

Señor:
Juez Segundo Promiscuo Municipal
Quimbaya Quindío
E.S.D.....

Referencia: Contestación Demanda Demandante: Carlos Ignacio Madrid Madrid Demandado: Diana Lucia Espinosa Madrid- Johana Espinosa Madrid Proceso: Verbal Radicado Número: 63-594-4089-002-2022-00184-00

Ali Sánchez Jiménez, identificado con la cédula de ciudadanía número 1.094.948.211 de Armenia y portador de la tarjeta profesional número 311.179 del C.S.J. Actuando como apoderado de las señoras Diana Lucia Espinosa Madrid y Johanna Espinosa Madrid, según poder conferido a mi favor, a través de la presente me permito contestar la demanda en los siguientes términos:

FRENTE A LOS HECHOS RELACIONADOS CON LA PRETENSIÓN PRINCIPAL DE NULIDAD DE CONTRATOS DE COMPRAVENTA:

PRIMERO: Es cierto, la señora MARIA TERESA MADRID DE MADRID (QEPD), a través de la escritura pública número 540 del 22 de abril de 2021, otorgada en la Notaría Única de Quimbaya, vendió el 50% de la nuda propiedad sobre el bien inmueble identificado con la matricula inmobiliaria número 280-11121, ubicado en la calle 21 número 5-30 de Quimbaya, es de anotar, que como quedó plasmado en el instrumento público antes referenciado, la vendedora se reservó el derecho de usufructo vitalicio sobre esta propiedad, acuerdo que logró con las compradoras al momento de realizar el negocio y que influyó sobre el precio final de la compraventa.

Frente a este hecho se observa que se hace alusión a un negocio legal y permitido por la normativa vigente, en el cual existe tal como lo ordena la ley, pues se puede determinar claramente el objeto y precio, contando con los requisitos legales conforme lo señalado en el artículo 1857 del Código Civil, el cual indica textualmente “CAPITULO II -Forma y requisitos del contrato de venta. PRESUPUESTOS ESENCIALES Y SOLEMNIDAD LEGAL- **ART. 1857.-** La compraventa es un contrato en que una de las partes se obliga a dar una cosa y la otra a pagarla en dinero. Aquélla se dice vender y ésta comprar. El dinero que el comprador da por la cosa vendida se llama precio.

De la misma manera podemos encontrar que la venta fue realizada por medio de escritura pública, situación que da solemnidad y perfecciona el contrato de compraventa cuando de bienes raíces se trata.

Ahora bien, en lo que respecta al derecho de usufructo tenemos que el mismo se llevó a cabo cumpliendo lo establecido en los artículos 823 y siguientes del Código Civil: “**CONCEPTO DE USUFRUCTO.** El derecho de usufructo es un derecho real

que consiste en la facultad de gozar de una cosa con cargo de conservar su forma y sustancia, y de restituir a su dueño, si la cosa no es fungible; o con cargo de volver igual cantidad y calidad del mismo género, o de pagar su valor si la cosa es fungible”.

Usufructo que como se estableció en el negocio de compraventa se pactó por las partes mientras la vendedora viviera.

SEGUNDO: Es cierto, la señora MARIA TERESA MADRID DE MADRID (QEPD), a través de la escritura pública número 1191 del 06 de septiembre de 2022, otorgada en la Notaría Única de Quimbaya, vendió el 50% de la nuda propiedad sobre el bien inmueble identificado con la matrícula inmobiliaria número 280-22949, denominado “el recuerdo” ubicado en la vereda de Quimbaya, es de anotar, que como quedó plasmado en el instrumento público antes referenciado, la vendedora se reservó el derecho de usufructo vitalicio sobre esta propiedad, acuerdo que logró con las compradoras al momento de realizar el negocio y que influyó sobre el precio final de la compraventa.

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Usufructo que como se estableció en el negocio de compraventa se pactó por las partes mientras la vendedora viviera.

TERCERO: Es totalmente falso, frente a e la manifestación hecha por el demandante carece de total credibilidad, teniendo en cuenta que si bien la escritura fuera firmada en favor de las demandadas, la misma fue autorizada por estas,

configurando así el perfeccionamiento del negocio jurídico, el cual se encuentra amparado de completa legalidad tal y como lo corrobora el señor notario con el otorgamiento de la escritura pública, ahora bien, las manifestaciones acerca de las supuestas limitaciones visuales del estipulante, carecen de acervo probatorio alguno, pues no se acerca a la causa prueba que demuestre las afirmaciones hechas por la contraparte, lo único que se pretende por parte de este es generar confusión frente a los hechos.

Además, con estas acusaciones pone en tela de juicio la capacidad legal del abogado ALBEIRO LOPEZ TABARES, cuando dicha capacidad no es objeto del litigio y se trató de una actuación legal.

Es de suma importancia poner de presente que la manifestación hecha por la parte demandante no solo atenta contra la buena fe e integridad del abogado Albeiro López Tabares, sino en contra del notario el cual conforme al artículo 35 del Decreto 960 de 1970 el cual establece: “ **ARTICULO 35. <LECTURA DE LA ESCRITURA PÚBLICA>**. Extendida la escritura será leída en su totalidad por el Notario, o por los otorgantes, o por la persona designada por estos, quienes podrán aclarar, modificar o corregir lo que les pareciere y al estar conformes, expresarán su asentamiento. De lo ocurrido se dejará testimonio escrito en el propio instrumento y la firma de los otorgantes demuestra su aprobación”.

En el negocio motivo de la presente actuación judicial quedo demostrado que el funcionario competente quien actuó en representación de la notaría pública de Quimbaya realizó la lectura y aprobación de las escrituras públicas por medio de las cuales se realizaron los negocios que hoy nos ocupan, sin que en alguno de los instrumentos se haya dejado salvedad de la presunta falta de visión del estipulante.

CUARTO: No es cierto, frente a este hecho vale la pena señalar que se puede determinar claramente que son afirmaciones personales del apoderado y dubitaciones particulares, ya que pone en entredicho las actuaciones del Notario que desarrolla las actividades propias de su cargo y dentro de los parámetros legales permitidos, dichas manifestaciones rayan la actuación del apoderado dentro del ámbito incluso penal, ya que ataca las actuaciones del titular de la Notaria y conforme lo que se tiene y la documentación presentada incluso dentro de la propia demanda, demuestran que contrario a las manifestaciones maliciosas del demandante, se trato de un negocio netamente jurídico y conforme las normas aplicables a este tipo de contratos de compra venta.

Demostrando claramente que el procedimiento realizado está plenamente avalado por la normativa aplicable tan como se señaló anteriormente, ahora bien, en cuanto a sus demás manifestaciones, las mismas carecen de elementos materiales probatorios que determinen su veracidad, además de señalar que no son objeto, ni determinan situaciones anormales al procedimiento realizado para la creación de la Escritura de Venta de los inmuebles objeto de la presente litis.

A lo largo del escrito de demanda el apoderado de la parte demandante ha desencadenado una serie de acusaciones falsas en contra de las compradoras, en particular señalando que el abogado que actúo y compró a favor de estas las propiedades que hoy son objeto de litigio, lo tilda y califica de tener un grave problema de visión, sin aportar prueba siquiera sumaria que respaldara su tesis, sin tener en cuenta que dicha limitante no obsta para el ejercicio profesional de dicho apoderado y no existe norma que así lo determine o pierda capacidad para actuar ante la ley. Ahora en este hecho se dedica a atacar la actuación igualmente del notario, la cual no fue otra de la que la misma ley ordena, toda vez que, su actuación fue apegada directamente a lo que estipula esta frente a este tipo de compraventas de bienes inmuebles.

QUINTO: No me consta, es una aseveración del demandante; sin embargo es importante anotar que, de existir anomalía alguna en cuanto a las escrituras y sus piezas, este debió ser subsanado mediante escritura pública por parte de la notaría de conocimiento, así mismo podemos señalar que a la fecha de inscripción ante la oficina de registro e instrumentos públicos no se encontró vicio o falencia alguna del negocio jurídico que lo pudiera afectar, puesto que fueron realizados los respectivos registros de las compraventas y los usufructos vitalicios a favor de la vendedora, demostrando la legalidad de dicho acto conforme la ley vigente, es por tal razón podemos asegurar que al realizar el estudio detallado de los certificados de tradición de matrícula inmobiliaria Número 280-11121 la anotación número 05 del 14 de mayo de 2021 registró la compraventa hecha por la señora María Teresa de Madrid a favor de las señoras Diana Lucia Espinosa Madrid y Johana Espinosa Madrid, lo mismo ocurrió con el registro del usufructo vitalicio a favor de la vendedora en la anotación número 06 de este mismo documento, cumpliendo cabalmente con lo ordenado por la normativa vigente tal como se ha venido refiriendo en la presente contestación.

Ahora bien, del estudio del certificado de tradición de matrícula inmobiliaria Número 280-22949 la anotación número 11 del 4 de octubre de 2021 registró la compraventa hecha por la señora María Teresa de Madrid a favor de las señoras Diana Lucia Espinosa Madrid y Johana Espinosa Madrid, lo mismo ocurrió con el registro del usufructo vitalicio a favor de la vendedora en la anotación número 12 de este mismo documento, validando lo señalado por este apoderado frente a la legalidad de la actuación notarial frente a la compraventa de los inmuebles acá referidos.

Con esto que se pretende probar, que a lo largo de la presentación de la demanda, la parte demandante se ha dedicado a tergiversar situaciones con la firme intención de generar confusión, sin aportar las pruebas suficientes que logren soportar las afirmaciones hechas por este.,

SEXTO: Es cierto, a la fecha no se ha iniciado proceso sucesorio de la causante señora MARIA TERESA MADRID DE MADRID.

1. 2. HECHOS RELACIONADOS CON LA PRETENSIÓN SUBSIDIARIA DE SIMULACIÓN ABSOLUTA DE CONTRATOS DE COMPRAVENTA

PRIMERO: Es cierto, la señora MARIA TERESA MADRID DE MADRID (QEPD), a través de la escritura pública número 540 del 22 de abril de 2021, otorgada en la Notaría Única de Quimbaya, vendió el 50% de la nuda propiedad sobre el bien inmueble identificado con la matricula inmobiliaria número 280-11121, ubicado en la calle 21 número 5-30 de Quimbaya, es de anotar, que como quedó plasmado en el instrumento público antes referenciado, la vendedora se reservó el derecho de usufructo vitalicio sobre esta propiedad, acuerdo que logró con las compradoras al momento de realizar el negocio y que influyó sobre el precio final de la compraventa.

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De la misma manera podemos encontrar que la venta fue realizada por medio de escritura pública, situación que da solemnidad y perfecciona el contrato de compraventa cuando de bienes raíces se trata.

Ahora bien, en lo que respecta al derecho de usufructo tenemos que el mismo se llevó a cabo cumpliendo lo establecido en los artículos 823 y siguientes del Código Civil: “**CONCEPTO DE USUFRUCTO.** El derecho de usufructo es un derecho real que consiste en la facultad de gozar de una cosa con cargo de conservar su forma y sustancia, y de restituir a su dueño, si la cosa no es fungible; o con cargo de volver igual cantidad y calidad del mismo género, o de pagar su valor si la cosa es fungible”.

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Usufructo que como se estableció en el negocio de compraventa se pactó por las partes mientras la vendedora viviera.

TERCERO: Es cierto, la cláusula tercera de la escritura pública número 540 del 22 de abril de 2021, establece: “Valor: que hace la venta con todas sus anexidades, servidumbres y demás dependencias, sin reserva alguna, por la cantidad de Veinticuatro Millones de Pesos (\$24.000.000), moneda legal colombiana, **QUE DECLARAN TENER RECIBIDOS EN DINERO DE CONTADO A ENTERA SATISFACCIÓN**”... y de la escritura pública número 1191 del 06 de septiembre de 2021 la cual en su cláusula tercera estipula: “Valor: que hace la venta con todas sus anexidades, servidumbres y demás dependencias, sin reserva alguna, por la cantidad de Cuarenta Millones de Pesos (\$40.000.000), moneda legal colombiana, **QUE DECLARAN TENER RECIBIDOS EN DINERO DE CONTADO A ENTERA SATISFACCIÓN**”... (Mayúsculas y negrillas agregados por la parte).

CUARTO: Es cierto.

QUINTO: No es Cierto, resulta irrisorio el argumento del abogado de la parte demandante al manifestar que al no encontrarse las compradoras en el país la vendedora no haya recibido el pago de la compraventa, cuando como es bien sabido para todos las involucradas en el negocio eran familiares cercanas, y este negocio se llevaba concretando desde el año 2015, y en los cuales estos pagaron de manera periódica según aceptación de la señora MARIA TERESA MADRID DE MADRID (QEPD), pagos parciales que se hicieron de la siguiente forma: primera cuota en

el mes de DICIEMBRE DE 2016, pago hecho por la señora DIANA LUCIA ESPINOSA MADRID por valor de \$24.000.000 MCTE el cual fue hecho de manera personal y en efectivo en la vivienda de la vendedora en una de las visitas que la Señora Espinosa Madrid realizó a Colombia por motivo de la enfermedad y posterior fallecimiento de su señora madre ALBA LUCIA MADRID MADRID, lo cual dio inicio al negocio jurídico con fundamento en dicho fallecimiento, ya que su señora abuela doña MARIA TERESA MADRID MADRID por la cercanía y relación tan estrecha manifestó su intención de proteger a sus nietas ante dicho acontecimiento, se deja claridad que en ese momento la señora DIANA LUCIA ESPINOSA MADRID actuó en representación de su hermana entregando la suma antes indicada, la segunda cuota se pagó por parte de JOHANNA ESPINOSA MADRID en el mes DE FEBRERO DE 2017 en la vivienda de la vendedora en efectivo por valor de \$20.000.000 MCTE, y tercera y última cuota en el mes de MARZO DE 2022, pago realizado en compañía por las señoras DIANA LUCIA ESPINOSA MADRID y JOHANNA ESPINOSA MADRID por valor de \$20.000.000 MCTE en efectivo y de manera personal a la vendedora, cumpliéndose así el total de la venta que las partes habían pactado por el 50% de los bienes inmuebles objeto de litigio. Resaltando el hecho que mis poderdantes mantenían una relación estrecha con la causante y enviaban dineros para ayudarla en sus tratamientos médicos y gastos personales, dineros que eran depositados a una cuenta bancaria del banco Davivienda (a nombre de la señora Johanna Espinosa Madrid) la cual es manejada en Colombia por su prima señora Patricia Ocampo Madrid, siendo la señora patricia quien retiraba dichos dineros y se los llevaba a la señora Maria Teresa para que con estos pagara sus gastos personales ya que la causante vivía SOLA y debía valerse de vecinos, familiares y amigos para suplir sus necesidades básicas. Recalcando el hecho que a las citas médicas era acompañada casi siempre por la señora JANETH OSPINA MEJIA.

Volviendo a la compra venta de los inmuebles objeto de la presente actuación judicial, se debe recalcar que se trató de una transacción comercial entre familiares y primaba la confianza y era la intención de la señora MARIA TERESA MADRID MADRID Q.E.P.D. facilitar dicha transacción en favor de sus nietas, negocio comercial que surge ante el fallecimiento de la madre de las aca demandadas ALBA LUCIA MADRID MADRID, por otro lado la forma de pago fue cumplida y en razón a la verdad se desconoce el destino y uso que le diera en vida la mencionada vendedora; máxime teniendo en cuenta que la causante conforme lo investigado por este apoderado judicial, era una persona totalmente capaz, a tal punto que según manifestaciones de testigos, incluso tenía como costumbre el guardar el dinero en diferentes partes de su residencia y tenía muy en cuenta cantidades y destino de dicho dinero. resaltando el hecho que por entratarse de una persona capaz ante la ley y con derechos sobre sus bienes y acreencias, destacando que la misma contaba con todos sus sentidos y en ninguna parte se observa que tuviera incapacidad mental o discapacidad para realizar los actos jurídicos, administrativos y comerciales de sus bienes y acreencias. A tal punto que no se observa dentro del

expediente documento alguno, ni fallo judicial que demostrare que la señora MARIA TERESA MADRID MADRID tuviera la calidad de incapaz absoluto o relativo, ni que le hubieran restringido sus derechos ante la ley.

SEXTO: No es cierto, como se manifestó el dinero fue entregado en efectivo por la señora Diana Lucia Espinosa Madrid, por cuotas como se pactó con la vendedora, se desconoce la destinación que esta última tuvo con el dinero de esa venta, igualmente, se observa que se trata de manifestaciones personales y subjetivas, puesto que simplemente se hacen bajo la perspectiva del apoderado acerca de negocios comerciales, ya que el pago tal como se indicó con anterioridad fuera acordado entre las partes y fuera cancelado en efectivo, el cual fue entregado por una de las partes acá demandada la cual como era bien sabido lo traía en efectivo toda vez que la norma permite hasta 10.000 dólares en efectivo, y este dinero es fruto del trabajo realizado por las hermanas Espinosa Madrid en el exterior, concretamente en los Estados Unidos de Norteamérica.

SÉPTIMO: Es parcialmente cierto, desconoce el apoderado la legalidad y lo que significa un poder, puesto que el hecho que nazca un poder, no significa ni mucho menos que quien lo otorga haya perdido capacidad de manejo de sus negocios y tampoco que sea sinónimo de interdicción, ya que se trata de una situación jurídica que puede ser para una o varias actuaciones o negocios jurídicos, puede ser temporal de acuerdo a la necesidad de cada persona, o incluso existen poderes totales para representación general conforme la necesidad de quien lo otorga, lo cual está contemplado en nuestra normativa legal , así las cosas, no se entiende por qué la manifestación de requerimiento supuestamente legal de la presencia del apoderado al momento de realizar un tipo de actuación o compra venta como la referida en este proceso, cuando se reitera que en ningún momento la señora MARIA TERESA MADRID MADRID Q.E.P.D. perdió capacidad legal ante la ley por el hecho de otorgarle poder a su hijo, incluso siguiendo la misma lógica del apoderado, tiene tanta legalidad el poder otorgado por la señora MADRID MADRID al demandante, así como la compraventa hecha por la misma con sus nietas de la cuota parte, incluso a tal punto que demuestra su capacidad mental, personal y legal al revocarle en **SIETE DIAS (7) al DEMANDANTE (OTORGADO EL 14 DE DICIEMBRE DE 2020 Y REVOCADO EL 21 DE DICIEMBRE DE 2020)** señor CARLOS . pues contrario a lo señalado por el mismo demuestra incluso situaciones dubitativas por parte de la otorgante toda vez que la revocatoria del mismo se realizo en muy corto tiempo, lo que deja demasiados vacíos acerca de la real confianza de la otorgante en ese momento. Por otro lado resulta extraño el analizar el hecho que al momento de otorgar el mencionado poder al demandante CARLOS MADRID, este hubiera sido instituido sin la necesidad de apoderado judicial y que al momento de solicitar la revocatoria la poderdante debió acudir a un apoderado para tal fin, dejando en duda de igual manera la real confianza que depositaba en su hijo.

Ahora bien de la lectura del poder del que hace referencia el demandante se puede concluir que no existe clausula alguna que limitara la capacidad de la Señora María Teresa para realizar negocios con sus bienes.

OCTAVO: Es cierto, se trata de manifestaciones personales, subjetivas y amañadas del demandante, puesto que es lógico que frente a un poder para actuar el apoderado pueda realizar con los bienes arrendamiento de los mismos, lo que nos lleva a pensar que lo poco que duró la ejecución del poder otorgado fue para la realización del contrato de arrendamiento que es mencionado en este hecho, además de tener en cuenta que refiere el demandante unos supuestos arrendamientos, más analizando la documentación presentada por el propio demandante se observa que la fecha de suscripción del contrato de arrendamiento de la finca EL RECUERDO entre el señor CARLOS IGNACIO MADRID y el señor HERNANDO MORA tiene como fecha de iniciación el día **PRIMERO DE ENERO DEL AÑO 2021, Con FIRMAS de fecha ENERO 13 DE 2021 y reconocimiento de firmas ante notario de fecha JULIO 23 DE 2021, dejando claro que dicha actuación se realizó cuando el demandante carecía del plurimencionado PODER, con lo cual se demuestra que el demandante actuó como representante contratista tercero no autorizado.** Por otro lado se reitera que el hecho de otorgar un poder no significa que con ello, la señora MARIA TERESA MADRID MADRID Q.E.P.D. perdiera capacidad de manejo de sus derechos y mucho menos sea sinónimo de incapaz absoluta o relativa que contempla nuestra normativa.

Así mismo, el negocio jurídico que hoy se debate fue objeto de usufructo vitalicio a favor de la parte vendedora, lo que significa que esta podía gozar y arrendar los bienes inmuebles mientras viviera, demostrando la intención de beneficiar a sus nietas y percibir el usufructo de sus bienes. Quedando claro que al usufructuar estos continuaba recibiendo gananciales de los mismos y por ello ante la familiaridad y afinidad el negocio jurídico no obligo la entrega material de los bienes.

NOVENO: No es cierto, se observa que se trata de manifestaciones particulares y personales del apoderado, pero que si a bien se deba analizar, el negocio comercial, se perfeccionó con el solo hecho de fijar la cosa, el precio y por ultimo elevarlo a escritura pública. Por el hecho que las compradoras no hubiesen recibido real y materialmente al momento de firma de la compraventa no significa que estas no recibieran o que estas no conocieran el inmueble objeto de venta, para dicho efecto precisamente y conforme la normativa vigente se contrato los servicios profesionales de derecho del abogado ALBEIRO LOPEZ TABARES y dentro de los parámetros del mandato profesional estaban el recibo de los inmuebles con las características de los mismos, teniendo en cuenta que la venta se hizo sobre cuotas partes no sobre la totalidad de ellos. Además de resaltar el hecho que tal como lo refiere el propio demandante, los mismos se encontraban en arrendamiento a terceros y la posesión era ostentada por ellos, de tal manera que la venta se hizo específicamente sobre la NUDA PROPIEDAD, situación que no se torna ilegal por

la mera manifestación de la parte demandante, por tratarse de un negocio entre familiares existe una confianza muy grande, además como se manifestó la vendedora se reservó el derecho de usufructo mientras viviera hecho que las compradoras respetaron hasta que la señora María Teresa lastimosamente falleció.

DÉCIMO: No es cierto, es menester el recordar que las ventas de inmuebles en Colombia se encuentran regidas por la norma, en particular lo señalado en el artículo 90 del Estatuto Tributario Nacional, el cual señala :“...*no se aceptará un precio inferior al costo, al avalúo catastral ni al autoavalúo, sin perjuicio de la posibilidad de un valor comercial superior. En los casos en que existan listas de precios, bases de datos, ofertas o cualquier otro mecanismo que permita determinar el valor comercial de los bienes raíces enajenados o transferidos, los contribuyentes deberán remitirse a ellos*”.

Así las cosas, no le asiste la razón al demandante, ya que queda claro que el avalúo señalado por Catastro es equiparable al precio de la venta, por lo cual se reduce el negocio jurídico a una simple venta comercial de inmueble, en el cual primó la voluntad de las partes y se tenían los elementos esenciales y validos de dicha compraventa, tornando legal y real todas las actuaciones realizadas por quien en vida se llamó MARIA TERESA MADRID MADRID Q.E.P.D.

Ahora bien, como se expuso en hechos anteriores el dinero objeto de la venta se comenzó a pagar a la vendedora desde el año 2015, por cuotas, como se pactó con esta de manera verbal, estipulando como precio del negocio total la suma de \$64.000.000 MCTE que para el año 2015 era una suma mucho más alta de lo que es hoy en día, así mismo, el negocio no se elevó a escritura pública en ese momento por la confianza existente entre las partes y que posterior a esto ocurrió la pandemia y dificultó los viajes y demás hasta que en el año 2021 se pudieron hacer las compraventas ante la notaría de Quimbaya.

DÉCIMO PRIMERO: No es cierto, los propios documentos aportados por la parte demandante demuestran la voluntad de quien en vida se identificó como MARIA TERESA MADRID MADRID Q.E.P.D, puesto que se reitera contaba con la capacidad legal para obligarse y hacer disposición de sus bienes materiales, persona que por medios legales y judiciales hizo uso de sus bienes conforme su querer y que contrario a lo señalado por la parte demandante, recibió como contraprestación de la venta un dinero que direccionó conforme su parecer y demostró con sus actuaciones tener completo control de sus derechos, puesto que incluso teniendo el supuesto apoyo de su hijo CARLOS, debió realizar varias actuaciones frente a sus bienes, en primer lugar se tiene que realizó en vida la cancelación del poder referido por la parte demandante (demostrando su decisión para revocar dicha decisión de representación, y muestra si a bien analizamos que no estaba tan convencida del apoyo de su hijo), de otra parte, vale señalar que se debe tener en cuenta el tiempo transcurrido para efectos de la reclamación sobre la venta de las cuotas partes de los inmuebles objeto de la presente litis, pues si bien

la ley señala 10 años, la venta fuera realizada por la señora MARIA TERESA MADRID MADRID Q.E.P.D. en el año 2021 y tan solo posterior al fallecimiento de la vendedora y luego de más de un año, el demandante observa la supuesta irregularidad, justo después de conversar con mis poderdantes, quienes comparten con el demandante la calidad de herederos de la causante, extraña situación para quien según el relato de la demanda era quien atendía y representaba los intereses de la Causante y vendedora para el presente objeto de la litis, lo que lleva a la conclusión de interés por parte del demandante de dilatar el proceso de sucesión y continuar percibiendo los frutos de los inmuebles dejados por la Causante, situación contraria a derecho y que atenta directamente en contra de la voluntad de la Vendedora y Causante MARIA TERESA MADRID MADRID Q.E.P.D.

Así las cosas, vemos a lo largo del escrito de demanda como el apoderado judicial de la parte demandante hace alusión a un proceso de simulación el cual presuntamente fue orquestado por su señora madre y las señoras Espinosa las cuales represento en este causa, no obstante, dentro de la presentación de la demanda no se logra evidenciar pruebas suficientes que demuestren un pacto entre la partes vendedora y la parte compradora con el fin de defraudar a terceros como lo ha estipulado la jurisprudencia y la doctrina colombiana, simplemente se ha dedicado a atacar sin fundamento alguno un negocio jurídico que se llevó a cabo cumpliendo las solemnidades establecidas en la ley.

DÉCIMO SEGUNDO: Es cierto.

1. 3. HECHOS RELACIONADOS CON LA PRETENSIÓN SUBSIDIARIA DE SIMULACIÓN RELATIVA DE CONTRATOS DE COMPRAVENTA

PRIMERO: Es cierto, la señora MARÍA TERESA MADRID DE MADRID (QEPD), a través de la escritura pública número 540 del 22 de abril de 2021, otorgada en la Notaría Única de Quimbaya, vendió el 50% de la nuda propiedad sobre el bien inmueble identificado con la matricula inmobiliaria número 280-11121, ubicado en la calle 21 número 5-30 de Quimbaya, es de anotar, que como quedó plasmado en el instrumento público antes referenciado, la vendedora se reservó el derecho de usufructo vitalicio sobre esta propiedad, acuerdo que logró con las compradoras al momento de realizar el negocio y que influyó sobre el precio final de la compraventa.

Frente a este hecho se observa que se hace alusión a un negocio legal y permitido por la normativa vigente, en el cual existe tal como lo ordena la ley, pues se puede determinar claramente el objeto y precio, contando con los requisitos legales conforme lo señalado en el artículo 1857 del Código Civil, el cual indica textualmente “CAPITULO II -Forma y requisitos del contrato de venta. PRESUPUESTOS ESENCIALES Y SOLEMNIDAD LEGAL- **ART. 1857.-** La compraventa es un contrato en que una de las partes se obliga a dar una cosa y la otra a pagarla en dinero. Aquélla se dice vender y ésta comprar. El dinero que el comprador da por la cosa vendida se llama precio.

De la misma manera podemos encontrar que la venta fue realizada por medio de escritura pública, situación que da solemnidad y perfecciona el contrato de compraventa cuando de bienes raíces se trata.

Ahora bien, en lo que respecta al derecho de usufructo tenemos que el mismo se llevó a cabo cumpliendo lo establecido en los artículos 823 y siguientes del Código Civil: “**CONCEPTO DE USUFRUCTO.** El derecho de usufructo es un derecho real que consiste en la facultad de gozar de una cosa con cargo de conservar su forma y sustancia, y de restituir a su dueño, si la cosa no es fungible; o con cargo de volver igual cantidad y calidad del mismo género, o de pagar su valor si la cosa es fungible”.

Usufructo que como se estableció en el negocio de compraventa se pactó por las partes mientras la vendedora viviera.

SEGUNDO: Es cierto, la señora MARIA TERESA MADRID DE MADRID (QEPD), a través de la escritura pública número 1191 del 06 de septiembre de 2022, otorgada en la Notaría Única de Quimbaya, vendió el 50% de la nuda propiedad sobre el bien inmueble identificado con la matrícula inmobiliaria número 280-22949, denominado “el recuerdo” ubicado en la vereda de Quimbaya, es de anotar, que como quedó plasmado en el instrumento público antes referenciado, la vendedora se reservó el derecho de usufructo vitalicio sobre esta propiedad, acuerdo que logró con las compradoras al momento de realizar el negocio y que influyó sobre el precio final de la compraventa.

Frente a este hecho se observa que se hace alusión a un negocio legal y permitido por la normativa vigente, en el cual existe tal como lo ordena la ley, pues se puede determinar claramente el objeto y precio, contando con los requisitos legales conforme lo señalado en el artículo 1857 del Código Civil, el cual indica textualmente “CAPITULO II -Forma y requisitos del contrato de venta. PRESUPUESTOS ESENCIALES Y SOLEMNIDAD LEGAL- **ART. 1857.-** La compraventa es un contrato en que una de las partes se obliga a dar una cosa y la otra a pagarla en dinero. Aquella se dice vender y ésta comprar. El dinero que el comprador da por la cosa vendida se llama precio.

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Usufructo que como se estableció en el negocio de compraventa se pactó por las partes mientras la vendedora viviera.

TERCERA: Es cierto, la cláusula tercera de la escritura pública número 540 del 22 de abril de 2021, establece: “Valor: que hace la venta con todas sus anexidades, servidumbres y demás dependencias, sin reserva alguna, por la cantidad de Veinticuatro Millones de Pesos (\$24.000.000), moneda legal colombiana, **QUE DECLARAN TENER RECIBIDOS EN DINERO DE CONTADO A ENTERA SATISFACCIÓN**”... y de la escritura pública número 1191 del 06 de septiembre de 2021 la cual en su cláusula tercera estipula: “Valor: que hace la venta con todas sus anexidades, servidumbres y demás dependencias, sin reserva alguna, por la cantidad de Veinticuatro Millones de Pesos (\$40.000.000), moneda legal colombiana, **QUE DECLARAN TENER RECIBIDOS EN DINERO DE CONTADO A ENTERA SATISFACCIÓN**”... (Mayúsculas y negrillas agregados por la parte).

CUARTO: Es cierto.

QUINTO: No es Cierto, resulta irrisorio el argumento del abogado de la parte demandante al manifestar que al no encontrarse las compradoras en el país la vendedora no haya recibido el pago de la compraventa, cuando como es bien sabido para todos las involucradas en el negocio eran familiares cercanas, y este negocio se llevaba concretando desde el año 2015, y en los cuales estos pagaron de manera periódica según aceptación de la señora MARIA TERESA MADRID DE MADRID (QEPD), pagos parciales que se hicieron de la siguiente forma: primera cuota en el mes de DICIEMBRE DE 2016, pago hecho por la señora DIANA LUCIA ESPINOSA MADRID por valor de \$24.000.000 MCTE el cual fue hecho de manera personal y en efectivo en la vivienda de la vendedora en una de las visitas que la Señora Espinosa Madrid realizó a Colombia por motivo de la enfermedad y posterior fallecimiento de su señora madre ALBA LUCIA MADRID MADRID, lo cual dio inicio al negocio jurídico con fundamento en dicho fallecimiento, ya que su señora abuela doña MARIA TERESA MADRID MADRID por la cercanía y relación tan estrecha manifestó su intención de proteger a sus nietas ante dicho acontecimiento, se deja claridad que en ese momento la señora DIANA LUCIA ESPINOSA MADRID actuó en representación de su hermana entregando la suma antes indicada, la segunda cuota se pagó por parte de JOHANNA ESPINOSA MADRID en el mes DE FEBRERO DE 2017 en la vivienda de la vendedora en efectivo por valor de \$20.000.000 MCTE, y tercera y última cuota en el mes de MARZO DE 2022, pago realizado en compañía por las señoras DIANA LUCIA ESPINOSA MADRID y JOHANNA ESPINOSA MADRID por valor de \$20.000.000 MCTE en efectivo y de manera personal a la vendedora, cumpliéndose así el total de la venta que las partes habían pactado por el 50% de los bienes inmuebles objeto de litigio. Resaltando el hecho que mis poderdantes mantenían una relación estrecha con la causante y enviaban dineros para ayudarla en sus tratamientos médicos y gastos personales, dineros que eran depositados a una cuenta bancaria del banco Davivienda (a nombre de la señora Johanna Espinosa Madrid) la cual es manejada en Colombia

por su prima señora Patricia Ocampo Madrid, siendo la señora patricia quien retiraba dichos dineros y se los llevaba a la señora Maria Teresa para que con estos pagara sus gastos personales ya que la causante vivía SOLA y debía valerse de vecinos, familiares y amigos para suplir sus necesidades básicas. Recalcando el hecho que a las citas médicas era acompañada casi siempre por la señora JANETH OSPINA MEJIA..

Demostrando como antes se dijo que se trataba de una transacción comercial entre familiares y primaba la confianza y era la intensión de la señora MARIA TERESA MADRID MADRID Q.E.P.D. facilitar dicha transacción en favor de sus nietas, la forma de pago fue cumplida y en razón a la verdad se desconoce el destino y uso que le diera en vida la mencionada vendedora; resaltando el hecho que por entratarse de una persona capaz ante la ley y con derechos sobre sus bienes y acreencias, quien conforme lo señalado y ante la ley era una persona capaz, contaba con todos sus sentidos y en ninguna parte se observa que tuviera incapacidad mental o discapacidad para realizar los actos jurídicos, administrativos y comerciales de sus bienes y acreencias. A tal punto que no se observa dentro del expediente documento alguno ni fallo judicial que demostrare que la señora MARIA TERESA MADRID MADRID tuviera la calidad de incapaz absoluto, ni que le hubieran restringido sus derechos ante la ley.

SEXTO: No es cierto, como se manifestó el dinero fue entregado en efectivo por la señora Diana Lucia Espinosa Madrid, por cuotas como se pactó con la vendedora, se desconoce la destinación que esta última tuvo con el dinero de esa venta, igualmente, se observa que se trata de manifestaciones personales y subjetivas, puesto que simplemente se hacen bajo la perspectiva del apoderado acerca de negocios comerciales, ya que el pago tal como se indicó con anterioridad fuera acordado entre las partes y fuera cancelado en efectivo, el cual fue entregado por una de las partes acá demandada la cual como era bien sabido lo traía en efectivo toda vez que la norma permite hasta 10.000 dólares en efectivo, y este dinero es fruto del trabajo realizado por las hermanas Espinosa Madrid en el exterior, concretamente en los Estados Unidos de Norteamérica.

SÉPTIMO: Es parcialmente cierto, desconoce el apoderado la legalidad y lo que significa un poder, puesto que el hecho que nazca un poder, no significa ni mucho menos que quien lo otorga haya perdido capacidad de manejo de sus negocios y mucho menos sea sinónimo de interdicción, ya que se trata de una situación definitiva y legal que contempla nuestra normativa, así las cosas, no se entiende por qué la manifestación de requerimiento supuestamente legal de la presencia del apoderado, cuando se reitera no perdió derecho alguno la señora MARIA TERESA MADRID MADRID Q.E.P.D. al otorgarle poder a su hijo, incluso siguiendo la misma lógica del apoderado, tiene tanta legalidad este poder, como el acto mediante el cual igualmente se realiza la compraventa y como el acto mediante el cual la causante le revoca el poder al señor CARLOS, demostrando su capacidad para

actuar y defender sus derechos, reconocida por la ley al cesar el poder ya señalado en ese momento.

Ahora bien de la lectura del poder del que hace referencia el demandante se puede concluir que no existe clausula alguna que limitara la capacidad de la Señora María Teresa para realizar negocios con sus bienes.

Finalmente, es importante exponer que el poder que hace referencia la parte demandante fue otorgado el día 14 de diciembre de 2020 y revocado el día 21 de diciembre del mismo año, es decir, tan solo 7 días después, al día de hoy se desconocen las razones por las cuales la señora María Teresa tomó esta decisión, puesto que era su hijo el apoderado de ella.

OCTAVO: Es cierto, se trata de manifestaciones personales, subjetivas y amañadas del demandante, puesto que es lógico que frente a un poder para actuar el apoderado pueda realizar con los bienes arrendamiento de los mismos, lo que nos lleva a pensar que lo poco que duró la ejecución del poder otorgado fue para la realización del contrato de arrendamiento que es mencionado en este hecho, se reitera que el hecho de otorgar un poder no significa que con ello, la señora MARIA TERESA MADRID MADRID Q.E.P.D. perdiera capacidad de manejo de sus derechos y mucho menos sea sinónimo de interdicción, ya que se trata de una situación definitiva y legal que contempla nuestra normativa.

Así mismo, el negocio jurídico que hoy se debate fue objeto de usufructo vitalicio a favor de la parte vendedora, lo que significa que esta podía gozar y arrendar los bienes inmuebles mientras viviera.

NOVENO: No es cierto, se observa que se trata de manifestaciones particulares y personales del apoderado, pero que si a bien se deba analizar, el negocio comercial, se perfeccionó con el solo hecho de fijar la cosa, el precio y por ultimo elevarlo a escritura pública, por el hecho que las compradoras no hubiesen recibido real y materialmente al momento de firma de la compraventa no significa que estas no recibieran o que estas no conocieran el inmueble objeto de venta, para dicho efecto precisamente y conforme la normativa vigente para estos efectos, se contrató los servicios profesionales de derecho del abogado ALBEIRO LOPEZ TABARES y dentro de los parámetros del mandato profesional estaban el recibo de los inmuebles con las características de los mismos, teniendo en cuenta que la venta se hizo sobre cuotas partes. Además de resaltar el hecho que tal como lo refiere el propio demandante, los mismos se encontraban en arrendamiento a terceros y la posesión era ostentada por ellos, de tal manera que la venta se hizo específicamente sobre la NUDA PROPIEDAD, situación que no se torna ilegal por la mera manifestación de la parte demandante, por tratarse de un negocio entre familiares existe una confianza muy grande, además como se manifestó la vendedora se reservó el derecho de usufructo mientras viviera hecho que las compradoras respetaron hasta que la señora María Teresa lastimosamente falleció.

DÉCIMO: No es cierto, es menester el recordar que las ventas de inmuebles en Colombia se encuentran regidas por la norma, en particular lo señalado en el artículo 90 del Estatuto Tributario Nacional, el cual señala :“...no se aceptará un precio inferior al costo, al avalúo catastral ni al autoavalúo, sin perjuicio de la posibilidad de un valor comercial superior. En los casos en que existan listas de precios, bases de datos, ofertas o cualquier otro mecanismo que permita determinar el valor comercial de los bienes raíces enajenados o transferidos, los contribuyentes deberán remitirse a ellos”.

Así las cosas, no le asiste la razón al demandante, ya que queda claro que el avalúo señalado por Catastro es equiparable al precio de la venta, por lo cual se reduce el negocio jurídico a una simple venta comercial de inmueble, en el cual primó la voluntad de las partes y se tenían los elementos esenciales y validos de dicha compraventa, tornando legal y real todas las actuaciones realizadas por quien en vida se llamó MARIA TERESA MADRID MADRID Q.E.P.D.

Ahora bien, como se expuso en hechos anteriores el dinero objeto de la venta se comenzó a pagar a la vendedora desde el año 2015, por cuotas, como se pactó con esta de manera verbal, estipulando como precio del negocio total la suma de \$64.000.000 MCTE que para los años 2015 y 2016 era una suma mucho más alta de lo que es hoy en día, así mismo, el negocio no se elevó a escritura pública en ese momento por la confianza existente entre las partes y que posterior a esto ocurrió la pandemia y dificultó los viajes y demás hasta que en el año 2021 se pudieron hacer las compraventas ante la notaría de Quimbaya.

DÉCIMO PRIMERO: No es cierto, los propios documentos aportados por la parte demandante demuestran la voluntad de quien en vida se identificó como MARIA TERESA MADRID MADRID Q.E.P.D, puesto que se reitera contaba con la capacidad legal para obligarse y hacer disposición de sus bienes materiales, persona que por medios legales y judiciales hizo uso de sus bienes conforme su querer y que contrario a lo señalado por la parte demandante, recibió como contraprestación de la venta un dinero que direccionó conforme su parecer y demostró con sus actuaciones tener completo control de sus derechos, puesto que incluso teniendo el supuesto apoyo de su hijo CARLOS, debió realizar varias actuaciones frente a sus bienes, en primer lugar se tiene que realizó en vida la cancelación del poder referido por la parte demandante (demostrando su decisión para revocar dicha decisión de representación, y muestra si a bien analizamos que no estaba tan convencida del apoyo de su hijo, de otra parte, vale señalar que se debe tener en cuenta el tiempo transcurrido para efectos de la reclamación sobre la venta de las cuotas partes de los inmuebles objeto de la presente litis, pues si bien la ley señala 10 años, la venta fuera realizada por la señora MARIA TERESA MADRID MADRID Q.E.P.D. en el año 2021 y tan solo posterior al fallecimiento de la vendedora y luego de más de un año, el demandante observa la supuesta irregularidad, justo después de conversar con mis poderdantes, quienes comparten con el demandante la calidad de herederos de la causante, extraña situación para

quien según el relato de la demanda era quien atendía y representaba los intereses de la Causante y vendedora para el presente objeto de la litis, lo que lleva a la conclusión de interés por parte del demandante de dilatar el proceso de sucesión y continuar percibiendo los frutos de los inmuebles dejados por la Causante, situación contraria a derecho y que atenta directamente en contra de la voluntad de la Vendedora y Causante MARIA TERESA MADRID MADRID Q.E.P.D.

Así las cosas, vemos a lo largo del escrito de demanda como el apoderado judicial de la parte demandante hace alusión a un proceso de simulación el cual presuntamente fue orquestado por su señora madre y las señoras Espinosa las cuales represento en este causa, no obstante, dentro de la presentación de la demanda no se logra evidenciar pruebas suficientes que demuestren un pacto entre la partes vendedora y la parte compradora con el fin de defraudar a terceros como lo ha estipulado la jurisprudencia y la doctrina colombiana, simplemente se ha dedicado a atacar sin fundamento alguno un negocio jurídico que se llevó a cabo cumpliendo las solemnidades establecidas en la ley.

DÉCIMO SEGUNDO: No es cierto, se observa que el mismo tiene una interpretación personal y subjetiva de parte del apoderado de la parte demandante y que se encuentra fuera de contexto, ya que quedó demostrado que se trató de una venta legítima, legal, consensuada y perfeccionada conforme las leyes colombianas, en la cual primó la voluntad de las partes y fue realizada en aplicación del derecho Colombiano, puesto que existió CAPACIDAD LEGAL, SE TUVO CLARO EL OBJETO Y EL PRECIO DEL MISMO, con lo cual el señalar posibilidades diferentes es impertinente e inocuo para el caso que nos ocupa.

Insiste el apoderado judicial de la demandante en confundir el negocio jurídico legal que existió entre las señoras MARIA TERESA MADRID MADRID Q.E.P.D y las hermanas Espinosa Madrid, con el fin tratar de declarar simulados unos contratos que como lo hemos demostrado y demostraremos en las correspondientes audiencias públicas se realizaron conforme la ley, maxime cuando sus argumentos carecen de pruebas contundentes que logren demostrar que efectivamente entre la parte vendedora y compradora existió un complot con la finalidad de defraudar o perjudicar a terceros y actuar de mala fe, hechos que no ocurrieron, y para que logre prosperar esta clase de proceso se debe probar lo establecido en el artículo 1766 del código civil “**SIMULACION.** Las escrituras privadas, hechas por los contratantes para alterar lo pactado en escritura pública, no producirán efecto contra terceros.

Tampoco lo producirán las contraescrituras públicas, cuando no se ha tomado razón de su contenido al margen de la escritura matriz, cuyas disposiciones se alteran en la contraescritura, y del traslado en cuya virtud ha obrado el tercero”.

DÉCIMO TERCERO: Es cierto.

EXCEPCIONES

1- Total validez y eficacia de los contratos celebrados.

La voluntad es el eje sobre el que se edificó la noción de contrato en las codificaciones civil y comercial, por encontrar en ella la fuente para limitar la libertad individual a través de normas jurídicas particulares. Por esta razón, todos los atentados contra la misma son legalmente rechazados, incluso cuando son propiciados por las mismas partes.

La simulación es una de las formas de escamoteo a la voluntad, en tanto trasluce una divergencia consciente y bilateral entre la intención real y la que se da a conocer al público en general; en el acto simulado hay un ocultamiento de un acto real escondido debajo de otro y, a veces, tan solo una apariencia de acto real que no corresponde a ninguno efectivo.

Para la prosperidad de la pretensión simulatoria es menester que en el proceso se demuestre nítidamente el concierto simulatorio, pues de lo contrario deberá darse prevalencia a los principios de buena fe, libertad contractual y seguridad jurídica, que reclaman una tutela prevalente del querer, el cual únicamente puede enervarse en las situaciones en que refulja su falseamiento.

Por tanto, cuando existan dudas sobre la existencia del fingimiento consciente, bien porque no reluce el acuerdo o por faltar la consciencia en su realización, deberá darse cabida al principio de conservación del negocio jurídico y propender porque siga produciendo efectos jurídicos.

Desde el derecho romano se reconoció el aforismo *in dubio benigna interpretatio est, ut magis negotium valeat, quam pereat*, esto es, "en la duda se debe realizar una interpretación benigna para que el negocio más bien subsista que perezca" Lo que sucederá cuando probatoriamente no pueda alcanzarse certeza sobre la existencia de la simulación.

Es claro señor juez, que los contratos de compraventa celebrados por medio de las escrituras públicas número 540 del 22 de abril de 2021 y 1191 del 06 de septiembre de 2021, en los cuales la señora MARÍA TERESA MADRID DE MADRID (QEPD), vendió a favor de las hermanas Diana Lucía Espinosa Madrid y Johanna Espinosa Madrid, el 50% de los bienes inmuebles son totalmente validos a la luz de la legislación nacional, y en el cual la parte vendedora se reservó el derecho de usufructo vitalicios, hecho que influyó de cierta manera en el precio de la venta y que fue clave para que al momento de realizarse las escrituras no hubiese una entrega material de los mismos, y no como lo pretende hacer ver la parte demandante manifestando que por ellas (las compradoras) encontrarse fuera del país no hubo entrega, lo cual

resulta ilógico máxime cuando media el mencionado usufructo, lo cierto es que, las compradoras realizaron un negocio de buena fe con la señora Madrid, el cual se fue materializando desde hace aproximadamente 6 años en los cuales las compradoras hicieron pagos parciales y que debido a la confianza existente entre las partes no se había hecho las correspondientes compraventas, las compradoras son personas que residen desde hace varios años en los Estados Unidos de América en los cuales se han esforzado por sacar adelante a sus familias y estos bienes hacen parte integra del patrimonio que han logrado construir con mucho esfuerzo y trabajo duro, como se manifestó el dinero con el cual se cancelaron las compraventas fue cancelado en efectivo a la vendedora en el Municipio de Quimbaya, esto teniendo en cuenta y que es una situación que tal vez desconozca la parte demandante al país se pueden ingresar hasta 10.000 dólares en efectivo, suma que para las compradoras no resulta mayor cuando han trabajado por varios años en los Estados Unidos, ahora bien, en la presentación de la demanda no se aporta prueba siquiera sumaria que demuestre que los contratos de compraventa adolecen de algún tipo de vicio, por el contrario los mismos fueron debidamente registrados por la autoridad competente, lo que demuestra claramente el afán de la parte demandante de hacer acusaciones y manifestar situaciones que solo están en su imaginario.

Falta de presupuestos legales y jurisprudenciales para la procedencia de la acción de simulación

La jurisprudencia ha establecido unos requisitos con el fin de probar efectivamente un acto simulatorio y que resultan esenciales a la hora de proponer esta clase de procesos y los cuales recaen única y exclusivamente en la parte que demanda, tales requisitos son los siguientes: (I) La divulgación de un querer aparente, que oculta las reales condiciones del negocio jurídico o la decisión de no celebrar uno; (II) un acuerdo entre todos los partícipes de la operación para simular; y (III) la afectación a los intereses de los intervinientes o de terceros (**SC2582, 27 JUL. 2020, RAD. NO. 2008-00133-01**).

A continuación se procederá a exponer cada uno de los requisitos que la jurisprudencia estableció con el fin de probar un acto simulatorio.

(I) La divulgación de un querer aparente, que oculta las reales condiciones del negocio jurídico o la decisión de no celebrar uno, a lo largo de la presentación de la demanda no se vislumbra prueba alguna que demuestre este requisito para proponer el presunto acto simulatorio, puesto que todo el negocio se ejerció conforme lo establece las leyes civiles y comerciales propios de este tipo de negocios, sin que en el mismo medie acto fraudulento alguno, y el cual fue celebrado por personas capaces y las compradoras claramente son unas personas económicamente solventes, lo

que desvirtúa cualquier tipo de acto secreto u oculto que las partes hayan planeado.

(II) un acuerdo entre todos los partícipes de la operación para simular, es falso que entre las partes compradoras y vendedoras existiere algún tipo de pacto u acuerdo secreto con respecto a este negocio, en el mismo se pactó un precio, el usufructo vitalicio a favor de la vendedora y la forma de pago el cual fue totalmente cumplido, tanto es así que el mismo se elevó a escritura pública y después llevó a cabo su correspondiente registro, sin que medie pacto de retroventa, hipoteca u otro similar que llevara a inferir otro tipo de acuerdo, lo cierto es que el negocio jurídico se llevó a cabo cumpliendo todos los requisitos establecidos en la norma y no de otra manera como equivocadamente se pretende hacer ver.

(III) la afectación a los intereses de los intervinientes o de terceros, al no existir pacto u acto secreto que realizaran las partes mucho menos podemos estar hablando que el mismo de haber existido se hiciera con el fin de defraudar derechos de terceros, toda vez que, la vendedora dispuso del porcentaje que tenía sobre unos bienes que eran de su propiedad, negocio que realizó en uso de sus facultades y siendo consciente del acto que estaba ejecutando, cumpliendo con los principios de buena fe, libertad contractual y apegada al acuerdo que hemos venido exponiendo en la presente contestación, sin que en el mismo medie acto fraudulento probado que pueda llevar a cabo la prosperidad de la presente demanda, máxime cuando si se tratara de defraudar intereses de terceros estos serían los del hijo de la causante, que para el momento de la realización de los mismos no tenía dicha calidad toda vez que aun su madre no había fallecido y esta podía disponer de los mismos.

La voluntad es el eje sobre el que se edificó la noción de contrato en las codificaciones civil y comercial, por encontrar en ella la fuente para limitar la libertad individual a través de normas jurídicas particulares. Por esta razón, todos los atentados contra la misma son legalmente rechazados, incluso cuando son propiciados por las mismas partes.

La simulación es una de las formas de escamoteo a la voluntad, en tanto trasluce una divergencia consciente y bilateral entre la intención real y la que se da a conocer al público en general; en el acto simulado hay un ocultamiento de un acto real escondido debajo de otro y, a veces, tan solo una apariencia de acto real que no corresponde a ninguno efectivo.

Para la prosperidad de la pretensión simulatoria es menester que en el proceso se demuestre nítidamente el concierto simulatorio, pues de lo contrario deberá darse prevalencia a los principios de buena fe, libertad contractual y seguridad jurídica, que reclaman una tutela prevalente del querer, el cual únicamente puede enervarse en las situaciones en que refulja su falseamiento.

FRENTE A LAS PRETENSIONES

Frente a las pretensiones me permito manifestar que como se pudo determinar a lo largo de la contestación, el demandante no logró probar que efectivamente nos enfrentamos ante un caso de simulación en los contratos de compraventa que fueron celebrados por las partes, esto teniendo en cuenta que, no aportó prueba siquiera sumaria que nos llevara a pensar que el negocio jurídico se haya celebrado de manera fraudulenta o existiendo un pacto secreto entre las partes con el fin de defraudar a terceros tal y como lo ha establecido la jurisprudencia, por el contrario el negocio jurídico se llevó a cabo conforme lo establece las normas de esta clase de contratos, hubo un precio y un acuerdo de pago del mismo, se celebró por persona capaz para disponer de sus bienes como lo fue la señora Madrid y finalmente hubo unas compradoras que contaban con la capacidad económica para llevar a cabo este tipo de negocios, lo que nos lleva a indicar que la presentación de esta demanda adolece de los presupuestos mínimos para que por lo menos sea debatida.

Para terminar y con fundamento en todo lo antes expuesto, señor juez me opongo a cada una de las peticiones de la parte demandante, ya que quedó plenamente demostrado que la motivación de la presente actuación judicial es inocua y contraria a derecho, puesto que se pone en tela de juicio un negocio comercial, llevado legalmente a través de apoderado por parte de mis poderdantes y perfeccionado por autoridad competente, un negocio que si bien a los ojos del demandante (quien supuestamente estaba a cargo de la Causante-Vendedora y pese a ello la misma realizó varias actuaciones y disposición de sus bienes materiales, además de suspenderle un poder al demandante demostrando que no era tal la confianza o en su defecto no cumplió las expectativas de quien lo otorgo en su momento), pudo ir en contra de sus intereses futuros, tan solo inicia actuaciones más de un año después cuando puede ver afectado el resultado de una sucesión frente a sus iguales en derechos (parte demandada) y con sus actuaciones lo que busca es dilatar las actuaciones y normal desarrollo de la Sucesión de la señora MARIA TERESA MADRID MADRID Q.E.P.D, y poder continuar usufructuando en solitario los bienes dejados por esta. Situación que será dada a conocer ante el juez competente, puesto que no es legal ni justo el que se este beneficiando una sola persona, cuando existen mas beneficiarios de dicha SUCESIÓN.

Es por ello señor juez que solicito tener en cuenta las anteriores manifestaciones y tener además como pruebas:

TESTIMONIALES

- 1- Se escuche en declaración a la señora DIANA MARCELA MUÑOZ OSPINA identificada con la cédula de ciudadanía 1.113.625.530 , con domicilio en la carrera 5 número 21-10 apartamento 1 de la ciudad de Quimbaya Quindío, celular 3182962585.correo
- 2- Se escuche en declaración a la señora JANETH OSPINA MEJIA identificada con la cédula de ciudadanía 31.179.229, con domicilio en la carrera 5 número 21-10 apartamento 1 de la ciudad de Quimbaya Quindío, celular 3182962585.
- 3- Se escuche en declaración a la señora PATRICIA OCAMPO MADRID identificada con la cédula de ciudadanía 29.819.568. con domicilio en la calle 21 número 6-13 de la ciudad de Quimbaya Quindío, celular 3117210863.
- 4- Se escuche en declaración al abogado ALBEIRO LOPEZ TABARES identificado con la cédula de ciudadanía número 4.532.898, con domicilio en la calle 14 número 5-37 oficina 308 de Quimbaya Quindío, celular 3158709884.
- 5- Se escuche en declaración al señor JOSE EDUARDO SANCHEZ MONROY identificado con la cédula de ciudadanía 9.732.130, con domicilio en el barrio Santander calle 35 número 25-59 de la ciudad de Armenia Quindío, celular 3147185489.

DOCUMENTALES

- 1- Pasaporte Americano número AQ038204 perteneciente a la señora DIANA LUCIA ESPINOSA MADRID. (Documento que demuestra su status de legalidad en ese país)
- 2- Pasaporte Americano número AQ038204 perteneciente a la señora JOHANNA LUCIA ESPINOSA MADRID. (Documento que demuestra su status de legalidad en ese país)
- 3- Extracto de cuenta de ahorros perteneciente a la señora Johanna Espinosa Madrid No. 1369 0005 9587 por medio de la cual se demuestra transacciones realizadas y con las cuales se le apoyaba en sus gastos personales por parte de las acá demandadas
- 4- Pago de impuestos americanos de los años 2019,2020 y 2021 de la señora Johanna espinosa Madrid
- 5- Pago de impuestos americanos de los años 2019,2020 y 2021 de la señora Diana Lucia espinosa Madrid
- 6- Revocatoria de Poder (Escritura 1221 Notaria Única de Quimbaya Quindío) concedido por la señora MARIA TERESA MADRID DE MADRID al señor CARLOS IGNACIO MADRID MADRID de fecha 21 de diciembre de 2020.

Para efectos de recepcionar cualquier notificación :

El suscrito apoderado en el correo sanchezasi95@hotmail.com

La señora DIANA LUCIA ESPINOSA MADRID en el correo dilucy@hotmail.com

La señora JOHANNA LUCIA ESPINOSA MADRID en el correo espinosajoha281@gmail.com

Atentamente;

ALI SANCHEZ JIMENEZ

Cc 1.094.948.211

T.P. 331179

REPUBLICA DE COLOMBIA
MINISTERIO DE JUSTICIA Y DEL DERECHO
Superintendencia de Notariado y Registro



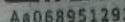
NOTARIA UNICA
DEL CIRCULO DE QUIMBAYA
DEPARTAMENTO DEL QUINDIO

Carlos Arturo Giraldo Monroy
Notario

Copia de la Escritura No. 1221
del 21 DE DICIEMBRE del 20 20
Clase de Acto: REVOCA PODER GENERAL
Otorgada por: MARIA TERESA MADRID DE MADRID
A favor de: -----

Teléfono: 7520400 Carrera 7 No. 15-24 Local 103
QUIMBAYA QUINDIO





Dr. CARLOS ARTURO GIRALDO MONROY

DERECHOS: \$61.700
Papel notarial para uso exclusivo en la escritura pública - No tiene costo para el usuario

Cadencia S.A. No. 09-08-20

EXTENSION Y COPIAS: \$7.600
BIOMETRIA: \$ _____
IVA: \$ 14.516
TRANSITO CIBERNETICO: \$7.100
FONDO Y NOTARIADO: \$13.200
HORA: 9:30 a.m.

LA COMPARECIENTE

Maria Teresa Madrid de Madrid
MARIA TERESA MADRID DE MADRID

DIRECCION: QUIMBAYA - CLL 21 #5-30
TEL. 752 1037 OCUPACION: PENSIONADA
EMAIL: -----

"NO SE HIZO COTEJO
BIOMÉTRICO POR SOLICITUD
de QUINDIO" Art. 3o. Resolución
6447 de 2015 S.N.R.
NOTARIA UNICA DE QUIMBAYA - QUINDIO



EL NOTARIO

CARLOS ARTURO GIRALDO MONROY

Es fiel fotocopia 19 en su orden de expedición,
tomada del original de la escritura publica Nro.
1184 del 14 de diciembre de 2020. Consta
de 1 folios útiles. Se destina para
Maria Teresa Madrid de Madrid
Derechos, 3.800 Quimbaya,

CARLOS ARTURO GIRALDO MONROY. Notario

23 DIC 2020



Ca377966224



2021 TAX RETURN

PREPARER FILE COPY

Client: 30460

Prepared for: ALEXANDRO AND DIANA L ALVARADO
20 SCHOENER RD
EAST HANOVER, NJ 07936
HOME : (201) 407-5383

Prepared by: MICHAEL J. PUCCI, CPA
MCGOVERN GARRY, LLC
786 MOUNTAIN BOULEVARD, SUITE 100
WATCHUNG, NJ 07069
(908) 668-1040

Date: APRIL 2, 2022

Comments:

Route to: _____

**MCGOVERN GARRY, LLC
786 MOUNTAIN BOULEVARD, SUITE 100
WATCHUNG, NJ 07069
(908) 668-1040**

April 2, 2022

ALEXANDRO and DIANA L ALVARADO
20 SCHOENER RD
EAST HANOVER, NJ 07936

Dear Alexandro and Diana,

Your **2021 Federal Individual Income Tax Return** will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. **There is a balance due of \$18,575.**

Make your check payable to the "United States Treasury" and mail your Form 1040-V payment voucher on or before April 18, 2022 to:

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

Your **2021 New Jersey Individual Income Tax Return** will be electronically filed with the State of New Jersey upon receipt of a signed Form NJ-8879 e-file Signature Authorization. **No tax is payable with the filing of this return. There is an overpayment of \$1,612, of which \$1,612 has been applied to your 2022 estimated tax.**

As an alternative to paying by paper check, federal income tax payments can be made using the IRS Direct Pay electronic payment method. This service is free and can be used to pay your individual tax bill or estimated tax payment directly from your checking or savings account. To access online, visit www.irs.gov/payments for more information.

Please return the enclosed **Signature Authorization Form** in the enclosed envelope to our office. The taxing authorities require us to have these signed forms returned to us, along with your payment for our services in order to electronically file your tax returns.

Please be sure to call if you have any questions.

Sincerely,

MICHAEL J. PUCCI, CPA

FILE ONLY IF YOU ARE MAKING A PAYMENT WITH FORM 1040. RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE "UNITED STATES TREASURY." PLEASE WRITE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER, AND " 2021 FORM 1040" ON YOUR CHECK OR MONEY ORDER. PLEASE DO NOT SEND CASH. ENCLOSE, BUT DO NOT STAPLE OR ATTACH, YOUR PAYMENT WITH THIS VOUCHER.

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY" AND
MAIL FORM 1040-V PAYMENTS TO:

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

Form **1040-V** (2021)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2021

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount
of your payment ▶

18,575.

FDIA8601L 06/24/21

1032



ALEXANDRO & DIANA L ALVARADO
20 SCHOENER RD
EAST HANOVER NJ 07936

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE KY 40293-1000

158723904 IY ALVA 30 0 202112 610

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

Your first name and middle initial ALEXANDRO ALVARADO		Last name ALVARADO	Your social security number 158-72-3904
If joint return, spouse's first name and middle initial DIANA L ALVARADO		Last name ALVARADO	Spouse's social security number 766-62-9098
Home address (number and street). If you have a P.O. box, see instructions. 20 SCHOENER RD			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. ☐ You ☐ Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code EAST HANOVER, NJ 07936			
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☒ Yes ☐ No

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

Age/Blindness **You:** ☐ Were born before January 2, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
If more than four dependents, see instructions and check here ▶ ☐	(1) First name Last name			Child tax credit	Credit for other dependents
	SEBASTIAN E. ALVARADO	120-47-0779	SON	☒	☐
	GABRIELA L. ALVARADO	372-57-0725	DAUGHTER	☒	☐
				☐	☐
				☐	☐

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	144,449.
Attach Sch. B if required.	2a Tax-exempt interest	2a	
	b Taxable interest	2b	
	3a Qualified dividends . S.T. 2	3a	4.
	b Ordinary dividends	3b	4.
	4a IRA distributions	4a	
	b Taxable amount	4b	
	5a Pensions and annuities	5a	
	b Taxable amount	5b	
	6a Social security benefits	6a	
	b Taxable amount	6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	7	7,168.
	8 Other income from Schedule 1, line 10	8	90,784.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	242,405.
	10 Adjustments to income from Schedule 1, line 26	10	6,206.
	11 Subtract line 10 from line 9. This is your adjusted gross income	11	236,199.
Standard Deduction for — • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	12a Standard deduction or itemized deductions (from Schedule A)	12a	36,880.
	b Charitable contributions if you take the standard deduction (see instructions)	12b	
	c Add lines 12a and 12b	12c	36,880.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	16,916.
	14 Add lines 12c and 13	14	53,796.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	182,403.

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

Form **1040** (2021)

16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	31,724.
17 Amount from Schedule 2, line 3.....	17	
18 Add lines 16 and 17.....	18	31,724.
19 Nonrefundable child tax credit or credit for other dependents from Schedule 8812.....	19	
20 Amount from Schedule 3, line 8.....	20	
21 Add lines 19 and 20.....	21	0.
22 Subtract line 21 from line 18. If zero or less, enter -0-.....	22	31,724.
23 Other taxes, including self-employment tax, from Schedule 2, line 21.....	23	12,411.
24 Add lines 22 and 23. This is your total tax ▶	24	44,135.
25 Federal income tax withheld from:		
a Form(s) W-2.....	25a	20,586.
b Form(s) 1099.....	25b	
c Other forms (see instructions).....	25c	
d Add lines 25a through 25c.....	25d	20,586.
26 2021 estimated tax payments and amount applied from 2020 return.....	26	
If you have a qualifying child, attach Sch. EIC. 27a Earned income credit (EIC)..... 27a		
Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions..... ▶ ☐		
b Nontaxable combat pay election... 27b	27b	
c Prior year (2019) earned income... 27c	27c	
28 Refundable child tax credit or additional child tax credit from Schedule 8812....	28	2,000.
29 American opportunity credit from Form 8863, line 8.....	29	
30 Recovery rebate credit. See instructions.....	30	
31 Amount from Schedule 3, line 15.....	31	3,200.
32 Add lines 27a and 28 through 31. These are your total other payments and refundable credits ▶	32	5,200.
33 Add lines 25d, 26, and 32. These are your total payments ▶	33	25,786.
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 2022 estimated tax ... ▶ 36	36	
Amount You Owe		
37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions..... ▶	37	18,575.
38 Estimated tax penalty (see instructions)..... ▶ 38	38	226.

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 ▶ MICHAEL J. PUCCI, CPA	Phone no. ▶ (908) 668-1040	Personal identification number (PIN) ▶ 03030
--	-----------------------------------	---

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 TECH CONSULTANT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ _____
Spouse's signature. If a joint return, both must sign. _____ Phone no. _____	Date _____	Spouse's occupation SERVICE ADVISOR	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ _____
Email address _____			

Paid Preparer Use Only

Preparer's name MICHAEL J. PUCCI, CPA	Preparer's signature _____	Date 4/02/22	PTIN P00224215	Check if: ☐ Self-employed
Firm's name ▶ MCGOVERN GARRY, LLC			Phone no. (908) 668-1040	
Firm's address ▶ 786 MOUNTAIN BOULEVARD, SUITE 100 WATCHUNG, NJ 07069			Firm's EIN ▶ 20-2926909	

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2021)

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2021Attachment
Sequence No. **01**

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

ALEXANDRO AND DIANA L ALVARADO

Your social security number

158-72-3904

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	90,784.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions) ...	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	90,784.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Schedule 1 (Form 1040) 2021**

Part II Adjustments to Income

11	Educator expenses.....	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106.....	12	
13	Health savings account deduction. Attach Form 8889.....	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903.....	14	
15	Deductible part of self-employment tax. Attach Schedule SE.....	15	6,206.
16	Self-employed SEP, SIMPLE, and qualified plans.....	16	
17	Self-employed health insurance deduction.....	17	
18	Penalty on early withdrawal of savings.....	18	
19a	Alimony paid.....	19a	
b	Recipient's SSN..... ▶		
c	Date of original divorce or separation agreement (see instructions)..... ▶		
20	IRA deduction.....	20	
21	Student loan interest deduction.....	21	
22	Reserved for future use.....	22	
23	Archer MSA deduction.....	23	
24	Other adjustments:		
a	Jury duty pay (see instructions).....	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit.....	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l.....	24c	
d	Reforestation amortization and expenses.....	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974.....	24e	
f	Contributions to section 501(c)(18)(D) pension plans.....	24f	
g	Contributions by certain chaplains to section 403(b) plans.....	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).....	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations.....	24i	
j	Housing deduction from Form 2555.....	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).....	24k	
z	Other adjustments. List type and amount ▶	24z	
25	Total other adjustments. Add lines 24a through 24z.....	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a.....	26	6,206.

Schedule 1 (Form 1040) 2021

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

2021Attachment
Sequence No. **02**

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

ALEXANDRO AND DIANA L ALVARADO

Your social security number

158-72-3904

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE.	4	12,411.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137.	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6.	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.	8	
9	Household employment taxes. Attach Schedule H.	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required.	10	
11	Additional Medicare Tax. Attach Form 8959.	11	
12	Net investment income tax. Attach Form 8960.	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12.	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares.	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.	15	
16	Recapture of low-income housing credit. Attach Form 8611.	16	

(continued on page 2)

BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Schedule 2 (Form 1040) 2021**

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ▶ _____	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions.	17b	
c	Additional tax on HSA distributions. Attach Form 8889.	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889.	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853.	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853. .	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property.	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A.	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A.	17i	
j	Section 72(m)(5) excess benefits tax.	17j	
k	Golden parachute payments.	17k	
l	Tax on accumulation distribution of trusts.	17l	
m	Excise tax on insider stock compensation from an expatriated corporation. . .	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . .	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund.	17p	
q	Any interest from Form 8621, line 24.	17q	
z	Any other taxes. List type and amount ▶ _____	17z	
18	Total additional taxes. Add lines 17a through 17z.	18	
19	Additional tax from Schedule 8812.	19	
20	Section 965 net tax liability installment from Form 965-A.	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.	21	12,411.

Schedule 2 (Form 1040) 2021

SCHEDULE 3
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Credits and Payments**▶ **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

2021Attachment
Sequence No. **03**

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

ALEXANDRO AND DIANA L ALVARADO

Your social security number

158-72-3904

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required.	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19.	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount ▶ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	0.

(continued on page 2)

BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Schedule 3 (Form 1040) 2021**

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962.....	9	
10	Amount paid with request for extension to file (see instructions).....	10	
11	Excess social security and tier 1 RRTA tax withheld.....	11	
12	Credit for federal tax on fuels. Attach Form 4136.....	12	
13	Other payments or refundable credits:		
a	Form 2439.....	13a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021.....	13b	
c	Health coverage tax credit from Form 8885.....	13c	
d	Credit for repayment of amounts included in income from earlier years.....	13d	
e	Reserved for future use.....	13e	
f	Deferred amount of net 965 tax liability (see instructions).....	13f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441.....	13g	3,200.
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021.....	13h	
z	Other payments or refundable credits. List type and amount ▶ _____	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z.....	14	3,200.
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31.....	15	3,200.

Schedule 3 (Form 1040) 2021

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2021Attachment
Sequence No. **07**

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

ALEXANDRO AND DIANA L ALVARADO

Your social security number

158-72-3904

**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 | | |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | | 0. |

**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. ► ☐ | 5a | 8,335. | |
| | b State and local real estate taxes (see instructions) | 5b | 6,775. | |
| | c State and local personal property taxes | 5c | | |
| | d Add lines 5a through 5c | 5d | 15,110. | |
| | 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****Caution:** Your mortgage interest deduction may be limited (see instructions).

- | | | | | |
|----|---|----|---------|---------|
| 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. ► ☐ | | | |
| | a Home mortgage interest and points reported to you on Form 1098. See instructions if limited. | 8a | 24,408. | |
| | 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 | | |
| | c Points not reported to you on Form 1098. See instructions for special rules. | 8c | 23. | |
| | d Mortgage insurance premiums (see instructions) | 8d | | |
| | e Add lines 8a through 8d | 8e | 24,431. | |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | 60. | |
| 10 | Add lines 8e and 9 | 10 | | 24,491. |

**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- | | | | | |
|----|--|----|--------|--------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 1,894. | |
| 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 | 495. | |
| 13 | Carryover from prior year | 13 | | |
| 14 | Add lines 11 through 13 | 14 | | 2,389. |

**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 | | 0. |
|----|--|----|--|----|

**Other
Itemized
Deductions**

- | | | | | |
|----|---|----|--|----|
| 16 | Other—from list in instructions. List type and amount ► | 16 | | 0. |
|----|---|----|--|----|

**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 12a. | 17 | | 36,880. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box. ► ☐ | | | |

FDIA0301L 08/20/21

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

2021Attachment
Sequence No. **12**

Name(s) shown on return

ALEXANDRO AND DIANA L ALVARADO

Your social security number

158-72-3904

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	9,926.	9,177.		749.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	43,388.	37,835.	2.	5,555.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	970.	1,151.		-181.
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	6,123.

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	1,514.	469.		1,045.
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instrs.			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back			15	1,045.

Part III Summary

16 Combine lines 7 and 15 and enter the result.	16	7,168.
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17 Are lines 15 and 16 both gains?		
☒ Yes. Go to line 18.		
☐ No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet.	18	0.
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet.	19	
20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?		
☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
☒ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2021

Sales and Other Dispositions of Capital Assets

- Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2021Attachment
Sequence No. **12A**

ALEXANDRO AND DIANA L ALVARADO

SSN or taxpayer identification number

158-72-3904

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SHORT TERM COVERED SALES	VARIOUS	12/31/21	43,388.	37,835.	W	2.	5,555.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)..... ►				43,388.	37,835.		2.	5,555.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales and Other Dispositions of Capital Assets

- Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2021Attachment
Sequence No. **12A**

ALEXANDRO AND DIANA L ALVARADO

SSN or taxpayer identification number

158-72-3904

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	1891.07413 XRP	12/23/20	1/11/21	498.	651.			-153.
	1.08056464 BCH	1/07/21	2/05/21	472.	500.			-28.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)..... ►				970.	1,151.		0.	-181.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

SSN or taxpayer identification number

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	.03998183 BTC	VARIOUS	2/05/21	1,514.	469.			1,045.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)..... ▶				1,514.	469.		0.	1,045.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

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	TRISTATE TECHNOLOGY SOLUTIONS LLC	P		46-3886027		
B	TRISTATE TECHNOLOGY SOLUTIONS LLC	P		46-3886027		
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 allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A			7,171.	94,324.	
B			299.	3,930.	
C					
D					
29 a Totals.....				98,254.	
b Totals.....			7,470.		
30 Add columns (h) and (k) of line 29a.....			30	98,254.	
31 Add columns (g), (i), and (j) of line 29b.....			31	-7,470.	
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31.....			32	90,784.	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
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			
34 a 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	90,784.
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 AD; 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	

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **17**

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

ALEXANDRO ALVARADO

Social security number of person
with **self-employment** income ►

158-72-3904

Part I Self-Employment Tax

SEE STATEMENT 3

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

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

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

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1 b	
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.		
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	87,153.
3 Combine lines 1a, 1b, and 2	3	87,153.
4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4 a	80,486.
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	4 b	
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	4 c	80,486.
5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5 a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5 b	0.
6 Add lines 4c and 5b	6	80,486.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021	7	142,800.
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines 8b through 10, and go to line 11	8 a	
b Unreported tips subject to social security tax from Form 4137, line 10	8 b	
c Wages subject to social security tax from Form 8919, line 10	8 c	
d Add lines 8a, 8b, and 8c	8 d	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	142,800.
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	9,980.
11 Multiply line 6 by 2.9% (0.029)	11	2,334.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	12,314.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	6,157.

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

Farm Optional Method. You may use this method only if (a) your gross farm income ⁽¹⁾ wasn't more than \$8,820, or (b) your net farm profits ⁽²⁾ were less than \$6,367.		
14 Maximum income for optional methods	14	5,880.
15 Enter the smaller of: two-thirds (2/3) of gross farm income ⁽¹⁾ (not less than zero) or \$5,880. Also, include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ⁽³⁾ were less than \$6,367 and also less than 72.189% of your gross nonfarm income, ⁽⁴⁾ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.		
16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm 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.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **17**

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

DIANA L ALVARADO

Social security number of person
with **self-employment** income ►

766-62-9098

Part I Self-Employment Tax STATEMENT 4

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

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

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

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1 b	
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.		
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	3,631.
3 Combine lines 1a, 1b, and 2	3	3,631.
4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4 a	3,353.
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	4 b	
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	4 c	3,353.
5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5 a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5 b	0.
6 Add lines 4c and 5b	6	3,353.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021	7	142,800.
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines 8b through 10, and go to line 11	8 a	142,800.
b Unreported tips subject to social security tax from Form 4137, line 10	8 b	
c Wages subject to social security tax from Form 8919, line 10	8 c	
d Add lines 8a, 8b, and 8c	8 d	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	
11 Multiply line 6 by 2.9% (0.029)	11	97.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	97.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	49.

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

Farm Optional Method. You may use this method only if (a) your gross farm income ⁽¹⁾ wasn't more than \$8,820, or (b) your net farm profits ⁽²⁾ were less than \$6,367.		
14 Maximum income for optional methods	14	5,880.
15 Enter the smaller of: two-thirds (2/3) of gross farm income ⁽¹⁾ (not less than zero) or \$5,880. Also, include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ⁽³⁾ were less than \$6,367 and also less than 72.189% of your gross nonfarm income, ⁽⁴⁾ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.		
16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm 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.

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

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

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

Form **2441****Child and Dependent Care Expenses**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.**2021**Attachment
Sequence No. **21**

Name(s) shown on return

Your social security number

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box ☐**B** For 2021, your credit for child and dependent care expenses is refundable if you, or your spouse if married filing jointly, had a principal place of abode in the United States for more than half of 2021. If you meet these requirements, check this box ☒**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**If you have more than three care providers, see the instructions and check this box ☐

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Check here if the care provider is your household employee. (see instructions)	(e) Amount paid (see instructions)
	EAST HANOVER CHILD CARE	55 EAGLE ROCK AVE EAST HANOVER, NJ 07936	47-1456522	☐	18,887.
				☐	
				☐	

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on page 2 next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2021 but didn't pay them until 2022, or if you prepaid in 2021 for care to be provided in 2022, don't include these expenses in column (c) of line 2 for 2021. See the instructions.**Part II** **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2021 for the person listed in column (a)
First	Last		
SEBASTIAN E.	ALVARADO	120-47-0779	9,443.
GABRIELA L.	ALVARADO	372-57-0725	9,444.

3 Add the amounts in column (c) of line 2. Don't enter more than \$8,000 if you had one qualifying person or \$16,000 if you had two or more persons. If you completed Part III, enter the amount from line 31.	3	16,000.
4 Enter your earned income . See instructions.	4	80,996.
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4.	5	148,031.
6 Enter the smallest of line 3, 4, or 5.	6	16,000.
7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11.	7	236,199.
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. • If line 7 is \$125,000 or less, enter .50 on line 8. • If line 7 is over \$125,000 and no more than \$438,000, see the instructions for line 8 for the amount to enter. • If line 7 is over \$438,000, don't complete line 8. Enter zero on line 9a. You may be able to claim a credit on line 9b.	8	X .20
9a Multiply line 6 by the decimal amount on line 8.	9a	3,200.
b If you paid 2020 expenses in 2021, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, go to line 10.	9b	
10 Add lines 9a and 9b and enter the result. If you checked the box on line B above, this is your refundable credit for child and dependent care expenses ; enter the amount from this line on Schedule 3 (Form 1040), line 13g, and don't complete line 11. If you didn't check the box on line B above, go to line 11.	10	3,200.
11 Nonrefundable credit for child and dependent care expenses. If you didn't check the box on line B above, your credit is nonrefundable and limited by the amount of your tax; see the instructions to figure the portion of line 10 that you can claim and enter that amount here and on Schedule 3 (Form 1040), line 2.	11	0.

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

**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

2021

Attachment
Sequence No. **47**

ALEXANDRO AND DIANA L ALVARADO

Your social security number

158-72-3904

Part I-A 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	236,199.
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	236,199.
4a	Number of qualifying children under age 18 with the required social security number	4a	2
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	1
c	Subtract line 4b from line 4a	4c	1
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	4,000.
6	Number of other dependents, including any qualifying children who are not under age 18 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 4a.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	4,000.
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	0.
11	Multiply line 10 by 5% (0.05)	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	4,000.
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021. ☒ B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021. ☐		

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	
b	Subtract line 14a from line 12	14b	4,000.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	0.
d	Enter the smaller of line 14a or line 14c	14d	
e	Add lines 14b and 14d	14e	4,000.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	14f	2,000.
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III.	14g	2,000.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.	14h	0.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR.	14i	2,000.

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

Schedule 8812 (Form 1040) 2021

Part I-C Filers Who Do Not Check a Box on Line 13**Caution:** If you checked a box on line 13, do not complete Part I-C.

15a Enter the amount from the Credit Limit Worksheet A	15a	
b Enter the smaller of line 12 or line 15a. Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.	15b	
1 You are not filing Form 2555.		
2 Line 4a is more than zero.		
3 Line 12 is more than line 15a.		
c If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	
d Add lines 15b and 15c	15d	
e Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	15e	
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
f Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III.	15f	
g Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.	15g	
h Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR.	15h	

Part II-A Additional Child Tax Credit (use only if completing Part I-C)**Caution:** If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.**Caution:** If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27.	16a	
b Number of qualifying children under 18 with the required social security number: _____ X \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27. TIP: The number of children you use for this line is the same as the number of children you used for line 4a.	16b	
17 Enter the smaller of line 16a or line 16b.	17	
18a Earned income (see instructions)	18a	
b Nontaxable combat pay (see instructions)	18b	
19 Is the amount on line 18a more than \$2,500? ☐ No. Leave line 19 blank and enter -0- on line 20. ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20 Multiply the amount on line 19 by 15% (0.15) and enter the result. Next. On line 16b, is the amount \$4,200 or more? ☐ No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. ☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	21	
22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13.	22	
23 Add lines 21 and 22	23	
24 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24	
25 Subtract line 24 from line 23. If zero or less, enter -0-	25	
26 Enter the larger of line 20 or line 25	26	
Next, enter the smaller of line 17 or line 26 on line 27.		

Part II-C Additional Child Tax Credit

27 Enter this amount on line 15c.	27	
---	-----------	--

Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)

28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line	30	
	Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	Enter the amount shown below for your filing status. • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000 • All other filing statuses—\$40,000	33	
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	0.
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19	40	0.

Schedule 8812 (Form 1040) 2021

Investment Interest Expense Deduction

► Go to www.irs.gov/Form4952 for the latest information.
► Attach to your tax return.

2021Attachment
Sequence No. **51**

Name(s) shown on return

ALEXANDRO AND DIANA L ALVARADO

Identifying number

158-72-3904

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2021 (see instructions).....	1	60.
2	Disallowed investment interest expense from 2020 Form 4952, line 7.....	2	
3	Total investment interest expense. Add lines 1 and 2.....	3	60.

Part II Net Investment Income

4 a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment).....	4 a	4.	
4 b	Qualified dividends included on line 4a.....	4 b	4.	
4 c	Subtract line 4b from line 4a.....	4 c		
4 d	Net gain from the disposition of property held for investment.....	4 d	7,168.	
4 e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions.....	4 e	1,045.	
4 f	Subtract line 4e from line 4d.....	4 f		6,123.
4 g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions.....	4 g		
4 h	Investment income. Add lines 4c, 4f, and 4g.....	4 h		6,123.
5	Investment expenses (see instructions).....	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-.....	6		6,123.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2022. Subtract line 6 from line 3. If zero or less, enter -0-.....	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions.....	8	60.

BAA For Paperwork Reduction Act Notice, see separate instructions.Form **4952** (2021)

**Qualified Business Income Deduction
Simplified Computation****2021**Attachment
Sequence No. **55**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return

ALEXANDRO AND DIANA L ALVARADO

Your taxpayer identification number

158-72-3904

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	TRISTATE TECHNOLOGY SOLUTIONS LLC	46-3886027	80,996.
ii	TRISTATE TECHNOLOGY SOLUTIONS LLC	46-3886027	3,582.
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	2	84,578.	
3	Qualified business net (loss) carryforward from the prior year.	3	(0.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	84,578.	
5	Qualified business income component. Multiply line 4 by 20% (0.20).	5		16,916.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions).	6	0.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	7	(0.)	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20).	9		0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9.	10		16,916.
11	Taxable income before qualified business income deduction (see instructions).	11	199,319.	
12	Net capital gain (see instructions).	12	1,049.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	198,270.	
14	Income limitation. Multiply line 13 by 20% (0.20).	14		39,654.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions). ▶	15		16,916.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8995** (2021)

Form **8867**

(Rev. December 2021)

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

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

ALEXANDRO AND DIANA L ALVARADO

Taxpayer identification number

158-72-3904

Enter preparer's name and PTIN

MICHAEL J. PUCCI, CPA P00224215**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

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	☒	☐	
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:			
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)?	☐	☐	☒

BAA For Paperwork Reduction Act Notice, see separate instructions.Form **8867** (Rev. 12-2021)

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 **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021Attachment
Sequence No. **179**

Name(s) shown on return

ALEXANDRO AND DIANA L ALVARADO

Identifying number

158-72-3904

Business or activity to which this form relates

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

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
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	1,050,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
FROM SCHEDULE K-1			7,470.
7	Listed property. Enter the amount from line 29	7	0.
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	7,470.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	7,470.
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	0.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs. .	11	242,703.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	7,470.
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12. ▶	13	0.

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

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. ▶ ☐		

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 07/12/21

Form **4562** (2021)

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021Attachment
Sequence No. **179**

Name(s) shown on return

ALEXANDRO AND DIANA L ALVARADO

Identifying number

158-72-3904

Business or activity to which this form relates

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

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

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

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		☐

Section B — Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

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

Section C — Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 07/12/21

Form **4562** (2021)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No						24b If 'Yes,' is the evidence written? ☐ Yes ☐ No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25		
26 Property used more than 50% in a qualified business use:									
27 Property used 50% or less in a qualified business use:									
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29		

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles).												
31 Total commuting miles driven during the year.												
32 Total other personal (noncommuting) miles driven.												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):					
REFI POINTS	6/09/21	594.		15	23.
43 Amortization of costs that began before your 2021 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report.					44 23.

2021

FEDERAL STATEMENTS

PAGE 1

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

STATEMENT 1
FORM 1040
WAGE SCHEDULE

<u>SPOUSE - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
RYAN MOTORS OF PASSAIC INC	144,449.	20,586.	8,854.	2,223.	6,109.	1,191.
GRAND TOTAL	<u>144,449.</u>	<u>20,586.</u>	<u>8,854.</u>	<u>2,223.</u>	<u>6,109.</u>	<u>1,191.</u>

STATEMENT 2
FORM 1040, LINE 3A
QUALIFIED DIVIDENDS

ROBINHOOD SECURITIES LLC-6437.....	\$	2.
TD AMERITRADE-9290.....		2.
TOTAL	\$	<u>4.</u>

STATEMENT 3
SCHEDULE SE, PAGE 2
TAXPAYER'S SELF-EMPLOYMENT INCOME FROM PASSTHROUGH ENTITIES

<u>TRISTATE TECHNOLOGY SOLUTIONS LLC</u>		
SELF-EMPLOYMENT INCOME FROM ENTITY.....	\$	94,324.
SECTION 179 EXPENSE.....		-7,171.
TOTAL	\$	<u>87,153.</u>
TOTAL SE INCOME - NONFARM	\$	<u>87,153.</u>

STATEMENT 4
SCHEDULE SE, PAGE 2
SPOUSE'S SELF-EMPLOYMENT INCOME FROM PASSTHROUGH ENTITIES

<u>TRISTATE TECHNOLOGY SOLUTIONS LLC</u>		
SELF-EMPLOYMENT INCOME FROM ENTITY.....	\$	3,930.
SECTION 179 EXPENSE.....		-299.
TOTAL	\$	<u>3,631.</u>
TOTAL SE INCOME - NONFARM	\$	<u>3,631.</u>

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 ALEXANDRO ALVARADO	Social security number 158-72-3904
Spouse's name DIANA L ALVARADO	Spouse's social security number 766-62-9098

Part I Tax Return Information – Tax Year Ending December 31, 2021 (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	236,199.
2	Total tax	2	44,135.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	20,586.
4	Amount you want refunded to you	4	
5	Amount you owe	5	18,575.

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 MCGOVERN GARRY, LLC to enter or generate my PIN 30460 as my
ERO firm name Enter five digits, but
don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ 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 ► _____

Spouse's PIN: check one box only

☒ I authorize MCGOVERN GARRY, LLC to enter or generate my PIN 42705 as my
ERO firm name Enter five digits, but
don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ 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 ► _____

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.

22381303030
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 ► _____ Date ► _____

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

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (Rev. 01-2021)

12/31/21

2021 FEDERAL DEPRECIATION SCHEDULE

PAGE 1

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
SCHEDULE A (POINTS)																
AMORTIZATION																
1	REFI POINTS	6/09/21		594							594		S/L	15		23
	TOTAL AMORTIZATION			594		0	0	0	0	0	594	0				23
	TOTAL DEPRECIATION			0		0	0	0	0	0	0	0				0
	GRAND TOTAL AMORTIZATION			594		0	0	0	0	0	594	0				23
	GRAND TOTAL DEPRECIATION			0		0	0	0	0	0	0	0				0

12/31/22

2022 FEDERAL DEPRECIATION SCHEDULE

PAGE 1

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
SCHEDULE A (POINTS)																
AMORTIZATION																
1	REFI POINTS	6/09/21		594							594	23	S/L	15		40
	TOTAL AMORTIZATION			594		0	0	0	0	0	594	23				40
	TOTAL DEPRECIATION			0		0	0	0	0	0	0	0				0
	GRAND TOTAL AMORTIZATION			594		0	0	0	0	0	594	23				40
	GRAND TOTAL DEPRECIATION			0		0	0	0	0	0	0	0				0

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

	2021	2020	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC.....	144,449	106,530	37,919
DIVIDEND INCOME.....	4	16	-12
CAPITAL GAIN OR LOSS.....	7,168	47	7,121
RENT, ROYALTY, PARTNERSHIP, SCORP, TRUST	90,784	81,093	9,691
TOTAL INCOME.....	242,405	187,686	54,719
ADJUSTMENTS TO INCOME			
DEDUCTIBLE PART OF SELF-EMPLOYMENT TAX...	6,206	5,730	476
OTHER ADJUSTMENTS TO INCOME.....	0	300	-300
TOTAL ADJUSTMENTS.....	6,206	6,030	176
ADJUSTED GROSS INCOME.....	236,199	181,656	54,543
ITEMIZED DEDUCTIONS			
TAXES.....	10,000	10,000	0
INTEREST.....	24,491	11,325	13,166
CONTRIBUTIONS.....	2,389	2,705	-316
TOTAL ITEMIZED DEDUCTIONS.....	36,880	24,030	12,850
TAX COMPUTATION			
STANDARD DEDUCTION.....	25,100	24,800	300
CHARITABLE CONTR. IF TAKING STANDARD DED	600	0	600
LARGER OF ITEMIZED OR STANDARD DEDUCTION	36,880	24,800	12,080
QUALIFIED BUSINESS INCOME DEDUCTION.....	16,916	15,073	1,843
TAXABLE INCOME.....	182,403	141,783	40,620
TAX BEFORE CREDITS.....	31,724	22,771	8,953
CREDITS			
CHILD TAX CREDIT & OTHER DEPENDENT CR....	0	4,000	-4,000
CHILD AND DEPENDENT CARE CREDIT.....	0	1,200	-1,200
TOTAL CREDITS.....	0	5,200	-5,200
TAX AFTER CREDITS.....	31,724	17,571	14,153
OTHER TAXES			
SELF-EMPLOYMENT TAX.....	12,411	11,459	952
TOTAL TAX.....	44,135	29,030	15,105
PAYMENTS			
FEDERAL INCOME TAX WITHHELD.....	20,586	15,382	5,204
REFUNDABLE/ADDITIONAL CHILD TAX CREDIT...	2,000	0	2,000
OTHER PAYMENTS.....	3,200	0	3,200
TOTAL PAYMENTS.....	25,786	18,016	7,770
REFUND OR AMOUNT DUE			
UNDERPAYMENT PENALTY.....	226	90	136
AMOUNT YOU OWE.....	18,575	11,104	7,471
TAX RATES			
MARGINAL TAX RATE.....	24.0%	22.0%	2.0%
EFFECTIVE TAX RATE.....	24.2%	20.5%	3.7%

	2021	2020	DIFF
NEW JERSEY TAX SUMMARY			
WAGES, SALARIES, TIPS, ETC.....	169,010	130,570	38,440
DIVIDENDS.....	4	16	-12
NET GAINS FROM DISPOSITION OF PROPERTY...	7,168	47	7,121
DISTR. SHARE OF PARTNERSHIP INCOME.....	93,386	77,554	15,832
TOTAL INCOME.....	269,568	208,187	61,381
NEW JERSEY GROSS INCOME.....	269,568	208,187	61,381
EXEMPTIONS/DEDUCTIONS			
TOTAL EXEMPTIONS.....	5,000	5,000	0
MEDICAL EXPENSES.....	24,277	0	24,277
TOTAL EXEMPTIONS AND DEDUCTIONS.....	29,277	5,000	24,277
TAXABLE INCOME.....	240,291	203,187	37,104
PROPERTY TAX DEDUCTION.....	6,775	6,642	133
NEW JERSEY TAXABLE INCOME.....	233,516	196,545	36,971
TAX CALCULATION			
TAX.....	10,832	8,477	2,355
BALANCE OF TAX.....	10,832	8,477	2,355
BALANCE OF TAX AFTER CREDIT.....	10,832	8,477	2,355
TOTAL TAX AND PENALTY.....	10,832	8,477	2,355
PAYMENTS AND CREDITS			
NEW JERSEY INCOME TAX WITHHELD.....	6,109	4,978	1,131
NJ ESTIMATED TAX PAYMENTS/CREDITS.....	1,035	0	1,035
PASS-THROUGH BUSINESS ALTERNATIVE INCOME.....	5,300	4,602	698
TOTAL PAYMENTS/CREDITS.....	12,444	9,580	2,864
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID.....	1,612	1,103	509
AMOUNT OF REFUND CREDITED TO NEXT YEAR...	1,612	1,103	509
AMOUNT YOU OWE.....	0	0	0
TAX RATES			
MARGINAL TAX RATE.....	6.4%	6.4%	0.0%
EFFECTIVE TAX RATE.....	4.6%	4.3%	0.3%

**FORM 1040, 1040-SR, OR 1040-NR, LINE 3B
DIVIDEND INCOME**ROBINHOOD SECURITIES LLC-6437
TD AMERITRADE-9290

	2.
	2.
TOTAL	<u>4.</u>

STATE/LOCAL/PROPERTY REFUNDS TAXABLE IN 2022 - RECOMPUTED ITEMIZED DED

1. STATE/LOCAL INCOME TAXES	8,335.	
2. STATE/LOCAL INCOME TAX REFUNDS (CURRENT YEAR)	1,612.	
3. SUBTRACT LINE 2 FROM LINE 1	6,723.	
4. GENERAL SALES TAXES	1,519.	
5. GREATER OF STATE/LOCAL INCOME OR SALES TAXES	6,723.	
6. STATE/LOCAL REAL ESTATE TAXES	6,775.	
7. STATE/LOCAL PROPERTY TAX REFUNDS (CURRENT YEAR)	0.	
8. SUBTRACT LINE 7 FROM LINE 6	6,775.	
9. STATE/LOCAL PERSONAL PROPERTY TAXES	0.	
10. ADD LINES 5, 8, AND 9	13,498.	
11. SMALLER OF LINE 10 OR \$10,000 (\$5,000 IF MFS)		10,000.
12. SCHEDULE A, LINES 4, 6, 10, 14, 15, AND 16		26,880.
13. RECOMPUTED ITEMIZED DEDUCTIONS (LINES 11 AND 12) TAXABLE IN 2022 WORKSHEET		36,880.

**STATE REFUNDS TAXABLE IN 2022 - RECOMPUTED TAX
(TO DETERMINE IF TAX BENEFIT RECEIVED PER IRS PUB. 525 -
AMT / UNUSED CREDITS / 0% RATE CAPITAL GAIN, QUALIFIED DIVIDENDS / SALT LIMIT)**

1. ACTUAL TAXABLE INCOME	182,403.	
2. ACTUAL REGULAR TAX	31,724.	
3. ACTUAL AMT	0.	
4. ACTUAL TOTAL TAX BEFORE CREDITS	31,724.	
5. LESS: ACTUAL CREDITS	0.	
6. ACTUAL TAX AFTER CREDITS		31,724.
7. TAXABLE INCOME RECOMPUTED WITH SCH. A TAXES REDUCED BY STATE TAX REFUNDS	182,403.	
8. RECOMPUTED REGULAR TAX	31,724.	
9. RECOMPUTED AMT	0.	
10. RECOMPUTED TOTAL TAX BEFORE CREDITS	31,724.	
11. LESS: RECOMPUTED CREDITS	0.	
12. RECOMPUTED TAX AFTER CREDITS		<u>31,724.</u>
13. DIFFERENCE BETWEEN ACTUAL AND RECOMPUTED TAX (SUBTRACT LINE 12 FROM LINE 6)		0.

RECOMPUTATION OF CERTAIN REFUNDABLE CREDITS:

17. ACTUAL EIC, ADDITIONAL CTC, & REFUNDABLE EDUCATION CREDIT	2,000.
18. RECOMPUTED EIC, ADDITIONAL CTC, & REFUNDABLE EDUCATION CREDIT	<u>2,000.</u>
19. DIFFERENCE BETWEEN ACTUAL AND RECOMPUTED CREDITS (SUBTRACT LINE 18 FROM LINE 17)	0.

NET CHANGE TO TAX LIABILITY, CARRYOVERS, ETC. (CHANGE IN TAX LESS CHANGE IN CARRYOVERS/CREDITS)	<u>0.</u>
--	-----------

ZERO OR POSITIVE CHANGE - NO TAX BENEFIT WAS RECEIVED AND SO NONE OF THE

STATE REFUNDS TAXABLE IN 2022 - RECOMPUTED TAX (CONTINUED)
(TO DETERMINE IF TAX BENEFIT RECEIVED PER IRS PUB. 525 -
AMT / UNUSED CREDITS / 0% RATE CAPITAL GAIN, QUALIFIED DIVIDENDS / SALT LIMIT)

REFUND IS TAXABLE.

NOTE: THE PROGRAM CONSIDERS A TAX BENEFIT TO BE A LOWER TAX LIABILITY, HIGHER CREDIT CARRYOVERS TO 2022, AND/OR HIGHER REFUNDABLE CREDITS AS A RESULT OF DEDUCTING THE STATE TAXES THAT PRODUCED THE REFUND. HOWEVER, AN INCREASE TO CREDIT CARRYOVERS AND/OR REFUNDABLE CREDITS IS NOT CONSIDERED TO BE A TAX BENEFIT IF THE INCREASE IS FULLY OFFSET BY A HIGHER TAX LIABILITY.

WORKSHEET FOR DETERMINING ROTH IRA BASIS AMOUNTS

SPOUSE

BASIS IN CONTRIBUTIONS:

1. BASIS IN ROTH IRA CONTRIBUTIONS AS OF DECEMBER 31, 2020	12,825.
2. ROTH IRA CONTRIBUTIONS FOR 2022, ADJUSTED FOR ANY RECHARACTERIZATIONS	0.
3. ADD LINES 1 AND 2	12,825.
4. ENTER THE AMOUNT OF NONQUALIFIED DISTRIBUTIONS FROM FORM 8606, LINE 19	0.
5. REMAINING BASIS IN CONTRIBUTIONS BEFORE QUALIFIED ROTH DISTRIBUTIONS (SUBTRACT LINE 4 FROM LINE 3)	12,825.
6. QUALIFIED ROTH DISTRIBUTIONS	0.
7. BASIS IN ROTH IRA CONTRIBUTIONS AS OF DECEMBER 31, 2021 (SUBTRACT LINE 6 FROM LINE 5)	12,825.

BASIS IN CONVERSIONS & ROLLOVERS:

8. BASIS IN ROTH IRA CONVERSIONS AS OF DECEMBER 31, 2020	0.
9. ENTER THE AMOUNT FROM FORM 8606, LINE 16	0.
10. ROLLOVERS FROM QUALIFIED RETIREMENT PLANS TO ROTH IRAS IN 2021	0.
11. ADD LINES 8, 9, AND 10	0.
12. ENTER THE AMOUNT FROM FORM 8606, LINE 23, REFIGURED WITHOUT TAKING INTO ACCOUNT THE AMOUNT ON LINE 20	0.
13. REMAINING BASIS IN CONVERSIONS AND ROLLOVERS BEFORE QUALIFIED ROTH DISTRIBUTIONS (SUBTRACT LINE 12 FROM LINE 11)	0.
14. QUALIFIED ROTH DISTRIBUTIONS THAT DID NOT REDUCE BASIS IN CONTRIBUTIONS (SUBTRACT LINE 6 FROM LINE 7	0.
15. BASIS IN ROTH IRA CONVERSIONS & ROLLOVERS AS OF DECEMBER 31, 2021 (SUBTRACT LINE 14 FROM LINE 13)	0.

QUALIFIED BUSINESS INCOME

TRADE OR BUSINESS NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC
 TAXPAYER IDENTIFICATION NUMBER: 46-3886027

BUSINESS INCOME.....	87,153.
ALLOCATED DEDUCTION FOR ONE-HALF OF SELF-EMPLOYMENT TAX.....	-6,157.
QUALIFIED BUSINESS INCOME	<u>80,996.</u>

TRADE OR BUSINESS NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC
 TAXPAYER IDENTIFICATION NUMBER: 46-3886027

BUSINESS INCOME.....	3,631.
ALLOCATED DEDUCTION FOR ONE-HALF OF SELF-EMPLOYMENT TAX.....	-49.
QUALIFIED BUSINESS INCOME	<u>3,582.</u>

LINE 5 WORKSHEET (SCHEDULE 8812)

1. MULTIPLY SCHEDULE 8812, LINE 4B, BY \$3,600	3,600.
2. MULTIPLY SCHEDULE 8812, LINE 4C, BY \$3,000	3,000.
3. ADD LINE 1 AND LINE 2	6,600.
4. MULTIPLY SCHEDULE 8812, LINE 4A, BY \$2,000	4,000.
5. SUBTRACT LINE 4 FROM LINE 3	2,600.
6. ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS	12,500.
- MFJ \$12,500; QW \$2,500; HOH \$4,375; ALL OTHER \$6,250	
7. ENTER THE SMALLER OF LINE 5 OR LINE 6	2,600.
8. ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS	150,000.
- MFJ OR QW \$150,000; HOH \$112,500; ALL OTHER \$75,000	
9. SUBTRACT LINE 8 FROM SCHEDULE 8812, LINE 3	87,000.
- IF ZERO OR LESS, ENTER 0	
- IF MORE THAN ZERO AND NOT A MULTIPLE OF \$1,000, ENTER THE NEXT MULTIPLE OF \$1,000	
10. MULTIPLY LINE 9 BY 5% (0.05)	4,350.
11. ENTER THE SMALLER OF LINE 7 OR LINE 10	2,600.
12. SUBTRACT LINE 11 FROM LINE 3. ENTER ON SCHEDULE 8812, LINE 5	4,000.

FEDERAL INCOME TAX WITHHELD

RYAN MOTORS OF PASSAIC INC	20,586.
TOTAL	<u>20,586.</u>

STATE AND LOCAL TAXES (SCHEDULE A, LINE 5A)

STATE AND LOCAL INCOME TAXES

	STATE	LOCAL
INCOME TAX WITHHELD	6,109.	0.
DISABILITY/UNEMPLOYMENT INSURANCE/TRANSIT TAX	1,191.	0.
ESTIMATED TAX PAYMENTS	0.	0.
CREDIT FOR PRIOR YEAR OVERPAYMENT	1,035.	0.
CREDIT FOR INCOME TAX WITHHELD (K-1)	0.	0.
1/21 PAYMENT ON 2020 ESTIMATE	0.	0.
PAID WITH 2020 EXTENSION	0.	0.
PAID WITH 2020 RETURN	0.	0.
PAID FOR PRIOR YEARS AND/OR TO OTHER STATES	0.	0.
TOTAL INCOME TAXES	<u>8,335.</u>	<u>0.</u>

STATE AND LOCAL TAXES (SCHEDULE A, LINE 5A) (CONTINUED)

TOTAL STATE AND LOCAL INCOME TAXES 8,335.

STATE AND LOCAL SALES TAXES USING THE OPTIONAL SALES TAX TABLES

AVAILABLE INCOME:

ADJUSTED GROSS INCOME PER FORM 1040 OR 1040-SR	236,199.
TAX-EXEMPT INTEREST	0.
NONTAXABLE COMBAT PAY	0.
NONTAXABLE SOCIAL SECURITY BENEFITS	0.
NONTAXABLE PENSIONS	0.
NONTAXABLE IRAS	0.
PRIOR YEAR REFUNDABLE CREDITS (REFUNDABLE PORTION ONLY)	0.
ADDITIONAL NONTAXABLE AMOUNTS	0.
TOTAL AVAILABLE INCOME (NOT LESS THAN ZERO)	<u>236,199.</u>

NUMBER OF EXEMPTIONS 4.

- | | |
|---|--------|
| 1. STATE GENERAL SALES TAXES PER TABLES | 1,519. |
| 2. LOCAL GENERAL SALES TAXES PER TABLES FOR CERTAIN RESIDENTS OF
AK, AZ, AR, CO, GA, IL, LA, MO, MS, NC, NY, SC, TN, UT, AND VA
(BASED ON A RATE OF 1%) | 0. |
| 3. LOCAL GENERAL SALES TAX RATE | |
| 4. IF LINE 2 IS ZERO, ENTER YOUR STATE GENERAL SALES TAX RATE.
OTHERWISE, SKIP LINE 4 AND 5, AND GO TO LINE 6 | 6.6250 |
| 5. DIVIDE LINE 3 BY LINE 4 | |
| 6. LOCAL GENERAL SALES TAXES. IF LINE 2 IS ZERO, MULTIPLY
LINE 1 BY LINE 5. OTHERWISE, MULTIPLY LINE 2 BY LINE 3. | 0. |
| 7. STATE AND LOCAL GENERAL SALES TAXES (ADD LINES 1 AND 6) | 1,519. |
| 8. SALES TAXES PAID ON VEHICLES, BOATS, ETC. | 0. |
| 9. SALES TAX DEDUCTION WHEN USING TABLES (ADD LINES 7 AND 8) | 1,519. |

STATE AND LOCAL SALES TAX DEDUCTION
(GREATER OF TAXES PAID OR TABLE AMOUNT)

- | | |
|--|---------------|
| 1. GENERAL SALES TAXES PAID | 0. |
| 2. USE TAXES PAID | 0. |
| 3. TOTAL ACTUAL TAXES PAID (ADD LINES 1 AND 2) | 0. |
| 4. SALES TAXES USING TABLES | 1,519. |
| 5. GREATER OF SALES TAXES PAID OR TABLE AMOUNT | <u>1,519.</u> |

STATE & LOCAL TAXES TO SCH. A, LN 5 (GREATER OF INCOME OR SALES TAX) 8,335.

NET NONFARM PROFIT OR (LOSS) (SCHEDULE SE, LINE 2)

	<u>TAXPAYER</u>	<u>SPOUSE</u>
SCHEDULE C	0.	0.
SCHEDULE E, PAGE 2 (FROM SCH. K-1)	87,153.	3,631.
OTHER INCOME (SCHEDULE 1, LINE 8)	0.	0.
SECTION 1256 CONTRACTS	0.	0.
MINISTER WAGES	0.	0.
MINISTER HOUSING ALLOWANCE	0.	0.
MINISTER PARSONAGE - UTILITIES	0.	0.
EMPLOYEE BUSINESS EXPENSES	0.	0.
NET NONFARM INCOME ADJUSTMENT	0.	0.
TOTAL NET NONFARM PROFIT OR (LOSS)	<u>87,153.</u>	<u>3,631.</u>

TAXABLE BUSINESS INCOME FOR LIMITATION OF SECTION 179 EXPENSE DEDUCTION (FORM 4562, LINE 11)

WAGES, SALARIES, TIPS, ETC.	144,449.
BUSINESS INCOME OR LOSS	0.
FARM INCOME OR LOSS	0.
RENTAL REAL ESTATE INCOME OR LOSS	0.
NONPASSIVE PARTNERSHIPS, S CORPS, ESTATES, TRUSTS	98,254.
INCOME OR LOSS FOR REAL ESTATE PROFESSIONALS	0.
GAINS OR LOSSES ON SALES OF BUSINESS PROPERTY	0.
TOTAL TAXABLE BUSINESS INCOME	<u>242,703.</u>

INVESTMENT INTEREST EXPENSE (FORM 4952, LINE 1)

SCHEDULE A	60.
SCHEDULE A (FROM PASS-THROUGH ENTITIES)	0.
SCHEDULE C	0.
SCHEDULE E, PAGE 1	0.
SCHEDULE E, PAGE 2	0.
TOTAL INVESTMENT INTEREST EXPENSE	<u>60.</u>

GROSS INVESTMENT INCOME (FORM 4952, LINE 4A)

INTEREST INCOME	0.
DIVIDEND INCOME	4.
CHILD'S INVESTMENT INCOME - FORM 8814	0.
GROSS INVESTMENT INCOME - SCHEDULE C	0.
GROSS INVESTMENT INCOME - SCHEDULE E	0.
PUBLICLY TRADED PARTNERSHIP INCOME	0.
OTHER NET INVESTMENT INCOME - K-1	0.
OTHER NET INVESTMENT INCOME - K-1 ADJUSTMENT	0.
GROSS INVESTMENT INCOME ADJUSTMENT	0.
ANNUITY INCOME - TAXPAYER	0.
ANNUITY INCOME - SPOUSE	0.
TOTAL	<u>4.</u>

NET GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT (FORM 4952, LINE 4D)

CAPITAL GAIN OR LOSS FROM THE DISPOSITION OF INVESTMENT PROPERTY	7,168.
CAPITAL GAIN DISTRIBUTIONS	0.
UNDISTRIBUTED L/T GAIN FROM FORM 2439	0.
NET GAIN OR LOSS FROM CONTRACTS AND STRADDLES (FORM 6781)	0.
SHORT-TERM CAPITAL LOSS CARRYOVER	0.
LONG-TERM CAPITAL LOSS CARRYOVER	0.
ORDINARY GAIN OR LOSS FROM THE DISPOSITION OF INVESTMENT PROPERTY	0.
NET GAIN OR LOSS ON DISPOSITION - PTP PARTIAL DISPOSITIONS	0.
NET GAIN OR LOSS ADJUSTMENT	0.
TOTAL NET GAIN (CANNOT BE NEGATIVE)	<u>7,168.</u>

**FORM 1040 OR 1040-SR, LINE 30
RECOVERY REBATE CREDIT**

1. CAN YOU BE CLAIMED AS A DEPENDENT ON ANOTHER PERSON'S 2021 RETURN? IF FILING A JOINT RETURN, GO TO LINE 2.
- NO. GO TO LINE 2.
2. DOES YOUR 2021 RETURN INCLUDE A VALID SOCIAL SECURITY NUMBER THAT WAS ISSUED ON OR BEFORE THE DUE DATE OF THE RETURN (INCLUDING EXTENSIONS) FOR YOU AND, IF FILING A JOINT RETURN, YOUR SPOUSE?
- YES. GO TO LINE 6.
3. WAS AT LEAST ONE OF YOU A MEMBER OF THE U.S. ARMED FORCES AT ANY TIME DURING 2021, AND DOES AT LEAST ONE OF YOU HAVE A VALID SSN THAT WAS ISSUED ON OR BEFORE THE DUE DATE OF THE RETURN (INCLUDING EXTENSIONS)?
4. DOES ONE OF YOU HAVE A VALID SSN?
5. DO YOU HAVE ANY DEPENDENTS LISTED ON FORM 1040 OR 1040-SR, PAGE 1 WITH A VALID SSN/ATIN ISSUED ON OR BEFORE THE DUE DATE OF THE RETURN (INCLUDING EXTENSIONS)?
6. ENTER \$1,400 IF SINGLE, HOH, MFS, OR QUALIFYING WIDOW(ER)
ENTER \$1,400 IF MFJ AND ANSWERED "YES" TO QUESTION 4, OR
ENTER \$2,800 IF MFJ AND ANSWERED "YES" TO QUESTIONS 2 OR 3..... 2,800.
7. MULTIPLY \$1,400 BY THE NUMBER OF DEPENDENTS LISTED IN THE DEPENDENTS SECTION ON PAGE 1 OF FORM 1040 OR 1040-SR WHO HAD A SSN/ATIN THAT WAS ISSUED ON OR BEFORE THE DUE DATE OF THE RETURN (INCLUDING EXTENSIONS)..... 2,800.
8. ADD LINES 6 AND 7..... 5,600.
9. IS THE AMOUNT ON LINE 11 OF FORM 1040 OR 1040-SR MORE THAN THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS?
MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER): \$150,000
- YES. ENTER FORM 1040 OR 1040-SR, LINE 11 AND GO TO LINE 10..... 236,199.
10. IS LINE 9 MORE THAN THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS?
MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER): \$160,000
- YES. STOP. YOU CAN'T TAKE THE CREDIT.
11. DIVIDE LINE 10 BY THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS.
ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST 2 PLACES).....
MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER): \$10,000
12. MULTIPLY LINE 8 BY LINE 11.....
13. ENTER THE AMOUNT, IF ANY, OF EIP 3 THAT WAS ISSUED TO YOU. IF FILING A JOINT RETURN, INCLUDE THE AMOUNT, IF ANY, OF YOUR SPOUSE'S EIP3. YOU MAY REFER TO NOTICE 1444-C OR YOUR TAX ACCOUNT INFORMATION AT IRS.GOV/ACCOUNT FOR THE AMOUNT TO ENTER HERE..... 0.
14. RECOVERY REBATE CREDIT. SUBTRACT LINE 13 FROM LINE 12. IF ZERO OR LESS, ENTER 0. IF LINE 13 IS MORE THAN LINE 12, YOU DON'T HAVE TO PAY BACK THE DIFFERENCE. ENTER THE RESULT HERE AND, IF MORE THAN ZERO, ON LINE 30 OF FORM 1040 OR 1040-SR..... 0.

2021

2021 Schedule D Tax Worksheet

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

Complete this worksheet only if line 18 or line 19 of Schedule D is more than zero and lines 15 and 16 of Schedule D are gains or if you file Form 4952 and you have an amount on line 4e and 4g, even if you don't need to file Schedule D. Otherwise, complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16 (or in the instructions for Form 1040-NR, line 16) to figure your tax. Before completing this worksheet, complete Form 1040, 1040-SR, or 1040-NR through line 15.

Exception: Don't use the Qualified Dividends and Capital Gain Tax Worksheet or this worksheet to figure your tax if:

- Line 15 or line 16 of Schedule D is zero or less and you have no qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a; or
- Form 1040, 1040-SR, or 1040-NR, line 15, is zero or less.

Instead, see the instructions for Forms 1040 and 1040-SR, line 16 (or Form 1040-NR, line 16).

1. Enter your taxable income from Form 1040, 1040-SR, or 1040-NR, line 15. (However, if you are filing Form 2555 (relating to foreign earned income), enter instead the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16)..... **1.** 182,403.
 2. Enter your qualified dividends from Form 1040, 1040-SR, or 1040-NR, line 3a..... **2.** 4.
 3. Enter the amount from Form 4952 (used to figure investment interest expense deduction), line 4g..... **3.**
 4. Enter the amount from Form 4952, line 4e*..... **4.** 1,045.
 5. Subtract line 4 from line 3. If zero or less, enter -0-... **5.** 0.
 6. Subtract line 5 from line 2. If zero or less, enter -0-***..... **6.** 4.
 7. Enter the **smaller** of line 15 or line 16 of Schedule D... **7.** 1,045.
 8. Enter the **smaller** of line 3 or line 4..... **8.** 0.
 9. Subtract line 8 from line 7. If zero or less, enter -0-***..... **9.** 1,045.
 10. Add lines 6 and 9..... **10.** 1,049.
 11. Add lines 18 and 19 of Schedule D**..... **11.** 0.
 12. Enter the **smaller** of line 9 or line 11..... **12.** 0.
 13. Subtract line 12 from line 10..... **13.** 1,049.
 14. Subtract line 13 from line 1. If zero or less, enter -0-..... **14.** 181,354.
 15. Enter:
 - \$40,400 if single or married filing separately;
 - \$80,800 if married filing jointly or qualifying widow(er); or
 - \$54,100 if head of household.**15.** 80,800.
 16. Enter the **smaller** of line 1 or line 15..... **16.** 80,800.
 17. Enter the **smaller** of line 14 or line 16..... **17.** 80,800.
 18. Subtract line 17 from line 16. If zero or less, enter -0-... **18.** 181,354.
 19. Enter the **smaller** of line 1 or:
 - \$164,925 if single or married filing separately;
 - \$329,850 if married filing jointly or qualifying widow(er); or
 - \$164,900 if head of household.**19.** 182,403.
 20. Enter the **smaller** of line 14 or line 19.... **20.** 181,354.
 21. Enter the **larger** of line 18 or line 20..... **21.** 181,354.
 22. Subtract line 17 from line 16. This amount is taxed at 0%..... **22.** 0.
- If lines 1 and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.**
23. Enter the **smaller** of line 1 or line 13..... **23.** 1,049.
 24. Enter the amount from line 22. (If line 22 is blank, enter -0-.)... **24.** 0.
 25. Subtract line 24 from line 23. If zero or less, enter -0-..... **25.** 1,049.
 26. Enter:
 - \$445,850 if single;
 - \$250,800 if married filing separately;
 - \$501,600 if married filing jointly or qualifying widow(er); or
 - \$473,750 if head of household.**26.** 501,600.
 27. Enter the **smaller** of line 1 or line 26..... **27.** 182,403.
 28. Add lines 21 and 22..... **28.** 181,354.
 29. Subtract line 28 from line 27. If zero or less, enter -0-..... **29.** 1,049.
 30. Enter the **smaller** of line 25 or line 29..... **30.** 1,049.

2021**2021 Schedule D Tax Worksheet - Continued****ALEXANDRO AND DIANA L ALVARADO****158-72-3904**

31. Multiply line 30 by 15% (0.15). 31. 157.
32. Add lines 24 and 30. 32. 1,049.
- If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33.**
33. Subtract line 32 from line 23. 33. 0.
34. Multiply line 33 by 20% (0.20). 34. 0.
- If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.**
35. Enter the **smaller** of line 9 above or Schedule D, line 19. 35. _____
36. Add lines 10 and 21. 36. _____
37. Enter the amount from line 1 above. 37. _____
38. Subtract line 37 from line 36. If zero or less, enter -0-. 38. _____
39. Subtract line 38 from line 35. If zero or less, enter -0-. 39. _____
40. Multiply line 39 by 25% (0.25). 40. _____
- If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.**
41. Add lines 21, 22, 30, 33, and 39. 41. _____
42. Subtract line 41 from line 1. 42. _____
43. Multiply line 42 by 28% (0.28). 43. _____
44. Figure the tax on the amount on **line 21**. If the amount on line 21 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet. 44. 31,567.
45. Add lines 31, 34, 40, 43, and 44. 45. 31,724.
46. Figure the tax on the amount on **line 1**. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. 46. 31,819.
47. **Tax on all taxable income (including capital gains and qualified dividends).** Enter the **smaller** of line 45 or line 46. Also, include this amount on Form 1040, 1040-SR, or 1040-NR, line 16. (If you are filing Form 2555, don't enter this amount on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the Instructions for Forms 1040 and 1040-SR). 47. 31,724.

* If applicable, enter instead the smaller amount you entered on the dotted line next to line 4e of Form 4952.

** If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16, before completing this line.

ACTIVITY NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC

ADJUSTED BASIS AT BEGINNING OF YEAR	53,373.
ADDITIONAL AMOUNTS INVESTED IN CURRENT YEAR	
CURRENT YEAR DISTRIBUTIONS OF MONEY	-162,997.
CURRENT YEAR DISTRIBUTION OF PROPERTY	
CHANGE IN PARTNER'S SHARE OF LIABILITIES	22,759.
OTHER TAX-EXEMPT INCOME	45,600.
CURRENT YEAR INCOME FROM PARTNERSHIP	139,924.
ADJUSTED BASIS USED FOR BASIS LIMITATION	53,059.
LOSS ALLOWED BY BASIS LIMITATION	7,411.
ADJUSTED BASIS AT END OF YEAR	45,648.

	CURRENT YEAR LOSS OR DEDUCTION	PRIOR YEAR UNALLOWED BASIS LOSS	REGULAR TAX AMOUNT ALLOWED BY BASIS	REGULAR TAX BASIS CARRYOVER
<u>LOSSES/DEDUCTIONS/EXPENSES</u>				
CHARITABLE CONTRIBUTIONS	240.		240.	0.
SECTION 179 EXPENSE	7,171.		7,171.	0.
TOTALS	<u>7,411.</u>	<u>0.</u>	<u>7,411.</u>	<u>0.</u>

ALTERNATIVE MINIMUM TAX

AMT BEGINNING BASIS	53,373.
AMT INCOME	139,924.
CURRENT YEAR ADJUSTMENTS TO AMT BASIS	-140,238.
AMT BASIS USED FOR LIMITATION	53,059.
LOSS ALLOWED BY AMT BASIS	7,411.
AMT FINAL BASIS	45,648.

	AMT AMOUNT ALLOWED BY BASIS	AMT BASIS CARRYOVER
<u>AMT LOSSES/DEDUCTIONS/EXPENSES</u>		
AMT ORDINARY LOSS	7,171.	0.
AMT PORTFOLIO DEDUCTIONS - OTHER	240.	0.
TOTALS	<u>7,411.</u>	<u>0.</u>

ACTIVITY NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC

ADJUSTED BASIS AT BEGINNING OF YEAR	9,776.
ADDITIONAL AMOUNTS INVESTED IN CURRENT YEAR	
CURRENT YEAR DISTRIBUTIONS OF MONEY	-6,792.
CURRENT YEAR DISTRIBUTION OF PROPERTY	
CHANGE IN PARTNER'S SHARE OF LIABILITIES	947.
OTHER TAX-EXEMPT INCOME	1,900.
CURRENT YEAR INCOME FROM PARTNERSHIP	5,830.
ADJUSTED BASIS USED FOR BASIS LIMITATION	9,761.
LOSS ALLOWED BY BASIS LIMITATION	309.
ADJUSTED BASIS AT END OF YEAR	9,452.

	CURRENT YEAR LOSS OR DEDUCTION	PRIOR YEAR UNALLOWED BASIS LOSS	REGULAR TAX AMOUNT ALLOWED BY BASIS	REGULAR TAX BASIS CARRYOVER
<u>LOSSES/DEDUCTIONS/EXPENSES</u>				
CHARITABLE CONTRIBUTIONS	10.		10.	0.
SECTION 179 EXPENSE	299.		299.	0.
TOTALS	<u>309.</u>	<u>0.</u>	<u>309.</u>	<u>0.</u>

ALTERNATIVE MINIMUM TAX

AMT BEGINNING BASIS	9,776.
AMT INCOME	5,830.
CURRENT YEAR ADJUSTMENTS TO AMT BASIS	-5,845.
AMT BASIS USED FOR LIMITATION	9,761.
LOSS ALLOWED BY AMT BASIS	309.
AMT FINAL BASIS	9,452.

	AMT AMOUNT ALLOWED BY BASIS	AMT BASIS CARRYOVER
<u>AMT LOSSES/DEDUCTIONS/EXPENSES</u>		
AMT ORDINARY LOSS	299.	0.
AMT PORTFOLIO DEDUCTIONS - OTHER	10.	0.
TOTALS	<u>309.</u>	<u>0.</u>

2021

SCHEDULE OF LOSS LIMITATIONS

PAGE 1

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

ACTIVITY NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC

	(A) CURRENT YEAR AMOUNT	(B) PRIOR YEAR UNALLOWED BASIS LOSS	(C) DISALLOWED DUE TO BASIS LIMITATION	(D) PRIOR YEAR UNALLOWED AT-RISK LOSS	(E) DISALLOWED DUE TO AT-RISK LIMITATION	(F) PRIOR YEAR UNALLOWED PASSIVE LOSS	(G) DISALLOWED DUE TO PASSIVE LOSS LIMITATIONS	(H) TAX RETURN
ORDINARY INCOME (LOSS)	94,324.							
SECTION 179 EXPENSES	-7,171.							
NET INCOME (LOSS)	<u>87,153.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>			87,153.
TOTAL SCHEDULE E PAGE 2	<u>87,153.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>87,153.</u>
CHARITABLE CONTRIBUTIONS	240.							240.

ACTIVITY NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC

	(A) CURRENT YEAR AMOUNT	(B) PRIOR YEAR UNALLOWED BASIS LOSS	(C) DISALLOWED DUE TO BASIS LIMITATION	(D) PRIOR YEAR UNALLOWED AT-RISK LOSS	(E) DISALLOWED DUE TO AT-RISK LIMITATION	(F) PRIOR YEAR UNALLOWED PASSIVE LOSS	(G) DISALLOWED DUE TO PASSIVE LOSS LIMITATIONS	(H) TAX RETURN
ORDINARY INCOME (LOSS)	3,930.							
SECTION 179 EXPENSES	-299.							
NET INCOME (LOSS)	<u>3,631.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>			3,631.
TOTAL SCHEDULE E PAGE 2	<u>3,631.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>3,631.</u>
CHARITABLE CONTRIBUTIONS	10.							10.

DO NOT MAIL --- WORKSHEET COPY ONLY

Form **2210****Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**

OMB No. 1545-0140

2021Department of the Treasury
Internal Revenue Service► Go to www.irs.gov/Form2210 for instructions and the latest information.
► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.Attachment
Sequence No. **06**

Name(s) shown on tax return

ALEXANDRO AND DIANA L ALVARADO

Identifying number

158-72-3904

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?	Yes	Don't file Form 2210. You don't owe a penalty.
↓ No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a penalty. Don't file Form 2210 unless box E in Part II applies, then file page 1 of Form 2210.
↓ No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 2210. Does box B, C, or D in Part II apply?
↓ No		You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.
↓ Yes		
↓ No		You must figure your penalty.
Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210.		

Part I Required Annual Payment

1	Enter your 2021 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	31,724.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	12,411.
3	Other payments and refundable credits (see instructions)	3	(5,200.)
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	38,935.
5	Multiply line 4 by 90% (0.90)	5	35,042.
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	20,586.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	18,349.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	31,933.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	31,933.

Next: Is line 9 more than line 6?

- ☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.
- ☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.
- If box **B, C,** or **D** applies, you must figure your penalty and file Form 2210.
 - If box **A** or **E** applies (but not **B, C,** or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

- A** ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2020 or 2021, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C,** or **D** applies).

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **2210** (2021)

Part III **Penalty Computation** (See the instructions if you're filing Form 1040-NR.)

Section A — Figure Your Underpayment		Payment Due Dates				
		(a) 4/15/21	(b) 6/15/21	(c) 9/15/21	(d) 1/15/22	
10	Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10	7,983.	7,983.	7,983.	7,984.
11	Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II.	11	5,147.	5,147.	5,146.	5,146.

Complete lines 12 through 18 of one column before going to line 12 of the next column.

12	Enter the amount, if any, from line 18 in the previous column.	12				
13	Add lines 11 and 12	13		5,147.	5,146.	5,146.
14	Add the amounts on lines 16 and 17 in the previous column.	14		2,836.	5,672.	8,509.
15	Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11.	15	5,147.	2,311.	0.	0.
16	If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-.	16		0.	526.	
17	Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18.	17	2,836.	5,672.	7,983.	7,984.
18	Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column.	18				

Section B – Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B – Figure the Penalty in the instructions.)

19	Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B – Figure the Penalty. Also include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27.	19	226.
Don't file Form 2210 unless you checked a box in Part II.			

Form 2210 (2021)

DO NOT MAIL

WORKSHEET COPY ONLY

2021
UNDERPAYMENT PENALTY WORKSHEET

ALEXANDRO AND DIANA L ALVARADO
158-72-3904

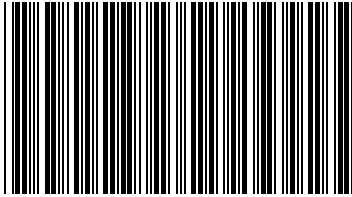
Required Installment	Payment			Penalty				
	Date	Type *	Amount	Underpayment	Days Late	Rate	Amount of Penalty **	Penalty per Period
FIRST QTR								
7,983.	4/15/21	2	5,147.	2,836.	61	0.030	14.22	
	6/15/21	2	2,836.					
TOTAL								14.22
SECOND QTR								
7,983.	6/15/21	2	2,311.	5,672.	92	0.030	42.89	
	9/15/21	2	5,146.	526.	107	0.030	4.63	
TOTAL								47.52
RATE CHANGE	12/31/21			526.	15	0.030	0.65	
	1/15/22	2	526.					
TOTAL								0.65
THIRD QTR								
7,983.	9/15/21			7,983.	107	0.030	70.21	
TOTAL								70.21
RATE CHANGE	12/31/21			7,983.	15	0.030	9.84	
	1/15/22	2	4,620.	3,363.	90	0.030	24.88	
	4/15/22	5	3,363.					
TOTAL								34.72
FOURTH QTR								
7,984.	1/15/22			7,984.	90	0.030	59.06	
	4/15/22	5	7,984.					
TOTAL								59.06

TOTAL UNDERPAYMENT PENALTY
226.

*
1 = Overpayment
2 = Withholding
3 = Estimate
4 = Extension
5 = Paid with return

**
Underpayment
x
Days Late
365
x
Rate

FDIL1601L 06/24/21



040MP01210

1032

Your Social Security Number (required)
158723904

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
ALVARADO ALEXANDRO & DIANA L

Spouse's/CU Partner's SSN (if filing jointly)
766629098

County/Municipality Code (See Table page 50)
1410

Home Address (Number and Street, including apartment number)
20 SCHOENER RD

City, Town, Post Office
EAST HANOVER

State ZIP Code
NJ 07936

Driver's License Number (Voluntary) (See instructions)

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

X I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
NJ-1040-O is enclosed.

Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?

You

Yes

X

No

If joint return does your spouse want to designate \$1?

Spouse/CU Partner

Yes

X

No

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)

dd1. **4**

dd2. Account type (C for checking, S for savings)

dd2.

dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States

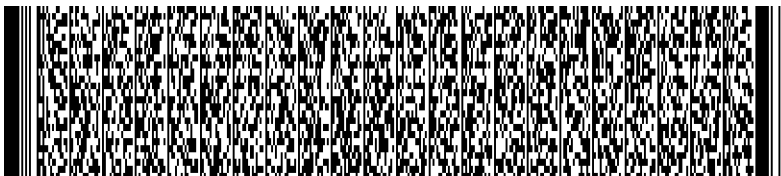
dd3.

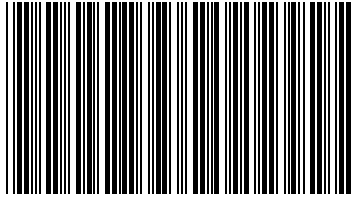
dd4. Routing number

dd4.

dd5. Account number

dd5.





040MP02210

Name(s) as shown on Form NJ-1040

ALEXANDRO AND DIANA L ALVARADO

Your Social Security Number

158723904

1032

NJIA0134 01/11/22

Part-year residents, provide months/days you were a New Jersey resident during 2021:

From: 21 To: 21

Fiscal year filers only:

Enter month of your year end 2022

Filing Status

Fill in only one.

1. Single
2. ☒ Married/CU Couple, filing joint return
3. Married/CU Partner, filing separate return
4. Head of Household Enter spouse's/CU partner's SSN
5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2019 2020

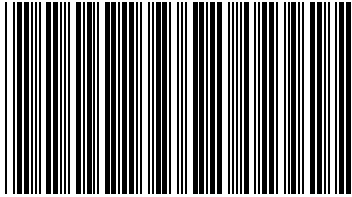
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

- | | | | | | | | | |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|--------|
| 6. Regular | ☒ | Self | ☒ | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | 2000 |
| 7. Senior 65+ (Born in 1956 or earlier) | | Self | | Spouse/CU Partner | | | x \$1,000 = | |
| 8. Blind/Disabled | | Self | | Spouse/CU Partner | | | x \$1,000 = | |
| 9. Veteran | | Self | | Spouse/CU Partner | | | x \$6,000 = | |
| 10. Qualified Dependent Children | | | | | | 2 | x \$1,500 = | 3000 |
| 11. Other Dependents | | | | | | | x \$1,500 = | |
| 12. Dependents Attending Colleges (See instructions) | | | | | | | x \$1,000 = | |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | | 13. | 5000 . |

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	ALVARADO, SEBASTIAN E.	120470779	2013	
b.	ALVARADO, GABRIELA L.	372570725	2017	
c.				
d.				



040MP03210

Name(s) as shown on Form NJ-1040

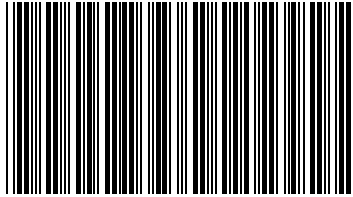
ALEXANDRO AND DIANA L ALVARADO

Your Social Security Number

158723904

1032

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	169010	.
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.		.
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.		.
17.	Dividends	17.	4	.
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.		.
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	7168	.
20a.	Taxable pensions, annuities, and IRA distributions/ withdrawals (See instructions)	20a.		.
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.		.
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	21.	93386	.
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		.
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		.
24.	Net Gambling Winnings (See instructions)	24.		.
25.	Alimony and Separate Maintenance Payments received	25.		.
26.	Other (Enclose documents) (See instructions)	26.		.
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	269568	.
28a.	Pension/Retirement Exclusion (See instructions)	28a.		.
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.		.
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.		.
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	269568	.
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	5000	.
31.	Medical Expenses (See Worksheet F and instructions)	31.	24277	.
32.	Alimony and Separate Maintenance Payments (See instructions)	32.		.
33.	Qualified Conservation Contribution	33.		.
34.	Health Enterprise Zone Deduction	34.		.
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.		.
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.		.
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	29277	.
38.	Taxable Income (Subtract line 37 from line 29)	38.	240291	.
39a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	6775	.
39b.	Block	138	.	0
39b.	Lot	29	.	0
39b.	Qualifier	0		
39c.	County/Municipality Code	1410		
39d.	Indicate your residency status during 2021 (fill in only one)	X	Homeowner	Tenant
40.	Property Tax Deduction (From Worksheet H) (See instructions)			Both
41.	New Jersey Taxable Income (Subtract line 40 from line 38)		6775	.
42.	Tax on Amount on line 41 (Tax Table page 52)		233516	.
43.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)		10832	.
	Enter Code			.
44.	Balance of Tax (Subtract line 43 from line 42)		10832	.
45.	Sheltered Workshop Tax Credit			.
46.	Gold Star Family Counseling Credit (See instructions)			.
47.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)			.
48.	Total Credits (Add lines 45 through 47)			.
49.	Balance of Tax After Credits (Subtract line 48 from line 44) If zero or less, make no entry		10832	.
50.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0		0	.
51.	Interest on Underpayment of Estimated Tax			.
	Fill in if Form NJ-2210 is enclosed			.
52.	Shared Responsibility Payment (See instructions)	REQUIRED	Enclose Schedule HCC and fill in	X



040MP04210

Name(s) as shown on Form NJ-1040

ALEXANDRO AND DIANA L ALVARADO

Your Social Security Number

158723904

1032

53.	Total Tax Due (Add lines 49 through 52)	53.	10832	.
54.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	54.	6109	.
55.	Property Tax Credit (See instructions page 23)	55.	.	.
56.	New Jersey Estimated Tax Payments/Credit from 2020 tax return	56.	1035	.
57.	New Jersey Earned Income Tax Credit (See instructions)	57.	.	.
	Fill in if you had the IRS calculate your federal earned income credit			
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
58.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	58.	.	.
59.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	.	.
60.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.	.
61.	Wounded Warrior Caregivers Credit (See instructions)	61.	.	.
62.	Pass-Through Business Alternative Income Tax Credit (See instructions)	62.	5300	.
63.	Child and Dependent Care Credit (See instructions)	63.	.	.
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
64.	Total Withholdings, Credits, and Payments (Add lines 54 through 63)	64.	12444	.
65.	If line 64 is less than line 53, you have tax due. Subtract line 64 from line 53 and enter the amount you owe	65.	.	.
	If you owe tax, you can still make a donation on lines 68 through 75.			
66.	If the total on line 64 is more than line 53, you have an overpayment. Subtract line 53 from line 64 and enter the overpayment	66.	1612	.
67.	Amount from line 66 you want to credit to your 2022 tax	67.	1612	.
68.	Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other
69.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other
70.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other
71.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other
72.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other
73.	Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
74.	Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
75.	Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
76.	Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)	76.	1612	.
77.	Balance due (If line 65 is more than zero, add line 65 and line 76)	77.	.	.
78.	Refund amount (If line 66 is more than zero, subtract line 76 from line 66)	78.	.	.

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date

Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

P00224215

Firm's Name Firm's Federal Employer Identification Number

MCGOVERN GARRY, LLC
786 MOUNTAIN BOULEVARD, SUITE 100 WATCHUNG, NJ 202926909

Tax Due Address

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:

State of New Jersey
Division of Taxation
Revenue Processing Center - Payment
PO Box 111

Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:

State of New Jersey — TGI
You can also make a payment on our website:
nj.gov/taxation

Refund or No Tax Due Address

Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation

Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

REQUIRED

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040 ALEXANDRO AND DIANA L ALVARADO	Social Security Number 158-72-3904
--	---------------------------------------

Schedule NJ-HCC Health Care Coverage

2021

If your income on line 29 is at or below the filing threshold (see instructions), do not complete this schedule.

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2021? (See instructions for line 52, NJ-1040.) Part-year residents include only months as a New Jersey resident.

☒

Yes. You do not owe a shared responsibility payment. Fill in the oval at line 52, NJ-1040, and enclose this schedule with your return.

☐

No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 52, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

Name	Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption number:		Check box if this individual has more than one exemption number ☐											

Name	Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption number:		Check box if this individual has more than one exemption number ☐											

Name	Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption number:		Check box if this individual has more than one exemption number ☐											

Name	Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption number:		Check box if this individual has more than one exemption number ☐											

Name	Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption number:		Check box if this individual has more than one exemption number ☐											

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040 ALEXANDRO AND DIANA L ALVARADO	Social Security Number 158-72-3904
--	---------------------------------------

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2021

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.							
	(a)	(b)	(c)	(d)	(e)	(f)	
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)	
	SEE STATEMENT 1					7,168	
2.	Capital Gains Distributions.....						
3.	Other Net Gains.....						
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter zero here and make no entry on line 19.).....					7,168	

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040 ALEXANDRO AND DIANA L ALVARADO	Social Security Number 158-72-3904
---	--

Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2021

Part I		Net Profits From Business		List the net profit (loss) from business(es). See Instructions.
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)	
1.				
2.				
3.				
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)		4.	
Part II		Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of Pass-Through Business Alternative Income Tax
1.	TRISTATE TECHNOLOGY SOLUTIONS LL	46-3886027	89,651.	5,088.
2.	TRISTATE TECHNOLOGY SOLUTIONS LL	46-3886027	3,735.	212.
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4.	93,386.
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 62, NJ-1040)		5.	5,300.
Part III		Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 62, NJ-1040.)		5.	
Part IV		Net Gains or Income From Rents, Royalties, Patents, and Copyrights		
		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 - Rental real estate 2 - Royalties 3 - Patents 4 - Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)			4.

Keep a copy of this schedule for your records

STATEMENT 1
SCHEDULE NJ-DOP, LINE 1
CAPITAL GAINS AND LOSSES

A. DESCRIPTION OF PROPERTY	B. DATE ACQUIRED	C. DATE SOLD	D. SALES PRICE	E. COST OR BASIS	F. GAIN/LOSS (D-E)
SHORT TERM COVERED SALES	VARIOUS	12/31/21	9,926.	9,177.	\$ 749.
SHORT TERM COVERED SALES	VARIOUS	12/31/21	43,388.	37,835.	5,555.
1891.07413 XRP	12/23/20	1/11/21	498.	651.	-153.
1.08056464 BCH	1/07/21	2/05/21	472.	500.	-28.
.03998183 BTC	VARIOUS	2/05/21	1,514.	469.	1,045.
				TOTAL	\$ <u>7,168.</u>

NJ-8879Department of the Treasury
Division of Revenue**NJ e-file Signature Authorization**▶ Do not send to New Jersey. Keep for your records.
▶ See instructions.**2021**

▶ Do not mail the NJ-8879 to New Jersey

Taxpayer's name ALEXANDRO ALVARADO		Social security number 158-72-3904
Spouse's name or Civil Union Prtnr's DIANA L ALVARADO		Spouse's SSN or Civil Union Prtnr's 766-62-9098

Part I Tax Return Information – Tax Year Ending December 31, 2021 (Whole Dollars Only)		
1 New Jersey Taxable income	1	233516
2 Total tax	2	10832
3 New Jersey income tax withheld	3	6109
4 Refund	4	0
5 Amount you owe	5	0

Part II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, 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 shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize MCGOVERN GARRY, LLC to enter my PIN 30460 as my signature
ERO firm name do not enter all zeros
on my tax year 2021 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. 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 ▶ _____

Spouse's PIN: check one box only

(or Civil Union Prtnr's PIN)

☒ I authorize MCGOVERN GARRY, LLC to enter my PIN 42705 as my signature
ERO firm name do not enter all zeros
on my tax year 2021 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. 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 ▶ _____
or Civil Union Prtnr's

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 22381303030
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2021 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So

12/31/21

2021 NEW JERSEY DEPRECIATION SCHEDULE

PAGE 1

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
SCHEDULE A (POINTS)																
AMORTIZATION																
1	REFI POINTS	6/09/21		594							594		S/L	15		23
	TOTAL AMORTIZATION			594		0	0	0	0	0	594	0				23
	TOTAL DEPRECIATION			0		0	0	0	0	0	0	0				0
	GRAND TOTAL AMORTIZATION			594		0	0	0	0	0	594	0				23
	GRAND TOTAL DEPRECIATION			0		0	0	0	0	0	0	0				0

12/31/22

2022 NEW JERSEY DEPRECIATION SCHEDULE

PAGE 1

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
SCHEDULE A (POINTS)																
AMORTIZATION																
1	REFI POINTS	6/09/21		594							594	23	S/L	15		40
	TOTAL AMORTIZATION			594		0	0	0	0	0	594	23				40
	TOTAL DEPRECIATION			0		0	0	0	0	0	0	0				0
	GRAND TOTAL AMORTIZATION			594		0	0	0	0	0	594	23				40
	GRAND TOTAL DEPRECIATION			0		0	0	0	0	0	0	0				0

**WORKSHEET F
DEDUCTION FOR MEDICAL EXPENSES**

1. TOTAL NONREIMBURSED MEDICAL EXPENSES.....	29,668.
2. ENTER LINE 29 OF NJ-1040.....	269,568.
3. MULTIPLE LINE 2 BY .02.....	5,391.
4. MEDICAL EXPENSE DEDUCTION. SUBTRACT LINE 3 FROM LINE 1.....	24,277.
5. ENTER THE AMOUNT OF YOUR QUALIFIED MEDICAL SAVINGS ACCOUNT CONTRIBUTIONS FROM FEDERAL FORM 8853.....	0.
6. ENTER THE AMOUNT OF YOUR SELF-EMPLOYED HEALTH INSURANCE DEDUCTION.....	0.
7. TOTAL DEDUCTION FOR MEDICAL EXPENSES. ADD LINES 4, 5, AND 6. ENTER THE RESULT HERE AND ON LINE 31, FORM NJ-1040.....	24,277.

DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME

PARTNERSHIP NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC
 PARTNERSHIP EIN: 46-3886027
 TAX YEAR: 2021

1. NEW JERSEY PARTNERSHIP INCOME (NJ K-1, PART 2, LINE 1)	89,651.
2. GUARANTEED PAYMENTS TO PARTNER	
3. PARTNERS 401K CONTRIBUTION	
4. PARTNERS UPE	
5. PARTNERSHIP INCOME (LOSS)	<u>89,651.</u>

PARTNERSHIP NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC
 PARTNERSHIP EIN: 46-3886027
 TAX YEAR: 2021

1. NEW JERSEY PARTNERSHIP INCOME (NJ K-1, PART 2, LINE 1)	3,735.
2. GUARANTEED PAYMENTS TO PARTNER	
3. PARTNERS 401K CONTRIBUTION	
4. PARTNERS UPE	
5. PARTNERSHIP INCOME (LOSS)	<u>3,735.</u>

GRAND TOTAL PARTNERSHIP INCOME	<u><u>93,386.</u></u>
---------------------------------------	-----------------------

Worksheet H
Property Tax Deduction/Credit

Review the eligibility requirements before completing Worksheet H. Part-year residents, see instructions.

Complete both columns of this worksheet to find out whether the deduction or the credit is better for you.

1. **Property Taxes.** Enter the property taxes from line 39a, Form NJ-1040.
Senior Freeze (Property Tax Reimbursement) applicants must use their base year amount.
(See instructions.)

1. 6,775.

2. **Property Tax Deduction.** Is the amount on line 1 of this worksheet \$15,000 or more (\$7,500 or more if you and your spouse file separate returns but maintained the same main home)?

☐ Yes. Enter \$15,000 (\$7,500 if you and your spouse file separate returns but maintained the same main home).

☒ No. Enter the amount from line 1.

2. 6,775.

STOP – if you are claiming a credit for taxes paid to other jurisdictions.

Complete only lines 1 and 2. Then complete Schedule NJ-COJ and Worksheet I. (See instructions.)

3. Taxable Income (From line 38 of Form NJ-1040).....

4. Property Tax Deduction (From line 2 above).....

5. New Jersey Taxable Income (Subtract line 4 from line 3).....

6. Tax on line 5 amount (From Tax Table or Tax Rate Schedules).....

7. Subtract line 6, column A from line 6, column B.....

Column A		Column B	
3.	240,291.	3.	240,291.
4.	6,775.	4.	-0-
5.	233,516.	5.	240,291.
6.	10,832.	6.	11,264.
7.		7.	432.

8. **Is the line 7 amount \$50 or more** (\$25 if you and your spouse file separate returns but maintained the same main home)?
Part-year residents, see instructions before answering 'No.'

☒ Yes. The Property Tax Deduction is more beneficial for you. Make the following entries on your return.

Form NJ-1040

Enter amount from:

Line 40

Line 4, column A

Line 41

Line 5, column A

Line 42

Line 6, column A

Line 55

Make no entry

☐ No. The Property Tax Credit is more beneficial for you. Make the following entries on your return.

Form NJ-1040

Enter amount from:

Line 40

Make no entry

Line 41

Line 5, column B

Line 42

Line 6, column B

Line 55

\$50 (\$25 if you and your spouse file separate returns but maintained the same main home). **Part-year residents** must prorate this amount. (See instructions.)

(Keep for your records)

ALL PROPERTY TAX RELIEF PROGRAM INFORMATION IS SUBJECT TO CHANGE

2020 TAX RETURN

PREPARER FILE COPY

Client: 30460

Prepared for: ALEXANDRO AND DIANA L ALVARADO
20 SCHOENER RD
EAST HANOVER, NJ 07936
HOME : (201) 407-5383

Prepared by: MICHAEL J. PUCCI, CPA
MCGOVERN GARRY, LLC
786 MOUNTAIN BOULEVARD, SUITE 100
WATCHUNG, NJ 07069
(908) 668-1040

Date: MAY 10, 2021

Comments:

Route to: _____

**MCGOVERN GARRY, LLC
786 MOUNTAIN BOULEVARD, SUITE 100
WATCHUNG, NJ 07069
(908) 668-1040**

May 10, 2021

ALEXANDRO and DIANA L ALVARADO
20 SCHOENER RD
EAST HANOVER, NJ 07936

Dear Alexandro and Diana,

Your **2020 Federal Individual Income Tax Return** will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. **There is a balance due of \$11,104.**

Make your check payable to the "United States Treasury" and mail your Form 1040-V payment voucher on or before May 17, 2021 to:

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

Your **2020 New Jersey Individual Income Tax Return** will be electronically filed with the State of New Jersey upon receipt of a signed Form NJ-8879 e-file Signature Authorization. **No tax is payable with the filing of this return. There is an overpayment of \$1,035, of which \$1,035 has been applied to your 2021 estimated tax.**

Please return the enclosed **Signature Authorization Form** in the enclosed envelope to our office. The taxing authorities require us to have these signed forms returned to us, along with your payment for our services in order to electronically file your tax returns.

Please be sure to call if you have any questions.

Sincerely,

MICHAEL J. PUCCI, CPA

FILE ONLY IF YOU ARE MAKING A PAYMENT WITH FORM 1040. RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE "UNITED STATES TREASURY." PLEASE WRITE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER, AND " 2020 FORM 1040" ON YOUR CHECK OR MONEY ORDER. PLEASE DO NOT SEND CASH. ENCLOSE, BUT DO NOT STAPLE OR ATTACH, YOUR PAYMENT WITH THIS VOUCHER.

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY" AND
MAIL FORM 1040-V PAYMENTS TO:

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

Form **1040-V** (2020)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2020

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount
of your payment ▶

11,104.

FDIA8601L 07/24/20

1030



ALEXANDRO & DIANA L ALVARADO
20 SCHOENER RD
EAST HANOVER NJ 07936

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE KY 40293-1000

158723904 IY ALVA 30 0 202012 610

16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814		16	22,771.
2 ☐ 4972 3 ☐ _____		17	
17 Amount from Schedule 2, line 3		18	22,771.
18 Add lines 16 and 17		19	4,000.
19 Child tax credit or credit for other dependents		20	1,200.
20 Amount from Schedule 3, line 7		21	5,200.
21 Add lines 19 and 20		22	17,571.
22 Subtract line 21 from line 18. If zero or less, enter -0-		23	11,459.
23 Other taxes, including self-employment tax, from Schedule 2, line 10		24	29,030.
24 Add lines 22 and 23. This is your total tax			
25 Federal income tax withheld from :			
a Form(s) W-2		25a	15,382.
b Form(s) 1099		25b	
c Other forms (see instructions)		25c	
d Add lines 25a through 25c		25d	15,382.
26 2020 estimated tax payments and amount applied from 2019 return		26	
27 Earned income credit (EIC)		27	
28 Additional child tax credit. Attach Schedule 8812		28	
29 American opportunity credit from Form 8863, line 8		29	
30 Recovery rebate credit. See instructions		30	2,634.
31 Amount from Schedule 3, line 13		31	
32 Add lines 27 through 31. These are your total other payments and refundable credits		32	2,634.
33 Add lines 25d, 26, and 32. These are your total payments		33	18,016.
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 2021 estimated tax		36	
37 Subtract line 33 from line 24. This is the amount you owe now		37	11,104.
Amount You Owe For details on how to pay, see instructions.			
38 Estimated tax penalty (see instructions)		38	90.
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 ▶ MICHAEL J. PUCCI, CPA		Phone no. ▶ (908) 668-1040	Personal identification number (PIN) ▶ 03030
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 TECH CONSULTANT If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ _____
Spouse's signature. If a joint return, both must sign. ▶ _____		Date _____	Spouse's occupation SERVICE ADVISOR If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ _____
Phone no. _____		Email address _____	
Preparer's name MICHAEL J. PUCCI, CPA		Preparer's signature _____	Date 5/10/21
Firm's name ▶ MCGOVERN GARRY, LLC		PTIN P00224215	Check if: ☐ Self-employed
Firm's address ▶ 786 MOUNTAIN BOULEVARD, SUITE 100 WATCHUNG, NJ 07069		Phone no. (908) 668-1040	Firm's EIN ▶ 20-2926909

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2020)

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

2020Attachment
Sequence No. **01**

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

ALEXANDRO AND DIANA L ALVARADO

Your social security number

158-72-3904

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	81,093.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	81,093.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	5,730.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	5,730.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Schedule 1 (Form 1040) 2020**

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020Attachment
Sequence No. **02**

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

ALEXANDRO AND DIANA L ALVARADO

Your social security number

158-72-3904

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE.....	4	11,459.
5	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919.....	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required.....	6	
7a	Household employment taxes. Attach Schedule H.....	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required.....	7b	
8	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s) _____	8	
9	Section 965 net tax liability installment from Form 965-A.....	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.....	10	11,459.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Schedule 2 (Form 1040) 2020**

SCHEDULE 3
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Credits and Payments**▶ 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

2020Attachment
Sequence No. **03**

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

ALEXANDRO AND DIANA L ALVARADO

Your social security number

158-72-3904

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required.	1	
2	Credit for child and dependent care expenses. Attach Form 2441.	2	1,200.
3	Education credits from Form 8863, line 19.	3	
4	Retirement savings contributions credit. Attach Form 8880.	4	
5	Residential energy credits. Attach Form 5695.	5	
6	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ _____	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20.	7	1,200.

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962.	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld.	10	
11	Credit for federal tax on fuels. Attach Form 4136.	11	
12	Other payments or refundable credits:		
a	Form 2439.	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202.	12b	
c	Health coverage tax credit from Form 8885.	12c	
d	Other: _____	12d	
e	Deferral for certain Schedule H or SE filers (see instructions).	12e	
f	Add lines 12a through 12e.	12f	
13	Add lns 8 thru 12f. Enter here & on Form 1040, 1040-SR, or 1040-NR, ln 31.	13	0.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Schedule 3 (Form 1040) 2020**

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

- **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
► **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

2020Attachment
Sequence No. **12**

Name(s) shown on return

ALEXANDRO AND DIANA L ALVARADO

Your social security number

158-72-3904

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	4,628.	4,269.		359.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	231.	543.		-312.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	47.

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instrs.			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back			15	

Part III Summary

16 Combine lines 7 and 15 and enter the result.	16	47.
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17 Are lines 15 and 16 both gains?		
☐ Yes. Go to line 18.		
☒ No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet.	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet.	19	
20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?		
☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
☒ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2020

Sales and Other Dispositions of Capital Assets

- Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2020Attachment
Sequence No. **12A**

ALEXANDRO AND DIANA L ALVARADO

SSN or taxpayer identification number

158-72-3904

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☒ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	1400 CITIGROUP GLOBAL MKTS HLDGS VARIOUS		4/03/20	231.	543.			-312.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)..... ►			231.	543.		0.	-312.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

ALEXANDRO AND DIANA L ALVARADO

Your social security number

158-72-3904

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	TRISTATE TECHNOLOGY SOLUTIONS LLC	P		46-3886027		
B	TRISTATE TECHNOLOGY SOLUTIONS LLC	P		46-3886027		
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 allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A				77,849.	
B				3,244.	
C					
D					
29 a Totals.....				81,093.	
b Totals.....					
30 Add columns (h) and (k) of line 29a.....			30	81,093.	
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	81,093.	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
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				
34 a 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	81,093.
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 AD; 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	

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **17**

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

ALEXANDRO ALVARADO

Social security number of person
with **self-employment** income ►

158-72-3904

Part I Self-Employment Tax

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

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

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

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1 b	
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.		
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	77,849.
3 Combine lines 1a, 1b, and 2	3	77,849.
4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4 a	71,894.
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	4 b	
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	4 c	71,894.
5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5 a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5 b	0.
6 Add lines 4c and 5b	6	71,894.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020	7	137,700.
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11	8 a	
b Unreported tips subject to social security tax from Form 4137, line 10	8 b	
c Wages subject to social security tax from Form 8919, line 10	8 c	
d Add lines 8a, 8b, and 8c	8 d	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	137,700.
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	8,915.
11 Multiply line 6 by 2.9% (0.029)	11	2,085.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	11,000.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 14	13	5,500.

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

Farm Optional Method. You may use this method only if (a) your gross farm income ⁽¹⁾ wasn't more than \$8,460, or (b) your net farm profits ⁽²⁾ were less than \$6,107.		
14 Maximum income for optional methods	14	5,640.
15 Enter the smaller of: two-thirds (2/3) of gross farm income ⁽¹⁾ (not less than zero) or \$5,640. Also, include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ⁽³⁾ were less than \$6,107 and also less than 72.189% of your gross nonfarm income, ⁽⁴⁾ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.		
16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm 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.

Part III Maximum Deferral of Self-Employment Tax Payments

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

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	59,557.
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	55,001.
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	20	
21	Combine lines 19 and 20	21	55,001.
If line 5b is zero, skip line 22 and enter -0- on line 23.			
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	22	
23	Multiply line 22 by 92.35% (0.9235)	23	0.
24	Add lines 21 and 23	24	55,001.
25	Enter the smaller of line 9 or line 24	25	55,001.
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)	26	3,410.

BAA

Schedule SE (Form 1040) 2020

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **17**

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

DIANA L ALVARADO

Social security number of person
with **self-employment** income ►

766-62-9098

Part I Self-Employment Tax

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

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

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

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1 b	
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.		
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	3,244.
3 Combine lines 1a, 1b, and 2	3	3,244.
4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4 a	2,996.
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	4 b	
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	4 c	2,996.
5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5 a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5 b	0.
6 Add lines 4c and 5b	6	2,996.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020	7	137,700.
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11	8 a	111,888.
b Unreported tips subject to social security tax from Form 4137, line 10	8 b	
c Wages subject to social security tax from Form 8919, line 10	8 c	
d Add lines 8a, 8b, and 8c	8 d	111,888.
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	25,812.
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	372.
11 Multiply line 6 by 2.9% (0.029)	11	87.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	459.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 14	13	230.

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

Farm Optional Method. You may use this method only if (a) your gross farm income ⁽¹⁾ wasn't more than \$8,460, or (b) your net farm profits ⁽²⁾ were less than \$6,107.		
14 Maximum income for optional methods	14	5,640.
15 Enter the smaller of: two-thirds (2/3) of gross farm income ⁽¹⁾ (not less than zero) or \$5,640. Also, include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ⁽³⁾ were less than \$6,107 and also less than 72.189% of your gross nonfarm income, ⁽⁴⁾ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.		
16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm 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.

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

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

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

Part III Maximum Deferral of Self-Employment Tax Payments

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

18 Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	2,482.
19 If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	2,292.
20 Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	20	
21 Combine lines 19 and 20	21	2,292.

If line 5b is zero, skip line 22 and enter -0- on line 23.

22 Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	22	
23 Multiply line 22 by 92.35% (0.9235)	23	0.
24 Add lines 21 and 23	24	2,292.
25 Enter the smaller of line 9 or line 24	25	2,292.
26 Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)	26	142.

BAA

Schedule SE (Form 1040) 2020

Child and Dependent Care Expenses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

2020

Attachment
Sequence No. 21

Name(s) shown on return

Your social security number

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box. ☐**Part I** Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	EAST HANOVER CHILD CARE	55 EAGLE ROCK AVE EAST HANOVER, NJ 07936	47-1456522	16,776.

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040), line 7a.**Part II** Credit for Child and Dependent Care Expenses2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2020 for the person listed in column (a)
First	Last		
SEBASTIAN E.	ALVARADO	120-47-0779	8,388.
GABRIELA L.	ALVARADO	372-57-0725	8,388.

3 Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31.4 Enter your **earned income**. See instructions.5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4.6 Enter the **smallest** of line 3, 4, or 5.

7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

If line 7 is:

Over	But not over	Decimal amount is
\$0 – 15,000		.35
15,000 – 17,000		.34
17,000 – 19,000		.33
19,000 – 21,000		.32
21,000 – 23,000		.31
23,000 – 25,000		.30
25,000 – 27,000		.29
27,000 – 29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000 – 31,000		.27
31,000 – 33,000		.26
33,000 – 35,000		.25
35,000 – 37,000		.24
37,000 – 39,000		.23
39,000 – 41,000		.22
41,000 – 43,000		.21
43,000 – No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2019 expenses in 2020, see the instructions.

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Schedule 3 (Form 1040), line 2.**BAA** For Paperwork Reduction Act Notice, see your tax return instructions.

Form 2441 (2020)

Form **4952**Department of the Treasury
Internal Revenue Service (99)**Investment Interest Expense Deduction**

► Go to www.irs.gov/Form4952 for the latest information.
► Attach to your tax return.

OMB No. 1545-0191

2020Attachment
Sequence No. **51**

Name(s) shown on return

ALEXANDRO AND DIANA L ALVARADO

Identifying number

158-72-3904

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2020 (see instructions).....	1	5.
2	Disallowed investment interest expense from 2019 Form 4952, line 7.....	2	
3	Total investment interest expense. Add lines 1 and 2.....	3	5.

Part II Net Investment Income

4 a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment).....	4 a	16.	
4 b	Qualified dividends included on line 4a.....	4 b	16.	
4 c	Subtract line 4b from line 4a.....	4 c		
4 d	Net gain from the disposition of property held for investment.....	4 d	47.	
4 e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions.....	4 e		
4 f	Subtract line 4e from line 4d.....	4 f		47.
4 g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions.....	4 g		
4 h	Investment income. Add lines 4c, 4f, and 4g.....	4 h		47.
5	Investment expenses (see instructions).....	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-.....	6		47.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2021. Subtract line 6 from line 3. If zero or less, enter -0-.....	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions.....	8	5.

BAA For Paperwork Reduction Act Notice, see separate instructions.Form **4952** (2020)

**Qualified Business Income Deduction
Simplified Computation****2020**Attachment
Sequence No. **55**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return

ALEXANDRO AND DIANA L ALVARADO

Your taxpayer identification number

158-72-3904

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 \$163,300 (\$326,600 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	TRISTATE TECHNOLOGY SOLUTIONS LLC	46-3886027	72,349.
ii	TRISTATE TECHNOLOGY SOLUTIONS LLC	46-3886027	3,014.
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	2	75,363.	
3	Qualified business net (loss) carryforward from the prior year.	3	0.	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	75,363.	
5	Qualified business income component. Multiply line 4 by 20% (0.20).	5	15,073.	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions).	6	0.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	7	0.	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20).	9	0.	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9.	10	15,073.	
11	Taxable income before qualified business income deduction.	11	156,856.	
12	Net capital gain (see instructions).	12	16.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	156,840.	
14	Income limitation. Multiply line 13 by 20% (0.20).	14	31,368.	
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return. ▶	15	15,073.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	0.	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	0.	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8995** (2020)

Form **8867**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

2020Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

ALEXANDRO AND DIANA L ALVARADO

Taxpayer identification number

158-72-3904

Enter preparer's name and PTIN

MICHAEL J. PUCCI, CPA P00224215**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

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2020 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, or 1040-SS 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 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:			

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)?	☐	☐	☒

BAA For Paperwork Reduction Act Notice, see separate instructions.Form **8867** (2020)

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 taxpayer has not lived with the child 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 \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

	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 **8867** (2020)

2020

FEDERAL STATEMENTS

PAGE 1

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

STATEMENT 1
FORM 1040
WAGE SCHEDULE

<u>SPOUSE - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
RYAN MOTORS OF PASSAIC INC	106,530.	15,382.	6,937.	1,622.	4,978.	717.
GRAND TOTAL	<u>106,530.</u>	<u>15,382.</u>	<u>6,937.</u>	<u>1,622.</u>	<u>4,978.</u>	<u>717.</u>

STATEMENT 2
FORM 1040, LINE 3A
QUALIFIED DIVIDENDS

TD AMERITRADE-9290.....	\$	16.
TOTAL	\$	<u>16.</u>

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 ALEXANDRO ALVARADO	Social security number 158-72-3904
Spouse's name DIANA L ALVARADO	Spouse's social security number 766-62-9098

Part I Tax Return Information – Tax Year Ending December 31, 2020 (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	181,656.
2	Total tax	2	29,030.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15,382.
4	Amount you want refunded to you	4	
5	Amount you owe	5	11,104.

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 MCGOVERN GARRY, LLC to enter or generate my PIN 30460 as my
ERO firm name Enter five digits, but
don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ 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 ► _____

Spouse's PIN: check one box only

☒ I authorize MCGOVERN GARRY, LLC to enter or generate my PIN 42705 as my
ERO firm name Enter five digits, but
don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ 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 ► _____

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.

22381303030
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 ► _____ Date ► _____

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

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (Rev. 01-2021)

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

	2020	2019	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC.....	106,530	140,228	-33,698
INTEREST INCOME.....	0	15	-15
DIVIDEND INCOME.....	16	0	16
CAPITAL GAIN OR LOSS.....	47	0	47
RENT, ROYALTY, PARTNERSHIP, SCORP, TRUST	81,093	82,122	-1,029
TOTAL INCOME.....	187,686	222,365	-34,679
ADJUSTMENTS TO INCOME			
DEDUCTIBLE PART OF SELF-EMPLOYMENT TAX...	5,730	5,614	116
OTHER ADJUSTMENTS TO INCOME.....	300	0	300
TOTAL ADJUSTMENTS.....	6,030	5,614	416
ADJUSTED GROSS INCOME.....	181,656	216,751	-35,095
ITEMIZED DEDUCTIONS			
TAXES.....	10,000	10,000	0
INTEREST.....	11,325	19,724	-8,399
CONTRIBUTIONS.....	2,705	2,635	70
TOTAL ITEMIZED DEDUCTIONS.....	24,030	32,359	-8,329
TAX COMPUTATION			
STANDARD DEDUCTION.....	24,800	24,400	400
LARGER OF ITEMIZED OR STANDARD DEDUCTION	24,800	32,359	-7,559
QUALIFIED BUSINESS INCOME DEDUCTION.....	15,073	15,302	-229
TAXABLE INCOME.....	141,783	169,090	-27,307
TAX BEFORE CREDITS.....	22,771	28,931	-6,160
CREDITS			
CHILD TAX CREDIT & OTHER DEPENDENT CR....	4,000	4,000	0
CHILD AND DEPENDENT CARE CREDIT.....	1,200	1,200	0
TOTAL CREDITS.....	5,200	5,200	0
TAX AFTER CREDITS.....	17,571	23,731	-6,160
OTHER TAXES			
SELF-EMPLOYMENT TAX.....	11,459	11,227	232
TOTAL TAX.....	29,030	34,958	-5,928
PAYMENTS			
FEDERAL INCOME TAX WITHHELD.....	15,382	20,877	-5,495
EXCESS FICA AND RRTA TAX WITHHELD.....	0	643	-643
OTHER PAYMENTS.....	2,634	0	2,634
TOTAL PAYMENTS.....	18,016	21,520	-3,504
REFUND OR AMOUNT DUE			
UNDERPAYMENT PENALTY.....	90	0	90
AMOUNT YOU OWE.....	11,104	13,438	-2,334
TAX RATES			
MARGINAL TAX RATE.....	22.0%	24.0%	-2.0%
EFFECTIVE TAX RATE.....	20.5%	20.7%	-0.2%

	2020	2019	DIFF
NEW JERSEY TAX SUMMARY			
WAGES, SALARIES, TIPS, ETC.....	130,570	140,675	-10,105
INTEREST.....	0	15	-15
DIVIDENDS.....	16	0	16
NET GAINS FROM DISPOSITION OF PROPERTY...	47	0	47
DISTR. SHARE OF PARTNERSHIP INCOME.....	77,554	78,823	-1,269
TOTAL INCOME.....	208,187	219,513	-11,326
NEW JERSEY GROSS INCOME.....	208,187	219,513	-11,326
EXEMPTIONS/DEDUCTIONS			
TOTAL EXEMPTIONS.....	5,000	5,000	0
MEDICAL EXPENSES.....	0	2,465	-2,465
TOTAL EXEMPTIONS AND DEDUCTIONS.....	5,000	7,465	-2,465
TAXABLE INCOME.....	203,187	212,048	-8,861
PROPERTY TAX DEDUCTION.....	6,642	6,520	122
NEW JERSEY TAXABLE INCOME.....	196,545	205,528	-8,983
TAX CALCULATION			
TAX.....	8,477	9,050	-573
BALANCE OF TAX.....	8,477	9,050	-573
BALANCE OF TAX AFTER CREDIT.....	8,477	9,050	-573
PENALTY FOR UNDERPAYMENT OF ESTIMATED TA.....	68	0	68
TOTAL TAX AND PENALTY.....	8,545	9,050	-505
PAYMENTS AND CREDITS			
NEW JERSEY INCOME TAX WITHHELD.....	4,978	5,343	-365
EXCESS N.J. UI/HC/WD WITHHELD.....	0	146	-146
EXCESS N.J. DISABILITY WITHHELD.....	0	58	-58
EXCESS N.J. FAMILY LEAVE WITHHELD.....	0	28	-28
TOTAL PAYMENTS/CREDITS.....	9,580	5,575	4,005
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID.....	1,035	0	1,035
AMOUNT OF REFUND CREDITED TO NEXT YEAR...	1,035	0	1,035
AMOUNT YOU OWE.....	0	3,475	-3,475
TAX RATES			
MARGINAL TAX RATE.....	6.4%	6.4%	0.0%
EFFECTIVE TAX RATE.....	4.3%	4.4%	-0.1%

**FORM 1040, 1040-SR, OR 1040-NR, LINE 3B
DIVIDEND INCOME**

TD AMERITRADE-9290

TOTAL	<u>16.</u>
	<u>16.</u>

WORKSHEET FOR DETERMINING ROTH IRA BASIS AMOUNTSSPOUSE

BASIS IN CONTRIBUTIONS:

1. BASIS IN ROTH IRA CONTRIBUTIONS AS OF DECEMBER 31, 2019	12,825.
2. ROTH IRA CONTRIBUTIONS FOR 2021, ADJUSTED FOR ANY RECHARACTERIZATIONS	0.
3. ADD LINES 1 AND 2	12,825.
4. ENTER THE AMOUNT OF NONQUALIFIED DISTRIBUTIONS FROM FORM 8606, LINE 19	0.
5. REMAINING BASIS IN CONTRIBUTIONS BEFORE QUALIFIED ROTH DISTRIBUTIONS (SUBTRACT LINE 4 FROM LINE 3)	12,825.
6. QUALIFIED ROTH DISTRIBUTIONS	0.
7. BASIS IN ROTH IRA CONTRIBUTIONS AS OF DECEMBER 31, 2020 (SUBTRACT LINE 6 FROM LINE 5)	<u>12,825.</u>

BASIS IN CONVERSIONS & ROLLOVERS:

8. BASIS IN ROTH IRA CONVERSIONS AS OF DECEMBER 31, 2019	0.
9. ENTER THE AMOUNT FROM FORM 8606, LINE 16	0.
10. ROLLOVERS FROM QUALIFIED RETIREMENT PLANS TO ROTH IRAS IN 2020	0.
11. ADD LINES 8, 9, AND 10	0.
12. ENTER THE AMOUNT FROM FORM 8606, LINE 23, REFIGURED WITHOUT TAKING INTO ACCOUNT THE AMOUNT ON LINE 20	0.
13. REMAINING BASIS IN CONVERSIONS AND ROLLOVERS BEFORE QUALIFIED ROTH DISTRIBUTIONS (SUBTRACT LINE 12 FROM LINE 11)	0.
14. QUALIFIED ROTH DISTRIBUTIONS THAT DID NOT REDUCE BASIS IN CONTRIBUTIONS (SUBTRACT LINE 6 FROM LINE 7	0.
15. BASIS IN ROTH IRA CONVERSIONS & ROLLOVERS AS OF DECEMBER 31, 2020 (SUBTRACT LINE 14 FROM LINE 13)	<u>0.</u>

QUALIFIED BUSINESS INCOME

TRADE OR BUSINESS NAME:	TRISTATE TECHNOLOGY SOLUTIONS LLC
TAXPAYER IDENTIFICATION NUMBER:	46-3886027
BUSINESS INCOME.....	77,849.
ALLOCATED DEDUCTION FOR ONE-HALF OF SELF-EMPLOYMENT TAX.....	-5,500.
QUALIFIED BUSINESS INCOME	<u>72,349.</u>

QUALIFIED BUSINESS INCOME (CONTINUED)

TRADE OR BUSINESS NAME:	TRISTATE TECHNOLOGY SOLUTIONS LLC
TAXPAYER IDENTIFICATION NUMBER:	46-3886027
BUSINESS INCOME.....	3,244.
ALLOCATED DEDUCTION FOR ONE-HALF OF SELF-EMPLOYMENT TAX.....	-230.
QUALIFIED BUSINESS INCOME	<u>3,014.</u>

QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16)

1. ENTER THE AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 15	141,783.
2. ENTER AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 3A	16.
3. ARE YOU FILING SCHEDULE D? [X] YES. ENTER THE SMALLER OF LINE 15 OR 16 OF SCHEDULE D, BUT DO NOT ENTER LESS THAN ZERO [] NO. ENTER AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 7	0.
4. ADD LINES 2 AND 3	16.
5. SUBTRACT LINE 4 FROM LINE 1. IF 0 OR LESS, ENTER 0.	141,767.
6. ENTER: \$40,000 IF SINGLE OR MARRIED FILING SEPARATELY, \$80,000 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER), \$53,600 IF HEAD OF HOUSEHOLD	80,000.
7. ENTER THE SMALLER OF LINE 1 OR LINE 6	80,000.
8. ENTER THE SMALLER OF LINE 5 OR LINE 7	80,000.
9. SUBTRACT LINE 8 FROM LINE 7. THIS AMOUNT IS TAXED AT 0%	0.
10. ENTER THE SMALLER OF LINE 1 OR LINE 4	16.
11. ENTER THE AMOUNT FROM LINE 9	0.
12. SUBTRACT LINE 11 FROM LINE 10	16.
13. ENTER: \$441,450 IF SINGLE, \$248,300 IF MARRIED FILING SEPARATELY, \$496,600 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER), \$469,050 IF HEAD OF HOUSEHOLD.	496,600.
14. ENTER THE SMALLER OF LINE 1 OR LINE 13	141,783.
15. ADD LINES 5 AND 9	141,767.
16. SUBTRACT LINE 15 FROM LINE 14. IF 0 OR LESS, ENTER 0.	16.
17. ENTER THE SMALLER OF LINE 12 OR LINE 16	16.
18. MULTIPLY LINE 17 BY 15% (.15)	2.
19. ADD LINES 9 AND 17	16.
20. SUBTRACT LINE 19 FROM LINE 10	0.
21. MULTIPLY LINE 20 BY 20% (.20)	0.
22. FIGURE THE TAX ON THE AMOUNT ON LINE 5. (USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET)	22,769.
23. ADD LINES 18, 21, AND 22	22,771.
24. FIGURE THE TAX ON THE AMOUNT ON LINE 1. (USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET)	22,772.
25. TAX ON ALL TAXABLE INCOME (INCLUDING CAPITAL GAIN DISTRIBUTIONS). ENTER THE SMALLER OF LINE 23 OR LINE 24 HERE AND ON FORM 1040, 1040-SR, OR 1040-NR, LINE 16	<u>22,771.</u>

CHILD TAX CREDIT AND CREDIT FOR OTHER DEPENDENTS WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 1

1. NUMBER OF QUALIFYING CHILDREN WITH REQUIRED SSN FROM FORM 1040, 1040-SR, OR 1040-NR DEPENDENTS: 2 X \$2,000 4,000.
2. NUMBER OF OTHER DEPENDENTS, INCLUDING QUALIFYING CHILDREN WITHOUT THE REQUIRED SSN FROM FORM 1040, 1040-SR, OR 1040-NR DEPENDENTS: 0 X \$500 0.
3. ADD LINES 1 AND 2 4,000.
4. ENTER THE AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 11 181,656.
5. ENTER \$400,000 IF MFJ (\$200,000 FOR ALL OTHERS) 400,000.
6. IS LINE 4 MORE THAN THE AMOUNT ON LINE 5?
NO. LEAVE LINE 6 BLANK. ENTER -0- ON LINE 7.
YES. SUBTRACT LINE 5 FROM LINE 4.
IF THE RESULT IS NOT A MULTIPLE OF \$1,000, INCREASE IT TO THE NEXT MULTIPLE OF \$1,000.
7. MULTIPLY THE AMOUNT ON LINE 6 BY 5% (.05).
ENTER THE RESULT. 0.
8. IS THE AMOUNT ON LINE 3 MORE THAN THE AMOUNT ON LINE 7?
NO. STOP. YOU CAN'T TAKE THE CHILD TAX CREDIT OR CREDIT FOR OTHER DEPENDENTS ON FORM 1040, 1040-SR, OR 1040-NR, LINE 19. YOU ALSO CAN'T TAKE THE ADDITIONAL CHILD TAX CREDIT ON FORM 1040, 1040-SR, OR 1040-NR, LINE 28.
YES. SUBTRACT LINE 7 FROM LINE 3. ENTER THE RESULT. 4,000.
9. ENTER THE AMOUNT FROM FORM 1040 OR 1040-SR, OR FORM 1040-NR, LINE 18. 22,771.
10. ADD THE AMOUNTS FROM:
SCHEDULE 3, LINE 1 0.
SCHEDULE 3, LINE 2 1,200.
SCHEDULE 3, LINE 3 0.
SCHEDULE 3, LINE 4 0.
FORM 5695, LINE 30 0.
FORM 8910, LINE 15 0.
FORM 8936, LINE 23 0.
SCHEDULE R, LINE 22 0.
ENTER THE TOTAL. 1,200.
11. ARE THE AMOUNTS ON LINE 9 AND 10 THE SAME?
YES. STOP. YOU CAN'T TAKE THE CREDIT BECAUSE THERE IS NO TAX TO REDUCE.
NO. SUBTRACT LINE 10 FROM LINE 9. 21,571.
12. IS THE AMOUNT ON LINE 8 MORE THAN THE AMOUNT ON LINE 11?
YES. ENTER THE AMOUNT FROM LINE 11.
NO. ENTER THE AMOUNT FROM LINE 8.
THIS IS YOUR CHILD TAX CREDIT AND CREDIT FOR OTHER DEPENDENTS. ENTER ON FORM 1040, 1040-SR, OR 1040-NR, LINE 19. 4,000.

FEDERAL INCOME TAX WITHHELD

RYAN MOTORS OF PASSAIC INC

TOTAL 15,382.
15,382.

NET NONFARM PROFIT OR (LOSS) (SCHEDULE SE, LINE 2)

	<u>TAXPAYER</u>	<u>SPOUSE</u>
SCHEDULE C	0.	0.
SCHEDULE E, PAGE 2 (FROM SCH. K-1)	77,849.	3,244.
OTHER INCOME (SCHEDULE 1, LINE 8)	0.	0.
SECTION 1256 CONTRACTS	0.	0.
MINISTER WAGES	0.	0.
MINISTER HOUSING ALLOWANCE	0.	0.
MINISTER PARSONAGE - UTILITIES	0.	0.
EMPLOYEE BUSINESS EXPENSES	0.	0.
NET NONFARM INCOME ADJUSTMENT	0.	0.
TOTAL NET NONFARM PROFIT OR (LOSS)	<u>77,849.</u>	<u>3,244.</u>

INVESTMENT INTEREST EXPENSE (FORM 4952, LINE 1)

SCHEDULE A	5.
SCHEDULE A (FROM PASS-THROUGH ENTITIES)	0.
SCHEDULE C	0.
SCHEDULE E, PAGE 1	0.
SCHEDULE E, PAGE 2	0.
TOTAL INVESTMENT INTEREST EXPENSE	<u>5.</u>

GROSS INVESTMENT INCOME (FORM 4952, LINE 4A)

INTEREST INCOME	0.
DIVIDEND INCOME	16.
CHILD'S INVESTMENT INCOME - FORM 8814	0.
GROSS INVESTMENT INCOME - SCHEDULE C	0.
GROSS INVESTMENT INCOME - SCHEDULE E	0.
PUBLICLY TRADED PARTNERSHIP INCOME	0.
OTHER NET INVESTMENT INCOME - K-1	0.
OTHER NET INVESTMENT INCOME - K-1 ADJUSTMENT	0.
GROSS INVESTMENT INCOME ADJUSTMENT	0.
ANNUITY INCOME - TAXPAYER	0.
ANNUITY INCOME - SPOUSE	0.
TOTAL	<u>16.</u>

**FORM 2441, LINE 10
CREDIT LIMIT WORKSHEET**

1. ENTER THE AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 18.	22,771.
2. ENTER THE AMOUNT FROM SCHEDULE 3, LINE 1.	0.
3. SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THIS AMOUNT ON FORM 2441, LINE 10. IF ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDIT.	<u>22,771.</u>

FORM 1040 OR 1040-SR, LINE 30
RECOVERY REBATE CREDIT

1. CAN YOU BE CLAIMED AS A DEPENDENT ON ANOTHER PERSON'S 2020 RETURN? IF FILING A JOINT RETURN, GO TO LINE 2.
- NO. GO TO LINE 2.
2. DOES YOUR 2020 RETURN INCLUDE A VALID SOCIAL SECURITY NUMBER FOR YOU AND, IF FILING A JOINT RETURN, YOUR SPOUSE?
- YES. SKIP LINES 3 AND 4, AND GO TO LINE 5.
3. WAS AT LEAST ONE OF YOU A MEMBER OF THE U.S. ARMED FORCES AT ANY TIME DURING 2020, AND DOES AT LEAST ONE OF YOU HAVE A VALID SSN?
- SKIP
4. DOES ONE OF YOU HAVE A VALID SSN?
- SKIP
5. IF YOUR EIP 1 WAS \$1,200 (\$2,400 IF MFJ) PLUS \$500 FOR EACH QUALIFYING CHILD, SKIP LINES 5 AND 6, ENTER ZERO ON LINES 7 AND 16, AND GO TO LINE 8. OTHERWISE ENTER: \$1,200 IF SINGLE, HOH, MFS, QUALIFYING WIDOW(ER), OR IF MFJ AND YOU ANSWERED "YES" TO QUESTION 4, OR \$2,400 IF MFJ AND YOU ANSWERED "YES" TO QUESTION 2 OR 3..... 2,400.
6. MULTIPLY \$500 BY THE NUMBER OF QUALIFYING CHILDREN UNDER AGE 17 AT THE END OF 2020 LISTED IN THE DEPENDENTS SECTION ON PAGE 1 OF FORM 1040 OR 1040-SR FOR WHOM YOU EITHER CHECKED THE "CHILD TAX CREDIT" BOX OR ENTERED AN ADOPTION TAXPAYER IDENTIFICATION NUMBER.... 1,000.
7. ADD LINES 5 AND 6..... 3,400.
8. IF YOUR EIP 2 WAS \$600 (\$1,200 IF MFJ) PLUS \$600 FOR EACH QUALIFYING CHILD, SKIP LINES 8 AND 9, ENTER ZERO ON LINES 10 AND 19 AND GO TO LINE 11. OTHERWISE ENTER: \$600 IF SINGLE, HOH, MFS, QUALIFYING WIDOW(ER), OR IF MFJ AND YOU ANSWERED "YES" TO QUESTION 4, OR \$1,200 IF MFJ AND YOU ANSWERED "YES" TO QUESTION 2 OR 3..... 1,200.
9. MULTIPLY \$600 BY THE NUMBER OF QUALIFYING CHILDREN UNDER AGE 17 AT THE END OF 2020 LISTED IN THE DEPENDENTS SECTION ON PAGE 1 OF FORM 1040 OR 1040-SR FOR WHOM YOU EITHER CHECKED THE "CHILD TAX CREDIT" BOX OR ENTERED AN ADOPTION TAXPAYER IDENTIFICATION NUMBER.... 1,200.
10. ADD LINES 8 AND 9..... 2,400.
11. ENTER THE AMOUNT FROM LINE 11 OF FORM 1040 OR 1040-SR..... 181,656.
12. ENTER THE THRESHOLD AMOUNT FOR YOUR FILING STATUS..... 150,000.
13. IS THE AMOUNT ON LINE 11 MORE THAN THE AMOUNT ON LINE 12?
- YES. SUBTRACT LINE 12 FROM LINE 11..... 31,656.
14. MULTIPLY LINE 13 BY 5% (0.05)..... 1,583.
15. SUBTRACT LINE 14 FROM LINE 7. IF ZERO OR LESS, ENTER 0..... 1,817.
16. ENTER THE AMOUNT, IF ANY, OF EIP 1 THAT WAS ISSUED TO YOU (BEFORE OFFSET FOR ANY PAST-DUE CHILD SUPPORT PAYMENT). YOU MAY REFER TO NOTICE 1444 OR YOUR TAX ACCOUNT INFORMATION AT IRS.GOV/ACCOUNT FOR THE AMOUNT TO ENTER HERE..... 0.
17. SUBTRACT LINE 16 FROM LINE 15. IF ZERO OR LESS, ENTER 0. IF LINE 16 IS MORE THAN LINE 15, YOU DON'T HAVE TO PAY BACK THE DIFFERENCE..... 1,817.
18. SUBTRACT LINE 14 FROM LINE 10. IF ZERO OR LESS, ENTER 0..... 817.
19. ENTER THE AMOUNT, IF ANY, OF EIP 2 THAT WAS ISSUED TO YOU. YOU MAY REFER TO NOTICE 1444-B OR YOUR TAX ACCOUNT INFORMATION AT IRS.GOV/ACCOUNT FOR THE AMOUNT TO ENTER HERE..... 0.
20. SUBTRACT LINE 19 FROM LINE 18. IF ZERO OR LESS, ENTER 0. IF LINE 19 IS MORE THAN LINE 18, YOU DON'T HAVE TO PAY BACK THE DIFFERENCE..... 817.
21. RECOVERY REBATE CREDIT. ADD LINES 17 AND 20. ENTER THE RESULT HERE AND, IF MORE THAN ZERO, ON LINE 30 OF FORM 1040 OR 1040-SR..... 2,634.

**SCHEDULE 3, LINE 12E
DEFERRAL FOR CERTAIN SCHEDULE H OR SE FILERS**

1A. ADD LINES 25D THROUGH 30 OF FORM 1040 OR 1040-SR	18,016.	
1B. ADD LINES 8 THROUGH 12D OF SCHEDULE 3	0.	
1C. ADD LINES 1A AND 1B		18,016.
2. ENTER THE AMOUNT FROM FORM 1040 OR 1040-SR, LINE 24	29,030.	
3A. ENTER THE AMOUNT FROM SCHEDULE H, LINE 8B	0.	
3B. ENTER THE AMOUNT FROM SCHEDULE H, LINE 8E	0.	
3C. ADD LINES 3A AND 3B	0.	
4. ADD LINES 2 AND 3C	29,030.	
5. ENTER THE AMOUNT FROM SCHEDULE H, LINE 8D	0.	
6. ENTER THE AMOUNT FROM SCHEDULE SE, LINE 26	3,552.	
7. ADD LINES 5 AND 6	3,552.	
8. SUBTRACT LINE 7 FROM LINE 4		25,478.
9. SUBTRACT LINE 8 FROM LINE 1C. IF 0 OR LESS, ENTER 0	0.	
10. SUBTRACT LINE 9 FROM LINE 7		<u>3,552.</u>

YOU CAN DEFER PAYMENT ON UP TO THE AMOUNT ON LINE 10
UNTIL 12/31/2021 OR 12/31/2022 BY REPORTING THE
AMOUNT ON LINE 10 ABOVE (OR A SMALLER AMOUNT) ON
SCHEDULE 3, LINE 12E.

11. ENTER THE AMOUNT YOU REPORTED ON SCHEDULE 3, LINE 12E		0.
12. ENTER ONE-HALF OF THE AMOUNT ON LINE 7 ABOVE	1,776.	
13. ENTER THE SMALLER OF LINE 11 OR LINE 12. YOU MUST PAY THIS AMOUNT BY 12/31/2022		<u>0.</u>
14. SUBTRACT LINE 13 FROM LINE 11. YOU MUST PAY THIS AMOUNT BY 12/31/2021		<u><u>0.</u></u>

ACTIVITY NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC

ADJUSTED BASIS AT BEGINNING OF YEAR	46,019.
ADDITIONAL AMOUNTS INVESTED IN CURRENT YEAR	
CURRENT YEAR DISTRIBUTIONS OF MONEY	-186,805.
CURRENT YEAR DISTRIBUTION OF PROPERTY	
CHANGE IN PARTNER'S SHARE OF LIABILITIES	105,675.
OTHER TAX-EXEMPT INCOME	46,877.
CURRENT YEAR INCOME FROM PARTNERSHIP	77,849.
ADJUSTED BASIS USED FOR BASIS LIMITATION	89,615.
LOSS ALLOWED BY BASIS LIMITATION	4,357.
ADJUSTED BASIS AT END OF YEAR	85,258.

	CURRENT YEAR LOSS OR DEDUCTION	PRIOR YEAR UNALLOWED BASIS LOSS	REGULAR TAX AMOUNT ALLOWED BY BASIS	REGULAR TAX BASIS CARRYOVER
<u>LOSSES/DEDUCTIONS/EXPENSES</u>				
CHARITABLE CONTRIBUTIONS	960.		960.	0.
NONDEDUCTIBLE EXPENSES	3,397.		3,397.	0.
TOTALS	<u>4,357.</u>	<u>0.</u>	<u>4,357.</u>	<u>0.</u>

ALTERNATIVE MINIMUM TAX

AMT BEGINNING BASIS	46,019.
AMT INCOME	77,849.
CURRENT YEAR ADJUSTMENTS TO AMT BASIS	-34,253.
AMT BASIS USED FOR LIMITATION	89,615.
LOSS ALLOWED BY AMT BASIS	4,357.
AMT FINAL BASIS	85,258.

	AMT AMOUNT ALLOWED BY BASIS	AMT BASIS CARRYOVER
<u>AMT LOSSES/DEDUCTIONS/EXPENSES</u>		
AMT NONDEDUCTIBLE EXPENSES	3,397.	0.
AMT PORTFOLIO DEDUCTIONS - OTHER	960.	0.
TOTALS	<u>4,357.</u>	<u>0.</u>

ACTIVITY NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC

ADJUSTED BASIS AT BEGINNING OF YEAR	1,888.
ADDITIONAL AMOUNTS INVESTED IN CURRENT YEAR	
CURRENT YEAR DISTRIBUTIONS OF MONEY	-5,057.
CURRENT YEAR DISTRIBUTION OF PROPERTY	
CHANGE IN PARTNER'S SHARE OF LIABILITIES	7,930.
OTHER TAX-EXEMPT INCOME	1,953.
CURRENT YEAR INCOME FROM PARTNERSHIP	3,244.
ADJUSTED BASIS USED FOR BASIS LIMITATION	9,958.
LOSS ALLOWED BY BASIS LIMITATION	182.
ADJUSTED BASIS AT END OF YEAR	9,776.

	CURRENT YEAR LOSS OR DEDUCTION	PRIOR YEAR UNALLOWED BASIS LOSS	REGULAR TAX AMOUNT ALLOWED BY BASIS	REGULAR TAX BASIS CARRYOVER
<u>LOSSES/DEDUCTIONS/EXPENSES</u>				
CHARITABLE CONTRIBUTIONS	40.		40.	0.
NONDEDUCTIBLE EXPENSES	142.		142.	0.
TOTALS	<u>182.</u>	<u>0.</u>	<u>182.</u>	<u>0.</u>

ALTERNATIVE MINIMUM TAX

AMT BEGINNING BASIS	1,888.
AMT INCOME	3,244.
CURRENT YEAR ADJUSTMENTS TO AMT BASIS	4,826.
AMT BASIS USED FOR LIMITATION	9,958.
LOSS ALLOWED BY AMT BASIS	182.
AMT FINAL BASIS	9,776.

	AMT AMOUNT ALLOWED BY BASIS	AMT BASIS CARRYOVER
<u>AMT LOSSES/DEDUCTIONS/EXPENSES</u>		
AMT NONDEDUCTIBLE EXPENSES	142.	0.
AMT PORTFOLIO DEDUCTIONS - OTHER	40.	0.
TOTALS	<u>182.</u>	<u>0.</u>

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

ACTIVITY NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC

	(A) CURRENT YEAR AMOUNT	(B) PRIOR YEAR UNALLOWED BASIS LOSS	(C) DISALLOWED DUE TO BASIS LIMITATION	(D) PRIOR YEAR UNALLOWED AT-RISK LOSS	(E) DISALLOWED DUE TO AT-RISK LIMITATION	(F) PRIOR YEAR UNALLOWED PASSIVE LOSS	(G) DISALLOWED DUE TO PASSIVE LOSS LIMITATIONS	(H) TAX RETURN
ORDINARY INCOME (LOSS)	77,849.							
NET INCOME (LOSS)	<u>77,849.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>			<u>77,849.</u>
TOTAL SCHEDULE E PAGE 2	<u>77,849.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>77,849.</u>
CHARITABLE CONTRIBUTIONS	960.							960.
NONDEDUCTIBLE EXPENSES	3,397.							3,397.

ACTIVITY NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC

	(A) CURRENT YEAR AMOUNT	(B) PRIOR YEAR UNALLOWED BASIS LOSS	(C) DISALLOWED DUE TO BASIS LIMITATION	(D) PRIOR YEAR UNALLOWED AT-RISK LOSS	(E) DISALLOWED DUE TO AT-RISK LIMITATION	(F) PRIOR YEAR UNALLOWED PASSIVE LOSS	(G) DISALLOWED DUE TO PASSIVE LOSS LIMITATIONS	(H) TAX RETURN
ORDINARY INCOME (LOSS)	3,244.							
NET INCOME (LOSS)	<u>3,244.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>			<u>3,244.</u>
TOTAL SCHEDULE E PAGE 2	<u>3,244.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>3,244.</u>
CHARITABLE CONTRIBUTIONS	40.							40.
NONDEDUCTIBLE EXPENSES	142.							142.

DO NOT MAIL --- WORKSHEET COPY ONLY

Form **2210****Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**

OMB No. 1545-0074

2020Department of the Treasury
Internal Revenue Service► Go to www.irs.gov/Form2210 for instructions and the latest information.
► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.Attachment
Sequence No. **06**

Name(s) shown on tax return

ALEXANDRO AND DIANA L ALVARADO

Identifying number

158-72-3904

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000? **Yes** → **Don't file Form 2210.** You don't owe a penalty.

No ↓

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? **Yes** → You **don't** owe a penalty. **Don't** file Form 2210 unless **box E** in Part II applies, then file page 1 of Form 2210.

No ↓

You may owe a penalty. Does any box in Part II below apply? **Yes** → You **must** file Form 2210. Does box **B, C,** or **D** in Part II apply?

No ↓ **Yes** → You must figure your penalty.

Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but **don't file Form 2210.**

You **aren't** required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210.**

Part I Required Annual Payment

1	Enter your 2020 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	17,571.
2	Other taxes, including the portion of 2020 self-employment tax to which the estimated tax requirement applies and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	7,907.
3	Refundable credits, including the premium tax credit (see instructions)	3	-2,634.
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	22,844.
5	Multiply line 4 by 90% (0.90)	5	20,560.
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	15,382.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	7,462.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	38,454.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	20,560.

Next: Is line 9 more than line 6?

- ☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.
- ☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.
- If box **B, C,** or **D** applies, you must figure your penalty and file Form 2210.
 - If box **A** or **E** applies (but not **B, C,** or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

- A** ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2019 or 2020, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C,** or **D** applies).

BAA For Paperwork Reduction Act Notice, see separate instructions.Form **2210** (2020)

Part III

Short Method

Can You Use the Short Method?

You can use the short method if:

- You made no estimated tax payments (or your only payments were withheld federal income tax), **or**
- You paid the same amount of estimated tax on each of the four payment due dates.

Must You Use the Regular Method?

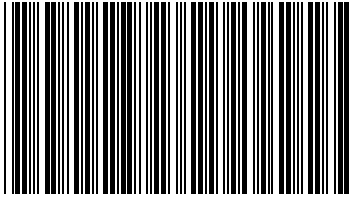
You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late,
- You checked box **C** or **D** in Part II, **or**
- You're filing Form 1040-NR and you didn't receive wages as an employee subject to U.S. income tax withholding.

Note: If any payment was made earlier than the due date, you can use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

10	Enter the amount from Form 2210, line 9.	10	20,560.
11	Enter the amount, if any, from Form 2210, line 6.	11	15,382.
12	Enter the total amount, if any, of estimated tax payments you made.	12	
13	Add lines 11 and 12.	13	15,382.
14	Total underpayment for year. Subtract line 13 from line 10. If zero or less, stop ; you don't owe a penalty. If the amount on line 14 was paid on or before 1/15/21, do not use the short method. Don't file Form 2210 unless you checked box E in Part II.	14	5,178.
15	Multiply line 14 by 0.01744.	15	90.
16	- If the amount on line 14 was paid on or after 4/15/21, enter -0-. - If the amount on line 14 was paid after 1/15/21 and before 4/15/21, make the following computation to find the amount to enter on line 16. Amount on line 14 x Number of days paid before 4/15/21 x 0.00008	16	0.
17	Penalty. Subtract line 16 from line 15. Enter the result here and on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II.	17	90.

Form 2210 (2020)



040MP01200

1032

Your Social Security Number (required)
158723904

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
ALVARADO ALEXANDRO & DIANA L

Spouse's/CU Partner's SSN (if filing jointly)
766629098

County/Municipality Code (See Table page 50)
1410

Home Address (Number and Street, including apartment number)
20 SCHOENER RD

City, Town, Post Office
EAST HANOVER

State ZIP Code
NJ 07936

Driver's License Number (Voluntary) (See instructions)

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

X I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
NJ-1040-O is enclosed.

Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?

You

Yes

X

No

If joint return does your spouse want to designate \$1?

Spouse/CU Partner

Yes

X

No

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)

dd1. **4**

dd2. Account type (C for checking, S for savings)

dd2.

dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States

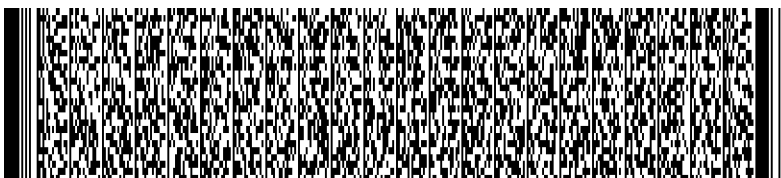
dd3.

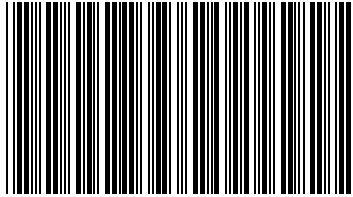
dd4. Routing number

dd4.

dd5. Account number

dd5.





040MP02200

Name(s) as shown on Form NJ-1040

ALEXANDRO AND DIANA L ALVARADO

Your Social Security Number

158723904

1032

NJIA0134 11/19/20

Part-year residents, provide months/days you were a New Jersey resident during 2020:

From: 20 To: 20

Fiscal year filers only:

Enter month of your year end 2021

Filing Status

Fill in only one.

1. Single
2. ☒ Married/CU Couple, filing joint return
3. Married/CU Partner, filing separate return
4. Head of Household Enter spouse's/CU partner's SSN
5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2018 2019

Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

- | | | | | | | | | |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|--------|
| 6. Regular | ☒ | Self | ☒ | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | 2000 |
| 7. Senior 65+ (Born in 1955 or earlier) | | Self | | Spouse/CU Partner | | | x \$1,000 = | |
| 8. Blind/Disabled | | Self | | Spouse/CU Partner | | | x \$1,000 = | |
| 9. Veteran | | Self | | Spouse/CU Partner | | | x \$6,000 = | |
| 10. Qualified Dependent Children | | | | | | 2 | x \$1,500 = | 3000 |
| 11. Other Dependents | | | | | | | x \$1,500 = | |
| 12. Dependents Attending Colleges (See instructions) | | | | | | | x \$1,000 = | |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | | 13. | 5000 . |

14. Dependent Information. Provide the following information for each dependent.

Last Name, First Name, Middle Initial

- a. ALVARADO, SEBASTIAN E.
- b. ALVARADO, GABRIELA L.
- c. _____
- d. _____

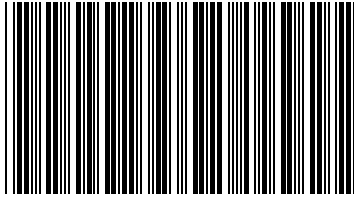
Social Security Number

120470779
372570725

Birth Year

2013
2017

No Health Insurance



040MP03200

Name(s) as shown on Form NJ-1040

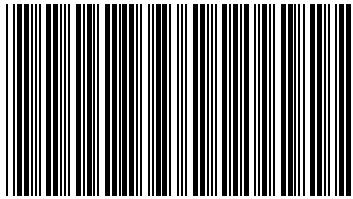
ALEXANDRO AND DIANA L ALVARADO

Your Social Security Number

158723904

1032

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	130570	.
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	.
17.	Dividends	17.	16	.
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.	.
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	47	.
20a.	Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	.	.
20b.	Excludable Pensions, Annuities, and IRA Withdrawals	20b.	.	.
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	77554	.
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	.
24.	Net Gambling Winnings (See instructions)	24.	.	.
25.	Alimony and Separate Maintenance Payments received	25.	.	.
26.	Other (Enclose documents) (See instructions)	26.	.	.
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	208187	.
28a.	Retirement/Pension Exclusion (See instructions)	28a.	.	.
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions page 19)	28b.	.	.
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	.	.
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	208187	.
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	5000	.
31.	Medical Expenses (See Worksheet F and instructions)	31.	.	.
32.	Alimony and Separate Maintenance Payments (See instructions)	32.	.	.
33.	Qualified Conservation Contribution	33.	.	.
34.	Health Enterprise Zone Deduction	34.	.	.
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	.	.
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	5000	.
38.	Taxable Income (Subtract line 37 from line 29)	38.	203187	.
39a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	6642	.
39b.	Block	138	.	0
39b.	Lot	29	.	0
39b.	Qualifier	0		
39c.	County/Municipality Code	1410		
39d.	Indicate your residency status during 2020 (fill in only one)	X	Homeowner	Tenant
40.	Property Tax Deduction (From Worksheet H) (See instructions)			Both
41.	New Jersey Taxable Income (Subtract line 40 from line 38)			6642
42.	Tax on Amount on line 41 (Tax Table page 52)			196545
43.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)			8477
	Enter Code			.
44.	Balance of Tax (Subtract line 43 from line 42)			8477
45.	Child and Dependent Care Credit (See instructions)			.
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit			.
46.	Sheltered Workshop Tax Credit			.
47.	Gold Star Family Counseling Credit (See instructions)			.
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)			.
49.	Total credits (Add lines 45 through 48)			.
50.	Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry			8477
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0			0
52.	Interest on Underpayment of Estimated Tax			68
	Fill in if Form NJ-2210 is enclosed		X	.



040MP04200

Name(s) as shown on Form NJ-1040

ALEXANDRO AND DIANA L ALVARADO

Your Social Security Number

158723904

1032

53.	Shared Responsibility Payment (See instructions)	REQUIRED Enclose Schedule HCC and fill in	X	53.	
54.	Total Tax Due (Add lines 50 through 53)			54.	8545
55.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)			55.	4978
56.	Property Tax Credit (See instructions page 23)			56.	
57.	New Jersey Estimated Tax Payments/Credit from 2019 tax return			57.	
58.	New Jersey Earned Income Tax Credit (See instructions)			58.	
	Fill in if you had the IRS calculate your federal earned income credit				
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit				
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)			59.	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)			60.	
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)			61.	
62.	Wounded Warrior Caregivers Credit (See instructions)			62.	
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)			63.	4602
64.	Total Withholdings, Credits, and Payments (Add lines 55 through 63)			64.	9580
65.	If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 and enter the amount you owe			65.	
	If you owe tax, you can still make a donation on lines 68 through 75.				
66.	If the total on line 64 is more than line 54, you have an overpayment. Subtract line 54 from line 64 and enter the overpayment			66.	1035
67.	Amount from line 66 you want to credit to your 2021 tax			67.	1035
68.	Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other	
69.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other	
70.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other	
71.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other	
72.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other	
73.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code
74.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code
75.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code
76.	Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)			76.	1035
77.	Balance due (If line 65 is more than zero, add line 65 and line 76)			77.	
78.	Refund amount (If line 66 is more than zero, subtract line 76 from line 66)			78.	

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature _____ Date _____ Spouse's/CU Partner's Signature (required if filing jointly) _____ Date _____

Paid Preparer's Signature _____ Federal Identification Number _____

Firm's Name _____ Firm's Federal Employer Identification Number _____

MCGOVERN GARRY, LLC
786 MOUNTAIN BOULEVARD, SUITE 100 WATCHUNG, NJ 202926909

Tax Due Address

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:

State of New Jersey
Division of Taxation
Revenue Processing Center - Payment
PO Box 111
Trenton, NJ 08645-0111

Include Social Security number and make check or money order payable to:

State of New Jersey — TGI
You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address

Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

REQUIRED

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040 ALEXANDRO AND DIANA L ALVARADO	Social Security Number 158-72-3904
---	--

Schedule NJ-HCC

Health Care Coverage

2020

If your income on line 29 is at or below the filing threshold, do not complete this schedule.

PART I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2020? (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

☒

Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.

☐

No. Continue to Part II.

PART II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box.

If you need more space, enclose a statement listing any additional individuals.

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:		Check box if this individual has more than one exemption number ☐											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:		Check box if this individual has more than one exemption number ☐											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:		Check box if this individual has more than one exemption number ☐											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:		Check box if this individual has more than one exemption number ☐											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:		Check box if this individual has more than one exemption number ☐											

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040 ALEXANDRO AND DIANA L ALVARADO	Social Security Number 158-72-3904
--	---------------------------------------

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2020

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.							
	(a)	(b)	(c)	(d)	(e)	(f)	
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)	
	SEE STATEMENT 1					47	
2.	Capital Gains Distributions.....						
3.	Other Net Gains.....						
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter ZERO here and make no entry on line 19.).....					47	

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040 ALEXANDRO AND DIANA L ALVARADO	Social Security Number 158-72-3904
---	--

Schedule NJ-BUS-1 New Jersey Gross Income Tax
(Form NJ-1040) Business Income Summary Schedule

2020

Part I Net Profits From Business		List the net profit (loss) from business(es). See instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)		4.

Part II Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.	TRISTATE TECHNOLOGY SOLUTIONS LLC	46-3886027	74,452.
2.	TRISTATE TECHNOLOGY SOLUTIONS LLC	46-3886027	3,102.
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4. 77,554.

Part III Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)		4.

Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 - Rental real estate 2 - Royalties 3 - Patents 4 - Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)			4.

Keep a copy of this schedule for your records

NJ-2210
2020

**Underpayment of Estimated Tax
by Individuals, Estates, or Trusts**

Fill in the oval at line 52, Form NJ-1040, and enclose this form with your return.

Name(s) as shown on Form NJ-1040 ALEXANDRO AND DIANA L ALVARADO	Social Security Number 158-72-3904
---	--

PART I FIGURING YOUR UNDERPAYMENT

1	2020 Tax (line 50, Form NJ-1040).....	1	8,477.
2	Enter the total of lines 55, 56, 58, 59, 60, 61, 62, and 63, Form NJ-1040	2	4,978.
3	Subtract line 2 from line 1 (If less than \$400, do not complete the rest of this form).....	3	3,499.
4a	Multiply the amount on line 1 by .80 (80%) (Two-thirds for qualified farmers).....	4a	6,782.
4b	Enter 2019 tax (From Form NJ-1040, line 49).....	4b	9,050.

		PAYMENT DUE DATES				
		(A) JUNE 15, 2020	(B) JULY 15, 2020 (originally due April 15, 2020)	(C) SEPT 15, 2020	(D) JAN 15, 2021	
5	Use the lesser amount from either line 4a or 4b and divide by four. Enter the result in each column.....	5	1,695.	1,695.	1,696.	1,696.
6	Estimated tax paid and tax withheld per period (see instr.). If each column on line 6 is greater than the corresponding column on line 5, do not complete the rest of this form.....	6	1,245.	1,245.	1,244.	1,244.
7	Enter the overpayment (line 13) from the previous column. (Complete lines 7 through 13 for one column before completing the next column.).....	7				
8	Add line 6 and line 7.....	8	1,245.	1,245.	1,244.	1,244.
9	Enter the total underpayment (add line 11 and line 12) from the previous column.....	9		450.	900.	1,352.
10	Subtract line 9 from line 8. If zero or less, enter zero.....	10	1,245.	795.	344.	0.
11	Remaining underpayment from previous period. If line 10 is zero, subtract line 8 from line 9. Otherwise enter zero.....	11		0.	0.	108.
12	UNDERPAYMENT (If line 5 is greater than line 10, subtract line 10 from line 5).....	12	450.	900.	1,352.	1,696.
13	OVERPAYMENT (If line 10 is greater than line 5, subtract line 5 from line 10).....	13				

PART II EXCEPTIONS

(See instructions. Complete worksheets for exceptions 2, 3, and 4 and enclose calculations for each exception claimed.)

If you meet exception 1 at line 15, do not file this form. These amounts will be verified by the Division of Taxation.

14	Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2020.) (See instructions).....	14	JUNE 15, 2020 1,245.	JULY 15, 2020 2,490.	SEPT 15, 2020 3,734.	JAN 15, 2021 4,978.
15	Exception 1— Enter 2019 tax (line 49). \$ 9,050.	15	50% of 2019 Tax 4,525.	25% of 2019 Tax 2,263.	75% of 2019 Tax 6,788.	100% of 2019 Tax 9,050.
16	Exception 2 — Tax on 2019 gross income using 2020 exemptions and tax rates.....	16	50% of Tax 4,811.	25% of Tax 2,406.	75% of Tax 7,217.	100% of Tax 9,622.
17	Exception 3 — Tax on annualized 2020 income.....	17	40% of Tax	20% of Tax	60% of Tax	
18	Exception 4 — Tax on 2020 income over 3, 5, and 8-month periods.....	18	90% of Tax	90% of Tax	90% of Tax	

If the amount of any exception is equal to or less than the corresponding amount at line 14, interest will not be charged for that period.

19	TOTAL INTEREST (Include this amount on line 52, Form NJ-1040).....	\$	68.
-----------	--	-----------	------------

2020

UNDERPAYMENT PENALTY WORKSHEET

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

Required Installment	Payment			Penalty				
	Date	Type *	Amount	Underpayment	Days Late	Rate	Amount of Penalty **	Penalty per Period
FIRST QTR 1,695.	6/15/20	2	1,245.	450.	30	0.0625	2.31	
TOTAL								2.31
SECOND QTR 1,695.	7/15/20	2	1,245.	900.	62	0.0625	9.53	
TOTAL								9.53
THIRD QTR 1,696.	9/15/20	2	1,244.	1,352.	122	0.0625	28.17	
TOTAL								28.17
FOURTH QTR 1,696.	1/15/21	2	1,244.	1,804.	90	0.0625	27.80	
TOTAL								27.80

TOTAL UNDERPAYMENT PENALTY

68.

- * 1 = Overpayment
 2 = Withholding
 3 = Estimate
 4 = Extension
 5 = Paid with return

** Underpayment $\times \frac{\text{Days Late}}{365 \text{ or } 366} \times \text{Rate}$

2020

NEW JERSEY STATEMENTS

PAGE 1

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

**STATEMENT 1
SCHEDULE NJ-DOP, LINE 1
CAPITAL GAINS AND LOSSES**

A. DESCRIPTION OF PROPERTY	B. DATE ACQUIRED	C. DATE SOLD	D. SALES PRICE	E. COST OR BASIS	F. GAIN/LOSS (D-E)
SHORT TERM COVERED SALES	VARIOUS	12/31/20	4,072.	3,522.	\$ 550.
1400 CITIGROUP GLOBAL MKTS HLDGS	VARIOUS	4/03/20	231.	543.	-312.
SHORT TERM COVERED SALES	VARIOUS	12/31/20	556.	747.	-191.
				TOTAL	<u>\$ 47.</u>

NJ-8879Department of the Treasury
Division of Revenue**NJ e-file Signature Authorization**▶ Do not send to New Jersey. Keep for your records.
▶ See instructions.**2020**

▶ Do not mail the NJ-8879 to New Jersey

Taxpayer's name

ALEXANDRO ALVARADO

Social security number

158-72-3904

Spouse's name or
Civil Union Prtnr's

DIANA L ALVARADO

Spouse's SSN or Civil Union Prtnr's

766-62-9098

Part I Tax Return Information – Tax Year Ending December 31, 2020 (Whole Dollars Only)

1	New Jersey Taxable income	1	196545
2	Total tax	2	8545
3	New Jersey income tax withheld	3	4978
4	Refund	4	0
5	Amount you owe	5	0

Part II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, 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 shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize MCGOVERN GARRY, LLC to enter my PIN 30460 as my signature
ERO firm name do not enter all zeros
on my tax year 2020 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. 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 ▶ _____

Spouse's PIN: check one box only

(or Civil Union Prtnr's PIN)

☒ I authorize MCGOVERN GARRY, LLC to enter my PIN 42705 as my signature
ERO firm name do not enter all zeros
on my tax year 2020 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. 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 ▶ _____
or Civil Union Prtnr's

Date ▶ _____

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 22381303030
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2020 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ▶ _____

Date ▶ _____

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So

DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME

PARTNERSHIP NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC

PARTNERSHIP EIN: 46-3886027

TAX YEAR: 2020

1. NEW JERSEY PARTNERSHIP INCOME (NJ K-1, PART 2, LINE 1)	74,452.
2. GUARANTEED PAYMENTS TO PARTNER	
3. PARTNERS 401K CONTRIBUTION	
4. PARTNERS UPE	
5. PARTNERSHIP INCOME (LOSS)	<u>74,452.</u>

PARTNERSHIP NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC

PARTNERSHIP EIN: 46-3886027

TAX YEAR: 2020

1. NEW JERSEY PARTNERSHIP INCOME (NJ K-1, PART 2, LINE 1)	3,102.
2. GUARANTEED PAYMENTS TO PARTNER	
3. PARTNERS 401K CONTRIBUTION	
4. PARTNERS UPE	
5. PARTNERSHIP INCOME (LOSS)	<u>3,102.</u>

GRAND TOTAL PARTNERSHIP INCOME	<u><u>77,554.</u></u>
---------------------------------------	-----------------------

Worksheet H
Property Tax Deduction/Credit

Review the eligibility requirements before completing Worksheet H.

Complete both columns of this worksheet to find out whether the deduction or the credit is better for you.

- 1. Property Taxes.** Enter the property taxes from line 39a, Form NJ-1040.
Senior Freeze (Property Tax Reimbursement) applicants must use their base year amount.
(See instructions.)

1. 6,642.

- 2. Property Tax Deduction.** Is the amount on line 1 of this worksheet \$15,000 or more (\$7,500 or more if you and your spouse file separate returns but maintained the same main home)?

☐ Yes. Enter \$15,000 (\$7,500 if you and your spouse file separate returns but maintained the same main home).

☒ No. Enter the amount from line 1.

2. 6,642.

STOP – if you are claiming a credit for taxes paid to other jurisdictions.

Complete only lines 1 and 2. Then complete Schedule NJ-COJ and Worksheet I. (See instructions.)

3. Taxable Income (From line 38 of Form NJ-1040).....

4. Property Tax Deduction (From line 2 above).....

5. New Jersey Taxable Income (Subtract line 4 from line 3).....

6. Tax on line 5 amount (From Tax Table or Tax Rate Schedules).....

7. Subtract line 6, column A from line 6, column B.....

Column A		Column B	
3.	203,187.	3.	203,187.
4.	6,642.	4.	-0-
5.	196,545.	5.	203,187.
6.	8,477.	6.	8,901.
7.		7.	424.

- 8. Is the line 7 amount \$50 or more** (\$25 if you and your spouse file separate returns but maintained the same main home)?
Part-year residents, see instructions before answering 'No.'

☒ Yes. The Property Tax Deduction is more beneficial for you. Make the following entries on your return.

Form NJ-1040

Enter amount from:

Line 40

Line 4, column A

Line 41

Line 5, column A

Line 42

Line 6, column A

Line 56

Make no entry

☐ No. The Property Tax Credit is more beneficial for you. Make the following entries on your return.

Form NJ-1040

Enter amount from:

Line 40

Make no entry

Line 41

Line 5, column B

Line 42

Line 6, column B

Line 56

\$50 (\$25 if you and your spouse file separate returns but maintained the same main home). **Part-year residents** must prorate this amount. (See instructions.)

(Keep for your records)

ALL PROPERTY TAX RELIEF PROGRAM INFORMATION IS SUBJECT TO CHANGE

2019 TAX RETURN

PREPARER FILE COPY

Client: 30460

Prepared for: ALEXANDRO AND DIANA L ALVARADO
20 SCHOENER RD
EAST HANOVER, NJ 07936
HOME : (201) 407-5383

Prepared by: MICHAEL J. PUCCI, CPA
MCGOVERN GARRY, LLC
786 MOUNTAIN BOULEVARD, SUITE 100
WATCHUNG, NJ 07069-6268
(908) 668-1040

Date: MARCH 18, 2020

Comments:

Route to: _____

**MCGOVERN GARRY, LLC
786 MOUNTAIN BOULEVARD, SUITE 100
WATCHUNG, NJ 07069-6268
(908) 668-1040**

March 18, 2020

ALEXANDRO and DIANA L ALVARADO
20 SCHOENER RD
EAST HANOVER, NJ 07936

Dear Alexandro and Diana,

Your **2019 Federal Individual Income Tax Return** will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. **There is a balance due of \$13,438.**

Make your check payable to the "United States Treasury" and mail your Form 1040-V payment voucher on or before April 15, 2020 to:

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

Your **2019 New Jersey Individual Income Tax Return** will be electronically filed with the State of New Jersey upon receipt of a signed Form NJ-8879 e-file Signature Authorization. **There is a balance due of \$3,475.**

Make your check payable to "State of New Jersey - TGI" and mail your New Jersey payment voucher on or before April 15, 2020 to:

STATE OF NEW JERSEY
DIVISION OF TAXATION
REVENUE PROCESSING CENTER
P.O. BOX 643
TRENTON, NJ 08646-0643

Do not staple, paper clip or tape your check or money order to the voucher.

Please return the enclosed **Signature Authorization Form** in the enclosed envelope to our office. The taxing authorities require us to have these signed forms returned to us, along with your payment for our services in order to electronically file your tax returns.

Please be sure to call if you have any questions.

Sincerely,

MICHAEL J. PUCCI, CPA

IRS e-file Signature Authorization

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

2019

Submission Identification Number (SID) ►

Taxpayer's name ALEXANDRO ALVARADO	Social security number 158-72-3904
Spouse's name DIANA L ALVARADO	Spouse's social security number 766-62-9098

Part I Tax Return Information – Tax Year Ending December 31, 2019 (Whole dollars only)

1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	216,751.
2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	34,958.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	20,877.
4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	
5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	13,438.

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 my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. 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 my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize MCGOVERN GARRY, LLC to enter or generate my PIN 30460 as my
ERO firm name Enter five digits, but
don't enter all zeros
signature on my tax year 2019 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. 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 ► _____

Spouse's PIN: check one box only

- ☒ I authorize MCGOVERN GARRY, LLC to enter or generate my PIN 42705 as my
ERO firm name Enter five digits, but
don't enter all zeros
signature on my tax year 2019 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. 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 ► _____

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. 22381303030
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return 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 ► _____ Date ► _____

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

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (2019)

FILE ONLY IF YOU ARE MAKING A PAYMENT WITH FORM 1040. RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE "UNITED STATES TREASURY." PLEASE WRITE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER, AND " 2019 FORM 1040" ON YOUR CHECK OR MONEY ORDER. PLEASE DO NOT SEND CASH. ENCLOSE, BUT DO NOT STAPLE OR ATTACH, YOUR PAYMENT WITH THIS VOUCHER.

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY" AND
MAIL FORM 1040-V PAYMENTS TO:

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

Form **1040-V** (2019)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2019

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount
of your payment ▶

13,438.

FDIA8601L 09/03/19 1030



ALEXANDRO & DIANA L ALVARADO
20 SCHOENER RD
EAST HANOVER NJ 07936

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE KY 40293-1000

158723904 IY ALVA 30 0 201912 610

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

Your first name and middle initial ALEXANDRO ALVARADO		Last name ALVARADO	Your social security number 158-72-3904
If joint return, spouse's first name and middle initial DIANA L ALVARADO		Last name ALVARADO	Spouse's social security number 766-62-9098
Home address (number and street). If you have a P.O. box, see instructions. 20 SCHOENER RD			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. ☐ You ☐ Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). EAST HANOVER, NJ 07936			
Foreign country name	Foreign province/state/county	Foreign postal code	If more than four dependents, see instructions and ✓ here ☐

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
SEBASTIAN E.	ALVARADO	120-47-0779	SON	☒	
GABRIELA L.	ALVARADO	372-57-0725	DAUGHTER	☒	
				☐	☐
				☐	☐

Standard Deduction for —
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under *Standard Deduction*, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	140,228.
2a Tax-exempt interest	2a	
b Taxable int. Att. Sch. B if reqd.	2b	15.
3a Qualified dividends	3a	
b Ordinary div. Att. Sch. B if reqd.	3b	
4a IRA distributions	4a	
b Taxable amount	4b	
c Pensions and annuities	4c	91,567.
d Taxable amount	4d	0.
5a Social security benefits	5a	
b Taxable amount	5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	6	
7a Other income from Schedule 1, line 9.	7a	82,122.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	222,365.
8a Adjustments to income from Schedule 1, line 22.	8a	5,614.
b Subtract line 8a from line 7b. This is your adjusted gross income	8b	216,751.
9 Standard deduction or itemized deductions (from Schedule A)	9	32,359.
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	15,302.
11a Add lines 9 and 10	11a	47,661.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	169,090.

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

Form **1040** (2019)

12a Tax (see inst.) Check if any from Form(s): 1 ☐ 8814		
2 ☐ 4972 3 ☐	12a 28,931.	
b Add Schedule 2, line 3, and line 12a and enter the total		12b 28,931.
13a Child tax credit or credit for other dependents		13a 4,000.
b Add Schedule 3, line 7, and line 13a and enter the total		13b 5,200.
14 Subtract line 13b from line 12b. If zero or less, enter -0-		14 23,731.
15 Other taxes, including self-employment tax, from Schedule 2, line 10		15 11,227.
16 Add lines 14 and 15. This is your total tax		16 34,958.
17 Federal income tax withheld from Forms W-2 and 1099		17 20,877.
18 Other payments and refundable credits:		
a Earned income credit (EIC)	18a	
b Additional child tax credit. Attach Schedule 8812	18b	
c American opportunity credit from Form 8863, line 8	18c	
d Schedule 3, line 14	18d 643.	
e Add lines 18a through 18d. These are your total other payments and refundable credits		18e 643.
19 Add lines 17 and 18e. These are your total payments		19 21,520.
20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid		20
21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here ☐		21a
b Routing number c Type: ☐ Checking ☐ Savings d Account number		
22 Amount of line 20 you want applied to your 2020 estimated tax		22
23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions.		23 13,438.
24 Estimated tax penalty (see instructions)		24

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund Direct deposit? See instructions.

Amount You Owe

Third Party Designee (Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ Yes. Complete below. ☒ No

Designee's name Phone no. Personal identification number (PIN)

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		TECH CONSULTANT	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		SERVICE ADVISOR	
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
MICHAEL J. PUCCI, CPA		3/18/20	P00224215	☒ 3rd Party Designee
Firm's name	Phone no.		☐ Self-employed	
MCGOVERN GARRY, LLC	(908) 668-1040			
Firm's address	Firm's EIN			
786 MOUNTAIN BOULEVARD, SUITE 100 WATCHUNG, NJ 07069-6268	20-2926909			

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

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

ALEXANDRO AND DIANA L ALVARADO

Your social security number

158-72-3904

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	82,122.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	82,122.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	5,614.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	5,614.

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

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

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

ALEXANDRO AND DIANA L ALVARADO

Your social security number

158-72-3904

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE.	4	11,227.
5	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919.	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required.	6	
7a	Household employment taxes. Attach Schedule H.	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required.	7b	
8	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15.	10	11,227.

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

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **03**

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

ALEXANDRO AND DIANA L ALVARADO

Your social security number

158-72-3904

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required.	1	
2	Credit for child and dependent care expenses. Attach Form 2441.	2	1,200.
3	Education credits from Form 8863, line 19.	3	
4	Retirement savings contributions credit. Attach Form 8880.	4	
5	Residential energy credits. Attach Form 5695.	5	
6	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b.	7	1,200.

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return.	8	
9	Net premium tax credit. Attach Form 8962.	9	
10	Amount paid with request for extension to file (see instructions).	10	
11	Excess social security and tier 1 RRTA tax withheld.	11	643.
12	Credit for federal tax on fuels. Attach Form 4136.	12	
13	Credits from Form: a ☐ 2439 b ☒ Reserved c ☐ 8885 d ☐	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d.	14	643.

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

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE A
(Form 1040 or 1040-SR)

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2019Attachment
Sequence No. **07**

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

ALEXANDRO AND DIANA L ALVARADO

Your social security number

158-72-3904

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|---------|
| 1 | Medical and dental expenses (see instructions) | 1 | 6,855. |
| 2 | Enter amount from Form 1040 or 1040-SR, line 8b 2 216,751. | | |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 16,256. |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0. |

**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. ► ☐ | 5a | 6,547. |
| | b State and local real estate taxes (see instructions) | 5b | 6,520. |
| | c State and local personal property taxes | 5c | |
| | d Add lines 5a through 5c | 5d | 13,067. |
| | 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****Caution:** Your mortgage interest deduction may be limited (see instructions).

- | | | | |
|----|---|----|---------|
| 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. ► ☐ | | |
| | a Home mortgage interest and points reported to you on Form 1098. See instructions if limited. | 8a | 19,724. |
| | 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 | |
| | c Points not reported to you on Form 1098. See instructions for special rules. | 8c | |
| | d Mortgage insurance premiums (see instructions) | 8d | |
| | e Add lines 8a through 8d | 8e | 19,724. |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | |
| 10 | Add lines 8e and 9 | 10 | 19,724. |

**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- | | | | |
|----|--|----|--------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 2,140. |
| 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 | 495. |
| 13 | Carryover from prior year | 13 | |
| 14 | Add lines 11 through 13 | 14 | 2,635. |

**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 | 0. |
|----|--|----|----|

**Other
Itemized
Deductions**

- | | | | |
|----|---|----|----|
| 16 | Other—from list in instructions. List type and amount ► | 16 | 0. |
|----|---|----|----|

**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 9. | 17 | 32,359. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box. ► ☐ | | |

FDIA0301L 01/15/20

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

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	TRISTATE TECHNOLOGY SOLUTIONS LLC	P		46-3886027		
B	TRISTATE TECHNOLOGY SOLUTIONS LLC	P		46-3886027		
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 allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A				78,837.	
B				3,285.	
C					
D					
29 a Totals.....				82,122.	
b Totals.....					
30 Add columns (h) and (k) of line 29a.....			30	82,122.	
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	82,122.	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
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				
34 a 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 or 1040-SR), line 5, or Form 1040-NR, line 18. ▶	41	82,122.
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 AC; 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	

SCHEDULE SE
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **17**

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

ALEXANDRO ALVARADO

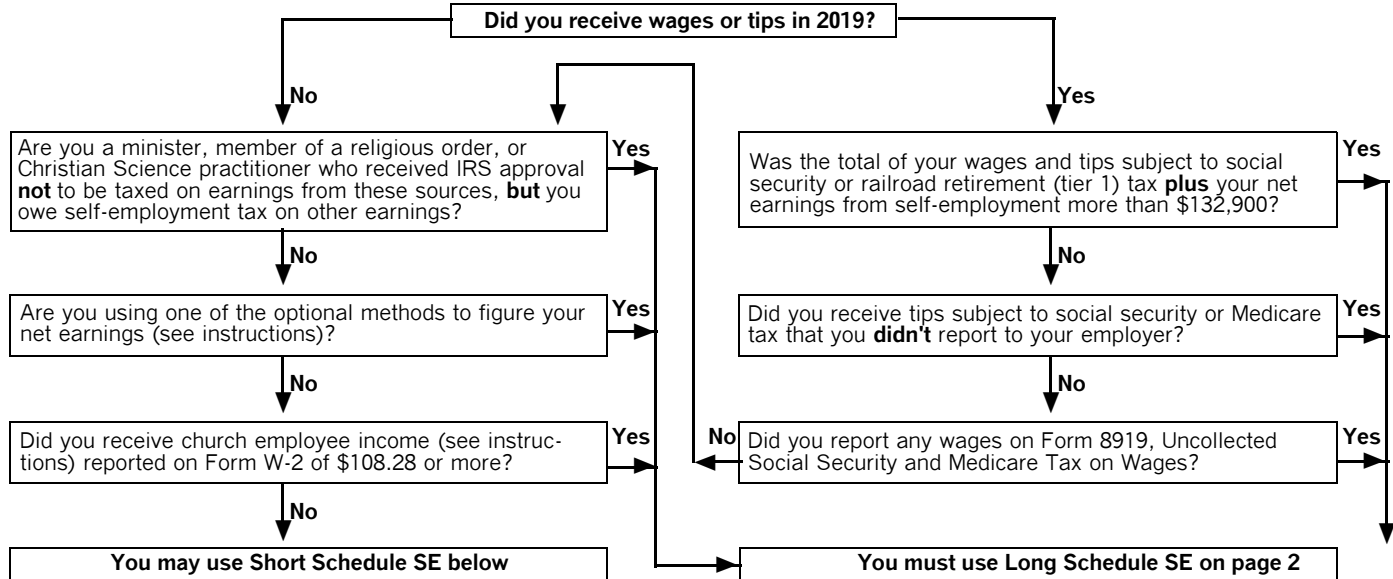
Social security number of person
with **self-employment** income ►

158-72-3904

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

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

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



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

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1 b	
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	78,837.
3 Combine lines 1a, 1b, and 2	3	78,837.
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	72,806.
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.	5	11,139.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27.	6	5,570.

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

Schedule SE (Form 1040 or 1040-SR) 2019

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

DIANA L ALVARADO

Social security number of person
with **self-employment** income ▶

766-62-9098

Section B – Long Schedule SE**Part I Self-Employment Tax****Note:** If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for 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. ☐	
1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions).	1 a
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH.	1 b
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions).	2 3,285.
3 Combine lines 1a, 1b, and 2.	3 3,285.
4 a 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.	4 a 3,034.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here.	4 b
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.	4 c 3,034.
5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income.	5 a
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-.	5 b 0.
6 Add lines 4c and 5b.	6 3,034.
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 2019.	7 132,900.
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$132,900 or more, skip lines 8b through 10, and go to line 11.	8 a 143,275.
b Unreported tips subject to social security tax (from Form 4137, line 10).	8 b
c Wages subject to social security tax (from Form 8919, line 10).	8 c
d Add lines 8a, 8b, and 8c.	8 d
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11.	9
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124).	10
11 Multiply line 6 by 2.9% (0.029).	11 88.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040 or 1040-SR) , line 4, or Form 1040-NR , line 55.	12 88.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR) , line 14, or Form 1040-NR , line 27.	13 44.

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

Farm Optional Method. You may use this method only if (a) your gross farm income ⁽¹⁾ wasn't more than \$8,160, or (b) your net farm profits ⁽²⁾ were less than \$5,891.	
14 Maximum income for optional methods.	14 5,440.
15 Enter the smaller of: two-thirds (2/3) of gross farm income ⁽¹⁾ (not less than zero) or \$5,440. Also include this amount on line 4b above.	15
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ⁽³⁾ were less than \$5,891 and also less than 72.189% of your gross nonfarm income ⁽⁴⁾ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.	
16 Subtract line 15 from line 14.	16
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm 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.

Child and Dependent Care Expenses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.**2019**Attachment
Sequence No. **21**

Name(s) shown on return

Your social security number

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box. ☐**Part I** **Persons or Organizations Who Provided the Care**—You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	EAST HANOVER CHILD CARE	55 EAGLE ROCK AVE EAST HANOVER, NJ 07936	47-1456522	22,175.

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040 or 1040-SR), line 7a; or Form 1040-NR, line 59a.**Part II** **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2019 for the person listed in column (a)
First	Last		
SEBASTIAN E.	ALVARADO	120-47-0779	11,088.
GABRIELA L.	ALVARADO	372-57-0725	11,087.

3 Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31. **3** 6,000.**4** Enter your **earned income**. See instructions. **4** 73,267.**5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4. **5** 143,469.**6** Enter the **smallest** of line 3, 4, or 5. **6** 6,000.**7** Enter the amount from Form 1040 or 1040-SR, line 8b; or Form 1040-NR, line 35. **7** 216,751.**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0 — 15,000		.35
15,000 — 17,000		.34
17,000 — 19,000		.33
19,000 — 21,000		.32
21,000 — 23,000		.31
23,000 — 25,000		.30
25,000 — 27,000		.29
27,000 — 29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000 — 31,000		.27
31,000 — 33,000		.26
33,000 — 35,000		.25
35,000 — 37,000		.24
37,000 — 39,000		.23
39,000 — 41,000		.22
41,000 — 43,000		.21
43,000 — No limit		.20

8 X .20**9** Multiply line 6 by the decimal amount on line 8. If you paid 2018 expenses in 2019, see the instructions. **9** 1,200.**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. **10** 28,931.**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Schedule 3 (Form 1040 or 1040-SR), line 2; or Form 1040-NR, line 47. **11** 1,200.**BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Form **2441** (2019)

**Qualified Business Income Deduction
Simplified Computation****2019**Attachment
Sequence No. **55**► **Attach to your tax return.**► **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return

ALEXANDRO AND DIANA L ALVARADO

Your taxpayer identification number

158-72-3904

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	TRISTATE TECHNOLOGY SOLUTIONS LLC	46-3886027	73,267.
ii	TRISTATE TECHNOLOGY SOLUTIONS LLC	46-3886027	3,241.
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	2	76,508.	
3	Qualified business net (loss) carryforward from the prior year.	3	0.	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	76,508.	
5	Qualified business income component. Multiply line 4 by 20% (0.20).	5		15,302.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions).	6	0.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	7	0.	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20).	9		0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9.	10		15,302.
11	Taxable income before qualified business income deduction.	11	184,392.	
12	Net capital gain (see instructions).	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	184,392.	
14	Income limitation. Multiply line 13 by 20% (0.20).	14		36,878.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return. ►	15		15,302.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16		0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17		0.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8995** (2019)

Form **8867**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

2019Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

ALEXANDRO AND DIANA L ALVARADO

Enter preparer's name and PTIN

MICHAEL J. PUCCI, CPA P00224215

Taxpayer identification number

158-72-3904**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

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 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, or 1040-SS 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 compute 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 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 compute the amount(s) of the credit(s)	☒	☐	
List those documents, if any, that you relied on.			
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 or 1040-SR)?	☐	☐	☒

BAA For Paperwork Reduction Act Notice, see separate instructions.Form **8867** (2019)

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, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	☐	☐	
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 taxpayer has not lived with the child 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 compute 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 compute 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 compute the amount(s) of the credit(s).

► **If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

	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 **8867** (2019)

2019

FEDERAL STATEMENTS

PAGE 1

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

STATEMENT 1
FORM 1040
WAGE SCHEDULE

<u>SPOUSE - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
JOYCE MOTORS CORP	103,964.	15,332.	6,635.	1,552.	3,884.	232.
RYAN MOTORS OF PASSAIC INC	36,264.	5,545.	2,248.	526.	1,459.	232.
GRAND TOTAL	<u>140,228.</u>	<u>20,877.</u>	<u>8,883.</u>	<u>2,078.</u>	<u>5,343.</u>	<u>464.</u>

STATEMENT 2
FORM 1040
PENSION AND ANNUITIES SCHEDULE

<u>SPOUSE - PAYER</u>	<u>TOTAL RECEIVED</u>	<u>TAXABLE AMOUNT</u>	<u>FEDERAL W/H</u>	<u>STATE W/H</u>
PRINCIPAL LIFE INSURANCE CO	13,634.			
PRINCIPAL LIFE INSURANCE CO - ROLLOVER	77,933.			
GRAND TOTAL	<u>91,567.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

	2019	2018	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC.....	140,228	104,979	35,249
INTEREST INCOME.....	15	0	15
RENT, ROYALTY, PARTNERSHIP, SCORP, TRUST	82,122	51,476	30,646
OTHER INCOME.....	0	1,500	-1,500
TOTAL INCOME.....	222,365	157,955	64,410
ADJUSTMENTS TO INCOME			
DEDUCTIBLE PART OF SELF-EMPLOYMENT TAX...	5,614	3,743	1,871
TOTAL ADJUSTMENTS.....	5,614	3,743	1,871
ADJUSTED GROSS INCOME.....	216,751	154,212	62,539
ITEMIZED DEDUCTIONS			
MEDICAL & DENTAL.....	0	7,709	-7,709
TAXES.....	10,000	10,000	0
INTEREST.....	19,724	20,114	-390
CONTRIBUTIONS.....	2,635	2,120	515
TOTAL ITEMIZED DEDUCTIONS.....	32,359	39,943	-7,584
TAX COMPUTATION			
STANDARD DEDUCTION.....	24,400	24,000	400
LARGER OF ITEMIZED OR STANDARD DEDUCTION	32,359	39,943	-7,584
QUALIFIED BUSINESS INCOME DEDUCTION.....	15,302	9,568	5,734
TAXABLE INCOME.....	169,090	104,701	64,389
TAX BEFORE CREDITS.....	28,931	14,913	14,018
CREDITS			
CHILD TAX CREDIT & OTHER DEPENDENT CR....	4,000	4,000	0
CHILD AND DEPENDENT CARE CREDIT.....	1,200	1,200	0
TOTAL CREDITS.....	5,200	5,200	0
TAX AFTER CREDITS.....	23,731	9,713	14,018
OTHER TAXES			
SELF-EMPLOYMENT TAX.....	11,227	7,485	3,742
TOTAL TAX.....	34,958	17,198	17,760
PAYMENTS			
FEDERAL INCOME TAX WITHHELD.....	20,877	14,593	6,284
EXCESS FICA AND RRTA TAX WITHHELD.....	643	0	643
TOTAL PAYMENTS.....	21,520	14,593	6,927
REFUND OR AMOUNT DUE			
LATE PAYMENT PENALTY.....	0	78	-78
INTEREST.....	0	66	-66
AMOUNT YOU OWE.....	13,438	2,749	10,689
TAX RATES			
MARGINAL TAX RATE.....	24.0%	22.0%	2.0%
EFFECTIVE TAX RATE.....	20.7%	16.4%	4.3%

	2019	2018	DIFF
NEW JERSEY TAX SUMMARY			
WAGES, SALARIES, TIPS, ETC.....	140,675	119,856	20,819
INTEREST.....	15	0	15
DISTR. SHARE OF PARTNERSHIP INCOME.....	78,823	45,229	33,594
OTHER INCOME.....	0	1,500	-1,500
TOTAL INCOME.....	219,513	166,585	52,928
NEW JERSEY GROSS INCOME.....	219,513	166,585	52,928
EXEMPTIONS/DEDUCTIONS			
TOTAL EXEMPTIONS.....	5,000	5,000	0
MEDICAL EXPENSES.....	2,465	15,943	-13,478
TOTAL EXEMPTIONS AND DEDUCTIONS.....	7,465	20,943	-13,478
TAXABLE INCOME.....	212,048	145,642	66,406
PROPERTY TAX DEDUCTION.....	6,520	6,322	198
NEW JERSEY TAXABLE INCOME.....	205,528	139,320	66,208
TAX CALCULATION			
TAX.....	9,050	4,922	4,128
BALANCE OF TAX.....	9,050	4,922	4,128
BALANCE OF TAX AFTER CREDIT.....	9,050	4,922	4,128
TOTAL TAX AND PENALTY.....	9,050	4,989	4,061
PAYMENTS AND CREDITS			
NEW JERSEY INCOME TAX WITHHELD.....	5,343	4,182	1,161
EXCESS N.J. UI/HC/WD WITHHELD.....	146	0	146
EXCESS N.J. DISABILITY WITHHELD.....	58	0	58
EXCESS N.J. FAMILY LEAVE WITHHELD.....	28	0	28
TOTAL PAYMENTS/CREDITS.....	5,575	4,182	1,393
REFUND OR AMOUNT DUE			
TOTAL INTEREST PENALTY.....	0	67	-67
AMOUNT YOU OWE.....	3,475	807	2,668
TAX RATES			
MARGINAL TAX RATE.....	6.4%	5.5%	0.8%
EFFECTIVE TAX RATE.....	4.4%	3.5%	0.9%

**FORM 1040 OR 1040-SR, LINE 2B
INTEREST INCOME**

USALLIANCE FINANCIAL

TOTAL	<u>15.</u>
	<u>15.</u>

WORKSHEET FOR DETERMINING ROTH IRA BASIS AMOUNTSSPOUSE

BASIS IN CONTRIBUTIONS:

1. BASIS IN ROTH IRA CONTRIBUTIONS AS OF DECEMBER 31, 2018	0.
2. ROTH IRA CONTRIBUTIONS FOR 2020, ADJUSTED FOR ANY RECHARACTERIZATIONS	12,825.
3. ADD LINES 1 AND 2	12,825.
4. ENTER THE AMOUNT OF NONQUALIFIED DISTRIBUTIONS FROM FORM 8606, LINE 19	0.
5. REMAINING BASIS IN CONTRIBUTIONS BEFORE QUALIFIED ROTH DISTRIBUTIONS (SUBTRACT LINE 4 FROM LINE 3)	12,825.
6. QUALIFIED ROTH DISTRIBUTIONS	0.
7. BASIS IN ROTH IRA CONTRIBUTIONS AS OF DECEMBER 31, 2019 (SUBTRACT LINE 6 FROM LINE 5)	<u>12,825.</u>

BASIS IN CONVERSIONS & ROLLOVERS:

8. BASIS IN ROTH IRA CONVERSIONS AS OF DECEMBER 31, 2018	0.
9. ENTER THE AMOUNT FROM FORM 8606, LINE 16	0.
10. ROLLOVERS FROM QUALIFIED RETIREMENT PLANS TO ROTH IRAS IN 2019	0.
11. ADD LINES 8, 9, AND 10	0.
12. ENTER THE AMOUNT FROM FORM 8606, LINE 23, REFIGURED WITHOUT TAKING INTO ACCOUNT THE AMOUNT ON LINE 20	0.
13. REMAINING BASIS IN CONVERSIONS AND ROLLOVERS BEFORE QUALIFIED ROTH DISTRIBUTIONS (SUBTRACT LINE 12 FROM LINE 11)	0.
14. QUALIFIED ROTH DISTRIBUTIONS THAT DID NOT REDUCE BASIS IN CONTRIBUTIONS (SUBTRACT LINE 6 FROM LINE 7	0.
15. BASIS IN ROTH IRA CONVERSIONS & ROLLOVERS AS OF DECEMBER 31, 2019 (SUBTRACT LINE 14 FROM LINE 13)	<u>0.</u>

QUALIFIED BUSINESS INCOME

TRADE OR BUSINESS NAME:	TRISTATE TECHNOLOGY SOLUTIONS LLC
TAXPAYER IDENTIFICATION NUMBER:	46-3886027
BUSINESS INCOME.....	78,837.
ALLOCATED DEDUCTION FOR ONE-HALF OF SELF-EMPLOYMENT TAX.....	-5,570.
QUALIFIED BUSINESS INCOME	<u>73,267.</u>

QUALIFIED BUSINESS INCOME (CONTINUED)

TRADE OR BUSINESS NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC
 TAXPAYER IDENTIFICATION NUMBER: 46-3886027
 BUSINESS INCOME..... 3,285.
 ALLOCATED DEDUCTION FOR ONE-HALF OF SELF-EMPLOYMENT TAX..... -44.
 QUALIFIED BUSINESS INCOME 3,241.

TAX COMPUTATION WORKSHEET (FORM 1040 OR 1040-SR, LINE 12A)

TAXABLE INCOME	(A)	(B)	(C)	(D)	TAX
IF LINE 11B IS -	ENTER THE AMOUNT FROM LINE 11B	MULTIPLICATION AMOUNT	MULTIPLY (A) BY (B)	SUBTRACTION AMOUNT	SUBTRACT (D) FROM (C) (ROUNDED)
OVER \$168,400 BUT NOT OVER \$321,450	169,090.	24.0%	40,581.60	11,651.00	28,931.

CHILD TAX CREDIT AND CREDIT FOR OTHER DEPENDENTS WORKSHEET (FORM 1040 OR 1040-SR, LINE 13A)

- NUMBER OF QUALIFYING CHILDREN WITH REQUIRED SSN FROM FORM 1040 OR 1040-SR, DEPENDENTS: 2 X \$2,000 4,000.
- NUMBER OF OTHER DEPENDENTS, INCLUDING QUALIFYING CHILDREN WITHOUT THE REQUIRED SSN FROM FORM 1040 OR 1040-SR, DEPENDENTS: 0 X \$500 0.
- ADD LINES 1 AND 2 4,000.
- ENTER THE AMOUNT FROM FORM 1040 OR 1040-SR, LINE 8B. 216,751.
- ENTER \$400,000 IF MFJ (\$200,000 FOR ALL OTHERS) 400,000.
- IS LINE 4 MORE THAN THE AMOUNT ON LINE 5?
 NO - LEAVE LINE 6 BLANK. ENTER -0- ON LINE 7.
 YES - SUBTRACT LINE 5 FROM LINE 4.
 IF THE RESULT IS NOT A MULTIPLE OF \$1,000, INCREASE IT TO THE NEXT MULTIPLE OF \$1,000.
- MULTIPLY THE AMOUNT ON LINE 6 BY 5% (.05).
 ENTER THE RESULT. 0.
- IS THE AMOUNT ON LINE 3 MORE THAN THE AMOUNT ON LINE 7?
 NO - STOP. YOU CAN'T TAKE THE CHILD TAX CREDIT ON FORM 1040 OR 1040-SR, LINE 13A. YOU ALSO CANNOT TAKE THE ADDITIONAL CHILD TAX CREDIT ON FORM 1040 OR 1040-SR, LINE 18B.
 YES - SUBTRACT LINE 7 FROM LINE 3.
 ENTER THE RESULT. 4,000.

CHILD TAX CREDIT AND CREDIT FOR OTHER DEPENDENTS WORKSHEET (FORM 1040 OR 1040-SR, LINE 13A) (CON'

9. ENTER THE AMOUNT FROM FORM 1040 OR 1040-SR, LINE 12B. 28,931.
10. ADD THE AMOUNTS FROM:
- | | | |
|---------------------|--------|--------|
| SCHEDULE 3, LINE 1 | 0. | |
| SCHEDULE 3, LINE 2 | 1,200. | |
| SCHEDULE 3, LINE 3 | 0. | |
| SCHEDULE 3, LINE 4 | 0. | |
| FORM 5695, LINE 30 | 0. | |
| FORM 8910, LINE 15 | 0. | |
| FORM 8936, LINE 23 | 0. | |
| SCHEDULE R, LINE 22 | 0. | |
| ENTER THE TOTAL. | | 1,200. |
11. ARE THE AMOUNTS ON LINE 9 AND 10 THE SAME?
 YES - STOP. YOU CAN'T TAKE THE CREDIT BECAUSE
 THERE IS NO TAX TO REDUCE.
 NO - SUBTRACT LINE 10 FROM LINE 9. 27,731.
12. IS THE AMOUNT ON LINE 8 MORE THAN THE
 AMOUNT ON LINE 11?
 YES - ENTER THE AMOUNT FROM LINE 11.
 NO - ENTER THE AMOUNT FROM LINE 8.
 THIS IS YOUR CHILD TAX CREDIT AND CREDIT FOR OTHER
 DEPENDENTS. ENTER ON FORM 1040 OR 1040-SR, LINE 13A. 4,000.

FEDERAL INCOME TAX WITHHELD

JOYCE MOTORS CORP	15,332.
RYAN MOTORS OF PASSAIC INC	5,545.
TOTAL	<u>20,877.</u>

STATE AND LOCAL TAXES (SCHEDULE A, LINE 5A)

STATE AND LOCAL INCOME TAXES

	STATE	LOCAL
INCOME TAX WITHHELD	5,343.	0.
DISABILITY/UNEMPLOYMENT INSURANCE/TRANSIT TAX	464.	0.
ESTIMATED TAX PAYMENTS	0.	0.
CREDIT FOR PRIOR YEAR OVERPAYMENT	0.	0.
CREDIT FOR INCOME TAX WITHHELD (K-1)	0.	0.
1/19 PAYMENT ON 2018 ESTIMATE	0.	0.
PAID WITH 2018 EXTENSION	0.	0.
PAID WITH 2018 RETURN	740.	0.
PAID FOR PRIOR YEARS AND/OR TO OTHER STATES	0.	0.
TOTAL INCOME TAXES	<u>6,547.</u>	<u>0.</u>
TOTAL STATE AND LOCAL INCOME TAXES		<u>6,547.</u>

STATE AND LOCAL TAXES (SCHEDULE A, LINE 5A) (CONTINUED)

STATE AND LOCAL SALES TAXES USING THE OPTIONAL SALES TAX TABLES

AVAILABLE INCOME:

ADJUSTED GROSS INCOME PER FORM 1040 OR 1040-SR	216,751.
TAX-EXEMPT INTEREST	0.
NONTAXABLE COMBAT PAY	0.
NONTAXABLE SOCIAL SECURITY BENEFITS	0.
NONTAXABLE PENSIONS	13,634.
NONTAXABLE IRAS	0.
PRIOR YEAR REFUNDABLE CREDITS (REFUNDABLE PORTION ONLY)	0.
ADDITIONAL NONTAXABLE AMOUNTS	0.
TOTAL AVAILABLE INCOME (NOT LESS THAN ZERO)	<u>230,385.</u>

NUMBER OF EXEMPTIONS	4.
----------------------	----

- | | |
|---|--------|
| 1. STATE GENERAL SALES TAXES PER TABLES | 1,664. |
| 2. LOCAL GENERAL SALES TAXES PER TABLES FOR CERTAIN RESIDENTS OF
AK, AZ, AR, CO, GA, IL, LA, MO, MS, NC, NY, SC, TN, UT, AND VA
(BASED ON A RATE OF 1%) | 0. |
| 3. LOCAL GENERAL SALES TAX RATE | |
| 4. IF LINE 2 IS ZERO, ENTER YOUR STATE GENERAL SALES TAX RATE.
OTHERWISE, SKIP LINE 4 AND 5, AND GO TO LINE 6 | 6.6250 |
| 5. DIVIDE LINE 3 BY LINE 4 | |
| 6. LOCAL GENERAL SALES TAXES. IF LINE 2 IS ZERO, MULTIPLY
LINE 1 BY LINE 5. OTHERWISE, MULTIPLY LINE 2 BY LINE 3. | 0. |
| 7. STATE AND LOCAL GENERAL SALES TAXES (ADD LINES 1 AND 6) | 1,664. |
| 8. SALES TAXES PAID ON VEHICLES, BOATS, ETC. | 0. |
| 9. SALES TAX DEDUCTION WHEN USING TABLES (ADD LINES 7 AND 8) | 1,664. |

STATE AND LOCAL SALES TAX DEDUCTION
(GREATER OF TAXES PAID OR TABLE AMOUNT)

- | | |
|--|---------------|
| 1. GENERAL SALES TAXES PAID | 0. |
| 2. USE TAXES PAID | 0. |
| 3. TOTAL ACTUAL TAXES PAID (ADD LINES 1 AND 2) | 0. |
| 4. SALES TAXES USING TABLES | <u>1,664.</u> |
| 5. GREATER OF SALES TAXES PAID OR TABLE AMOUNT | <u>1,664.</u> |

STATE & LOCAL TAXES TO SCH. A, LN 5 (GREATER OF INCOME OR SALES TAX)	<u>6,547.</u>
--	---------------

NET NONFARM PROFIT OR (LOSS) (SCHEDULE SE, LINE 2)

	<u>TAXPAYER</u>	<u>SPOUSE</u>
SCHEDULE C	0.	0.
SCHEDULE E, PAGE 2 (FROM SCH. K-1)	78,837.	3,285.
OTHER INCOME (SCHEDULE 1, LINE 8)	0.	0.
SECTION 1256 CONTRACTS	0.	0.
MINISTER WAGES	0.	0.
MINISTER HOUSING ALLOWANCE	0.	0.
MINISTER PARSONAGE - UTILITIES	0.	0.
EMPLOYEE BUSINESS EXPENSES	0.	0.
NET NONFARM INCOME ADJUSTMENT	0.	0.
TOTAL NET NONFARM PROFIT OR (LOSS)	<u>78,837.</u>	<u>3,285.</u>

**FORM 2441, LINE 10
CREDIT LIMIT WORKSHEET**

1. ENTER THE AMOUNT FROM FORM 1040 OR 1040-SR, LINE 12B. 28,931.
2. ENTER THE AMOUNT FROM SCHEDULE 3, LINE 1. 0.
3. SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THIS AMOUNT ON FORM 2441,
LINE 10. IF ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDIT. 28,931.

ACTIVITY NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC

ADJUSTED BASIS AT BEGINNING OF YEAR	52,413.
ADDITIONAL AMOUNTS INVESTED IN CURRENT YEAR	
CURRENT YEAR DISTRIBUTIONS OF MONEY	-84,759.
CURRENT YEAR DISTRIBUTION OF PROPERTY	
CHANGE IN PARTNER'S SHARE OF LIABILITIES	2,695.
CURRENT YEAR INCOME FROM PARTNERSHIP	78,837.
ADJUSTED BASIS USED FOR BASIS LIMITATION	49,186.
LOSS ALLOWED BY BASIS LIMITATION	3,167.
ADJUSTED BASIS AT END OF YEAR	46,019.

	CURRENT YEAR LOSS OR DEDUCTION	PRIOR YEAR UNALLOWED BASIS LOSS	REGULAR TAX AMOUNT ALLOWED BY BASIS	REGULAR TAX BASIS CARRYOVER
<u>LOSSES/DEDUCTIONS/EXPENSES</u>				
NONDEDUCTIBLE EXPENSES	3,167.		3,167.	0.
TOTALS	<u>3,167.</u>	<u>0.</u>	<u>3,167.</u>	<u>0.</u>

ALTERNATIVE MINIMUM TAX

AMT BEGINNING BASIS	52,413.
AMT INCOME	78,837.
CURRENT YEAR ADJUSTMENTS TO AMT BASIS	-82,064.
AMT BASIS USED FOR LIMITATION	49,186.
LOSS ALLOWED BY AMT BASIS	3,167.
AMT FINAL BASIS	46,019.

	AMT AMOUNT ALLOWED BY BASIS	AMT BASIS CARRYOVER
<u>AMT LOSSES/DEDUCTIONS/EXPENSES</u>		
AMT NONDEDUCTIBLE EXPENSES	3,167.	0.
TOTALS	<u>3,167.</u>	<u>0.</u>

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

ACTIVITY NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC

ADJUSTED BASIS AT BEGINNING OF YEAR	0.
ADDITIONAL AMOUNTS INVESTED IN CURRENT YEAR	
CURRENT YEAR DISTRIBUTIONS OF MONEY	-6,500.
CURRENT YEAR DISTRIBUTION OF PROPERTY	
CHANGE IN PARTNER'S SHARE OF LIABILITIES	5,235.
CURRENT YEAR INCOME FROM PARTNERSHIP	3,285.
ADJUSTED BASIS USED FOR BASIS LIMITATION	2,020.
LOSS ALLOWED BY BASIS LIMITATION	132.
ADJUSTED BASIS AT END OF YEAR	1,888.

	CURRENT YEAR LOSS OR DEDUCTION	PRIOR YEAR UNALLOWED BASIS LOSS	REGULAR TAX AMOUNT ALLOWED BY BASIS	REGULAR TAX BASIS CARRYOVER
<u>LOSSES/DEDUCTIONS/EXPENSES</u>				
NONDEDUCTIBLE EXPENSES	132.		132.	0.
TOTALS	<u>132.</u>	<u>0.</u>	<u>132.</u>	<u>0.</u>

ALTERNATIVE MINIMUM TAX

AMT BEGINNING BASIS	0.
AMT INCOME	3,285.
CURRENT YEAR ADJUSTMENTS TO AMT BASIS	-1,265.
AMT BASIS USED FOR LIMITATION	2,020.
LOSS ALLOWED BY AMT BASIS	132.
AMT FINAL BASIS	1,888.

	AMT AMOUNT ALLOWED BY BASIS	AMT BASIS CARRYOVER
<u>AMT LOSSES/DEDUCTIONS/EXPENSES</u>		
AMT NONDEDUCTIBLE EXPENSES	132.	0.
TOTALS	<u>132.</u>	<u>0.</u>

2019

SCHEDULE OF LOSS LIMITATIONS

PAGE 1

ALEXANDRO AND DIANA L ALVARADO

158-72-3904

ACTIVITY NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC

	(A) CURRENT YEAR AMOUNT	(B) PRIOR YEAR UNALLOWED BASIS LOSS	(C) DISALLOWED DUE TO BASIS LIMITATION	(D) PRIOR YEAR UNALLOWED AT-RISK LOSS	(E) DISALLOWED DUE TO AT-RISK LIMITATION	(F) PRIOR YEAR UNALLOWED PASSIVE LOSS	(G) DISALLOWED DUE TO PASSIVE LOSS LIMITATIONS	(H) TAX RETURN
ORDINARY INCOME (LOSS)	<u>78,837.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>			<u>78,837.</u>
NET INCOME (LOSS)	<u>78,837.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>			<u>78,837.</u>
TOTAL SCHEDULE E PAGE 2	<u>78,837.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>78,837.</u>
NONDEDUCTIBLE EXPENSES	3,167.							3,167.

ACTIVITY NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC

	(A) CURRENT YEAR AMOUNT	(B) PRIOR YEAR UNALLOWED BASIS LOSS	(C) DISALLOWED DUE TO BASIS LIMITATION	(D) PRIOR YEAR UNALLOWED AT-RISK LOSS	(E) DISALLOWED DUE TO AT-RISK LIMITATION	(F) PRIOR YEAR UNALLOWED PASSIVE LOSS	(G) DISALLOWED DUE TO PASSIVE LOSS LIMITATIONS	(H) TAX RETURN
ORDINARY INCOME (LOSS)	<u>3,285.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>			<u>3,285.</u>
NET INCOME (LOSS)	<u>3,285.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>			<u>3,285.</u>
TOTAL SCHEDULE E PAGE 2	<u>3,285.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>3,285.</u>
NONDEDUCTIBLE EXPENSES	132.							132.

NJ-8879Department of the Treasury
Division of Revenue**NJ e-file Signature Authorization**▶ Do not send to New Jersey. Keep for your records.
▶ See instructions.**2019**

▶ Do not mail the NJ-8879 to New Jersey

Taxpayer's name ALEXANDRO ALVARADO		Social security number 158-72-3904
Spouse's name or Civil Union Prtnr's DIANA L ALVARADO		Spouse's SSN or Civil Union Prtnr's 766-62-9098

Part I Tax Return Information – Tax Year Ending December 31, 2019 (Whole Dollars Only)		
1 New Jersey Taxable income (Form NJ-1040, line 38) (Form NJ-1040NR, line 37).....	1	205528
2 Total tax (Form NJ-1040, line 47) (Form NJ-1040NR, line 44).....	2	9050
3 New Jersey income tax withheld (Form NJ-1040, line 48) (Form NJ-1040NR, line 45).....	3	5343
4 Refund (Form NJ-1040, line 66) (Form NJ-1040NR, line 56).....	4	0
5 Amount you owe (Form NJ-1040, line 56) (Form NJ-1040NR, line 52).....	5	3475

Part II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, 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 shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize MCGOVERN GARRY, LLC to enter my PIN 30460 as my signature
ERO firm name do not enter all zeros
on my tax year 2019 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. 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 ▶ _____

Spouse's PIN: check one box only

(or Civil Union Prtnr's PIN)

☒ I authorize MCGOVERN GARRY, LLC to enter my PIN 42705 as my signature
ERO firm name do not enter all zeros
on my tax year 2019 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. 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 ▶ _____
or Civil Union Prtnr's

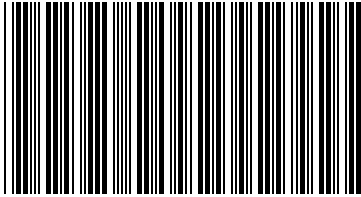
Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN..... 22381303030
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So



0130201010

2019 NJ-1040-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2019 New Jersey income taxes or make payment of estimated tax for 2020 by credit card by visiting the Division's website at www.njtaxation.org and selecting 'Make a Payment'.

Payment by E-Check

You may pay your 2019 New Jersey income taxes or make a payment of estimated tax for 2020 by e-check. This option is available on the Division's Website at: www.njtaxation.org. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2019 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2019 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2020, use separate checks or money orders for each payment. Send your 2020 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

NJIA1901L 11/19/19

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Resident Payment Voucher
NJ-1040-V

158-72-3904 ALVA 766-62-9098
ALVARADO ALEXANDRO & DIANA L

1032 2019

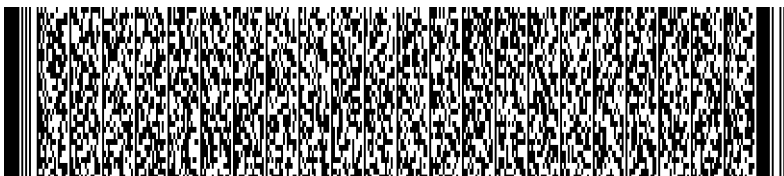
20 SCHOENER RD
EAST HANOVER, NJ 07936

Make your check payable to 'State of New Jersey – TGI'.
Write your social security # and tax year on your check.

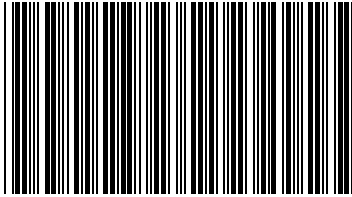
State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 643
Trenton, NJ 08646-0643

Enter amount of payment here:

3475.00



013021587239040009ALVA1912060000347500



040MP01190

1032

Your Social Security Number (required)
158723904

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
ALVARADO ALEXANDRO & DIANA L

Spouse's/CU Partner's SSN (if filing jointly)
766629098

County/Municipality Code (See Table page 50)
1410

Home Address (Number and Street, including apartment number)
20 SCHOENER RD

City, Town, Post Office
EAST HANOVER

State ZIP Code
NJ 07936

Driver's License Number (Voluntary) (Instructions page 42)

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

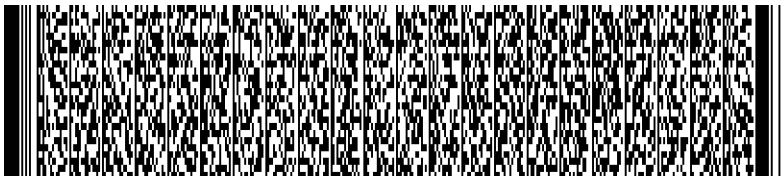
Do not want a paper form next year.

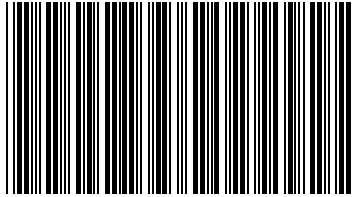
☒ I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
NJ-1040-O is enclosed.

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)
dd2. Account type (C for checking, S for savings)
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States
dd4. Routing number
dd5. Account number

dd1. 4
dd2.
dd3.
dd4.
dd5.





040MP02190

Name(s) as shown on Form NJ-1040

ALEXANDRO AND DIANA L ALVARADO

Your Social Security Number

158723904

1032

NJIA0134L 12/11/19

Part-year residents, provide months/days you were a New Jersey resident during 2019:

From: 19 To: 19

Fiscal year filers only:

Enter month of your year end 2020

Filing Status

Fill in only one.

1. Single
2. ☒ Married/CU Couple, filing joint return
3. Married/CU Partner, filing separate return
4. Head of Household Enter spouse's/CU partner's SSN
5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2017 2018

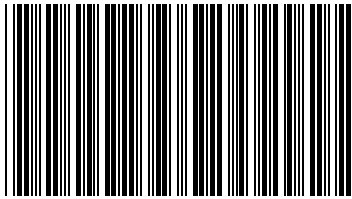
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

- | | | | | | | | | |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|--------|
| 6. Regular | ☒ | Self | ☒ | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | 2000 |
| 7. Senior 65+ (Born in 1954 or earlier) | | Self | | Spouse/CU Partner | | | x \$1,000 = | |
| 8. Blind/Disabled | | Self | | Spouse/CU Partner | | | x \$1,000 = | |
| 9. Veteran | | Self | | Spouse/CU Partner | | | x \$6,000 = | |
| 10. Qualified Dependent Children | | | | | | 2 | x \$1,500 = | 3000 |
| 11. Other Dependents | | | | | | | x \$1,500 = | |
| 12. Dependents Attending Colleges (See instructions) | | | | | | | x \$1,000 = | |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | | 13. | 5000 . |

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	ALVARADO, SEBASTIAN E.	120470779	2013	
b.	ALVARADO, GABRIELA L.	372570725	2017	
c.				
d.				



040MP03190

Name(s) as shown on Form NJ-1040

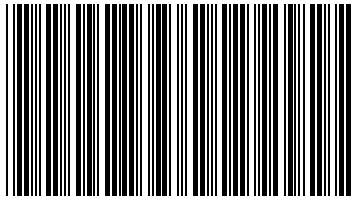
ALEXANDRO AND DIANA L ALVARADO

Your Social Security Number

158723904

1032

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	140675 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	15 .
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.
17.	Dividends	17.	.
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	.
20a.	Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	.
20b.	Excludable Pensions, Annuities, and IRA Withdrawals	20b.	.
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	21.	78823 .
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.
24.	Net Gambling Winnings (See instructions)	24.	.
25.	Alimony and Separate Maintenance Payments received	25.	.
26.	Other (Enclose documents) (See instructions)	26.	.
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	219513 .
28a.	Retirement/Pension Exclusion (See instructions)	28a.	.
28b.	Other Retirement Income Exclusion (Worksheet D and instructions page 19)	28b.	.
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	.
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	219513 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	5000 .
31.	Medical Expenses (Worksheet F and instructions page 22)	31.	2465 .
32.	Alimony and Separate Maintenance Payments (See instructions)	32.	.
33.	Qualified Conservation Contribution	33.	.
34.	Health Enterprise Zone Deduction	34.	.
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	.
36.	Total Exemptions and Deductions (Add lines 30 through 35)	36.	7465 .
37.	Taxable Income (Subtract line 36 from line 29)	37.	212048 .
38a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	38a.	6520 .
38b.	Block	138 .	0
38b.	Lot	29 .	0
38b.	Qualifier	0	
38c.	County/Municipality Code	1410	
	Fill in if you completed Worksheet G		
38d.	Indicate your residency status during 2019 (fill in only one)	X Homeowner	Tenant
39.	Property Tax Deduction (From Worksheet H) (See instructions)	Both	6520 .
40.	New Jersey Taxable Income (Subtract line 39 from line 37)	40.	205528 .
41.	Tax on Amount on line 40 (Tax Table page 52)	41.	9050 .
42.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	.
	Enter Code		
43.	Balance of Tax (Subtract line 42 from line 41)	43.	9050 .
44.	Child and Dependent Care Credit (See instructions)	44.	.
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
45.	Balance of Tax (Subtract line 44 from line 43)	45.	9050 .
46.	Sheltered Workshop Tax Credit	46.	.
47.	Balance of Tax (Subtract line 46 from line 45)	47.	9050 .
48.	Gold Star Family Counseling Credit (See instructions)	48.	.
49.	Balance of Tax After Credit (Subtract line 48 from line 47) If zero or less, make no entry	49.	9050 .
50.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0	50.	0 .
51.	Interest on Underpayment of Estimated Tax	51.	.
	Fill in if Form NJ-2210 is enclosed		



040MP04190

Name(s) as shown on Form NJ-1040

ALEXANDRO AND DIANA L ALVARADO

Your Social Security Number

158723904

1032

52.	Shared Responsibility Payment (See instructions)				52.	.
	REQUIRED Enclose Schedule HCC and fill in			X		
53.	Total Tax Due (Add lines 49 through 52)				53.	9050 .
54.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)				54.	5343 .
55.	Property Tax Credit (See instructions page 23)				55.	. .
56.	New Jersey Estimated Tax Payments/Credit from 2018 tax return				56.	. .
57.	New Jersey Earned Income Tax Credit (See instructions)				57.	. .
	Fill in if you had the IRS calculate your federal earned income credit					
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit					
58.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)				58.	146 .
59.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)				59.	58 .
60.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)				60.	28 .
61.	Wounded Warrior Caregivers Credit (See instructions)				61.	. .
62.	Total Withholdings, Credits, and Payments (Add lines 54 through 61)				62.	5575 .
63.	If line 62 is less than line 53, you have tax due. Subtract line 62 from line 53 and enter the amount you owe				63.	3475 .
	If you owe tax, you can still make a donation on lines 66 through 73.					
64.	If the total on line 62 is more than line 53, you have an overpayment. Subtract line 53 from line 62 and enter the overpayment				64.	. .
65.	Amount from line 64 you want to credit to your 2020 tax				65.	. .
66.	Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other	66.	. .
67.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other	67.	. .
68.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other	68.	. .
69.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other	69.	. .
70.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other	70.	. .
71.	Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code	71.	. .
72.	Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code	72.	. .
73.	Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code	73.	. .
74.	Total Adjustments to Tax Due/Overpayment amount (Add lines 65 through 73)				74.	. .
75.	Balance due (If line 63 is more than zero, add line 63 and line 74)				75.	3475 .
76.	Refund amount (If line 64 is more than zero, subtract line 74 from line 64)				76.	. .

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	X	No
If joint return does your spouse want to designate \$1?	Spouse/CU Partner	Yes	X	No

This does not reduce your refund or increase your balance due.

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

_____ Your Signature	_____ Date	_____ Spouse's/CU Partner's Signature (required if filing jointly)	_____ Date
-------------------------	---------------	---	---------------

Paid Preparer's Signature	Federal Identification Number
---------------------------	-------------------------------

P00224215

Firm's Name	Federal Employer Identification Number
-------------	--

MCGOVERN GARRY, LLC

786 MOUNTAIN BOULEVARD, SUITE 100 WATCHUNG, NJ 07069-6268 202926909

Tax Due Address

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to

New Jersey Division of Taxation
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:

State of New Jersey — TGI
You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address

Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center
PO Box 555
Trenton, NJ 08647-0555

REQUIRED

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040 ALEXANDRO AND DIANA L ALVARADO	Social Security Number 158-72-3904
---	--

Schedule NJ-HCC

Health Care Coverage

2019

If your income on line 29 is at or below the filing threshold, do not complete this schedule.

PART I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2019? (See instructions for line 52, NJ-1040.) Part-year residents include only months as a New Jersey resident.

☒

Yes. You do not owe a shared responsibility payment. Fill in the oval at line 52, NJ-1040, and enclose this schedule with your return.

☐

No. Continue to Part II.

PART II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 52, NJ-1040.) If an individual has more than one exemption number, check the box.

If you need more space, enclose a statement listing any additional individuals.

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:		Check box if this individual has more than one exemption number ☐											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:		Check box if this individual has more than one exemption number ☐											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:		Check box if this individual has more than one exemption number ☐											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:		Check box if this individual has more than one exemption number ☐											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:		Check box if this individual has more than one exemption number ☐											

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040 ALEXANDRO AND DIANA L ALVARADO	Social Security Number 158-72-3904
---	--

Schedule NJ-BUS-1 New Jersey Gross Income Tax
(Form NJ-1040) Business Income Summary Schedule

2019

Part I Net Profits From Business		List the net profit (loss) from business(es). See instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)		4.

Part II Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.	TRISTATE TECHNOLOGY SOLUTIONS LLC	46-3886027	75,670.
2.	TRISTATE TECHNOLOGY SOLUTIONS LLC	46-3886027	3,153.
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4. 78,823.

Part III Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)		4.

Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 - Rental real estate 2 - Royalties 3 - Patents 4 - Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)			4.

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040 DIANA L ALVARADO	Social Security Number 766-62-9098
---	--

Form NJ-2450
 Employee's Claim for Credit For Excess UI/WF/SWF,
 Disability Insurance, and/or Family Leave
 Insurance Contributions for Calendar Year 2019

2019

To claim this credit, you must complete the items below using the information from your W-2 forms. Enclose this form and the W-2s with your New Jersey State Income Tax return. Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for unemployment insurance/workforce development partnership fund/supplemental workforce fund, disability insurance, and family leave insurance must be reported separately on all W-2 statements.

Note on Joint NJ-1040 return: Each spouse/CU partner must file a separate Form NJ-2450 when claiming a refund for excess contributions.

Claimant Name: DIANA L ALVARADO Claimant SSN: 766-62-9098
 Address: 20 SCHOENER RD
 City: EAST HANOVER State: NJ ZIP Code: 07936

TAKE ALL INFORMATION FROM YOUR W-2 FORMS. If the amount deducted by any one employer exceeds the maximum for either UI/WF/SWF, disability insurance, or family leave insurance, enter the maximum in the appropriate column(s) and contact that employer for a refund of the balance of the deduction.		COLUMN A UI/WF/SWF DEDUCTED	COLUMN B DISABILITY INSURANCE DEDUCTED	COLUMN C FAMILY LEAVE INSURANCE DEDUCTED
1A	Employer's Name: <u>JOYCE MOTORS CORP</u> Fed. Emp. I.D. #: <u>22-2299442</u> Private Plan #: _____ Wages: <u>103,964.</u>	146.00	58.00	28.00
B	Employer's Name: <u>RYAN MOTORS OF PASSAIC INC</u> Fed. Emp. I.D. #: <u>22-3755984</u> Private Plan #: _____ Wages: <u>36,711.</u>	146.00	58.00	28.00
C	Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____			
D	Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____			
E	Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____			
F	*If additional space is required, enclose a rider and enter the total on this line.			
2	Total Deducted. Add lines 1A through 1F. Enter here.	292.00	116.00	56.00
3	Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions.	146.20	58.48	27.52
4	Subtract line 3 column A from line 2 column A. Enter on line 58 of the NJ-1040.	146.00		
5	Subtract line 3 column B from line 2 column B. Enter on line 59 of the NJ-1040.		58.00	
6	Subtract line 3 column C from line 2 column C. Enter on line 60 of the NJ-1040.			28.00

I hereby apply for a credit for worker contributions deducted in excess of \$146.20 for N.J. UI/WF/SWF and/or in excess of \$58.48 for NJ Disability Insurance and/or in excess of \$27.52 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Claimant's Signature: _____ Date: _____

**WORKSHEET F
DEDUCTION FOR MEDICAL EXPENSES**

1. TOTAL NONREIMBURSED MEDICAL EXPENSES.....	6,855.
2. ENTER LINE 29 OF NJ-1040.....	219,513.
3. MULTIPLE LINE 2 BY .02.....	4,390.
4. MEDICAL EXPENSE DEDUCTION. SUBTRACT LINE 3 FROM LINE 1.....	2,465.
5. ENTER THE AMOUNT OF YOUR QUALIFIED MEDICAL SAVINGS ACCOUNT CONTRIBUTIONS FROM FEDERAL FORM 8853.....	0.
6. ENTER THE AMOUNT OF YOUR SELF-EMPLOYED HEALTH INSURANCE DEDUCTION.....	0.
7. TOTAL DEDUCTION FOR MEDICAL EXPENSES. ADD LINES 4, 5, AND 6. ENTER THE RESULT HERE AND ON LINE 31, FORM NJ-1040.....	2,465.

DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME

PARTNERSHIP NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC
PARTNERSHIP EIN: 46-3886027
TAX YEAR: 2019

1. NEW JERSEY PARTNERSHIP INCOME (NJ K-1, PART 2, LINE 1)	75,670.
2. GUARANTEED PAYMENTS TO PARTNER	
3. PARTNERS 401K CONTRIBUTION	
4. PARTNERS UPE	
5. PARTNERSHIP INCOME (LOSS)	<u>75,670.</u>

PARTNERSHIP NAME: TRISTATE TECHNOLOGY SOLUTIONS LLC
PARTNERSHIP EIN: 46-3886027
TAX YEAR: 2019

1. NEW JERSEY PARTNERSHIP INCOME (NJ K-1, PART 2, LINE 1)	3,153.
2. GUARANTEED PAYMENTS TO PARTNER	
3. PARTNERS 401K CONTRIBUTION	
4. PARTNERS UPE	
5. PARTNERSHIP INCOME (LOSS)	<u>3,153.</u>

GRAND TOTAL PARTNERSHIP INCOME	<u><u>78,823.</u></u>
---------------------------------------	-----------------------

Worksheet H
Property Tax Deduction/Credit

Review the eligibility requirements before completing Worksheet H.

Complete both columns of this worksheet to find out whether the deduction or the credit is better for you.

- 1. Property Taxes.** Enter the property taxes from line 38a, Form NJ-1040.
Senior Freeze (Property Tax Reimbursement) applicants must use their base year amount.
(See instructions.)

1. 6,520.

- 2. Property Tax Deduction.** Is the amount on line 1 of this worksheet \$15,000 or more (\$7,500 or more if you and your spouse file separate returns but maintained the same principal residence)?

☐ Yes. Enter \$15,000 (\$7,500 if you and your spouse file separate returns but maintained the same principal residence).

☒ No. Enter the amount from line 1.

2. 6,520.

STOP – if you are claiming a credit for taxes paid to other jurisdictions.

Complete only lines 1 and 2. Then complete Schedule NJ-COJ and Worksheet I. (See instructions.)

3. Taxable Income (From line 37 of Form NJ-1040).....

4. Property Tax Deduction (From line 2 above).....

5. New Jersey Taxable Income (Subtract line 4 from line 3).....

6. Tax on line 5 amount (From Tax Table or Tax Rate Schedules).....

7. Subtract line 6, column A from line 6, column B.....

Column A		Column B	
3.	212,048.	3.	212,048.
4.	6,520.	4.	-0-
5.	205,528.	5.	212,048.
6.	9,050.	6.	9,465.
7.		7.	415.

- 8. Is the line 7 amount \$50 or more** (\$25 if you and your spouse file separate returns but maintained the same principal residence)?
Part-year residents, see instructions before answering 'No.'

☒ Yes. The Property Tax Deduction is more beneficial for you. Make the following entries on your return.

Form NJ-1040

Enter amount from:

Line 39

Line 4, column A

Line 40

Line 5, column A

Line 41

Line 6, column A

Line 55

Make no entry

☐ No. The Property Tax Credit is more beneficial for you. Make the following entries on your return.

Form NJ-1040

Enter amount from:

Line 39

Make no entry

Line 40

Line 5, column B

Line 41

Line 6, column B

Line 55

\$50 (\$25 if you and your spouse file separate returns but maintained the same principal residence). **Part-year residents** must prorate this amount. (See instructions.)

(Keep for your records)

ALL PROPERTY TAX RELIEF PROGRAM INFORMATION IS SUBJECT TO CHANGE

OMB No. 1545-0008 Form W-2 Wage and Tax Statement 2019

a Employee's social security number 327-15-2892	1 Wages, tips, other comp. 18360.00	2 Federal income tax withheld 1961.46
b Employer ID number (EIN) 20-0163736	3 Social security wages 18360.00	4 Social security tax withheld 1138.32
	5 Medicare wages and tips 18360.00	6 Medicare tax withheld 266.22
c Employer's name, address, and ZIP code RODRIGO I. ECHEVERRI, DMD, LLC 35 PINE STREET MORRISTOWN NJ 07960		
d Control number		
e Employee's name, address, and ZIP code JOHANNA ESPINOSA 141 HALSEY AVENUE ROCKAWAY NJ 07866		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee ☐	Retirement plan ☐	Third-party sick pay ☐
14 Other: UI/WF/SF 78.03 DI 31.11		
NJ 200163736/000		18360.00 343.57
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

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.
DXA

Dept. of the Treasury - IRS

OMB No. 1545-0008 Form W-2 Wage and Tax Statement 2019

a Employee's social security number 327-15-2892	1 Wages, tips, other comp. 18360.00	2 Federal income tax withheld 1961.46
b Employer ID number (EIN) 20-0163736	3 Social security wages 18360.00	4 Social security tax withheld 1138.32
	5 Medicare wages and tips 18360.00	6 Medicare tax withheld 266.22
c Employer's name, address, and ZIP code RODRIGO I. ECHEVERRI, DMD, LLC 35 PINE STREET MORRISTOWN NJ 07960		
d Control number		
e Employee's name, address, and ZIP code JOHANNA ESPINOSA 141 HALSEY AVENUE ROCKAWAY NJ 07866		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee ☐	Retirement plan ☐	Third-party sick pay ☐
14 Other: UI/WF/SF 78.03 DI 31.11		
NJ 200163736/000		18360.00 343.57
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

Copy 2 - To Be Filed With Employee's State, City,
or Local Income Tax Return
DXA

Dept. of the Treasury - IRS

Copy B - To Be Filed With Employee's
FEDERAL Tax Return.41-0852411
OMB No. 1545-0008

a Employee's soc. sec. no. 327-15-2892	1 Wages, tips, other comp. 17277.00	2 Federal income tax withheld 1,029.75
b Employer ID number (EIN) 22-3695494	3 Social security wages 17,277.00	4 Social security tax withheld 1,071.11
	5 Medicare wages and tips 17277.00	6 Medicare tax withheld 250.31
c Employer's name, address, and ZIP code CRS Facility Services LLC Park 80 East 160 Pehle Ave., 2nd Floor Suite 201 Saddle Brook, NJ 07663		
d Control number 904		
e Employee's name, address, and ZIP code Johanna Espinosa 141 Halsey Avenue Rockaway, NJ 07866		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD 0.00
13 Statutory employee	14 Other: SUI/HC/WF NJ 69.68 SDI NJ 31.13 SDI/FI NJ 14.55	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
NJ 22-3695494/000		17,277.00 260.68
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
17,277.00		

Form W-2 Wage and Tax Statement 2019
This information is being furnished to the Internal Revenue Service.Dept. of the Treasury - IRS
www.irs.gov/efileCopy 2 - To Be Filed With Employee's State,
City, or Local Income Tax Return.41-0852411
OMB No. 1545-0008

a Employee's soc. sec. no. 327-15-2892	1 Wages, tips, other comp. 17277.00	2 Federal income tax withheld 1,029.75
b Employer ID number (EIN) 22-3695494	3 Social security wages 17,277.00	4 Social security tax withheld 1,071.11
	5 Medicare wages and tips 17277.00	6 Medicare tax withheld 250.31
c Employer's name, address, and ZIP code CRS Facility Services LLC Park 80 East 160 Pehle Ave., 2nd Floor Suite 201 Saddle Brook, NJ 07663		
d Control number 904		
e Employee's name, address, and ZIP code Johanna Espinosa 141 Halsey Avenue Rockaway, NJ 07866		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 0.00
13 Statutory employee	14 Other: SUI/HC/WF NJ 69.68 SDI NJ 31.13 SDI/FI NJ 14.55	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
NJ 22-3695494/000		17,277.00 260.68
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
17,277.00		

Form W-2 Wage and Tax Statement

2019

Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2021**

a Employee's social security number 327-15-2892	1 Wages, tips, other comp. 18360.00	2 Federal income tax withheld 1901.28
b Employer ID number (EIN) 20-0163736	3 Social security wages 18360.00	4 Social security tax withheld 1138.32
	5 Medicare wages and tips 18360.00	6 Medicare tax withheld 266.22
c Employer's name, address, and ZIP code RODRIGO I. ECHEVERRI, DMD, LLC 35 PINE STREET MORRISTOWN NJ 07960		
d Control number		
e Employee's name, address, and ZIP code JOHANNA ESPINOSA 141 HALSEY AVENUE ROCKAWAY NJ 07866		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee ☐	Retirement plan ☐	Third-party sick pay ☐
14 Other UI/WE/SF 78.03		
DI 86.19		
NJ 200163736/000	18360.00	312.12
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

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.
DXA

Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2021**

a Employee's social security number 327-15-2892	1 Wages, tips, other comp. 18360.00	2 Federal income tax withheld 1901.28
b Employer ID number (EIN) 20-0163736	3 Social security wages 18360.00	4 Social security tax withheld 1138.32
	5 Medicare wages and tips 18360.00	6 Medicare tax withheld 266.22
c Employer's name, address, and ZIP code RODRIGO I. ECHEVERRI, DMD, LLC 35 PINE STREET MORRISTOWN NJ 07960		
d Control number		
e Employee's name, address, and ZIP code JOHANNA ESPINOSA 141 HALSEY AVENUE ROCKAWAY NJ 07866		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee ☐	Retirement plan ☐	Third-party sick pay ☐
14 Other UI/WE/SF 78.03		
DI 86.19		
NJ 200163736/000	18360.00	312.12
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

Copy 2 - To be Filed With Employee's State, City,
or Local Income Tax Return
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Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2020**

a Employee's social security number 327-15-2892		1 Wages, tips, other comp. 16560.00	2 Federal income tax withheld 1769.16
b Employer ID number (EIN) 20-0163736		3 Social security wages 16560.00	4 Social security tax withheld 1026.72
		5 Medicare wages and tips 16560.00	6 Medicare tax withheld 240.12
c Employer's name, address, and ZIP code RODRIGO I. ECHEVERRI, DMD, LLC 35 PINE STREET MORRISTOWN NJ 07960			
d Control number			
e Employee's name, address, and ZIP code JOHANNA ESPINOSA 141 HALSEY AVENUE ROCKAWAY NJ 07866			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
12b	12c	12d	
13 Statutory employee ☐	Retirement plan ☐	Third-party sick pay ☐	
14 Other UI/WF/SF 70.38 DI 43.24			
NJ 200163736/000		16560.00	281.52
15 State/employer's state ID number	16 State wages, tips, etc.	17 State income tax 26.68-FLI	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Copy C - For EMPLOYEE'S RECORDS (See Notice on back.)
DXA

Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2020**

a Employee's social security number 327-15-2892		1 Wages, tips, other comp. 16560.00	2 Federal income tax withheld 1769.16
b Employer ID number (EIN) 20-0163736		3 Social security wages 16560.00	4 Social security tax withheld 1026.72
		5 Medicare wages and tips 16560.00	6 Medicare tax withheld 240.12
c Employer's name, address, and ZIP code RODRIGO I. ECHEVERRI, DMD, LLC 35 PINE STREET MORRISTOWN NJ 07960			
d Control number			
e Employee's name, address, and ZIP code JOHANNA ESPINOSA 141 HALSEY AVENUE ROCKAWAY NJ 07866			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
12b	12c	12d	
13 Statutory employee ☐	Retirement plan ☐	Third-party sick pay ☐	
14 Other UI/WF/SF 70.38 DI 43.24			
NJ 200163736/000		16560.00	281.52
15 State/employer's state ID number	16 State wages, tips, etc.	17 State income tax 26.68-FLI	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Copy 2 - To be Filed With Employee's State, City, or Local Income Tax Return
DXA

Dept. of the Treasury - IRS

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

41-0852411
OMB No. 1545-0008

a Employee's soc. sec. no. 327-15-2892		1 Wages, tips, other comp. 12999.80	2 Federal income tax withheld 695.26
b Employer ID number (EIN) 22-3695494		3 Social security wages 12,999.80	4 Social security tax withheld 805.92
		5 Medicare wages and tips 12999.80	6 Medicare tax withheld 188.14
c Employer's name, address, and ZIP code CRS Facility Services LLC Park 80 East 160 Pehle Ave., 2nd Floor Suite 201 Saddle Brook, NJ 07663			
d Control number 791			
e Employee's name, address, and ZIP code Johanna Espinosa 141 Halsey Avenue Rockaway, NJ 07866			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD 0.00	
13 Statutory employee	14 Other	12b Code	
Retirement plan	SUI/HC/WF NJ 51.23	12c Code	
Third-party sick pay	SDI NJ 31.43	12d Code	
	SDI/FLI NJ 19.40		
NJ 22-3695494/000	12,999.80	195.43	
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	
12,999.80			

Form W-2 Wage and Tax Statement 2020
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS
www.irs.gov/efile

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

41-0852411
OMB No. 1545-0008

a Employee's soc. sec. no. 327-15-2892		1 Wages, tips, other comp. 12999.80	2 Federal income tax withheld 695.26
b Employer ID number (EIN) 22-3695494		3 Social security wages 12,999.80	4 Social security tax withheld 805.92
		5 Medicare wages and tips 12999.80	6 Medicare tax withheld 188.14
c Employer's name, address, and ZIP code CRS Facility Services LLC Park 80 East 160 Pehle Ave., 2nd Floor Suite 201 Saddle Brook, NJ 07663			
d Control number 791			
e Employee's name, address, and ZIP code Johanna Espinosa 141 Halsey Avenue Rockaway, NJ 07866			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 0.00	
13 Statutory employee	14 Other	12b Code	
Retirement plan	SUI/HC/WF NJ 51.23	12c Code	
Third-party sick pay	SDI NJ 31.43	12d Code	
	SDI/FLI NJ 19.40		
NJ 22-3695494/000	12,999.80	195.43	
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	
12,999.80			

Form W-2 Wage and Tax Statement

2020

Dept. of the Treasury - IRS

INFORME DEL MES: ENERO /2017

Natura Environment S.A. 027 980 0018, 916 7





1 of 1

DAVIVIENDA



H31

CUENTA DE AHORROS
1369 0005 9587

INFORME DEL MES: MARZO /2022

Apreciado Cliente
JOHANNA ESPINOSA MADRID
NEGRITAMADRID@HOTMAIL.COM

Saldo Anterior	\$393,211.81
Mas Creditos	\$950,021.34
Menos Debitos	\$808,800.00
Nuevo Saldo	\$134,433.15
Saldo Promedio	\$251,095.88

Fecha	Valor	Doc.	Clase de Movimiento	Oficina
02-03	\$ 900,000.00+	1125	Abozo Por Transferencia De Fondos 0000136900059587 0019467816	Reg Transaccional
06-03	\$ 800,000.00-	4076	Retiro en Cajero Automatico	GUIMBAYA
20-03	\$ 8,800.00-	2203	Cobro Cost Manag Tarj Debito ABR, 2022	STA PROCESOS ESP
31-03	\$ 21.34+	0000	Rendimientos Financieros	



LA IMPORTANCIA DEL AHORRO
SE VE EN UN FUTURO MÁS FELIZ,
CONSTRÚYALO CON SUS CUENTAS DE AHORRO
Y CORRIENTE DAVIVIENDA.

0111114710
Cuentas de Ahorro y Corriente
DAVIVIENDA

Este producto sujeta al seguro de depósito
Cuentas de Ahorro y Corriente están aseguradas por el seguro de depósito de la FOGAFIN S.A. 11000 de Bogotá.
Recuerde que usted también cuenta con su propio Seguro de Cuentas de Ahorro y Corriente. Calle 21 No. 1-10 Piso 18 en Bogotá. PBO: 80114000011 Fax: 8011400111 Correo Electrónico: informacion@davivienda.com
Para mayor información en www.davivienda.com

Banco Davivienda S.A. NIT 960.024.115-7





1 of 1

DAVIVIENDA



H31

CUENTA DE AHORROS
1369 0005 9587

INFORME DEL MES: FEBRERO 2022

Apreciado Cliente
JOHANNA ESPINOSA MADRID
NEGRITAMADRID@HOTMAIL.COM

Saldo Anterior	\$1,012,220.84
Mas Creditos	\$1,721,290.97
Menos Debitos	\$2,340,300.00
Nuevo Saldo	\$593,211.81
Saldo Promedio	\$1,862,854.49

Fecha	Valor	Doc.	Clase de Movimiento	Oficina
03-02	\$ 556,000.00+	3000	Abono Por Transferencia De Fondos 5500138800033332 0019467816	App Transaccional
05-02	\$ 1,171,147.40+	4033	Abono Transf Internacional Bancomeca	BITA PROCESOS/ESP
07-02	\$ 551,500.00-	6742	Compra MUNICIPIO DE QUMBAYA	FRANQUICIA MASTER CARD
09-02	\$ 180,000.00-	0133	Descuento Por Transferencia De Fondos 0570136970028447 0052734597	App Transaccional
16-02	\$ 100,000.00-	1400	Descuento Por Transferencia De Fondos 0500138000033387 0052734597	App Transaccional
20-02	\$ 8,800.00-	2202	Cobro Cuot Mens Tarj Dbito MAR 2022	BITA PROCESOS/ESP
26-02	\$ 1,000,000.00-	9580	Retiro en Cajero Automatico	QUMBAYA
28-02	\$ 143.37+	0000	Rendimientos Financieros	

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SE VE EN UN FUTURO MÁS FELIZ,
CONSTRÚYALO CON SUS CUENTAS DE AHORRO
Y CORRIENTE DAVIVIENDA.

Este producto sujeta a los riesgos de depósitos.
Cualquier información sobre el saldo, debe consultarse a través de la línea de atención al cliente 0800 000 000.
Recuerde que usted siempre cuenta con nuestro Equipo de Asesoría Financiera. Calle Roma, Torre Occidental, Calle 21 No. 1, de Piso 18 en Bogotá. PBX: 8011400011 Fax: 8011400111 Correo Electrónico: informacion@davivienda.com
Para mayor información en www.davivienda.com

Banco Davivienda S.A. NIT 960.024.115-7





INFORME DEL MES: FEBRERO 2021

Natura Environment S.A. 027 980 0018, 916 7





INFORME DEL MES: DICIEMBRE 2020

Numero Verde 800 900 000





Abstract

INFORME DEL MES: OCTUBRE 2020

EXTRACTO CUENTA DE AHORROS

EXTRATO CUENTA DE APROBOS				
Fecha	Valor	Doc.	Causa de Movimiento	Oficina
03/10	\$ 130,000.00	3814	Aprob. Por Transferencia De Fondos.	App Transaccional
07/10	\$ 250,000.00	1161	Descuento Por Transferencia De F# 0550136000086580	App Transaccional
18/10	\$ 6,200.00	2010	Cotro Cost Mens. Tarj Sello NOV_2020	ATA PROCECCE-ESP.
26/10	\$ 190,000.00	2737	Redes en Cajero Automatico.	GUINBATA
31/10	\$ 799.28	0000	Remanentes Financieros.	



Este producto sufre un ligero deterioro
Cualquier diferencia con el resto, favor comunicarlo a nuestra oficina. Para KPMG Ltda. S.A. 1100 de Bogotá.
Reservados los usos y condiciones de venta en nuestra Oficina de Comercialización, Calle 40th, Torre 1, Piso 10, Bogotá D.C., Colombia. Tel: 430 1100 Fax: 430 1101 Correo Electrónico: informacion@kpmg.com.co
www.kpmg.com.co

Numero Verde 800 900 016. 900 016





1 of 1

DAVIVIENDA



H31

CUENTA DE AHORROS
1369 0005 9587

INFORME DEL MES: JUNIO 2020

Apreciado Cliente
JOHANNA ESPINOSA MADRID
NEGRITAMADRID@HOTMAIL.COM

Saldo Anterior	\$8,284,273.97
Mas Creditos	\$950,657.30
Menos Debitos	\$800,000.00
Nuevo Saldo	\$8,034,931.27
Saldo Promedio	\$8,015,940.63
Saldo Total Bruto	\$0.00

EXTRACTO CUENTA DE AHORROS

Fecha	Valor	Doc.	Clase de Movimiento	Oficina
01-06	\$ 300,000.00=	1375	Retiro en Cajero Automatico	GUAYAMA
02-06	\$ 550,000.00=	8696	Deposito Efectivo con Voucher Oficina	GUAYAMA
30-06	\$ 457.30=	0000	Rendimientos Financieros	

> Ley 2009 del 27 de diciembre del 2019 - Servicios gratuitos por pago de cuota de manejo.

Convierta su cuenta de ahorro a la Ley 2009 del 27 de diciembre del 2019, podrá acceder a un paquete de servicios financieros sin costo, por el pago de la cuota de manejo de las cuentas de ahorro y los depósitos a plazo.

Cuenta de Ahorro Web

- * Retiro por transferencia en efectivo de dinero a la deudación de su cuenta, con medio transaccional físico, excepto tarjetas virtuales.
- * Cierre de medio transaccional físico excepto tarjeta.
- * Depósito de dinero de giro.

Tarjetas de Débito para su cuenta de ahorro y/o corriente:

- * Consultas en el punto.
- * Cofirmación bancaria.
- * Caja de dinero en papel y por internet.

Más información en www.davivienda.com / Tareas y Tarifas e Información Legal, y en la red de oficinas.

Este producto sujeta con seguro de depósito.
Cualquier referencia con el saldo, debe compararse a la cuenta virtual Davi QR Code, A.A. 11000 de Bogotá.
Recordando que usted gestiona su cuenta con nuestros Colaboradores de Comercio Financiero. Calle Real, Banco Davivienda, Calle 12, No. 8 - 80 Plaza 18 en Bogotá, P.B. 8000000 Fax: 4800100 Correo: atencionalcliente@davivienda.com
Para mayor información en www.davivienda.com

Banco Davivienda S.A. NIT 960.034.115-7





1 of 1

DAVIVIENDA



H31

CUENTA DE AHORROS
1369 0005 9587

INFORME DEL MES: ABRIL (2020)

Apreciado Cliente
JOHANNA ESPINOSA MADRID
NEGRITAMADRID@HOTMAIL.COM

Saldo Anterior	\$7,363,307.87
Mas Creditos	\$1,381,511.90
Menos Debitos	\$461,250.00
Nuevo Saldo	\$8,283,569.87
Saldo Promedio	\$7,452,518.15
Saldo Total Bruto	\$0.00

EXTRACTO CUENTA DE AHORROS

Fecha	Valor	Doc.	Clase de Movimiento	Oficina
23-04	\$ 340,350.00-	4005	Compra LA SUPER CANASTA Q Y S	FRANQUICIA VISA
23-04	\$ 50,000.00-	4008	Compra LA SUPER CANASTA Q Y S	FRANQUICIA VISA
23-04	\$ 48,900.00-	2127	Compra MERCADERIA GUIMBAYA Q	FRANQUICIA VISA
23-04	\$ 18,000.00-	5283	Compra TIENDAS ARA	FRANQUICIA MISTERY CARD
24-04	\$ 630,300.80+	2113	Abono Transf Internacional Bancomec	ATA PROCEDE ESP
30-04	\$ 592,000.00+	4447	Abono Por Transferencia De Fondos	www.davivienda.com
30-04	\$ 411.10+	0005	Rendimientos Financieros	

> Ley 2009 del 27 de diciembre del 2009 - Servicios gratuitos por pago de cuota de manejo.

Conversión de moneda sujeta a la Ley 2009 del 27 de diciembre del 2009, podrá acceder a un paquete de servicios financieros sin costo por el pago de la cuota de manejo de las cuentas de ahorro y los depósitos a plazo.

Cuenta de Ahorro Móvil

- * Saldo por depósito en efectivo de dinero a la ordenación de su cuenta, con medio transaccional físico, excepto tarjetas virtuales.
- * Cuentas de ahorro a plazo, fijos, excepto virtuales.
- * Depósitos de dinero de giro.

Tarjetas de Débito para su cuenta de ahorro y/o corriente:

- * Consultas en el punto.
- * Cuentas de ahorro.
- * Cuentas de ahorro en papel y por internet.

Más información en www.davivienda.com / Tarjetas y Tarjetas e Información Legal, y en la red de oficinas.

Este producto sujeta con seguro de depósito.
Cualquier información sobre el seguro, favor comunicarse a la compañía aseguradora (PAGAR S.A. Titular de Seguro).
Reservados los usos y condiciones de uso de los servicios de la compañía. Cuentas de Ahorro y Depósitos a Plazo.
Para mayor información en www.davivienda.com.

Banco Davivienda S.A. NIT 960.024.115-7





DAVIVIENDA



H31

CUENTA DE AHORROS
1369 0005 9587

INFORME DEL MES: DICIEMBRE /2019

Apreciado Cliente
JOHANNA ESPINOSA MADRID
NEGRITAMADRID@HOTMAIL.COM

Saldo Anterior	\$9,032,816.73
Mas Creditos	\$990,770.74
Menos Debitos	\$479,200.00
Nuevo Saldo	\$9,705,387.47
Saldo Promedio	\$9,067,690.92
Saldo Total Bruto	\$0.00

EXTRACTO CUENTA DE AHORROS

Fecha	Valor	Doc.	Clase de Movimiento	Oficina
03-12	\$ 330,000.00+	0060	Deposito Efectivo con Voucher Oficina	GUAYAMA
15-12	\$ 470,000.00-	2571	Retiro en Cajero Automatico	GUAYAMA
22-12	\$ 4,200.00-	1912	Credito Cuent Manej Tarj Debito CNE 2020	ETA PROCESOS ESP
31-12	\$ 770.74+	0000	Rendimientos Financieros	

Este producto sujeta con seguro de depósitos
Cualquier referencia con el saldo, debe compararse a la cuenta virtual de pago KPMG Ltda. S.A. 11000 de Bogotá
Recuerde que usted gestiona su cuenta con nuestros Oficiantes del Comercio Financiero. Calle Real, Santa Fe, Bogotá. Calle 12, No. 8 - 80 Plaza 18 de Bogotá. PBR, 8000000 Fax: 4800700 Correo: Efectivos@davivienda.com
Para mayor información en www.davivienda.com

Banco Davivienda S.A. NIT 960.024.115-7





DAVIVIENDA



H01

CUENTA DE AHORROS
1369 0005 9587

INFORME DEL MES: ABRIL 2019

Apreciado Cliente
JOHANNA ESPINOSA MADRID
NEGRITAMADRID@HOTMAIL.COM

Saldo Anterior	\$0,538,732.88
Mas Creditos	\$1,014,796.86
Menos Debitos	\$778,200.00
Nuevo Saldo	\$0,875,329.74
Saldo Promedio	\$0,717,866.21
Saldo Total Bruto	\$0.00

EXTRACTO CUENTA DE AHORROS

Fecha	Valor	Doc.	Clase de Movimiento	Oficina
02-04	\$ 484,000.00+	7750	Deposito Efectivo con Voucher Oficina	GUIMBAYA
16-04	\$ 770,000.00-	3075	Retiro en Cajero Automatico	GUIMBAYA
21-04	\$ 6,200.00-	1804	Cobro Cuentas Mens. Tar. Debito MAY_2019	SEA PROCESOS ESP.
30-04	\$ 500,000.00+	1987	Deposito Efectivo con Voucher Oficina	GUIMBAYA
30-04	\$ 796.86+	0000	Rendimientos Financieros	

Apreciado cliente, Davivienda comprometido con el medio ambiente, lo invita a solicitar **sin costo los extractos y certificaciones de sus cuentas de ahorro y corriente** desde el App Davivienda Móvil y **www.davivienda.com**.

Si desea solicitarlos a través del Call o Chat de Davivienda, consulte a partir del 8 de abril los costos que aplicarán desde el 27 de mayo de 2019 en www.davivienda.com/tasasytarifas.

Este producto cuenta con seguro de depósito
Cualquier referencia en el sitio, debe compararse a nuestra entidad legal OFAC Ltda. S.A. 17000 de Bogotá
Reservados todos los derechos. No se permite la explotación económica ni la transformación de esta obra. Queda permitida la impresión en su totalidad.
Para mayor información en www.davivienda.com

Banco Davivienda S.A. NIT 900.024.115-7





1 of 1

DAVIVIENDA



H31

CUENTA DE AHORROS
1369 0005 9587

INFORME DEL MES: ENERO /2018

Apreciado Cliente
JOHANNA ESPINOSA MADRID
NEGRITAMADRID@HOTMAIL.COM

Saldo Anterior	\$10,978,087.88
Mas Créditos	\$914.80
Menos Débitos	\$298,000.00
Nuevo Saldo	\$10,681,002.28
Saldo Promedio	\$10,760,087.88
Saldo Total Bruto	\$0.00

EXTRACTO CUENTA DE AHORROS

Fecha	Valor	Doc.	Clase de Movimiento	Oficina
09 01	\$ 200,000.00-	7375	Retiro en Cajero Automático	GUAYAMA
21 01	\$ 8,000.00-	1801	Cobro Cuot. Manaj. Tarj Débito FEB, 2018	STA. PROCESOLES
31 01	\$ 914.80+	0000	Rendimientos Financieros	

ABRA UNA CUENTA DE AHORROS PARA NIÑOS
UNA EXCELENTE FORMA DE ENSEÑARLES A AHORRAR Y MANEJAR EL DINERO;
SIN CUOTA DE MANEJO, ENTRE LOS 0 Y 17 AÑOS DE EDAD.
La cuenta se debe abrir por el padre, madre o tutor.
Conozca sus características y beneficios en www.davivienda.com

Este producto sujeta con seguro de depósito
Cualquier referencia en el texto, debe comprenderse a nombre comercial de DAVIVIENDA S.A. 17000 de Bogotá
Reservados todos los derechos que no estén expresamente permitidos por la legislación aplicable. No se permite la explotación económica ni la transformación de esta obra. Queda permitida la impresión en su totalidad.
Para mayor información en www.davivienda.com

Banco Davivienda S.A. NIT 900.024.115-7





DAVIVIENDA



H01

CUENTA DE AHORROS
1369 0005 9587

INFORME DEL MES: SEPTIEMBRE 2017

Apreciado Cliente
JOHANNA ESPINOSA MADRID
NEGRITAMADRID@HOTMAIL.COM

Saldo Anterior	\$11,825,704.43
Más Créditos	\$600,305.81
Menos Débitos	\$1,527,600.00
Nuevo Saldo	\$10,798,011.24
Saldo Promedio	\$11,302,597.76
Saldo Total Bruto	\$0.00

EXTRACTO CUENTA DE AHORROS

Fecha	Valor	Doc.	Clase de Movimiento	Oficina
08/09	\$ 500,000.00+	2190	Deposito Efectivo con Voucher Oficina	QUIRUBA
09/09	\$ 700,000.00-	6198	Retiro en Cajero Automático	CALIMA ARENIA
09/09	\$ 500,000.00-	6200	Retiro en Cajero Automático	CALIMA ARENIA
24/09	\$ 7,600.00-	1708	Cobro Cuentas Manej. Tarj. Débito OCT. 2017	STA. PROCESOS ESP.
30/09	\$ 300,000.00-	2607	Retiro en Cajero Automático	QUIRUBA
30/09	\$ 626.81+	0036	Rendimiento Financiero	



ACTIVE Y DESACTIVE SU TARJETA DÉBITO PARA COMPRAS INTERNACIONALES O RETIROS EN CAJEROS ELECTRÓNICOS EN EL EXTERIOR.

Hacerlo es *muy fácil*:

1. Ingrese a Davivienda.com con su clave virtual.
2. Seleccione "Mis Servicios" y luego "Personalizaciones"
3. Ingrese a "Controlar transacciones virtuales y presenciales en el exterior"
4. Y siga las instrucciones.

Este producto cuenta con seguro de seguro de seguro.
Cualquier información con el seguro, favor comunicarse a nuestra ventanilla de atención al cliente.
Reservados los derechos de uso de la imagen de los productos financieros. Carlos Mario Serna Director. Calle 72 No. 4 - 40/Pos. 16 de Bogotá. PBX. 6000111 Fax. 4000119 Correo Electrónico: atencionalcliente@davivienda.com
Para mayor información en www.davivienda.com

Banco Davivienda S.A. NIT 900.034.310.3





DAVIVIENDA



H01

CUENTA DE AHORROS
1369 0005 9587

INFORME DEL MES: ENERO /2017

Apreciado Cliente
JOHANNA ESPINOSA MADRID
NEGRITAMADRID@HOTMAIL.COM

Saldo Anterior	\$12,006,868.42
Más Créditos	\$793.73
Menos Débitos	\$5,186,254.00
Nuevo Saldo	\$6,821,408.15
Saldo Promedio	\$8,338,036.54
Saldo Total Bruto	\$0.00

EXTRACTO CUENTA DE AHORROS

Fecha	Valor	Doc.	Clase de Movimiento	Oficina
10 01	\$ 210,054.00	0300	Compra MATERIALES EMO	FRANQUICIA MASTER CARD
11 01	\$ 720,000.00	5308	Retiro en Cajero Automático	QUIBATA
14 01	\$ 720,000.00	6636	Retiro en Cajero Automático	QUIBATA
16 01	\$ 1,200,000.00	0731	Retiro Efectivo en O/C. con Tarjeta	QUIBATA
19 01	\$ 228,800.00	0253	Compra ALMACEN DON MARCO	FRANQUICIA VISA
24 01	\$ 7,600.00	1701	Cuota Manejo Tarjeta Débito Futuro	SPA PROCESOS ESP
31 01	\$ 793.73*	0000	Rendimientos Financieros	

Apreciado cliente, le informamos que a partir del 1 de marzo de 2017, se realizará el cobro por reposición en tarjeta débito. Usted podrá consultar las tarifas a partir del 14 de enero de 2017 ingresando a www.davivienda.com



Este producto cuenta con seguro de seguro de seguro.
Cualquier información con el seguro, favor comunicarse a nuestra ventanilla de seguros (774) 1111, A.A. 7100 de Bogotá.
*Presupuesto que usted recibirá cuando con nuestro Sistema de Cuentas Financieras. Calle 12 No. 4 - 60/60, 16 de Bogotá, P.B. 6000111 Fax: 4000111 Correo Electrónico: informacion@davivienda.com
Para mayor información en www.davivienda.com

Banco Davivienda S.A. NIT 960.034.313.7





INDICE DE RECHO

FECHA DE NACIMIENTO 25-FEB-1981

QUIMBAYA
(QUINDIO)

LUGAR DE NACIMIENTO

1.72

ESTATURA

A+

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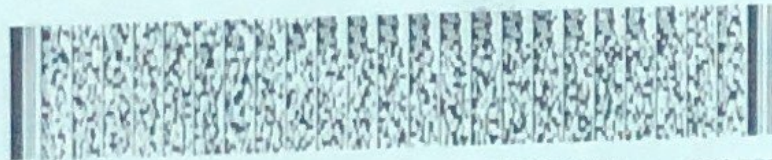
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SEXO

17-JUL-1999 BOGOTA D.C.

FECHA Y LUGAR DE EXPEDICION

REGISTRADOR NACIONAL
CARLOS ARIEL SANCHEZ TORRES



A: 0011066 F: 0052724597 20090225

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9925399244

REPUBLICA DE COLOMBIA
IDENTIFICACION PERSONAL
CECULA DE CIUDADANIA
53058951
NUMERO
ESPINOSA MADRID
APELLIDO
DIANA LUCIA
NOMBRES
Diana L Espinosa
REPUBLICA DE COLOMBIA

FECHA DE NACIMIENTO 30-MAR-1984
QUIMBAYA
(QUINDIO)
LUGAR DE NACIMIENTO
1.67 O+ F
ESTATURA G.S. RH SEXO
13-DIC-2002 BOGOTA D.C.
FECHA Y LUGAR DE EXPEDICION
REGISTRADORA NACIONAL
ALMAREATRIZ BENDIGO LOPEZ
INDICE DERECHO
P-8839055-70114457-F-0053058951-20030605 03570 03158P 01 138054173

REPUBLICA DE COLOMBIA UNIDAD ADMINISTRATIVA E.S.
MIGRACIONCOL
Ministerio de Relaciones Exteriores
- 3 MAR. 2022
BT ☐ PID ☐ POA ☐ VISA

PASAPORTE
PASSPORT



P COL

AQ038204

ESPINOSA MADRID

AQ038204

DIANA LUCIA

COLOMBIANA

30 MAR/MAR 1984

CC53058951

F **QUIMBAYA COL**

10 SEP/SEP 2014

G. QUINDIO

Firma del titular / Holder's signature

09 SEP/SEP 2024

Dina Lopez

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UNIDAD ADMINISTRATIVA ESPECIAL MIGRACION

MIGRACION COLOMBIA
Ministerio de Relaciones Exteriores

REPUBLICA DE COLOMBIA UNIDAD ADMINISTRATIVA ESPECIAL MIGRACION

MIGRACION COLOMBIA
Ministerio de Relaciones Exteriores

03 DIC. 2016

14 DIC. 2016

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REPUBLICA DE COLOMBIA

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REPUBLICA DE COLOMBIA



REPUBLICA DE COLOMBIA UNIDAD ADMINISTRATIVA ESPECIAL MIGRACION

MIGRACION COLOMBIA
Ministerio de Relaciones Exteriores

06 JUL. 2016

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REPUBLICA DE COLOMBIA UNIDAD ADMINISTRATIVA ESPECIAL MIGRACION

MIGRACION COLOMBIA
Ministerio de Relaciones Exteriores

17 JUL. 2016

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REPUBLICA DE COLOMBIA



REPUBLICA DE COLOMBIA UNIDAD ADMINISTRATIVA ESPECIAL MIGRACION

MIGRACION COLOMBIA
Ministerio de Relaciones Exteriores

21 NOV. 2016

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MIGRACION COLOMBIA
Ministerio de Relaciones Exteriores

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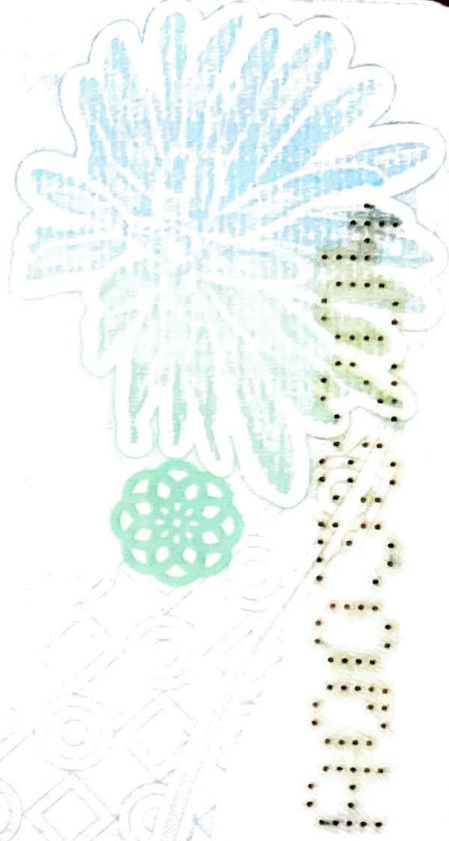
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República de Colombia



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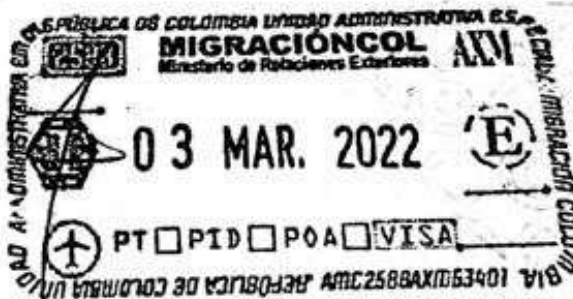
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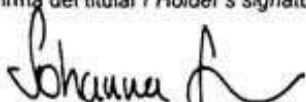






REPUBLICA DE COLOMBIA



Tipo / Type	Cod. país / Country code	Pasaporte N° / Passport No.
P	COL	AS519003
Apellidos / Surname		
ESPINOSA MADRID		
Nombres / Given names		AS519003
JOHANNA		
Nacionalidad / Nationality		
COLOMBIANA		
Fecha de nacimiento / Date of birth		Núm. personal / Personal No.
25 FEB/FEB 1981		CC52724597
Sexo / Sex	Lugar de nacimiento / Place of birth	
F	QUIMBAYA COLOMBIA	
Fecha de expedición / Date of issue		Autoridad / Authority
01 MAR/MAR 2016		C. NEWARK
Fecha de vencimiento / Date of expiry		Firma del titular / Holder's signature
01 MAR/MAR 2026		

P<COLESPINOSA<MADRID<<JOHANNA<<<<<<<<<<<<<<<
AS519003<2COL8102254F2603014CC52724597<<<<36

 Imprimir  Cancelar**RE: Auto y expediente digital 2022-00184**

Ali Sanchez Jimenez <sanchezasj95@hotmail.com>

Jue 17/11/2022 3:02 PM

Para: Juzgado 02 Promiscuo Municipal - Quindio - Quimbaya
<j02prmpalquim@cendoj.ramajudicial.gov.co> 10 archivos adjuntos (13 MB)

extractos cuenta de ahorros davivienda.pdf; pago impuestos americanos johanna.pdf; pasaporte diana lucia.pdf; pasaporte johanna.pdf; 2019 impuestos Diana Alvarado.pdf; 2020 impuestos Diana Alvarado.pdf; 2021 impuestos Diana Alvarado.pdf; contestacion demanda quimbaya completa.docx; Cédula colombiana diana lucia.pdf; cedula johanna colombia.pdf;

por medio de la presente me permito remitir contestación de la demanda radicada 2022-00184 donde son partes, ddte CARLOS ARTURO MADRID MADRID , dddas. DIANA LUCIA ESPINOSA MADRID Y JOHANNA ESPINOSA MADRID. como tambien los anexos de la misma.

De: Juzgado 02 Promiscuo Municipal - Quindio - Quimbaya
<j02prmpalquim@cendoj.ramajudicial.gov.co>**Enviado:** viernes, 21 de octubre de 2022 7:03 a. m.**Para:** sanchezasj95@hotmail.com <sanchezasj95@hotmail.com>**Asunto:** Auto y expediente digital 2022-00184

Cordial saludo, por medio del presente, remito el expediente digital de la referencia, conforme se ordenó en providencia de 20 de octubre de 2022, gracias.

 [2022-00184 CARLOS IGNACIO MADRID MADRID VS DIANA LUCIA ESPINOSA MADRID Y OTROS](#)

**JUZGADO SEGUNDO PROMISCO MUNICIPAL
QUIMBAYA QUINDIO**Rama Judicial
República de Colombia

AVISO DE CONFIDENCIALIDAD: Este correo electrónico contiene información de la Rama Judicial de Colombia. Si no es el destinatario de este correo y lo recibió por error comuníquelo de inmediato, respondiendo al remitente y eliminando cualquier copia que pueda tener del mismo. Si no es el destinatario, no podrá usar su contenido, de hacerlo podría tener consecuencias legales como las contenidas en la Ley 1273 del 5 de enero de 2009 y todas las que le apliquen. Si es el destinatario, le corresponde mantener reserva en general sobre la información de este mensaje, sus documentos y/o archivos adjuntos, a no ser que exista una autorización explícita. Antes de imprimir este correo, considere si es realmente necesario hacerlo, recuerde que puede guardarlo como un archivo digital.

AVISO DE CONFIDENCIALIDAD: Este correo electrónico contiene información de la Rama Judicial de Colombia. Si no es el destinatario de este correo y lo recibió

 Imprimir  Cancelar**RE: Auto y expediente digital 2022-00184**

Ali Sanchez Jimenez <sanchezasj95@hotmail.com>

Jue 17/11/2022 3:02 PM

Para: Juzgado 02 Promiscuo Municipal - Quindio - Quimbaya
<j02prmpalquim@cendoj.ramajudicial.gov.co> 10 archivos adjuntos (13 MB)

extractos cuenta de ahorros davivienda.pdf; pago impuestos americanos johanna.pdf; pasaporte diana lucia.pdf; pasaporte johanna.pdf; 2019 impuestos Diana Alvarado.pdf; 2020 impuestos Diana Alvarado.pdf; 2021 impuestos Diana Alvarado.pdf; contestacion demanda quimbaya completa.docx; Cédula colombiana diana lucia.pdf; cedula johanna colombia.pdf;

por medio de la presente me permito remitir contestación de la demanda radicada 2022-00184 donde son partes, ddte CARLOS ARTURO MADRID MADRID , dddas. DIANA LUCIA ESPINOSA MADRID Y JOHANNA ESPINOSA MADRID. como tambien los anexos de la misma.

De: Juzgado 02 Promiscuo Municipal - Quindio - Quimbaya
<j02prmpalquim@cendoj.ramajudicial.gov.co>

Enviado: viernes, 21 de octubre de 2022 7:03 a. m.

Para: sanchezasj95@hotmail.com <sanchezasj95@hotmail.com>

Asunto: Auto y expediente digital 2022-00184

Cordial saludo, por medio del presente, remito el expediente digital de la referencia, conforme se ordenó en providencia de 20 de octubre de 2022, gracias.

 [2022-00184 CARLOS IGNACIO MADRID MADRID VS DIANA LUCIA ESPINOSA MADRID Y OTROS](#)

**JUZGADO SEGUNDO PROMISCO MUNICIPAL
QUIMBAYA QUINDIO**

Rama Judicial
República de Colombia

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