 27) divided Total Taxable Income (ln 19) **16.0 %**Tax Method **Tax rate schedule**

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:

Tax using capital gains rates

Tax using Ordinary rates

Tax savings

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	166,604	22.0 %	26,481	\$96,950 - \$206,700	40,096
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates

	(a) Taxable Income	(b) Tax*
1. 10% rate Maximum taxable income per this bracket: \$23,850	1a. 23,850	1b. 2,388
2. 12% rate Maximum taxable income per this bracket: \$73,100	2a. 73,100	2b. 8,775
3. 22% rate Maximum taxable income per this bracket: \$109,750	3a. 69,654	3b. 15,318
4. 24% rate	4a.	4b.
5. 32% rate	5a.	5b.
6. 35% rate	6a.	6b.
7. 37% rate	7a.	7b.
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7	8a. 166,604	8b. 26,481

Income taxed at capital gains rates

9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate	10a.	10b.
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate Unrecaptured Section 1250 Gain	12a.	12b.
13. 28% capital gains rate Small business stock, collectibles	13a.	13b.
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13	14a.	14b.

Total taxable income

15. Total ordinary taxable income. Enter the amount from line 8a.	15. 166,604
16. Total capital gains taxable income. Enter the amount from line 14a.	16.
17. Add lines 15 and 16.	17. 166,604
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.
19. Taxable income reported on 1040/1040SR, line 15, (1040NR, line 15). Subtract line 18 from line 17.	19. 166,604

Total tax

20. Total ordinary tax. Enter the amount from line 8b.	20. 26,481
21. Total capital gains tax. Enter the amount from line 14b.	21.
22. Tax on child's interest and dividend.	22.
23. Tax on lump-sum distribution.	23.
24. Other taxes.	24.
25. Add lines 20 through 24.	25. 26,481
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.
27. Total tax reported on 1040/1040SR, line 16, (1040NR, line 16). Subtract line 26 from line 25.	27. 26,481