APPLICATION FOR RENTAL

# Rental Application for **685 First Ave**

**Notice: All adult applicants (18 years or older) must complete a separate application for rental.**

| APPLICANT INFORMATION | | | |
|---|---|---|---|
| **LAST NAME**<br>Salas | **FIRST NAME**<br>Martha | **M.I.** | **SUFFIX** |
| **SSN**<br>***-**-**** | **BIRTH DATE**<br>7/6/1973 | **PHONE - TYPE**<br>(936) 520 - 9032 - Mobile | |
| **EMAIL**<br>ale.tsalas2000@gmail.com | | | |

| CURRENT ADDRESS | | | | |
|---|---|---|---|---|
| **STREET ADDRESS**<br>296 Mallorn Lane | | **CITY**<br>Montgomery | **STATE**<br>TX | **ZIP**<br>77316 |
| **DATE IN** | **DATE OUT**<br>current | **MONTHLY RENT**<br>$4,000.00 / Mo. | | |

| EMPLOYMENT & INCOME INFORMATION | | | |
|---|---|---|---|
| **OCCUPATION**<br>VP Business Development | **EMPLOYER/COMPANY**<br>Bredero Shaw International B.V. | | |
| **SUPERVISOR**<br>Simon Dewey | **SUPERVISOR PHONE**<br>(281) 886 - 2350 | **SALARY**<br>$245,500.00/Yr. | **START DATE** |
| **EMPLOYER ADDRESS**<br>5975 N. Sam Houston Pkwy, Suite 100 | **CITY**<br>Houston | **STATE**<br>TX | **ZIP**<br>77066 |
| **OCCUPATION**<br>VP Business Development | **EMPLOYER/COMPANY**<br>Bredero Shaw International B.V. | | |
| **SUPERVISOR**<br>Simon Dewey | **SUPERVISOR PHONE**<br>(281) 886 - 2350 | **SALARY**<br>$80,000.00/Yr. | **START DATE** |
| **EMPLOYER ADDRESS**<br>5975 N. Sam Houston Pkwy, Suite 100 | **CITY**<br>Houston | **STATE**<br>TX | **ZIP**<br>77066 |
| **OTHER INCOME DESCRIPTION**<br>Additional annual rental income - 3 houses | | | **MONTHLY INCOME**<br>$94,800.00/Yr. |

| BACKGROUND INFORMATION | |
|---|---|
| **Have you ever filed for bankruptcy?**<br>NO | **Have you ever willfully refused to pay rent when due?**<br>NO |
| **Have you ever been evicted from a tenancy or left owing money?**<br>NO | **Have you ever been convicted of a crime?**<br>NO |
| **Preferred Mailing Address:**<br>296 Mallorn Lane, Montgomery, TX 77316 - US | |

## APPLICATION CONSENT

I hereby warrant that all statements set forth above are true.

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **685 First Ave** through RP On-Site LLC (On-Site). I understand that these reports may include information concerning my character, employment and income verification, general reputation, personal characteristics, public records information, criminal records information, education, qualifications, motor vehicle record, mode of living, credit and indebtedness information, and any other information which may reflect upon my potential for tenancy or guarantor status gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.

I understand that **685 First Ave** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, use, and release of such information by On-Site, Trans Union LLC, and other applicable credit bureaus for the purpose of providing the verification services in relation to my application and during the course of any ongoing lease obligation arising from such application.

I understand that if an investigative consumer report is requested about me, I have the right to make a written request to **685 First Ave**, within a reasonable period of time, for complete and accurate disclosure of the nature and scope of the investigation requested.

I consent to the delivery of all notices or disclosures required by law via any medium so chosen by **685 First Ave** or On-Site, including but not limited to email or other electronic transmission. I understand that all notices shall be deemed received upon being sent.

By submitting this application, I certify that I have read and fully understand the disclosures and my rights detailed above and authorize On-Site to obtain, for the purpose of determining my eligibility for initial or continued tenancy or guarantor status, a consumer report and/or investigative consumer report and to disclose all information obtained by On-Site to **685 First Ave**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf.

I understand that, upon written request, I will be informed whether or not a consumer report or an investigative consumer report was requested and, if such a report was requested, informed of the name and address of the credit reporting agency that furnished the report. With regard to "investigative consumer reports", I further understand that when I receive the name and address of the consumer reporting agency, I may request a copy of such report by contacting such agency. I acknowledge that I have received and read Article 23-A of the New York Correction Law (https://www.on-site.com/resources/consent/correctionLawArticle23a.pdf)

☒ *Application consent was digitally accepted by Martha Salas*

**Signed by Martha Salas**
Fri Aug 16 2024 10:45:30 AM EDT
Key: 78319880; IP Address: 12.74.53.121

Martha Salas *(Applicant)* *Date*

### The following charge(s) will appear on your card statement as *"ClickPay"*

**Application Fee - Charge Details**

| Name on Card | Account Number | Reference Number | Authorized |
|---|---|---|---|
| Martha Salas | XXXXXXXXXXXX1034 | 14962662 | $21.50 |

*This card has been authorized for the amount above and will be charged when the application is processed.*

**California Required Notices**

**This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.**

An investigative consumer reporting agency shall provide a consumer seeking to obtain a copy of a report or making a request to review a file, a written notice in simple, plain English and Spanish setting forth the terms and conditions of his or her right to receive all disclosures, as provided in CA Civil Code Section 1786.26.

This report was prepared using software provided by RP On-Site LLC, which can be contacted at: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

**Avisos obligatorios en el estado de California**

**El presente informe no garantiza la exactitud ni la veracidad de la información con respecto al tema de investigación, sino únicamente que es una copia exacta de los registros públicos y es posible que la información generada como consecuencia del robo de identidad, incluidos los registros de antecedentes delictivos, se haya asociado por error con el consumidor objeto del presente informe.**

Una agencia de investigación de verificación de crédito proporcionará al consumidor que desee obtener una copia de un informe o que solicite la revisión de un archivo un aviso por escrito en inglés y español, escrito en un lenguaje simple y claro, que establezca los términos y condiciones de su derecho a recibir todas las divulgaciones conforme a la Sección 1786.26 del Código Civil de California.

Este informe se preparo con el software proporcionado pro RP On-Site LLC, que puede contractarse en: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

# Rental Report for Martha Salas

| The property's screening criteria result | |
|---|---|
| **APPROVE** | This application meets your requirements based on your Property's Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications. |

**Score for Martha Salas: 779**

| | | Importance | Result |
|---|---|---|---|
| AI Score | | Pass/Fail | |
| No Credit | | Pass/Conditional | |
| Total annual income to rent ratio exceeds 40.0 | | Pass/Fail | |
| May have been through a bankruptcy | | Pass/Fail | |
| No unpaid rental collections | | Pass/Fail | |
| Criminal and Other Public Records: Felony Convictions | | Pass/Fail | |
| Total Considered Felony Convictions | None | Pass/Fail | |
| Alcohol | None ever | Pass/Fail | |
| Bad Check | None ever | Pass/Fail | |
| Criminal Other | None ever | Pass/Fail | |
| Drug Manufacture Distribution | None ever | Pass/Fail | |
| Drug Marijuana Use | None ever | Pass/Fail | |
| Drug Meth Manufacture | None ever | Pass/Fail | |
| Drug Use | None ever | Pass/Fail | |
| Fraud | None ever | Pass/Fail | |

| | | | |
|---|---|---|---|
| Government Obstruction | None ever | Pass/Fail | 👍 |
| Kidnapping | None ever | Pass/Fail | 👍 |
| Property Destruction | None ever | Pass/Fail | 👍 |
| Property Other | None ever | Pass/Fail | 👍 |
| Property Theft | None ever | Pass/Fail | 👍 |
| Prostitution | None ever | Pass/Fail | 👍 |
| Sex Offense Coerced | None ever | Pass/Fail | 👍 |
| Sex Offense Willful | None ever | Pass/Fail | 👍 |
| Society Other | None ever | Pass/Fail | 👍 |
| Violent Fatal | None ever | Pass/Fail | 👍 |
| Violent Non Fatal | None ever | Pass/Fail | 👍 |
| Weapons | None ever | Pass/Fail | 👍 |
| Wildlife | None ever | Pass/Fail | 👍 |
| Criminal and Other Public Records: Misdemeanor Convictions | | Pass/Fail | 👍 |
| Total Considered Misdemeanor Convictions | None | Pass/Fail | 👍 |
| Bad Check | None ever | Pass/Fail | 👍 |
| Criminal Other | None ever | Pass/Fail | 👍 |
| Fraud | None ever | Pass/Fail | 👍 |
| Government Obstruction | None ever | Pass/Fail | 👍 |
| Kidnapping | None ever | Pass/Fail | 👍 |
| Property Destruction | None ever | Pass/Fail | 👍 |
| Property Other | None ever | Pass/Fail | 👍 |
| Property Theft | None ever | Pass/Fail | 👍 |
| Prostitution | None ever | Pass/Fail | 👍 |
| Sex Offense Coerced | None ever | Pass/Fail | 👍 |
| Sex Offense Willful | None ever | Pass/Fail | 👍 |
| Society Other | None ever | Pass/Fail | 👍 |
| Violent Fatal | None ever | Pass/Fail | 👍 |
| Violent Non Fatal | None ever | Pass/Fail | 👍 |
| Weapons | None ever | Pass/Fail | 👍 |
| Alcohol | - | Not Considered | N/A |
| Drug Manufacture Distribution | - | Not Considered | N/A |
| Drug Marijuana Use | - | Not Considered | N/A |
| Drug Meth Manufacture | - | Not Considered | N/A |
| Drug Use | - | Not Considered | N/A |
| Wildlife | - | Not Considered | N/A |
| Is not a registered sex offender | | Pass/Fail | 👍 |

**NOTIFICATION(S)**

**APPLICANT: no matching birth date found**
The name and DOB for the primary applicant does not match any records on file. Please check if you entered the name accurately and re-run the report if necessary. This warning means that the applicant fraudulently submitted incorrect information or that the record on file is incorrect. You should carefully verify the information on the application before proceeding.

| Credit Quick Summary | | |
|---|---|---|
| Total annual income (reported by Applicant) | $420,300.00 | |
| Total combined annual income to rent ratio | 106.41 (based on rent of $3,950.00) | |
| Total number of accounts | 27 | |
| Accounts with no late payments | 22 (0 unpaid past due) | |
| Accounts paid 30-59 days past due | 4 (0 unpaid past due) | |
| Accounts paid 60-89 days past due | 0 (0 unpaid past due) | |
| Accounts paid more than 90 days past due | 1 (0 unpaid past due) | |
| Total outstanding balance | $691,031.00 ($0.00 past due) | |
| Outstanding revolving debt | $11,494.00 (1% of limit) ($0.00 past due) | |
| Outstanding loan balance | $679,537.00 ($0.00 past due) | |
| Bankruptcies, foreclosures, and legal items | 0 | |
| Collection total balance (includes past due) | $0.00 | |
| Rental History records found | 0 | |

| Identity | From Application | From Equifax |
|---|---|---|
| **Name:** | Martha Salas | MARTHA B. SALAS<br>MARTHA SALAS MORENO<br>MARTHA SALAS MORENO |
| **SSN:** | ***-**-**** | ***-**-**** |
| **Birth Date:** | 7/**/1973 | 9/**/1973 |

| Addresses | From Application | From Equifax |
|---|---|---|

| | | |
|---|---|---|
| | 296 Mallorn Lane<br>Montgomery, TX 77316 - US | 296 MALLORN LN.<br>MONTGOMERY, TX 77316 (Applicant)<br>Reported 8/2024<br><br>18 BLUE WILDFLOWER PL.<br>MAGNOLIA, TX 77354 (Applicant)<br>Reported 8/2024<br><br>2 WHITEKIRK PL.<br>MAGNOLIA, TX 77354 (Applicant)<br>Reported 8/2024<br><br>6 INNERWOODS PL<br>SPRING, TX 77382 (Applicant)<br>Reported 7/2023<br><br>PO BOX 130309<br>SPRING, TX 77393 (Applicant)<br>Reported 8/2022<br><br>254 BILTMORE LOOP<br>MONTGOMERY, TX 77316 (Applicant)<br>Reported 10/2021<br><br>11802 RAINY OAKS DR.<br>MAGNOLIA, TX 77354 (Applicant)<br>Reported 12/2020<br><br>167 BLACK SWAN PL.<br>MAGNOLIA, TX 77354 (Applicant)<br>Reported 1/2016<br><br>46 BRYCE BRANCH CIR.<br>THE WOODLANDS, TX 77382 (Applicant)<br>Reported 11/2011<br><br>10851 MONTFAIR BL. 5302<br>THE WOODLANDS, TX 77382 (Applicant)<br>Reported 1/2011 |

| Employment | From Application | From Equifax |
|---|---|---|
| **Applicant:** | VP Business Development<br>Bredero Shaw International B.V.<br>$245,500.00/Yr.<br>VP Business Development<br>Bredero Shaw International B.V.<br>$80,000.00/Yr. Total annual Income:<br>$420,300.00 | VP BUSINESS DEVELOPMENT<br>SHAWCOR PIP<br>COMMERCIAL MANAGER<br>SHAW COR PIPE PR |

**Criminal and Other Public Records**

| Requested For | Location Searched | Period Searched | Requested | Returned |
|---|---|---|---|---|
| Martha Salas | Multistate Search | 8/16/2017 - 8/16/2024 | 8/16/2024 | 8/16/2024 |

**Results**
*No Records Found*

**National Sex Offender Registry History**

| Requested For | Date Requested | Date Returned |
|---|---|---|
| Martha Salas | 8/16/2024 | 8/16/2024 |

**Results**
*No Records Found*

**Restricted Person Search**

| Requested For | Requested | Returned |
|---|---|---|
| Martha Salas | 8/16/2024 | 8/16/2024 |

**Results**
*No Records Found*

## Risk Models

### From RealPage

| Risk Model Name | Score | Score Factors |
|---|---|---|
| RealPage AI Score (Applicant) | 779 | Tradeline scoring<br>Debt-to-income ratio<br>Credit Score<br>Rental Payment History |

**Description**
RealPage AI Score uses machine-learning and data patterns in credit score, debt/liability types, trade lines, rental payment history, and renter behavior to achieve reduced bad debt. The RealPage AI Score range is between 1 and 1000 (the higher the score, the less risky the consumer).

### From Equifax

| Risk Model Name | Score | Score Factors |
|---|---|---|
| Credit Score (Applicant) | 734 | Total of all balances on bankcard or revolving accounts is too high<br>Available credit on your open bankcard or revolving accounts is too low<br>The date that you opened your oldest account is too recent<br>The balances on your accounts are too high compared to loan amounts |

**Description**
This credit score is a widely used risk model that uses credit report data to predict the likelihood of default. The credit score range is between 300 and 850 (the higher the score, the less risky the consumer).

## Credit Accounts

### From Equifax

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| WFBNA HOME LENDING (Applicant) | 4/2012 | 6/2024 | | | | | $254,638.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| $2,707.00 | $348,118.00 | MORTGAGE | FREDDIE MAC ACCOUNT<br>FIXED RATE<br>Rate/Status 1: Pays account as agreed |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7/24 | | 5/24 | | 3/24 | | 1/24 | | 11/23 | | 9/23 | | 7/23 | | 5/23 | | 3/23 | | 1/23 | | 11/22 | | 9/22 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| LOANCARE SERVICING C (Applicant) | 12/2021 | 7/2024 | | | | | $226,131.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| $1,711.00 | $238,500.00 | MORTGAGE | FREDDIE MAC ACCOUNT<br>FIXED RATE<br>Rate/Status 1: Pays account as agreed |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8/24 | | 6/24 | | 4/24 | | 2/24 | | 12/23 | | 10/23 | | 8/23 | | 6/23 | | 4/23 | | 2/23 | | 12/22 | | 10/22 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| JPMCB - HOME LENDING (Applicant) | 10/2018 | 7/2024 | | | | | $198,768.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| $1,948.00 | $218,490.00 | MORTGAGE | FREDDIE MAC ACCOUNT<br>Rate/Status 1: Pays account as agreed |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8/24 | | 6/24 | | 4/24 | | 2/24 | | 12/23 | | 10/23 | | 8/23 | | 6/23 | | 4/23 | | 2/23 | | 12/22 | | 10/22 | |

Rental Report for Martha Salas, 8/16/2024 for 15N at 685 First Ave

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| BANK OF AMERICA (Applicant) | 9/2009 | 6/2024 | | | | | $11,310.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | $133.00 | $11,960.00 | REVOLVING | Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7/24 | | 5/24 | | 3/24 | | 1/24 | | 11/23 | | 9/23 | | 7/23 | | 5/23 | | 3/23 | | 1/23 | | 11/22 | | 9/22 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| CAPITAL ONE BANK USA (Applicant) | 6/2012 | 6/2024 | | | | | $183.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | $28.00 | $5,446.00 | REVOLVING | Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7/24 | | 5/24 | | 3/24 | | 1/24 | | 11/23 | | 9/23 | | 7/23 | | 5/23 | | 3/23 | | 1/23 | | 11/22 | | 9/22 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| CREDIT ONE BANK (Applicant) | 7/2010 | 7/2024 | 1 | 0 | 0 | | $1.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | $1.00 | $2,501.00 | REVOLVING | Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8/24 | | 6/24 | | 4/24 | | 2/24 | | 12/23 | | 10/23 | | 8/23 | | 6/23 | | 4/23 | | 2/23 | | 12/22 | | 10/22 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| WFBNA HOME LENDING (Applicant) | 5/2016 | 5/2019 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $382,500.00 | MORTGAGE | FREDDIE MAC ACCOUNT<br>FIXED RATE<br>Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7/19 | | 5/19 | | 3/19 | | 1/19 | | 11/18 | | 9/18 | | 7/18 | | 5/18 | | 3/18 | | 1/18 | | 11/17 | | 9/17 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| LOANCARE SERVICING C (Applicant) | 7/2022 | 6/2024 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $275,500.00 | MORTGAGE | FREDDIE MAC ACCOUNT<br>Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7/24 | | 5/24 | | 3/24 | | 1/24 | | 11/23 | | 9/23 | | 7/23 | | 5/23 | | 3/23 | | 1/23 | | 11/22 | | 9/22 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| SUNTRUST (Applicant) | 6/2013 | 12/2016 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $35,297.00 | INSTALLMENT | Rate/Status 1: Pays account as agreed | | | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| BMW FINANCIAL SERVIC (Applicant) | 8/2018 | 8/2021 | 1 | 0 | 0 | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $24,571.00 | INSTALLMENT | LEASE - FULL TERMINATION<br>Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10/21 | | 8/21 | | 6/21 | | 4/21 | | 2/21 | | 12/20 | | 10/20 | | 8/20 | | 6/20 | | 4/20 | | 2/20 | | 12/19 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| KIA MOTOR FINANCE (Applicant) | 5/2014 | 3/2016 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $22,068.00 | INSTALLMENT | Rate/Status 1: Pays account as agreed | | | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| FORD MOTOR CREDIT CO (Applicant) | 9/2013 | 7/2016 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $19,657.00 | INSTALLMENT | Rate/Status 1: Pays account as agreed | | | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| FIRST COMMUNITY CU O (Applicant) | 8/2016 | 2/2022 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $19,557.00 | INSTALLMENT | FIXED RATE<br>Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3/22 | | 1/22 | | 11/21 | | 9/21 | | 7/21 | | 5/21 | | 3/21 | | 1/21 | | 11/20 | | 9/20 | | 7/20 | | 5/20 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| FORD MOTOR CREDIT CO (Applicant) | 7/2016 | 1/2019 | 1 | 0 | 0 | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $19,486.00 | INSTALLMENT | FIXED RATE<br>Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2/19 | | 12/18 | | 10/18 | | 8/18 | | 6/18 | | 4/18 | | 2/18 | | 12/17 | | 10/17 | | 8/17 | | 6/17 | | 4/17 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| SYNCB/WALMART DC (Applicant) | 6/2012 | 8/2019 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $5,346.00 | REVOLVING | Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10/19 | | 8/19 | | 6/19 | | 4/19 | | 2/19 | | 12/18 | | 10/18 | | 8/18 | | 6/18 | | 4/18 | | 2/18 | | 12/17 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| WELLS FARGO CARD SER (Applicant) | 12/2015 | 6/2023 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $4,246.00 | REVOLVING | Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8/24 | | 6/24 | | 4/24 | | 2/24 | | 12/23 | | 10/23 | | 8/23 | | 6/23 | | 4/23 | | 2/23 | | 12/22 | | 10/22 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| SYNCB/ROOMS TO GO<br>(Applicant) | 5/2012 | 3/2018 | | | | | $0.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| | $2,691.00 | REVOLVING | ACCOUNT CLOSED DUE TO INACTIVITY<br>Rate/Status 1: Pays account as agreed |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8/21 | | 6/21 | | 4/21 | | 2/21 | | 12/20 | | 10/20 | | 8/20 | | 6/20 | | 4/20 | | 2/20 | | 12/19 | | 10/19 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| SYNCB/TJX CO DC<br>(Applicant) | 1/2016 | 3/2020 | | | | | $0.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| | $2,036.00 | REVOLVING | Rate/Status 1: Pays account as agreed |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7/22 | | 5/22 | | 3/22 | | 1/22 | | 11/21 | | 9/21 | | 7/21 | | 5/21 | | 3/21 | | 1/21 | | 11/20 | | 9/20 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| BESTBUY/CBNA<br>(Applicant) | 9/2011 | 3/2018 | | | | | $0.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| | $1,071.00 | REVOLVING | ACCOUNT CLOSED DUE TO INACTIVITY<br>Rate/Status 1: Pays account as agreed |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12/20 | | 10/20 | | 8/20 | | 6/20 | | 4/20 | | 2/20 | | 12/19 | | 10/19 | | 8/19 | | 6/19 | | 4/19 | | 2/19 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| CAPITAL ONE BANK USA<br>(Applicant) | 5/2011 | 5/2024 | 1 | 1 | 1 | | $0.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| | $1,056.00 | REVOLVING | Rate/Status 1: Pays account as agreed |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8/24 | | 6/24 | | 4/24 | | 2/24 | | 12/23 | | 10/23 | | 8/23 | | 6/23 | | 4/23 | | 2/23 | | 12/22 | | 10/22 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| COMENITY BANK/ANNTYL<br>(Applicant) | 9/2012 | 4/2018 | | | | | $0.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| | $805.00 | REVOLVING | ACCOUNT CLOSED BY CREDIT GRANTOR<br>Rate/Status 1: Pays account as agreed |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5/20 | | 3/20 | | 1/20 | | 11/19 | | 9/19 | | 7/19 | | 5/19 | | 3/19 | | 1/19 | | 11/18 | | 9/18 | | 7/18 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| JPMCB CARD SERVICES<br>(Applicant) | 7/2011 | 12/2023 | 1 | 0 | 0 | | $0.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| | $724.00 | REVOLVING | Rate/Status 1: Pays account as agreed |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7/24 | | 5/24 | | 3/24 | | 1/24 | | 11/23 | | 9/23 | | 7/23 | | 5/23 | | 3/23 | | 1/23 | | 11/22 | | 9/22 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| COMENITY BANK/NWYRK&<br>(Applicant) | 5/2011 | 12/2015 | | | | | $0.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| | $487.00 | REVOLVING | ACCOUNT CLOSED BY CREDIT GRANTOR<br>Rate/Status 1: Pays account as agreed |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| MACYS/DSNB (Applicant) | 7/2010 | 10/2018 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $438.00 | REVOLVING | ACCOUNT CLOSED BY CREDIT GRANTOR<br>Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8/21 | | 6/21 | | 4/21 | | 2/21 | | 12/20 | | 10/20 | | 8/20 | | 6/20 | | 4/20 | | 2/20 | | 12/19 | | 10/19 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| KOHLS/CAPITAL ONE (Applicant) | 11/2011 | 4/2012 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $237.00 | REVOLVING | Rate/Status 1: Pays account as agreed | | | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| TD BANK USA/TARGET C (Applicant) | 7/2010 | 9/2016 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $205.00 | REVOLVING | Rate/Status 1: Pays account as agreed | | | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| COMENITY BANK/ZGALLE (Applicant) | 6/2016 | | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $0.00 | REVOLVING | ACCOUNT CLOSED BY CREDIT GRANTOR<br>Rate/Status 1: Pays account as agreed | | | |

**Previous Credit Inquiries**

**From Equifax**

| | |
|---|---|
| 6/2024 | FD/NATIONSLENDCORP (Applicant) |
| 4/2024 | ADVANTAGE CREDIT,INC (Applicant) |
| 11/2023 | FACTUAL DATA (Applicant) |

*Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to** www.consumerfinance.gov/learnmore **or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

  **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

  **You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

  As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

  A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

| TYPE OF BUSINESS: | CONTACT: |
|---|---|
| 1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates<br>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB: | a. Consumer Financial Protection Bureau<br>1700 G Street, N.W.<br>Washington, DC 20552<br>b. Federal Trade Commission<br>Consumer Response Center<br>600 Pennsylvania Avenue, N.W.<br>Washington, DC 20580<br>(877) 382-4357 |
| 2. To the extent not included in item 1 above:<br>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks<br>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.<br>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations<br>d. Federal Credit Unions | a. Office of the Comptroller of the Currency<br>Customer Assistance Group<br>1301 McKinney Street, Suite 3450<br>Houston, TX 77010-9050<br>b. Federal Reserve Consumer Help Center<br>P.O. Box 1200<br>Minneapolis, MN 55480<br>c. FDIC Consumer Response Center<br>1100 Walnut Street, Box #11<br>Kansas City, MO 64106<br>d. National Credit Union Administration<br>Office of Consumer Financial Protection (OCFP)<br>Division of Consumer Compliance Policy and Outreach<br>1775 Duke Street<br>Alexandria, VA 22314 |
| 3. Air carriers | Asst. General Counsel for Aviation Enforcement & Proceedings<br>Aviation Consumer Protection Division<br>Department of Transportation<br>1200 New Jersey Avenue, S.E.<br>Washington, DC 20590 |
| 4. Creditors Subject to the Surface Transportation Board | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>395 E Street, S.W.<br>Washington, DC 20423 |
| 5. Creditors Subject to the Packers and Stockyards Act, 1921 | Nearest Packers and Stockyards Administration area supervisor |
| 6. Small Business Investment Companies | Associate Deputy Administrator for Capital Access<br>United States Small Business Administration<br>409 Third Street, S.W., Suite 8200<br>Washington, DC 20416 |
| 7. Brokers and Dealers | Securities and Exchange Commission<br>100 F Street, N.E.<br>Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration<br>1501 Farm Credit Drive<br>McLean, VA 22102-5090 |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | Federal Trade Commission<br>Consumer Response Center<br>600 Pennsylvania Avenue, N.W.<br>Washington, DC 20580<br>(877) 382-4357 |

## A Summary of Your Additional Rights in New York

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer credit reporting agency from releasing information in your credit report without your express authorization. A security freeze must be requested in writing by certified or overnight mail. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

To place a security freeze on your credit report, you must contact each of these credit reporting agencies:

**Equifax Security Freeze**
P.O. Box 105788
Atlanta, GA 30348
(800) 685-1111
**https://www.freeze.equifax.com**

**Experian Security Freeze**
P.O. Box 9554
Allen, TX 75013
(888) 397-3742
**https://www.experian.com/freeze/center.html**

**TransUnion LLC**
P.O. Box 2000
Chester, PA 19022-2000
(888) 909-8872
**www.transunion.com/personal-credit/credit-disputes/credit-freezes.page**

However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit mortgage, government services or payments, insurance, rental housing, employment, investment, license, cellular phone, utilities, digital signature, Internet credit card transaction, or other services, including an extension of credit at point of sale. When you place a security freeze on your credit report, you will be provided a personal identification number or password to use if you choose to remove the freeze on your credit report or authorize the release of your credit report to a specific party or for a period of time after the freeze is in place. To provide that authorization you must contact the consumer credit reporting agency and provide all of the following:

1. The personal identification number or password;
2. Proper identification to verify your identity;
3. The proper information regarding the party or parties who are to receive the credit report or the period of time for which the report shall be available to users of the credit report; and
4. Payment of any applicable fee.

A consumer reporting agency must authorize the release of your credit report no later than three business days after receiving the above information.

A security freeze does not apply to circumstances in which you have an existing account relationship and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control or similar activities.

If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your application for credit. You should plan ahead and lift a freeze, either completely if you are shopping around, or specifically for a certain creditor, before applying for new credit.

Additional rights under your state's law, which are also in the federal Fair Credit Reporting Act, are explained in the enclosed Summary of Your Rights under the Fair Credit Reporting Act.

VIALTO PARTNERS

# Martha B. Salas Moreno

# Sergio Tronco Larios

## 2023 United States Tax Return Package

# Required Action Checklist

## E-filing Your Tax Returns

- Review your Electronically filed tax return(s)
    - Federal
- To sign your tax return consent(s) on paper, print out the tax return electronic filing authorization page(s), sign each consent form and upload the scanned signed consent form(s) to your File Cabinet via the Vialto Partners myMobility website or via the myMobility app on your mobile device.

## Filing Your FinCEN Form 114

- To sign your FBAR consent forms on paper, print the consent pages (Form 114a), sign each consent form and upload the scanned pages to your File Cabinet via Vialto Partners myMobility website or via the myMobility app on your mobile devices.

## Tax Settlement

- Refer to your Tax Settlement Letter to settle the tax payment between you and your company.

VIALTO PARTNERS

# Copies of your Returns to be E-Filed

# Filing Instructions & Consents

# 2023 Tax Return Filing Instructions

U.S. Individual Income Tax Return

**FOR THE YEAR ENDING**
December 31, 2023

**Prepared For:**

Martha B. Salas Moreno & Sergio Tronco Larios
2 Whitekirk Pl
Magnolia, TX  77354

**Prepared By:**

Vialto LLP
100 Dundas Street, 6th Floor, Suite 604
London, Ontario N6A 5B6
Canada

**Amount of Tax:**

| | | |
|---|---|---|
| Total tax | $ | 56,301 |
| Less: payments and credits | $ | 61,000 |
| Plus: interest and penalties | $ | 2,319 |
| Overpayment | $ | 2,380 |

**Overpayment:**

| | | |
|---|---|---|
| Credited to your estimated tax | $ | 0 |
| Refunded to you | $ | 2,380 |

**Make Check Payable To:**

Not applicable

**File Your Tax Return and Mail Your Check (if applicable) To:**

This return has been prepared for electronic filing and the practitioner PIN program has been elected.  Please sign and return Form 8879 to Vialto Partners via myMobility.  We will then transmit your return electronically to the IRS.

**Return Must Be Filed On Or Before:**

Return federal Form 8879 to us by June 17, 2024.

**Special Instructions:**

Your refund will be deposited directly into your account ending in 8505.

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 | Social security number |
|---|---|
| MARTHA B. SALAS MORENO | 642 21 9505 |
| **Spouse's name** | **Spouse's social security number** |
| SERGIO TRONCO LARIOS | 644 21 5430 |

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

Enter whole dollars only on lines 1 through 5.

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

| | | | |
|---|---|---|---|
| 1 | Adjusted gross income | 1 | 257,244. |
| 2 | Total tax | 2 | 56,301. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | |
| 4 | Amount you want refunded to you | 4 | 2,380. |
| 5 | Amount you owe | 5 | |

**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**

[X] I authorize VIALTO LLP (**ERO firm name**) to enter or generate my PIN 3 9 5 0 5 (**Enter five digits, but don't enter all zeros**) as my 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**

[X] I authorize VIALTO LLP (**ERO firm name**) to enter or generate my PIN 3 5 4 3 0 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

[ ] 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. 9 8 2 1 7 1 2 7 7 7 7

**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 ▶ VIALTO LLP Date ▶ 05/03/2024

319995 04-01-23

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

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

# 2023 Tax Return Filing Instructions

Report Of Foreign Bank and Financial Accounts

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**Prepared For:**

Martha B. Salas Moreno & Sergio Tronco Larios
2 Whitekirk Pl
Magnolia, TX 77354

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**Prepared By:**

Vialto LLP
100 Dundas Street, 6th Floor, Suite 604
London, Ontario N6A 5B6
Canada

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**Form Must be Filed On Or Before:**

We require your signed 114A by on or before October 15, 2024 in order to file the report on your behalf.

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**Special Instructions:**

The taxpayer's Form 114 has been prepared for electronic filing. Please sign, date, and return the Form 114A consent to us. We will then transmit the taxpayer's form to the FinCEN.

Form 114a
Department of the Treasury
Financial Crimes Enforcement Network (FinCEN)
May 2015

# Record of Authorization to Electronically File FBARs

(See instructions below for completion)

Do not send to FinCEN. Retain this form for your records.

The form 114a may be digitally signed

MARTHAB20230001

**Part I** **Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)**

| 1. Owner last name or entity's legal name | 2. Owner first name | 3. Owner M.I. |
|---|---|---|
| SALAS MORENO | MARTHA | B |
| 4. Spouse last name (if jointly filing FBAR - see instructions below) | 5. Spouse first name | 6. Spouse M.I. |
| TRONCO LARIOS | SERGIO | |

I/we declare that I/we have provided information concerning 5 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2023 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

| 7. Owner signature (Authorized representative if entity) | 8. Date (MM DD YYYY) | 9. Owner or entity TIN | 10. TIN type |
|---|---|---|---|
| | | 642-21-9505 | a ☐ EIN<br>b ☒ SSN/ITIN<br>c ☐ Foreign |
| 11. Spouse signature | 12. Date (MM DD YYYY) | 13. Spouse TIN | 14. TIN type |
| | | 644-21-5430 | a ☐ EIN<br>b ☒ SSN/ITIN<br>c ☐ Foreign |

**Part II** **Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.**

| 15. Preparer last name | 16. Preparer first name | 17. Preparer M.I. | 18. Preparer PTIN |
|---|---|---|---|
| ANDAYA | RICHARD | | P01487208 |
| 19. Address | 20. City | 21. State | 22. ZIP/postal code |
| 100 DUNDAS STREET, 6TH FLOOR, S | LONDON | ON | N6A 5B6 |

| 23. Country code | 24. Preparer's (item 15) employer's (Entity) name | 25. Employer EIN | 26. Preparer's signature |
|---|---|---|---|
| CA | VIALTO LLP | 98-1649027 | RICHARD ANDAYA |

**Instructions for completing the FBAR Signature Authorization Record**

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See http://bsaefiling.fincen.treas.gov/main.html for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above,* or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer **or** the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

**DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.**

VIALTO PARTNERS

# Your 2023 Federal Tax Return

# FEDERAL BANKING INFORMATION

**Form Name:** FORM 1040

Informational Only. Do Not Key On These Forms. Electronic Filing errors could result.

**Electronic Funds Withdrawal Information**

| | |
|---|---|
| Routing Transit Number (RTN) | |
| Depositor Account Number (DAN) | |
| Type of Depositor Account (1 = Checking 2 = Savings) | |
| Payment Amount | |
| Requested Payment Date | |
| Daytime Phone Number | |

**Direct Deposit Information**

| | |
|---|---|
| Routing Transit Number (RTN) | 111000614 |
| Depositor Account Number (DAN) | 909138505 |
| Type of Depositor Account (1 = Checking 2 = Savings) | 1 |
| Refund amount | 2,380. |
| Daytime Phone Number | |

**Estimated Tax Payments Information**

| | |
|---|---|
| Routing Transit Number (RTN) | |
| Depositor Account Number (DAN) | |
| Type of Depositor Account (1 = Checking 2 = Savings) | |
| Payment Amount | |
| Requested Payment Date | |
| Daytime Phone Number | |

**Form 965 Payment Information**

| | |
|---|---|
| Routing Transit Number (RTN) | |
| Depositor Account Number (DAN) | |
| Type of Depositor Account (1 = Checking 2 = Savings) | |
| Payment Amount | |
| Requested Payment Date | |
| Daytime Phone Number | |

Note: All fields may not be applicable to all systems.

318711 05-01-23

▼ DETACH HERE ▼

Form **4868**

Department of the Treasury
Internal Revenue Service (99)

# Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2023, or other tax year beginning , 2023, ending , .

OMB No. 1545-0074 1019

**2023**

**Part I Identification**

1 Your name(s)

MARTHA B. SALAS MORENO
SERGIO TRONCO LARIOS
2 WHITEKIRK PL
MAGNOLIA, TX 77354

2 Your social security number 642-21-9505

3 Spouse's social security number 644-21-5430

**Part II Individual Income Tax**

| | | |
|---|---|---|
| 4 | Estimate of total tax liability for 2023 $ | 56,301. |
| 5 | Total 2023 payments | 61,000. |
| 6 | **Balance due.** Subtract line 5 from line 4 | 0. |
| 7 | Amount you are paying ▶ | 0. |
| 8 | Check here if you are "out of the country" and a U.S. citizen or resident ▶ | X |
| 9 | Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ▶ | |

642219505 VD SALA 30 0 202312 670

Form **1040** Department of the Treasury - Internal Revenue Service
**U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1 - Dec. 31, 2023, or other tax year beginning , ending | See separate instructions.

| Your first name and middle initial | Last name | Your social security number |
|---|---|---|
| MARTHA B. | SALAS MORENO | 642 21 9505 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |
| SERGIO | TRONCO LARIOS | 644 21 5430 |

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
2 WHITEKIRK PL

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
MAGNOLIA TX 77354

Foreign country name | Foreign province/state/county | Foreign postal code

**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. [X] You [ ] Spouse

**Filing Status** Check only one box.
- [ ] Single
- [X] Married filing jointly (even if only one had income)
- [ ] Married filing separately (MFS)
- [ ] Head of household (HOH)
- [ ] Qualifying surviving spouse (QSS)

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

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

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

**Age/Blindness** You: [ ] Were born before January 2, 1959 [ ] Are blind **Spouse:** [ ] Was born before January 2, 1959 [ ] Is blind

**Dependents** (see instructions):
If more than four dependents, see instr. and check here [ ]

| (1) First name Last name | (2) Social security number | (3) Relationship to you | (4) Child tax credit | (4) Credit for other dependents |
|---|---|---|---|---|
| ALEJANDRA TRONCO SALAS | 729-79-3873 | DAUGHTER | [ ] | [X] |
| FERNANDA TRONCO SALAS | 858-14-8799 | DAUGHTER | [ ] | [X] |
| | | | [ ] | [ ] |
| | | | [ ] | [ ] |

**Income**

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

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

| | | | |
|---|---|---|---|
| 1a | Total amount from Form(s) W-2, box 1 (see instructions) | 1a | |
| b | Household employee wages not reported on Form(s) W-2 | 1b | |
| c | Tip income not reported on line 1a (see instructions) | 1c | |
| d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d | |
| e | Taxable dependent care benefits from Form 2441, line 26 | 1e | |
| f | Employer-provided adoption benefits from Form 8839, line 29 | 1f | |
| g | Wages from Form 8919, line 6 | 1g | |
| h | Other earned income (see instructions) STMT 1 | 1h | 415,218. |
| i | Nontaxable combat pay election (see instructions) 1i | | |
| z | Add lines 1a through 1h | 1z | 415,218. |
| 2a | Tax-exempt interest 2a — b Taxable interest | 2b | |
| 3a | Qualified dividends 3a — b Ordinary dividends | 3b | |
| 4a | IRA distributions 4a — b Taxable amount | 4b | |
| 5a | Pensions and annuities 5a — b Taxable amount | 5b | |
| 6a | Social security benefits 6a — b Taxable amount | 6b | |
| c | If you elect to use the lump-sum election method, check here (see instructions) [ ] | | |
| 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here [ ] | 7 | |
| 8 | Additional income from Schedule 1, line 10 | 8 | -157,974. |
| 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** | 9 | 257,244. |
| 10 | Adjustments to income from Schedule 1, line 26 | 10 | |
| 11 | Subtract line 10 from line 9. This is your **adjusted gross income** | 11 | 257,244. |
| 12 | **Standard deduction or itemized deductions** (from Schedule A) | 12 | 27,700. |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | |
| 14 | Add lines 12 and 13 | 14 | 27,700. |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** | 15 | 229,544. |

Attach Sch. B if required.

**Standard Deduction for -**
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under Standard Deduction, see instructions.

| | | | | | |
|---|---|---|---|---|---|
| **Tax and Credits** | 16 | **Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ | | 16 | 56,301. |
| | 17 | Amount from Schedule 2, line 3 | | 17 | |
| | 18 | Add lines 16 and 17 | | 18 | 56,301. |
| | 19 | 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 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | | 22 | 56,301. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | | 23 | |
| | 24 | Add lines 22 and 23. This is your **total tax** | | 24 | 56,301. |
| **Payments** | 25 | Federal income tax withheld from: | | | |
| | a | Form(s) W-2 | 25a | | |
| | b | Form(s) 1099 | 25b | | |
| | c | Other forms (see instructions) | 25c | | |
| | d | Add lines 25a through 25c | | 25d | |
| If you have a qualifying child, attach Sch. EIC. | 26 | 2023 estimated tax payments and amount applied from 2022 return STATEMENT 4 | | 26 | 61,000. |
| | 27 | Earned income credit (EIC) | 27 | | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | | |
| | 30 | Reserved for future use | 30 | | |
| | 31 | Amount from Schedule 3, line 15 | 31 | | |
| | 32 | Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits** | | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your **total payments** | | 33 | 61,000. |
| **Refund** | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** | | 34 | 4,699. |
| | 35a | Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐ | | 35a | 2,380. |
| Direct deposit? See instructions. | b | Routing number 111000614 c Type: ☒ Checking ☐ Savings | | | |
| | d | Account number 909138505 | | | |
| | 36 | Amount of line 34 you want **applied to your 2024 estimated tax** | 36 | STATEMENT 3 | |
| **Amount You Owe** | 37 | Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions | | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | 2,319. | |

**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 SHIKHA AGARWAL Phone no. 519-640-7998 Personal identification number (PIN) 03760

**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 VP BUSINESS DEVELOPMENT | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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

Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation UNEMPLOYED | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. | Email address MARTHA.SALAS@SHAWCOR.COM

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
|---|---|---|---|---|
| RICHARD ANDAYA | RICHARD ANDAYA | 05/03/24 | P01487208 | ☐ Self-employed |

Firm's name VIALTO LLP | Phone no. 8448425861

Firm's address 100 DUNDAS STREET, 6TH FLOOR, SUITE 604 LONDON, ONTARIO N6A 5B6 CANADA | Firm's EIN 98-1649027

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2023)

**SCHEDULE 1 (Form 1040)**

Department of the Treasury
Internal Revenue Service

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074
**2023**
Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: MARTHA B. SALAS MORENO & SERGIO TRONCO LARIOS

**Your social security number:** 642-21-9505

## 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 | 0. |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Other income: | | | | |
| a | Net operating loss | 8a | ( ) | | |
| b | Gambling | 8b | | | |
| c | Cancellation of debt | 8c | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d | ( 157,974.) | | |
| e | Income from Form 8853 | 8e | | | |
| f | Income from Form 8889 | 8f | | | |
| g | Alaska Permanent Fund dividends | 8g | | | |
| h | Jury duty pay | 8h | | | |
| i | Prizes and awards | 8i | | | |
| j | Activity not engaged in for profit income | 8j | | | |
| k | Stock options | 8k | | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | | |
| p | Section 461(l) excess business loss adjustment | 8p | | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s | ( ) | | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan | 8t | | | |
| u | Wages earned while incarcerated | 8u | | | |
| z | Other income. List type and amount: | 8z | | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | -157,974. |
| 10 | Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | | 10 | -157,974. |

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

Schedule 1 (Form 1040) 2023

LHA 314141 12-14-23

## 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 | |
| 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 8l from the rental of personal property engaged in for profit | 24b | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | |
| d | Reforestation amortization and expenses | 24d | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | |
| j | Housing deduction from Form 2555 | 24j | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | |
| z | Other adjustments. List type and amount: | 24z | |
| 25 | Total other adjustments. Add lines 24a through 24z | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | 26 | |

Form **2210**

Department of the Treasury
Internal Revenue Service

# Underpayment of Estimated Tax by Individuals, Estates, and Trusts

**Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**

**Go to www.irs.gov/Form2210 for instructions and the latest information.**

OMB No.1545-0140

**2023**

Attachment Sequence No. **06**

Name(s) shown on tax return: MARTHA B. SALAS MORENO & SERGIO TRONCO LARIOS

Identifying number: 642-21-9505

## 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?
  - **Yes** → You must figure your penalty.
  - **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.**
- **No** → **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 2023 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.) | 1 | 56,301. |
| 2 | Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions) | 2 | |
| 3 | Other payments and refundable credits (see instructions) | 3 | ( ) |
| 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 | 56,301. |
| 5 | Multiply line 4 by 90% (0.90) — 5: 50,671. | | |
| 6 | Withholding taxes. **Don't** include estimated tax payments. See instructions | 6 | |
| 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 | 56,301. |
| 8 | Maximum required annual payment based on prior year's tax (see instructions) | 8 | 48,197. |
| 9 | **Required annual payment.** Enter the **smaller** of line 5 or line 8 | 9 | 48,197. |

**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 2022 or 2023, 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).

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

| Section A - Figure Your Underpayment | | Payment Due Dates (a) 4/15/23 | (b) 6/15/23 | (c) 9/15/23 | (d) 1/15/24 |
|---|---|---|---|---|---|
| 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 | 12,049. | 12,049. | 12,049. | 12,050. |
| 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 | | | | |

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

| | | (a) | (b) | (c) | (d) |
|---|---|---|---|---|---|
| 12 Enter the amount, if any, from line 18 in the previous column | 12 | | | | |
| 13 Add lines 11 and 12 | 13 | | | | |
| 14 Add the amounts on lines 16 and 17 in the previous column | 14 | | 12,049. | 24,098. | 36,147. |
| 15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11 | 15 | 0. | 0. | 0. | 0. |
| 16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | 16 | | 12,049. | 24,098. | |
| 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 | 12,049. | 12,049. | 12,049. | 12,050. |
| 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. Include this amount 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** | 19 | 2,319. |

Form **2210** (2023)

SEE ATTACHED WORKSHEET

## UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

| Name(s) | Identifying Number |
|---|---|
| MARTHA B. SALAS MORENO & SERGIO TRONCO LARIOS | 642-21-9505 |

| (A) *Date | (B) Amount | (C) Adjusted Balance Due | (D) Number Days Balance Due | (E) Daily Penalty Rate | (F) Penalty |
|---|---|---|---|---|---|
| | | -0- | | | |
| 04/15/23 | 12,049. | 12,049. | 61 | .000191781 | 141. |
| 06/15/23 | 12,049. | 24,098. | 92 | .000191781 | 425. |
| 09/15/23 | 12,049. | 36,147. | 15 | .000191781 | 104. |
| 09/30/23 | 0. | 36,147. | 92 | .000219178 | 729. |
| 12/31/23 | 0. | 36,147. | 15 | .000218579 | 119. |
| 01/15/24 | 12,050. | 48,197. | 76 | .000218579 | 801. |
| 03/31/24 | -61,000. | -12,803. | | | |

Penalty Due (Sum of Column F) ........ 2,319.

* Date of estimated tax payment, withholding credit date or installment due date.

312511
04-01-23

DOES NOT APPLY - NOT USED

**SCHEDULE A (Form 1040)**

Department of the Treasury Internal Revenue Service

# Itemized Deductions

**Attach to Form 1040 or 1040-SR.**

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

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

OMB No. 1545-0074

**2023**

Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR: MARTHA B. SALAS MORENO & SERGIO TRONCO LARIOS

**Your social security number:** 642 21 9505

| | | | | | | |
|---|---|---|---|---|---|---|
| **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 | |
| **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 | | | |
| | b | State and local real estate taxes (see instructions) | 5b | 5,233. | | |
| | c | State and local personal property taxes | 5c | | | |
| | d | Add lines 5a through 5c | 5d | 5,233. | | |
| | e | Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) | 5e | 5,233. | | |
| | 6 | Other taxes. List type and amount: | 6 | | | |
| | 7 | Add lines 5e and 6 | | | 7 | 5,233. |
| **Interest You Paid** | 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐ | | | | |
| | a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited SEE STATEMENT 5 | 8a | 17,051. | | |
| | 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 | Reserved for future use | 8d | | | |
| | e | Add lines 8a through 8c | 8e | 17,051. | | |
| | 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | | | |
| | 10 | Add lines 8e and 9 | | | 10 | 17,051. |
| **Gifts to Charity** | 11 | Gifts by cash or check. If you made any gift of $250 or more, see instructions | 11 | | | |
| | 12 | Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500 | 12 | | | |
| | 13 | Carryover from prior year | 13 | | | |
| | 14 | Add lines 11 through 13 | | | 14 | |
| **Casualty and Theft Losses** | 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | | | 15 | |
| **Other Itemized Deductions** | 16 | Other - from list in instructions. List type and amount: | | | 16 | |
| **Total Itemized Deductions** | 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | | | 17 | 22,284. |
| | 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐ | | | | |

**Caution:** Your mortgage interest deduction may be limited. See instructions.

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

**SCHEDULE B (Form 1040)**

Department of the Treasury
Internal Revenue Service

# Interest and Ordinary Dividends

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

OMB No. 1545-0074

**2023**

Attachment Sequence No. **08**

Name(s) shown on return: MARTHA B. SALAS MORENO & SERGIO TRONCO LARIOS

Your social security number: 642 21 9505

## Part I Interest

| | | | Amount |
|---|---|---|---|
| 1 | List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: | 1 | |
| 2 | Add the amounts on line 1 | 2 | |
| 3 | Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 | 3 | |
| 4 | Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b | 4 | |

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

**Note:** If line 4 is over $1,500, you must complete Part III.

## Part II Ordinary Dividends

| | | | Amount |
|---|---|---|---|
| 5 | List name of payer: | 5 | |
| 6 | Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b | 6 | |

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

**Note:** If line 6 is over $1,500, you must complete Part III.

## Part III Foreign Accounts and Trusts

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instr.

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

| | | Yes | No |
|---|---|---|---|
| 7a | At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions | X | |
| | If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements | X | |
| b | If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located SEE STATEMENT 6 | | |
| 8 | During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions | | X |

327501 11-03-23

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** **Schedule B (Form 1040) 2023**

**SCHEDULE E** (Form 1040)

Department of the Treasury Internal Revenue Service

# Supplemental Income and Loss

**(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)**

**Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**

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

OMB No. 1545-0074

**2023**

Attachment Sequence No. **13**

Name(s) shown on return: MARTHA B. SALAS MORENO & SERGIO TRONCO LARIOS

**Your social security number:** 642-21-9505

**Part I Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C.** See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ **Yes** ☒ **No**

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

**1a** Physical address of each property (street, city, state, ZIP code)

| | |
|---|---|
| A | 18 BLUE WILDFLOWER PL, MAGNOLIA, TX 77354 |
| B | 254 BILTMORE LOOP, MONTGOMERY, TX 77316 |
| C | 6 INNERWOODS PL, SPRING, TX 77382 |

**1b** Type of Property (from list below)

**2** For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions.

| | Type of Property | | Fair Rental Days | Personal Use Days | QJV |
|---|---|---|---|---|---|
| A | 1 | A | 365 | | ☐ |
| B | 1 | B | 365 | | ☐ |
| C | 1 | C | 365 | | ☐ |

**Type of Property:**

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| | | | Properties A | B | C |
|---|---|---|---|---|---|
| **Income:** | | | | | |
| 3 | Rents received | 3 | 41,200. | 26,400. | 23,100. |
| 4 | Royalties received | 4 | | | |
| **Expenses:** | | | | | |
| 5 | Advertising | 5 | | | |
| 6 | Auto and travel (see instructions) | 6 | | | |
| 7 | Cleaning and maintenance | 7 | | | |
| 8 | Commissions | 8 | | | |
| 9 | Insurance | 9 | 3,551. | 897. | 1,312. |
| 10 | Legal and other professional fees | 10 | | | |
| 11 | Management fees | 11 | 2,040. | 2,903. | 3,000. |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | 10,950. | 10,628. | 8,120. |
| 13 | Other interest | 13 | | | |
| 14 | Repairs | 14 | 2,532. | 540. | 525. |
| 15 | Supplies | 15 | | | |
| 16 | Taxes | 16 | 8,541. | 6,307. | 4,575. |
| 17 | Utilities | 17 | | | |
| 18 | Depreciation expense or depletion | 18 | 11,831. | 7,306. | 9,079. |
| 19 | Other (list) STMT 7 | 19 | | | 2,100. |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 39,445. | 28,581. | 28,711. |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** | 21 | 1,755. | -2,181. | -5,611. |
| 22 | Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) | 22 | ( 1,755.) | ( 0.) | ( 0.) |

| | | | |
|---|---|---|---|
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | 90,700. |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | |
| c | Total of all amounts reported on line 12 for all properties | 23c | 29,698. |
| d | Total of all amounts reported on line 18 for all properties | 23d | 28,216. |
| e | Total of all amounts reported on line 20 for all properties | 23e | 96,737. |
| 24 | **Income.** Add positive amounts shown on line 21. **Do not** include any losses | 24 | 1,755. |
| 25 | **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | ( 1,755.) |
| 26 | **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | 0. |

**For Paperwork Reduction Act Notice, see the separate instructions.** **Schedule E (Form 1040) 2023**

LHA 321491 11-07-23

## 2023 DEPRECIATION AND AMORTIZATION REPORT

OTHER REAL PROPERTY - 6 INNERWOODS PL, SCHEDULE E- 1

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | BUILDING | 07/15/22 | SL | 27.50 | MM | 17 | 249,666. | | | | 249,666. | 4,161. | | 9,079. | 13,240. |
| 8 | LAND | | L | | | | 50,000. | | | | 50,000. | | | 0. | 0. |
| | TOTAL SCH E DEPRECIATION | | | | | | 299,666. | | | | 299,666. | 4,161. | | 9,079. | 13,240. |
| | CURRENT YEAR ACTIVITY | | | | | | | | | | | | | | |
| | BEGINNING BALANCE | | | | | | 249,666. | | 0. | 0. | 249,666. | 4,161. | | | 13,240. |
| | ACQUISITIONS | | | | | | 50,000. | | 0. | 0. | 50,000. | 0. | | | 0. |
| | DISPOSITIONS/RETIRED | | | | | | 0. | | 0. | 0. | 0. | 0. | | | 0. |
| | ENDING BALANCE | | | | | | 299,666. | | 0. | 0. | 299,666. | 4,161. | | | 13,240. |

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**2023 DEPRECIATION AND AMORTIZATION REPORT**

OTHER REAL PROPERTY - 254 BILTMORE LOO SCHEDULE E- 2

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | BUILDING | 02/18/19 | SL | 27.50 | MM | 17 | 200,903. | | | | 200,903. | 20,700. | | 7,306. | 28,006. |
| 2 | LAND | 02/18/19 | L | | | | 36,798. | | | | 36,798. | | | 0. | 0. |
| | TOTAL SCH E DEPRECIATION | | | | | | 237,701. | | | | 237,701. | 20,700. | | 7,306. | 28,006. |

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## 2023 DEPRECIATION AND AMORTIZATION REPORT

OTHER REAL PROPERTY - 18 BLUE WILDFLOW SCHEDULE E- 3

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6 | RENTAL HOUSE | 01/01/16 | SL | 27.50 | MM | 17 | 325,351. | | | | 325,351. | 82,322. | | 11,831. | 94,153. |
| | TOTAL SCH E DEPRECIATION | | | | | | 325,351. | | | | 325,351. | 82,322. | | 11,831. | 94,153. |

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **1116**

Department of the Treasury
Internal Revenue Service

# Foreign Tax Credit

**(Individual, Estate, or Trust)**

**Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.**

**Go to www.irs.gov/Form1116 for instructions and the latest information.**

OMB No. 1545-0121

**2023**

Attachment Sequence No. **19**

| Name | Identifying number as shown on page 1 of your tax return |
|---|---|
| MARTHA B. SALAS MORENO & SERGIO TRONCO LARIOS | 642-21-9505 |

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income
- b ☐ Foreign branch category income
- c ☐ Passive category income
- d ☒ General category income
- e ☐ Section 901(j) income
- f ☐ Certain income re-sourced by treaty
- g ☐ Lump-sum distributions

**h** Resident of (name of country) UNITED ARAB EMIRATES

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

## Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

| | Foreign Country or U.S. Possession A | B | C | | Total (Add cols. A, B, and C.) |
|---|---|---|---|---|---|
| **i** **Enter the name of the foreign country or U.S. possession** | UNITED ARAB EMIRATES | | | | |
| **1a** Gross income from sources within country shown above and of the type checked above: | 254,617. | | | 1a | 254,617. |
| **b** Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source. See instructions ☐ | | | | | |
| **Deductions and losses** (**Caution:** See instructions.): | | | | | |
| **2** Expenses **definitely related** to the income on line 1a (attach statement) | | | | | |
| **3** Pro rata share of other deductions **not definitely related:** | | | | | |
| **a** Certain itemized deductions or standard deduction | 27,700. | | | | |
| **b** Other deductions (attach statement) | | | | | |
| **c** Add lines 3a and 3b | 27,700. | | | | |
| **d** Gross foreign source income | 412,591. | | | | |
| **e** Gross income from all sources | 505,918. | | | | |
| **f** Divide line 3d by line 3e | .815529394 | | | | |
| **g** Multiply line 3c by line 3f | 22,590. | | | | |
| **4** Pro rata share of interest expense: | | | | | |
| **a** Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | | |
| **b** Other interest expense | | | | | |
| **5** Losses from foreign sources | | | | | |
| **6** Add lines 2, 3g, 4a, 4b, and 5 | 22,590. | | | 6 | 22,590. |
| **7** Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 | 232,027. |

## Part II Foreign Taxes Paid or Accrued

Credit is claimed for taxes (you must check one): (j) ☒ Paid (k) ☐ Accrued

| Country | (l) Date paid or accrued | In foreign currency — Taxes withheld at source on: (m) Dividends | (n) Rents and royalties | (o) Interest | (p) Other foreign taxes paid or accrued | In U.S. dollars — Taxes withheld at source on: (q) Dividends | (r) Rents and royalties | (s) Interest | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
|---|---|---|---|---|---|---|---|---|---|---|
| A | | | | | | | | | | |
| B | | | | | | | | | | |
| C | | | | | | | | | | |

**8** **Add lines A through C, column (u). Enter the total here and on line 9, page 2** 8

**For Paperwork Reduction Act Notice, see instructions.** Form **1116** (2023)

LHA 311501 12-21-23

## Part III Figuring the Credit

| | | | | |
|---|---|---|---|---|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | | |
| 10 | Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) ☐ (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 10 | | |
| 11 | Add lines 9 and 10 | 11 | | |
| 12 | Reduction in foreign taxes | 12 | | |
| 13 | Taxes reclassified under high tax kickout | 13 | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | | 14 | |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I | 15 | 232,027. | |
| 16 | Adjustments to line 15 | 16 | -2,483. | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 229,544. | |
| 18 | **Individuals:** Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. **Estates and trusts:** Enter your taxable income without the deduction for your exemption | 18 | 229,544. | |
| | **Caution:** If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | | 19 | 1.00000 |
| 20 | **Individuals:** Enter the total of Form 1040, 1040-SR or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions | | 20 | 56,301. |
| | **Caution:** If you are completing line 20 for separate category **g** (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. | | | |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | | 21 | 56,301. |
| 22 | Increase in limitation (section 960(c)) (see instructions) | | 22 | |
| 23 | Add lines 21 and 22 | | 23 | 56,301. |
| 24 | Enter the **smaller** of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV | | 24 | |

## Part IV Summary of Credits From Separate Parts III

| | | | | |
|---|---|---|---|---|
| 25 | Credit for taxes on section 951A category income | 25 | | |
| 26 | Credit for taxes on foreign branch category income | 26 | | |
| 27 | Credit for taxes on passive category income | 27 | | |
| 28 | Credit for taxes on general category income | 28 | | |
| 29 | Credit for taxes on section 901(j) income | 29 | | |
| 30 | Credit for taxes on certain income re-sourced by treaty | 30 | | |
| 31 | Credit for taxes on lump-sum distributions | 31 | | |
| 32 | Add lines 25 through 31 | | 32 | |
| 33 | Enter the **smaller** of line 20 or line 32 | | 33 | 0. |
| 34 | Reduction of credit for international boycott operations | | 34 | |
| 35 | Subtract line 34 from line 33. This is your **foreign tax credit.** Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a | | 35 | 0. |

DOES NOT APPLY

# Form 6251 Alternative Minimum Tax - Individuals

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form6251 for instructions and the latest information.

OMB No. 1545-0074
2023
Attachment Sequence No. 32

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: MARTHA B. SALAS MORENO & SERGIO TRONCO LARIOS

Your social security number: 642 21 9505

## Part I Alternative Minimum Taxable Income

| | | | |
|---|---|---|---|
| 1 | Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) | 1 | 229,544. |
| 2a | If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12 | 2a | 27,700. |
| b | Tax refund from Schedule 1 (Form 1040), line 1 or line 8z | 2b | |
| c | Investment interest expense (difference between regular tax and AMT) | 2c | |
| d | Depletion (difference between regular tax and AMT) | 2d | |
| e | Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount | 2e | |
| f | Alternative tax net operating loss deduction | 2f | |
| g | Interest from specified private activity bonds exempt from the regular tax | 2g | |
| h | Qualified small business stock, see instructions | 2h | |
| i | Exercise of incentive stock options (excess of AMT income over regular tax income) | 2i | |
| j | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 2j | |
| k | Disposition of property (difference between AMT and regular tax gain or loss) | 2k | |
| l | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 2l | |
| m | Passive activities (difference between AMT and regular tax income or loss) | 2m | 0. |
| n | Loss limitations (difference between AMT and regular tax income or loss) | 2n | |
| o | Circulation costs (difference between regular tax and AMT) | 2o | |
| p | Long-term contracts (difference between AMT and regular tax income) | 2p | |
| q | Mining costs (difference between regular tax and AMT) | 2q | |
| r | Research and experimental costs (difference between regular tax and AMT) | 2r | |
| s | Income from certain installment sales before January 1, 1987 | 2s | |
| t | Intangible drilling costs preference | 2t | |
| 3 | Other adjustments, including income-based related adjustments | 3 | |
| 4 | **Alternative minimum taxable income.** Combine lines 1 through 3. (If married filing separately and line 4 is more than $831,150, see instructions.) | 4 | 257,244. |

## Part II Alternative Minimum Tax (AMT)

5 Exemption.

| IF your filing status is ... | AND line 4 is not over ... | THEN enter on line 5 ... |
|---|---|---|
| Single or head of household | $578,150 | $81,300 |
| Married filing jointly or qualifying surviving spouse | 1,156,300 | 126,500 |
| Married filing separately | 578,150 | 63,250 |

If line 4 is **over** the amount shown above for your filing status, see instructions. — **5** 126,500.

| | | | |
|---|---|---|---|
| 6 | Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10 | 6 | 130,744. |
| 7 | • If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • **All others:** If line 6 is $220,700 or less ($110,350 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract $4,414 ($2,207 if married filing separately) from the result. * SEE STATEMENT 8 | * 7 | 35,354. |
| 8 | Alternative minimum tax foreign tax credit (see instructions) | 8 | |
| 9 | Tentative minimum tax. Subtract line 8 from line 7 | 9 | 35,354. |
| 10 | Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions | 10 | 56,301. |
| 11 | **AMT.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1 | 11 | 0. |

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** 319481 12-09-23 Form **6251** (2023)

## Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

| | | | |
|---|---|---|---|
| 12 | Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7 | 12 | |
| 13 | Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter | 13 | |
| 14 | Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter | 14 | |
| 15 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter | 15 | |
| 16 | Enter the **smaller** of line 12 or line 15 | 16 | |
| 17 | Subtract line 16 from line 12 | 17 | |
| 18 | If line 17 is $220,700 or less ($110,350 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract $4,414 ($2,207 if married filing separately) from the result | 18 | |
| 19 | Enter: • $89,250 if married filing jointly or qualifying surviving spouse, • $44,625 if single or married filing separately, or • $59,750 if head of household. | 19 | |
| 20 | Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter | 20 | |
| 21 | Subtract line 20 from line 19. If zero or less, enter -0- | 21 | |
| 22 | Enter the **smaller** of line 12 or line 13 | 22 | |
| 23 | Enter the **smaller** of line 21 or line 22. This amount is taxed at 0% | 23 | |
| 24 | Subtract line 23 from line 22 | 24 | |
| 25 | Enter: • $492,300 if single, • $276,900 if married filing separately, • $553,850 if married filing jointly or qualifying surviving spouse, or • $523,050 if head of household. | 25 | |
| 26 | Enter the amount from line 21 | 26 | |
| 27 | Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter | 27 | |
| 28 | Add line 26 and line 27 | 28 | |
| 29 | Subtract line 28 from line 25. If zero or less, enter -0- | 29 | |
| 30 | Enter the smaller of line 24 or line 29 | 30 | |
| 31 | Multiply line 30 by 15% (0.15) | 31 | |
| 32 | Add lines 23 and 30 | 32 | |
| | **If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.** | | |
| 33 | Subtract line 32 from line 22 | 33 | |
| 34 | Multiply line 33 by 20% (0.20) | 34 | |
| | **If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.** | | |
| 35 | Add lines 17, 32, and 33 | 35 | |
| 36 | Subtract line 35 from line 12 | 36 | |
| 37 | Multiply line 36 by 25% (0.25) | 37 | |
| 38 | Add lines 18, 31, 34, and 37 | 38 | |
| 39 | If line 12 is $220,700 or less ($110,350 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract $4,414 ($2,207 if married filing separately) from the result | 39 | |
| 40 | Enter the **smaller** of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7 | 40 | |

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

| Asset No. | Description | Date Acquired | AMT Method | AMT Life | AMT Cost Or Basis | AMT Accumulated | Regular Depreciation | AMT Depreciation | AMT Adjustment |
|---|---|---|---|---|---|---|---|---|---|
| | OTHER REAL PROPERTY - 6 | | | | | | | | |
| | INNERWOODS PL, SPRING, | | | | | | | | |
| 7 | BUILDING | 071522 | SL | 27.50 | 249,666. | 4,161. | 9,079. | 9,079. | 0. |
| | ** SUBTOTAL ** | | | | 249,666. | 4,161. | 9,079. | 9,079. | 0. |
| | OTHER REAL PROPERTY - 254 | | | | | | | | |
| | BILTMORE LOOP, MONTG | | | | | | | | |
| 1 | BUILDING | 021819 | SL | 27.50 | 200,903. | 20,700. | 7,306. | 7,306. | 0. |
| | ** SUBTOTAL ** | | | | 200,903. | 20,700. | 7,306. | 7,306. | 0. |
| | OTHER REAL PROPERTY - 18 BLUE | | | | | | | | |
| | WILDFLOWER PL, M | | | | | | | | |
| 6 | RENTAL HOUSE | 010116 | SL | 27.50 | 325,351. | 82,322. | 11,831. | 11,831. | 0. |
| | ** SUBTOTAL ** | | | | 325,351. | 82,322. | 11,831. | 11,831. | 0. |
| | *** GRAND TOTAL *** | | | | 775,920. | 107,183. | 28,216. | 28,216. | 0. |

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service

# Foreign Tax Credit

**(Individual, Estate, or Trust)**

**Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.**

**Go to www.irs.gov/Form1116 for instructions and the latest information.**

OMB No. 1545-0121

**2023**

Attachment Sequence No. **19**

| Name | Identifying number as shown on page 1 of your tax return |
|---|---|
| MARTHA B. SALAS MORENO & SERGIO TRONCO LARIOS | 642-21-9505 |

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Section 951A category income
b ☐ Foreign branch category income
c ☐ Passive category income
d ☒ General category income
e ☐ Section 901(j) income
f ☐ Certain income re-sourced by treaty
g ☐ Lump-sum distributions

h Resident of (name of country) UNITED ARAB EMIRATES

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I** **Taxable Income or Loss From Sources Outside the United States** (for category checked above)

| | Foreign Country or U.S. Possession A | B | C | | Total (Add cols. A, B, and C.) |
|---|---|---|---|---|---|
| i **Enter the name of the foreign country or U.S. possession** | UNITED ARAB EMIRATES | | | | |
| 1a Gross income from sources within country shown above and of the type checked above: | 254,617. | | | 1a | 254,617. |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source. See instructions ☐ | | | | | |
| **Deductions and losses** (**Caution:** See instructions.): | | | | | |
| 2 Expenses **definitely related** to the income on line 1a (attach statement) | | | | | |
| 3 Pro rata share of other deductions **not definitely related:** | | | | | |
| a Certain itemized deductions or standard deduction | | | | | |
| b Other deductions (attach statement) | | | | | |
| c Add lines 3a and 3b | | | | | |
| d Gross foreign source income | 412,591. | | | | |
| e Gross income from all sources | 505,918. | | | | |
| f Divide line 3d by line 3e | .815529394 | | | | |
| g Multiply line 3c by line 3f | | | | | |
| 4 Pro rata share of interest expense: | | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | | |
| b Other interest expense | | | | | |
| 5 Losses from foreign sources | | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | | | | 6 | |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 | 254,617. |

**Part II** **Foreign Taxes Paid or Accrued**

| Country | Credit is claimed for taxes (you must check one) (j) ☒ Paid (k) ☐ Accrued | Foreign taxes paid or accrued: In foreign currency — Taxes withheld at source on: | | | | In U.S. dollars — Taxes withheld at source on: | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | (l) Date paid or accrued | (m) Dividends | (n) Rents and royalties | (o) Interest | (p) Other foreign taxes paid or accrued | (q) Dividends | (r) Rents and royalties | (s) Interest | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
| A | | | | | | | | | | |
| B | | | | | | | | | | |
| C | | | | | | | | | | |

8 **Add lines A through C, column (u). Enter the total here and on line 9, page 2** 8

**For Paperwork Reduction Act Notice, see instructions.** Form **1116** (2023)

LHA 311501 12-21-23

**Part III** **Figuring the Credit**

| | | | | | |
|---|---|---|---|---|---|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | | | |
| 10 | Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) ☐ (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 10 | | | |
| 11 | Add lines 9 and 10 | 11 | | | |
| 12 | Reduction in foreign taxes | 12 | | | |
| 13 | Taxes reclassified under high tax kickout | 13 | | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | | | 14 | |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I | 15 | 254,617. | | |
| 16 | Adjustments to line 15 | 16 | | | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 254,617. | | |
| 18 | **Individuals:** Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. **Estates and trusts:** Enter your taxable income without the deduction for your exemption | 18 | 257,244. | | |
| | **Caution:** If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | | | 19 | .98979 |
| 20 | **Individuals:** Enter the total of Form 1040, 1040-SR or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions | | | 20 | 35,354. |
| | **Caution:** If you are completing line 20 for separate category **g** (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. | | | | |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | | | 21 | 34,993. |
| 22 | Increase in limitation (section 960(c)) (see instructions) | | | 22 | |
| 23 | Add lines 21 and 22 | | | 23 | 34,993. |
| 24 | Enter the **smaller** of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV | | | 24 | |

**Part IV** **Summary of Credits From Separate Parts III**

| | | | | | |
|---|---|---|---|---|---|
| 25 | Credit for taxes on section 951A category income | 25 | | | |
| 26 | Credit for taxes on foreign branch category income | 26 | | | |
| 27 | Credit for taxes on passive category income | 27 | | | |
| 28 | Credit for taxes on general category income | 28 | | | |
| 29 | Credit for taxes on section 901(j) income | 29 | | | |
| 30 | Credit for taxes on certain income re-sourced by treaty | 30 | | | |
| 31 | Credit for taxes on lump-sum distributions | 31 | | | |
| 32 | Add lines 25 through 31 | | | 32 | |
| 33 | Enter the **smaller** of line 20 or line 32 | | | 33 | 0. |
| 34 | Reduction of credit for international boycott operations | | | 34 | |
| 35 | Subtract line 34 from line 33. This is your **foreign tax credit.** Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a | | | 35 | 0. |

Form **2555**

Department of the Treasury
Internal Revenue Service

# Foreign Earned Income

**Attach to Form 1040 or 1040-SR.**
**Go to www.irs.gov/Form2555 for instructions and the latest information.**

OMB No. 1545-0074

**2023**

Attachment Sequence No. **34**

**For Use by U.S. Citizens and Resident Aliens Only**

Name shown on Form 1040 or 1040-SR: MARTHA B. SALAS MORENO

**Your social security number**: 642 21 9505

## Part I General Information

1 Your foreign address (including country): SHEMARA TOWER 3201, MARINA PRO, DUBAI UNITED ARAB EMIRATES

2 Your occupation: VP BUSINESS DEV

3 Employer's name: BREDERO SHAW (MIDDLE EAST) LTD. - RAK

4a Employer's U.S. address

b Employer's foreign address: PO BOX 1789, SHARJAH UNITED ARAB EMIRATES

5 Employer is (check any that apply):
a [ ] A foreign entity
b [ ] A U.S. company
c [ ] Self
d [X] A foreign affiliate of a U.S. company
e [ ] Other (specify)

6a If you previously filed Form 2555 or Form 2555-EZ, enter the last year you filed the form. 2022

b If you didn't previously file Form 2555 or Form 2555-EZ to claim either of the exclusions, check here [ ] and go to line 7.

c Have you ever revoked either of the exclusions? [ ] Yes [X] No

d If you answered "Yes," enter the type of exclusion and the tax year for which the revocation was effective.

7 Of what country are you a citizen/national? UNITED STATES

8a Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? See **Second foreign household** in the instructions [ ] Yes [X] No

b If "Yes," enter city and country of the separate foreign residence. Also, enter the number of days during your tax year that you maintained a second household at that address.

9 List your tax home(s) during your tax year and date(s) established.
UNITED ARAB EMIRATES FROM 04/02/21 AND CONTINUES

**Next, complete either Part II or Part III. If an item doesn't apply, enter "N/A." If you don't give the information asked for, any exclusion or deduction you claim may be disallowed.**

## Part II Taxpayers Qualifying Under Bona Fide Residence Test

**Note:** Only U.S. citizens and resident aliens who are citizens or nationals of U.S. treaty countries can use this test. See instructions.

10 Date bona fide residence began 02/18/19, and ended CONTINUES

11 Kind of living quarters in foreign country:
a [ ] Purchased house
b [X] Rented house or apartment
c [ ] Rented room
d [ ] Quarters furnished by employer

12a Did any of your family live with you abroad during any part of the tax year? [X] Yes [ ] No

b If "Yes," who and for what period? SEE STATEMENT 9

13a Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you aren't a resident of that country? See instructions [ ] Yes [X] No

b Are you required to pay income tax to the country where you claim bona fide residence? See instructions * [ ] Yes [X] No

**If you answered "Yes" to 13a and "No" to 13b, you don't qualify as a bona fide resident. Don't complete the rest of this part.**

14 If you were present in the United States or its territories during the tax year, complete columns **(a) - (d)** below. **Don't** include the income from column **(d)** in Part IV, but report it on Form 1040 or 1040-SR.

| (a) Date arrived in U.S. | (b) Date left U.S. | (c) Number of days in U.S. on business | (d) Income earned in U.S. on business (attach computation) | (a) Date arrived in U.S. | (b) Date left U.S. | (c) Number of days in U.S. on business | (d) Income earned in U.S. on business (attach computation) |
|---|---|---|---|---|---|---|---|
| 01/04/23 | 01/08/23 | | | | | | |
| 12/15/23 | 12/19/23 | | | | | | |
| | | | | | | | |
| | | | | TOTAL | | | |

15a List any contractual terms or other conditions relating to the length of your employment abroad.
ASSIGNMENT

b Enter the type of visa under which you entered the foreign country. WORK PERMIT

c Did your visa limit the length of your stay or employment in a foreign country? [X] Yes [ ] No
If "Yes," attach explanation N/A

d Did you maintain a home in the United States while living abroad? [X] Yes [ ] No

e If "Yes," enter address of your home, whether it was rented, the names of the occupants, and their relationship to you.
2 WHITEKIRK PL MAGNOLIA, TX 77354



* FOREIGN COUNTRY DOES NOT HAVE AN INCOME TAX.

## Part III Taxpayers Qualifying Under Physical Presence Test

**Note:** U.S. citizens and all resident aliens can use this test. See instructions.

16 The physical presence test is based on the 12-month period from ______ through ______

17 Enter your principal country of employment during your tax year. ______

18 If you traveled abroad during the 12-month period entered on line 16, complete columns **(a)-(f)** below. Exclude travel between foreign countries that didn't involve travel on or over international waters, or in or over the United States, for 24 hours or more. If you have no travel to report during the period, enter "Physically present in a foreign country or countries for the entire 12-month period." **Don't** include the income from column **(f)** below in Part IV, but report it on Form 1040 or 1040-SR.

| (a) Name of country (including U.S.) | (b) Date arrived | (c) Date left | (d) Full days present in country | (e) Number of days in U.S. on business | (f) Income earned in U.S. on business (attach computation) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## Part IV All Taxpayers

**Note:** Enter on lines 19 through 23 all income, including noncash income, you earned and actually or constructively received during your 2023 tax year for services you performed in a foreign country. If any of the foreign earned income received this tax year was earned in a prior tax year, or will be earned in a later tax year (such as a bonus), see the instructions. **Don't** include income from line 14, column **(d)**, or line 18, column **(f)**. Report amounts in U.S. dollars, using the exchange rates in effect when you actually or constructively received the income.

**If you are a cash basis taxpayer, report on Form 1040 or 1040-SR all income you received in 2023, no matter when you performed the service.**

| | 2023 Foreign Earned Income | | | Line | Amount (in U.S. dollars) |
|---|---|---|---|---|---|
| 19 | Total wages, salaries, bonuses, commissions, etc. SEE STATEMENT 10 | | | 19 | 412,591. |
| 20 | Allowable share of income for personal services performed: | | | | |
| a | In a business (including farming) or profession | | | 20a | |
| b | In a partnership. List partnership's name and address and type of income. | | | 20b | |
| 21 | Noncash income (market value of property or facilities furnished by employer - attach statement showing how it was determined): | | | | |
| a | Home (lodging) | | | 21a | |
| b | Meals | | | 21b | |
| c | Car | | | 21c | |
| d | Other property or facilities. List type and amount. | | | 21d | |
| 22 | Allowances, reimbursements, or expenses paid on your behalf for services you performed: | | | | |
| a | Cost of living and overseas differential | 22a | | | |
| b | Family | 22b | | | |
| c | Education | 22c | | | |
| d | Home leave | 22d | | | |
| e | Quarters | 22e | | | |
| f | For any other purpose. List type and amount. | 22f | | | |
| g | Add lines 22a through 22f | | | 22g | |
| 23 | Other foreign earned income. List type and amount. | | | 23 | |
| 24 | Add lines 19 through 21d, line 22g, and line 23 | | | 24 | 412,591. |
| 25 | Total amount of meals and lodging included on line 24 that is excludable | | | 25 | |
| 26 | Subtract line 25 from line 24. Enter the result here and on line 27 on page 3. This is your **2023 foreign earned income** | | | 26 | 412,591. |

Form **2555** (2023)

313861 11-06-23

**Part V — All Taxpayers**

| | | | |
|---|---|---|---|
| 27 | Enter the amount from line 26 | 27 | 412,591. |

Are you claiming the housing exclusion or housing deduction?

[X] **Yes.** Complete Part VI.

[ ] **No.** Go to Part VII.

**Part VI — Taxpayers Claiming the Housing Exclusion and/or Deduction**

| | | | |
|---|---|---|---|
| 28 | Qualified housing expenses for the tax year | 28 | 65,394. |
| 29a | Enter location where housing expenses incurred. DUBAI, UNITED ARAB EMIRATES | | |
| b | Enter limit on housing expenses SEE STATEMENT 11 | 29b | 57,174. |
| 30 | Enter the **smaller** of line 28 or line 29b | 30 | 57,174. |
| 31 | Number of days in your qualifying period that fall within your 2023 tax year — 31 — 365 days | | |
| 32 | Multiply $52.60 by the number of days on line 31. If 365 is entered on line 31, enter $19,200 here | 32 | 19,200. |
| 33 | Subtract line 32 from line 30. If the result is zero or less, don't complete the rest of this part or any of Part IX | 33 | 37,974. |
| 34 | Enter employer-provided amounts — 34 — 412,591. | | |
| 35 | Divide line 34 by line 27. Enter the result as a decimal (rounded to at least three places), but don't enter more than "1.000" | 35 | x 1.000 |
| 36 | **Housing exclusion.** Multiply line 33 by line 35. Enter the result but don't enter more than the amount on line 34. Also, complete Part VIII | 36 | 37,974. |

**Note:** The housing deduction is figured in Part IX. If you choose to claim the foreign earned income exclusion, complete Parts VII and VIII before Part IX.

**Part VII — Taxpayers Claiming the Foreign Earned Income Exclusion**

| | | | |
|---|---|---|---|
| 37 | Maximum foreign earned income exclusion. Enter $120,000 | 37 | 120,000. |
| 38 | • If you completed Part VI, enter the number from line 31. • All others, enter the number of days in your qualifying period that fall within your 2023 tax year. See the instructions for line 31. — 38 — 365 days | | |
| 39 | • If line 38 and the number of days in your 2023 tax year (usually 365) are the same, enter "1.000." • Otherwise, divide line 38 by the number of days in your 2023 tax year and enter the result as a decimal (rounded to at least three places). | 39 | x 1.000 |
| 40 | Multiply line 37 by line 39 | 40 | 120,000. |
| 41 | Subtract line 36 from line 27 | 41 | 374,617. |
| 42 | **Foreign earned income exclusion.** Enter the **smaller** of line 40 or line 41. Also, complete Part VIII | 42 | 120,000. |

**Part VIII — Taxpayers Claiming the Housing Exclusion, Foreign Earned Income Exclusion, or Both**

| | | | |
|---|---|---|---|
| 43 | Add lines 36 and 42 | 43 | 157,974. |
| 44 | Deductions allowed in figuring your adjusted gross income (Form 1040 or 1040-SR, line 11) that are allocable to the excluded income. See instructions and attach computation | 44 | |
| 45 | Subtract line 44 from line 43. Enter the result here and on Schedule 1 (Form 1040), line 8d. Complete the Foreign Earned Income Tax Worksheet in the Instructions for Form 1040 if you enter an amount on this line | 45 | 157,974. |

**Part IX — Taxpayers Claiming the Housing Deduction -** Complete this part only if **(a)** line 33 is more than line 36, and **(b)** line 27 is more than line 43.

| | | | |
|---|---|---|---|
| 46 | Subtract line 36 from line 33 | 46 | |
| 47 | Subtract line 43 from line 27 | 47 | |
| 48 | Enter the **smaller** of line 46 or line 47 | 48 | |
| | **Note:** If line 47 is **more than** line 48 and you couldn't deduct all of your 2022 housing deduction because of the 2022 limit, use the Housing Deduction Carryover Worksheet in the instructions to figure the amount to enter on line 49. Otherwise, go to line 50. | | |
| 49 | Housing deduction carryover from 2022 (from the Housing Deduction Carryover Worksheet in the instructions) | 49 | |
| 50 | **Housing deduction.** Add lines 48 and 49. Enter the total here and on Schedule 1 (Form 1040), line 24j. Complete the Foreign Earned Income Tax Worksheet in the Instructions for Form 1040 if you enter an amount on this line | 50 | |

Form **8960**

Department of the Treasury
Internal Revenue Service

# Net Investment Income Tax - Individuals, Estates, and Trusts

**Attach to your tax return.**

**Go to www.irs.gov/Form8960 for instructions and the latest information.**

OMB No. 1545-2227

**2023**

Attachment Sequence No. **72**

| Name(s) shown on your tax return | Your social security number or EIN |
|---|---|
| MARTHA B. SALAS MORENO & SERGIO TRONCO LARIOS | 642-21-9505 |

## Part I Investment Income

☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

| | | | | | |
|---|---|---|---|---|---|
| 1 | Taxable interest (see instructions) | | | 1 | |
| 2 | Ordinary dividends (see instructions) | | | 2 | |
| 3 | Annuities (see instructions) | | | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions) | 4a | | | |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | | | |
| c | Combine lines 4a and 4b | | | 4c | |
| 5a | Net gain or loss from disposition of property (see instructions) | 5a | | | |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | 5b | | | |
| c | Adjustment from disposition of partnership interest or S corporation stock (see instructions) | 5c | | | |
| d | Combine lines 5a through 5c | | | 5d | |
| 6 | Adjustments to investment income for certain CFCs and PFICs (see instructions) | | | 6 | |
| 7 | Other modifications to investment income (see instructions) | | | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | | 8 | |

## Part II Investment Expenses Allocable to Investment Income and Modifications

| | | | | | |
|---|---|---|---|---|---|
| 9a | Investment interest expenses (see instructions) | 9a | | | |
| b | State, local, and foreign income tax (see instructions) | 9b | | | |
| c | Miscellaneous investment expenses (see instructions) | 9c | | | |
| d | Add lines 9a, 9b, and 9c | | | 9d | |
| 10 | Additional modifications (see instructions) | | | 10 | |
| 11 | Total deductions and modifications. Add lines 9d and 10 | | | 11 | |

## Part III Tax Computation

| | | | | | |
|---|---|---|---|---|---|
| 12 | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a - 21. If zero or less, enter -0- | | | 12 | |
| | **Individuals:** | | | | |
| 13 | Modified adjusted gross income (see instructions) STATEMENT 12 | 13 | 377,244. | | |
| 14 | Threshold based on filing status (see instructions) | 14 | 250,000. | | |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 127,244. | | |
| 16 | Enter the smaller of line 12 or line 15 | | | 16 | |
| 17 | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions) | | | 17 | |
| | **Estates and Trusts:** | | | | |
| 18a | Net investment income (line 12 above) | 18a | | | |
| b | Deductions for distributions of net investment income and charitable deductions (see instructions) | 18b | | | |
| c | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0- | 18c | | | |
| 19a | Adjusted gross income (see instructions) | 19a | | | |
| b | Highest tax bracket for estates and trusts for the year (see instructions) | 19b | | | |
| c | Subtract line 19b from line 19a. If zero or less, enter -0- | 19c | | | |
| 20 | Enter the smaller of line 18c or line 19c | | | 20 | |
| 21 | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions) | | | 21 | |

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** Form **8960** (2023)

323121 12-09-23

Form **8582**

Department of the Treasury
Internal Revenue Service

# Passive Activity Loss Limitations

**See separate instructions.**
**Attach to Form 1040, 1040-SR, or 1041.**
**Go to www.irs.gov/Form8582 for instructions and the latest information.**

OMB No. 1545-1008

**2023**

Attachment Sequence No. **858**

Name(s) shown on return: MARTHA B. SALAS MORENO & SERGIO TRONCO LARIOS

**Identifying number**: 642-21-9505

## Part I 2023 Passive Activity Loss

**Caution:** Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

| | | | | |
|---|---|---|---|---|
| **1a** Activities with net income (enter the amount from Part IV, column (a)) | 1a | 1,755. | | |
| **b** Activities with net loss (enter the amount from Part IV, column (b)) | 1b | ( 7,792.) | | |
| **c** Prior years' unallowed losses (enter the amount from Part IV, column (c)) | 1c | ( 66,310.) | | |
| **d** Combine lines 1a, 1b, and 1c | | | 1d | -72,347. |

**All Other Passive Activities**

| | | | | |
|---|---|---|---|---|
| **2a** Activities with net income (enter the amount from Part V, column (a)) | 2a | | | |
| **b** Activities with net loss (enter the amount from Part V, column (b)) | 2b | ( ) | | |
| **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) | 2c | ( ) | | |
| **d** Combine lines 2a, 2b, and 2c | | | 2d | |
| **3** Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used | | | 3 | -72,347. |

If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

## Part II Special Allowance for Rental Real Estate Activities With Active Participation

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

| | | | | |
|---|---|---|---|---|
| **4** Enter the **smaller** of the loss on line 1d or the loss on line 3 | | | 4 | 72,347. |
| **5** Enter $150,000. If married filing separately, see instructions | 5 | 150,000. | | |
| **6** Enter modified adjusted gross income, but not less than zero. See instructions | 6 | 257,244. | | STATEMENT 17 |
| **Note:** If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. | | | | |
| **7** Subtract line 6 from line 5 | 7 | | | |
| **8** Multiply line 7 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions | | | 8 | |
| **9** Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions | | | 9 | 0. |

## Part III Total Losses Allowed

| | | |
|---|---|---|
| **10** Add the income, if any, on lines 1a and 2a and enter the total | 10 | 1,755. |
| **11 Total losses allowed from all passive activities for 2023.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return SEE STATEMENT 16 | 11 | 1,755. |

## Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|---|---|---|---|---|
| | **(a)** Net income (line 1a) | **(b)** Net loss (line 1b) | **(c)** Unallowed loss (line 1c) | **(d)** Gain | **(e)** Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | SEE ATTACHED STATEMENT FOR PART IV | | | | |
| **Total.** Enter on Part I, lines 1a, 1b, and 1c | 1,755. | -7,792. | -66,310. | | |

**For Paperwork Reduction Act Notice, see instructions.** Form **8582** (2023)

LHA 319761 11-29-23

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

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

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

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

**Part VII Allocation of Unallowed Losses.** See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | SEE ATTACHED | STATEMENT FOR PART VII | | |
| **Total** | | 72,347. | 1.000000000 | 72,347. |

**Part VIII Allowed Losses.** See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | SEE ATTACHED | STATEMENT FOR PART VIII | | |
| **Total** | | 74,102. | 72,347. | 1,755. |

ALTERNATIVE MINIMUM TAX

Form **8582**

Department of the Treasury
Internal Revenue Service

# Passive Activity Loss Limitations

**See separate instructions.**
**Attach to Form 1040, 1040-SR, or 1041.**
**Go to www.irs.gov/Form8582 for instructions and the latest information.**

OMB No. 1545-1008

**2023**

Attachment Sequence No. **858**

Name(s) shown on return: MARTHA B. SALAS MORENO & SERGIO TRONCO LARIOS

**Identifying number**: 642-21-9505

## Part I 2023 Passive Activity Loss

**Caution:** Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

| | | | | |
|---|---|---|---|---|
| **1a** Activities with net income (enter the amount from Part IV, column (a)) | 1a | 1,755. | | |
| **b** Activities with net loss (enter the amount from Part IV, column (b)) | 1b | ( 7,792.) | | |
| **c** Prior years' unallowed losses (enter the amount from Part IV, column (c)) | 1c | ( 66,310.) | | |
| **d** Combine lines 1a, 1b, and 1c | | | 1d | -72,347. |

**All Other Passive Activities**

| | | | | |
|---|---|---|---|---|
| **2a** Activities with net income (enter the amount from Part V, column (a)) | 2a | | | |
| **b** Activities with net loss (enter the amount from Part V, column (b)) | 2b | ( ) | | |
| **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) | 2c | ( ) | | |
| **d** Combine lines 2a, 2b, and 2c | | | 2d | |
| **3** Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used | | | 3 | -72,347. |

If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

## Part II Special Allowance for Rental Real Estate Activities With Active Participation

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

| | | | | |
|---|---|---|---|---|
| **4** Enter the **smaller** of the loss on line 1d or the loss on line 3 | | | 4 | 72,347. |
| **5** Enter $150,000. If married filing separately, see instructions | 5 | 150,000. | | |
| **6** Enter modified adjusted gross income, but not less than zero. See instructions | 6 | 257,244. | | |
| **Note:** If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. | | | | |
| **7** Subtract line 6 from line 5 | 7 | | | |
| **8** Multiply line 7 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions | | | 8 | |
| **9** Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions | | | 9 | 0. |

## Part III Total Losses Allowed

| | | |
|---|---|---|
| **10** Add the income, if any, on lines 1a and 2a and enter the total | 10 | 1,755. |
| **11** **Total losses allowed from all passive activities for 2023.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return SEE STATEMENT 21 | 11 | 1,755. |

## Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

| Name of activity | Current year (a) Net income (line 1a) | Current year (b) Net loss (line 1b) | Prior years (c) Unallowed loss (line 1c) | Overall gain or loss (d) Gain | Overall gain or loss (e) Loss |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | SEE ATTACHED STATEMENT FOR PART IV | | | | |
| **Total.** Enter on Part I, lines 1a, 1b, and 1c | 1,755. | -7,792. | -66,310. | | |

**For Paperwork Reduction Act Notice, see instructions.** Form **8582** (2023)

LHA 319761 11-29-23

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

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

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

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

**Part VII Allocation of Unallowed Losses.** See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | SEE ATTACHED | STATEMENT FOR PART VII | | |
| **Total** | | 72,347. | 1.000000000 | 72,347. |

**Part VIII Allowed Losses.** See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | SEE ATTACHED | STATEMENT FOR PART VIII | | |
| **Total** | | 74,102. | 72,347. | 1,755. |

## Allocation of Compensation

Name
MARTHA B. SALAS MORENO 642-21-9505

| | Total | Before/After Foreign Assignment U.S. | Before/After Foreign Assignment Foreign | During Foreign Assignment U.S. | During Foreign Assignment Foreign |
|---|---|---|---|---|---|
| Wages and Salaries | 415,218. | | | 2,627. | 412,591. |
| Cost of Living and Overseas Diff. | | | | | |
| Moving Expense Reimbursement | | | | | |
| Family | | | | | |
| Education | | | | | |
| Home Leave | | | | | |
| Quarters | | | | | |
| Bonus | | | | | |
| Stock Options | | | | | |
| Tax Reimbursement | | | | | |
| Survivor's Insurance | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Moving Expense Reimbursement | | | | | |
| Stock Options | | | | | |
| Bonus | | | | | |
| | | | | | |
| | | | | | |
| Compensation Attributable to 2023 | 415,218. | | | 2,627. | 412,591. |
| Moving Expense Reimbursement | | | | | |
| Stock Options | | | | | |
| Bonus | | | | | |
| | | | | | |
| | | | | | |
| Total Compensation | 415,218. | | | 2,627. | 412,591. |
| Spouse's Compensation | 0. | | | | |
| Total Form 1040, Line 1 (or Form 1040NR, Line 1) | 415,218. | | | | |

327541 04-01-23

## Allocation of Compensation

Name
MARTHA B. SALAS MORENO 642-21-9505

| | Total | Before/After Foreign Assignment | | During Foreign Assignment | |
|---|---|---|---|---|---|
| | | U.S. | Foreign | U.S. | Foreign |
| WAGES & SALARY | 415,218. | | | 2,627. | 412,591. |
| COMP ATTRIBU-TABLE TO 2023 | 415,218. | | | 2,627. | 412,591. |
| Total Compensation | 415,218. | | | 2,627. | 412,591. |

327621
04-01-23

## Form 1116 — U.S. and Foreign Source Income Summary

NAME

MARTHA B. SALAS MORENO & SERGIO TRONCO LARIOS — 642-21-9505

| INCOME TYPE | TOTAL | U.S. | FOREIGN GENERAL |
|---|---|---|---|
| Compensation | 415,218. | 2,627. | 412,591. |
| Dividends/Distributions | | | |
| Interest | | | |
| Capital Gains | | | |
| Business/Profession | | | |
| Rent/Royalty | 90,700. | 90,700. | |
| State/Local Refunds | | | |
| Partnership/S Corporation | | | |
| Trust/Estate | | | |
| Other Income | | | |
| Gross Income | 505,918. | 93,327. | 412,591. |
| Less: | | | |
| Section 911 Exclusion | 157,974. | | 157,974. |
| Capital Losses | | | |
| Capital Gains Tax Adjustment | | | |
| Total Income - Form 1116 | 347,944. | 93,327. | 254,617. |
| Deductions: | | | |
| Business/Profession Expenses | | | |
| Rent/Royalty Expenses | 90,700. | 90,700. | |
| Partnership/S Corporation Losses | | | |
| Trust/Estate Losses | | | |
| Capital Losses | | | |
| Non-capital Losses | | | |
| Individual Retirement Account | | | |
| Moving Expenses | | | |
| Self-employment Tax Deduction | | | |
| Self-employment Health Insurance | | | |
| Keogh Contributions | | | |
| Alimony | | | |
| Forfeited Interest | | | |
| Foreign Housing Deduction | | | |
| Other Adjustments | | | |
| Capital Gains Tax Adjustment | | | |
| Total Deductions | 90,700. | 90,700. | |
| Adjusted Gross Income | 257,244. | 2,627. | 254,617. |
| Less Itemized Deductions: | | | |
| Specifically Allocated | | | |
| Home Mortgage Interest | | | |
| Other Interest | | | |
| Ratably Allocated | 27,700. | 5,110. | 22,590. |
| Other Deductions | | | |
| Total Adjustments to Adjusted Gross Income | 27,700. | 5,110. | 22,590. |
| Taxable Income | 229,544. | -2,483. | 232,027. |

327931 11-28-23

**Form 1116** **Foreign Wages, Salaries, Business and Profession Income**

NAME

MARTHA B. SALAS MORENO & SERGIO TRONCO LARIOS 642-21-9505

Wages and Salaries:

| Source | Amount |
|---|---|
| BREDERO SHAW INTERNATIONAL B.V. - RAK | 412,591. |

Total Foreign Wages and Salaries ........ 412,591.

Business and Profession Income:

| Source | Amount |
|---|---|

Total Foreign Business and Profession Income ........

Reduction for Foreign Earned Income Exclusion/Deduction:

| | | | |
|---|---|---|---|
| Total Foreign Wages and Salaries | | 412,591. | |
| Foreign Earned Income Exclusion/Deduction | 157,974. | | |
| Percent Applicable to Foreign Wages and Salaries | 100.0000% | | |
| Reduction Amount | | 157,974. | |
| Wages and Salaries Included on Form 1116, line 1 | | | 254,617. |
| Total Foreign Business and Profession Income | | | |
| Foreign Earned Income Exclusion/Deduction | | | |
| Percent Applicable to Foreign Business and Profession Income | | | |
| Reduction Amount | | | |
| Business and Profession Income Included on Form 1116, line 1 | | | |

327531
04-01-23

**Form 1116** **Pro Rata Share of Allocated Losses**

NAME

MARTHA B. SALAS MORENO & SERGIO TRONCO LARIOS 642-21-9505

**Allocation of Losses from Other Categories**

| INCOME CLASSIFICATION | INCOME | LOSS | ALLOCATED LOSS | LOSS NOT ALLOCATED |
|---|---|---|---|---|
| Passive income | | | | |
| Income re-sourced by treaty | | | | |
| Foreign branch income | | | | |
| General limitation income | 232,027. | | | |
| Totals | 232,027. | | | |

**Allocation of U.S. Losses**

| INCOME CLASSIFICATION | REMAINING INCOME | U.S. LOSS | ALLOCATED LOSS | LOSS NOT ALLOCATED |
|---|---|---|---|---|
| Passive income | | | | |
| Income re-sourced by treaty | | | | |
| Foreign branch income | | | | |
| General limitation income | 232,027. | 2,483. | 2,483. | |
| Totals | 232,027. | 2,483. | 2,483. | |

**Recapture of Prior Year Overall Foreign Loss**

| INCOME CLASSIFICATION | REMAINING INCOME | OVERALL PRIOR YEAR LOSS | RECAPTURED LOSS | LOSS NOT RECAPTURED |
|---|---|---|---|---|
| Passive income | | | | |
| Income re-sourced by treaty | | | | |
| Foreign branch income | | | | |
| General limitation income | 229,544. | | | |
| Totals | 229,544. | | | |
| Recapture percentage | | | | |

**Recapture of Separate Limitation Loss Accounts**

| INCOME CLASSIFICATION | REMAINING INCOME | PRIOR YEAR LOSS | RECHARACTERIZED LOSS | LOSS NOT RECHARACTERIZED |
|---|---|---|---|---|
| Passive income | | | | |
| Income re-sourced by treaty | | | | |
| Foreign branch income | | | | |
| General limitation income | 229,544. | | | |
| Totals | 229,544. | | | |

**Recapture of Overall Domestic Loss Prior to 2012**

| INCOME CLASSIFICATION | U.S. TAXABLE INCOME LIMIT | PRIOR YEAR LOSS | RECAPTURED LOSS | LOSS NOT RECAPTURED |
|---|---|---|---|---|
| Passive income | | | | |
| Income re-sourced by treaty | | | | |
| Foreign branch income | | | | |
| General limitation income | | | | |
| Totals | | | | |
| Recapture percentage | | | | |

**Recapture of Overall Domestic Loss Prior to 2018**

| INCOME CLASSIFICATION | U.S. TAXABLE INCOME LIMIT | PRIOR YEAR LOSS | RECAPTURED LOSS | LOSS NOT RECAPTURED |
|---|---|---|---|---|
| Passive income | | | | |
| Income re-sourced by treaty | | | | |
| Foreign branch income | | | | |
| General limitation income | | | | |
| Totals | | | | |
| Recapture percentage | | | | |

**Form 1116** **Pro Rata Share of Allocated Losses** **Page 2**

NAME

**Recapture of Overall Domestic Loss**

| INCOME CLASSIFICATION | U.S. TAXABLE INCOME LIMIT | PRIOR YEAR LOSS | RECAPTURED LOSS | LOSS NOT RECAPTURED |
|---|---|---|---|---|
| Passive income | | | | |
| Income re-sourced by treaty | | | | |
| Foreign branch income | | | | |
| General limitation income | | | | |
| Totals | | | | |
| Recapture percentage | | | | |

**Adjustments to Form 1116, Line 15**

| INC. CLASSIFICATION | SEC. 461(l) | OTHER CATEGORIES | U.S. LOSSES | PRIOR YEAR OVERALL | RECAPTURE OF LOSS ACCOUNTS | DOMESTIC RECAPTURE | FORM 1116, LINE 16 |
|---|---|---|---|---|---|---|---|
| Passive | | | | | | | |
| Re-sourced by treaty | | | | | | | |
| Foreign branch income | | | | | | | |
| General limitation | | | -2,483. | | | | -2,483. |

FORM 1040 OTHER EARNED INCOME STATEMENT 1

| T S | DESCRIPTION | AMOUNT |
|---|---|---|
| T | BREDERO SHAW INTERNATIONAL B.V. - RAK | 415,218. |
| | TOTAL TO FORM 1040, LINE 1H | 415,218. |

FORM 1040 FOREIGN EARNED INCOME TAX WORKSHEET - LINE 16 STATEMENT 2

| | | |
|---|---|---|
| 1. | ENTER THE AMOUNT FROM 1040, LINE 15 | 229,544. |
| 2A. | ENTER THE AMOUNT FROM YOUR (AND YOUR SPOUSE'S, IF FILING JOINTLY) FORM 2555, LINES 45 AND 50 | 157,974. |
| B. | ENTER THE TOTAL AMOUNT OF ANY ITEMIZED DEDUCTIONS OR EXCLUSIONS YOU COULD NOT CLAIM BECAUSE THEY ARE RELATED TO EXCLUDED INCOME | |
| C. | SUBTRACT LINE 2B FROM LINE 2A. IF ZERO OR LESS, ENTER -0- | 157,974. |
| 3. | ADD LINES 1 AND 2C | 387,518. |
| 4. | TAX ON AMOUNT ON LINE 3. USE THE TAX TABLE, TAX COMPUTATION WKST, QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WKST*, SCHEDULE D TAX WKST*, OR FORM 8615, WHICHEVER APPLIES. SEE THE INSTRUCTIONS FOR LINE 16 TO SEE WHICH TAX COMPUTATION METHOD APPLIES (DON'T USE A SECOND FOREIGN EARNED INCOME TAX WKST TO FIGURE THE TAX ON THIS LINE) | 81,670. |
| 5. | TAX ON LINE 2C. IF THE AMOUNT ON LINE 2C IS LESS THAN $100,000, USE THE TAX TABLE TO FIGURE THIS TAX. IF THE AMOUNT IS $100,000 OR MORE, USE THE TAX COMPUTATION WKST | 25,369. |
| 6. | SUBTRACT LINE 5 FROM LINE 4. ENTER THE RESULT. IF ZERO OR LESS, ENTER -0-. ALSO INCLUDE THIS AMOUNT ON THE ENTRY SPACE ON FORM 1040, LINE 16 | 56,301. |

*ENTER THE AMOUNT FROM LINE 3 ABOVE ON LINE 1 OF THE QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WKST OR SCHEDULE D TAX WKST IF YOU USE EITHER OF THOSE WKSTS TO FIGURE THE TAX ON LINE 4 ABOVE. COMPLETE THE REST OF THE WKST THROUGH LINE 4 (LINE 10 OF YOUR SCHEDULE D TAX WKST). NEXT, YOU MUST DETERMINE IF YOU HAVE A CAPITAL GAIN EXCESS. TO FIND OUT IF YOU HAVE A CAPITAL GAIN EXCESS, SUBTRACT FORM 1040, LINE 15 FROM LINE 4 OF YOUR QUALIFED DIVIDENDS AND CAPITAL GAIN TAX WKST (LINE 10 YOUR SCHEDULE D TAX WKST). IF THE RESULT IS MORE THAN ZERO, THAT AMOUNT IS YOUR CAPITAL GAIN EXCESS.

IF YOU DON'T HAVE A CAPITAL GAIN EXCESS, COMPLETE THE REST OF EITHER OF THOSE WKSTS ACCORDING TO THE WKST'S INSTRUCTIONS. THEN COMPLETE LINES 5 & 6 ABOVE.

IF YOU HAVE A CAPITAL GAIN EXCESS, COMPLETE A SECOND QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET OR SCHEDULE D TAX WORKSHEET (WHICHEVER APPLIES) AS INSTRUCTED ABOVE BUT IN ITS ENTIRETY AND WITH THE FOLLOWING MODIFICATIONS. THEN COMPLETE LINES 5 AND 6 ABOVE. THESE MODIFICATIONS ARE TO BE MADE ONLY FOR PURPOSES OF FILLING OUT THE FOREIGN EARNED INCOME TAX WORKSHEET ABOVE.

1. REDUCE (BUT NOT BELOW ZERO) THE AMOUNT YOU WOULD OTHERWISE ENTER ON LINE 3 OF YOUR QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET OR LINE 9 OF YOUR SCHEDULE D TAX WORKSHEET BY YOUR CAPITAL GAIN EXCESS.
2. REDUCE (BUT NOT BELOW ZERO) THE AMOUNT YOU WOULD OTHERWISE ENTER ON LINE 2 OF YOUR QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET OR LINE 6 OF YOUR SCHEDULE D TAX WORKSHEET BY ANY OF YOUR CAPITAL GAIN EXCESS NOT USED IN (1) ABOVE.
3. REDUCE (BUT NOT BELOW ZERO) THE AMOUNT ON YOUR SCHEDULE D (FORM 1040) LINE 18, BY YOUR CAPITAL GAIN EXCESS.
4. INCLUDE YOUR CAPITAL GAIN EXCESS AS A LOSS ON LINE 16 OF YOUR UNRECAPTURED SECTION 1250 GAIN WORKSHEET IN THE INSTRUCTIONS FOR SCHEDULE D (FORM 1040)

| FORM 1040 | AUTOMATIC TWO-MONTH EXTENSION | STATEMENT 3 |
|---|---|---|

THE TAXPAYER QUALIFIES FOR AN AUTOMATIC EXTENSION PURSUANT TO TREASURY REGULATION 1.6081-5.

FORM 1040 — CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR — STATEMENT 4

| DESCRIPTION | AMOUNT |
| --- | --- |
| 4TH QTR ESTIMATE PAYMENT - JOINT | 61,000. |
| TOTAL TO FORM 1040, LINE 26 | 61,000. |

SCHEDULE A — MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098 — STATEMENT 5

| DESCRIPTION | AMOUNT |
|---|---|
| LOANCARE, P.O. BOX 8068, VIRGINIA BEACH, VA 23450 | 17,051. |
| TOTAL TO SCHEDULE A, LINE 8A | 17,051. |

SCHEDULE B FOREIGN COUNTRIES WHERE FINANCIAL ACCOUNT LOCATED STATEMENT 6

CANADA, NETHERLANDS, UNITED ARAB EMIRATES, ISLE OF MAN

| SCHEDULE E | OTHER EXPENSES | STATEMENT 7 |
|---|---|---|

OTHER REAL PROPERTY - 6 INNERWOODS PL, SPRING, TX 77382

| DESCRIPTION | AMOUNT |
|---|---|
| OTHER RENTAL EXP | 2,100. |
| TOTAL TO SCHEDULE E, PAGE 1, LINE 19 | 2,100. |

| FORM 6251 | FOREIGN EARNED INCOME WORKSHEET - LINE 7 | | STATEMENT 8 |
|---|---|---|---|
| 1. | ENTER THE AMOUNT FROM FORM 6251, LINE 6 | | 130,744. |
| 2A. | ENTER THE AMOUNT FROM YOUR (AND YOUR SPOUSE'S IF FILING JOINTLY) FORM 2555, LINES 45 AND 50 | 157,974. | |
| B. | ENTER THE TOTAL AMOUNT OF ANY ITEMIZED DEDUCTIONS OR EXCLUSIONS YOU COULD NOT CLAIM BECAUSE THEY WERE RELATED TO EXCLUDED INCOME | | |
| C. | SUBTRACT LINE 2B FROM LINE 2A. IF ZERO OR LESS, ENTER -0- | | 157,974. |
| 3. | ADD LINES 1 AND 2C | | 288,718. |
| 4. | TAX ON AMOUNT ON LINE 3. * IF YOU REPORTED CAPITAL GAIN DISTRIBUTIONS DIRECTLY ON FORM 1040, LINE 7; OR YOU REPORTED QUALIFIED DIVIDENDS ON FORM 1040, LINE 3A; OR YOU HAD A GAIN ON BOTH LINES 15 AND 16 OF SCHEDULE D (FORM 1040) (AS REFIGURED FOR THE AMT, IF NECESSARY), ENTER THE AMOUNT FROM LINE 3 OF THIS WORKSHEET ON FORM 6251, LINE 12. COMPLETE THE REST OF PART III OF FORM 6251. HOWEVER, BEFORE COMPLETING PART III, SEE FORMS 2555, LATER, TO SEE IF YOU MUST COMPLETE PART III WITH CERTAIN MODIFICATIONS. THEN ENTER THE AMOUNT FROM FORM 6251, LINE 40, HERE. * ALL OTHERS: IF LINE 3 IS $220,700 OR LESS ($110,350 OR LESS IF MARRIED FILING SEPARATELY), MULTIPLY LINE 3 BY 26%. OTHERWISE, MULTIPLY LINE 3 BY 28% AND SUBTRACT $4,414 ($2,207 IF MARRIED FILING SEPARATELY) FROM THE RESULT | | 76,427. |
| 5. | TAX ON THE AMOUNT ON LINE 2C. IF LINE 2C IS $220,700 OR LESS ($110,350 OR LESS IF MARRIED FILING SEPARATELY), MULTIPLY LINE 2C BY 26%. OTHERWISE, MULTIPLY LINE 2C BY 28% AND SUBTRACT $4,414 ($2,207 IF MARRIED FILING SEPARATELY) FROM THE RESULT | | 41,073. |
| 6. | SUBTRACT LINE 5 FROM LINE 4. ENTER HERE AND ON FORM 6251, LINE 7 | | 35,354. |

FORM 2555 STATEMENT 9

SERGIO TRONCO LARIOS, SPOUSE - ENTIRE PERIOD; ALEJANDRA TRONCO SALAS - ENTIRE PERIOD.

FORM 2555 FOREIGN SOURCE WAGES/SALARIES DURING FOREIGN ASSIGNMENT STATEMENT 10

MARTHA B. SALAS MORENO

| EMPLOYER | AMOUNT |
|---|---|
| BREDERO SHAW INTERNATIONAL B.V. - RAK | 412,591. |
| TOTAL TO FORM 2555, PART IV, LINE 19 | 412,591. |

FORM 2555 LIMITATION ON HOUSING EXPENSES STATEMENT 11

MARTHA B. SALAS MORENO

| LOCATION WHERE HOUSING EXPENSES INCURRED | NO DAYS IN 2023 | PER DIEM RATE | LIMITATION ON HOUSING EXPENSES |
|---|---|---|---|
| DUBAI, UNITED ARAB EMIRATES | 365 | 156.64 | 57,174. |
| TOTAL TO FORM 2555, LINE 29B | | | 57,174. |

| FORM 8960 | MODIFIED ADJUSTED GROSS INCOME | STATEMENT 12 |
|---|---|---|
| ENTER YOUR ADJUSTED GROSS INCOME | | 257,244. |
| FOREIGN EARNED INCOME EXCLUSION | | 120,000. |
| AMOUNT TO FORM 8960, LINE 13 | | 377,244. |

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - PART IV STATEMENT 13

| NAME OF ACTIVITY | CURRENT YEAR NET INCOME | CURRENT YEAR NET LOSS | PRIOR YEAR UNALLOWED LOSS | OVERALL GAIN OR LOSS GAIN | OVERALL GAIN OR LOSS LOSS |
|---|---|---|---|---|---|
| OTHER REAL PROPERTY - 6 INNERWOODS PL, SPRING, TX 77382 | 0. | -5,611. | -7,840. | | -13,451. |
| OTHER REAL PROPERTY - 254 BILTMORE LOOP, MONTGOMERY, TX 77316 | 0. | -2,181. | -28,857. | | -31,038. |
| OTHER REAL PROPERTY - 18 BLUE WILDFLOWER PL, MAGNOLIA, TX 77354 | 1,755. | 0. | -29,613. | | -27,858. |
| TOTALS | 1,755. | -7,792. | -66,310. | | -72,347. |

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - PART VII STATEMENT 14

| NAME OF ACTIVITY | FORM OR SCHEDULE | LOSS | RATIO | UNALLOWED LOSS |
|---|---|---|---|---|
| OTHER REAL PROPERTY - 6 INNERWOODS PL, SPRING, TX 77382 | SCH E | 13,451. | .185923397 | 13,451. |
| OTHER REAL PROPERTY - 254 BILTMORE LOOP, MONTGOMERY, TX 77316 | SCH E | 31,038. | .429015716 | 31,038. |
| OTHER REAL PROPERTY - 18 BLUE WILDFLOWER PL, MAGNOLIA, TX 77354 | SCH E | 27,858. | .385060887 | 27,858. |
| TOTALS | | 72,347. | 1.000000000 | 72,347. |

FORM 8582 ALLOWED LOSSES - PART VIII STATEMENT 15

| NAME OF ACTIVITY | FORM OR SCHEDULE | LOSS | UNALLOWED LOSS | ALLOWED LOSS |
|---|---|---|---|---|
| OTHER REAL PROPERTY - 6 INNERWOODS PL, SPRING, TX 77382 | SCH E | 13,451. | 13,451. | |
| OTHER REAL PROPERTY - 254 BILTMORE LOOP, MONTGOMERY, TX 77316 | SCH E | 31,038. | 31,038. | |
| OTHER REAL PROPERTY - 18 BLUE WILDFLOWER PL, MAGNOLIA, TX 77354 | SCH E | 29,613. | 27,858. | 1,755. |
| TOTALS | | 74,102. | 72,347. | 1,755. |

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 16

| RREA | NAME | FORM OR SCHEDULE | GAIN/LOSS | PRIOR YEAR C/O | NET GAIN/LOSS | UNALLOWED LOSS | ALLOWED LOSS |
|---|---|---|---|---|---|---|---|
| X | OTHER REAL PROPERTY - 6 INNERWOODS PL, SPRING, TX 77382 | SCH E | -5,611. | -7,840. | -13,451. | 13,451. | |
| X | OTHER REAL PROPERTY - 254 BILTMORE LOOP, MONTGOMERY, TX 77316 | SCH E | -2,181. | -28,857. | -31,038. | 31,038. | |
| X | OTHER REAL PROPERTY - 18 BLUE WILDFLOWER PL, MAGNOLIA, TX 77354 | SCH E | 1,755. | -29,613. | -27,858. | 27,858. | |
| | TOTALS | | -6,037. | -66,310. | -72,347. | 72,347. | |

| | |
|---|---|
| PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME | 1,755. |
| TOTAL TO FORM 8582, LINE 11 | 1,755. |

| FORM 8582 | MODIFIED AGI | STATEMENT 17 |
|---|---|---|

INCOME

| | | |
|---|---|---|
| WAGES, SALARIES, TIPS ETC. | | 415,218. |
| DIVIDEND INCOME | | |
| TAXABLE REFUNDS | | |
| ALIMONY RECEIVED | | |
| TAXABLE IRA DISTRIBUTIONS | | |
| TAXABLE PENSIONS AND ANNUITIES | | |
| UNEMPLOYMENT COMPENSATION | | |
| OTHER INCOME | | -157,974. |
| INTEREST INCOME | | |
| ADD: SERIES EE AND I EXCLUSION | | |
| BUSINESS INCOME OR LOSS | | |
| ADD: PASSIVE LOSSES | | |
| SUBTRACT: PASSIVE INCOME | | |
| SALE OF ASSETS | | |
| ADD: PASSIVE/RREA PROFESSIONAL LOSSES | | |
| SUBTRACT: PASSIVE INCOME | | |
| RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS | 0. | |
| ADD: PASSIVE/RREA PROFESSIONAL/PTP LOSSES | 1,755. | |
| SUBTRACT: PASSIVE INCOME | -1,755. | |
| | | 0. |
| FARM OR FARM RENTAL INCOME OR LOSS | | |
| ADD: PASSIVE/RREA PROFESSIONAL LOSSES | | |
| SUBTRACT: PASSIVE INCOME | | |
| TOTAL INCOME | | 257,244. |

ADJUSTMENTS

| | | |
|---|---|---|
| MOVING EXPENSES | | |
| SELF-EMPLOYED HEALTH INSURANCE DEDUCTION | | |
| PENALTY ON EARLY WITHDRAWAL OF SAVINGS | | |
| ALIMONY PAID | | |
| KEOGH/SEP DEDUCTION | | |
| OTHER ADJUSTMENTS | | |
| CHARITABLE CONTRIBUTIONS | | |
| TOTAL ADJUSTMENTS | | |
| TOTAL TO FORM 8582, LINE 6 | | 257,244. |

FORM 8582 ALTERNATIVE MINIMUM TAX STATEMENT 18
ACTIVE RENTAL OF REAL ESTATE - PART IV

| NAME OF ACTIVITY | CURRENT YEAR NET INCOME | CURRENT YEAR NET LOSS | PRIOR YEAR UNALLOWED LOSS | OVERALL GAIN OR LOSS GAIN | OVERALL GAIN OR LOSS LOSS |
|---|---|---|---|---|---|
| OTHER REAL PROPERTY - 6 INNERWOODS PL, SPRING, TX 77382 | 0. | -5,611. | -7,840. | | -13,451. |
| OTHER REAL PROPERTY - 254 BILTMORE LOOP, MONTGOMERY, TX 77316 | 0. | -2,181. | -28,857. | | -31,038. |
| OTHER REAL PROPERTY - 18 BLUE WILDFLOWER PL, MAGNOLIA, TX 77354 | 1,755. | 0. | -29,613. | | -27,858. |
| TOTALS | 1,755. | -7,792. | -66,310. | | -72,347. |

FORM 8582 ALTERNATIVE MINIMUM TAX STATEMENT 19
ALLOCATION OF UNALLOWED LOSSES - PART VII

| NAME OF ACTIVITY | FORM OR SCHEDULE | LOSS | RATIO | UNALLOWED LOSS |
|---|---|---|---|---|
| OTHER REAL PROPERTY - 6 INNERWOODS PL, SPRING, TX 77382 | SCH E | 13,451. | .185923397 | 13,451. |
| OTHER REAL PROPERTY - 254 BILTMORE LOOP, MONTGOMERY, TX 77316 | SCH E | 31,038. | .429015716 | 31,038. |
| OTHER REAL PROPERTY - 18 BLUE WILDFLOWER PL, MAGNOLIA, TX 77354 | SCH E | 27,858. | .385060887 | 27,858. |
| TOTALS | | 72,347. | 1.000000000 | 72,347. |

FORM 8582 ALTERNATIVE MINIMUM TAX STATEMENT 20
ALLOWED LOSSES - PART VIII

| NAME OF ACTIVITY | FORM OR SCHEDULE | LOSS | UNALLOWED LOSS | ALLOWED LOSS |
|---|---|---|---|---|
| OTHER REAL PROPERTY - 6 INNERWOODS PL, SPRING, TX 77382 | SCH E | 13,451. | 13,451. | |
| OTHER REAL PROPERTY - 254 BILTMORE LOOP, MONTGOMERY, TX 77316 | SCH E | 31,038. | 31,038. | |
| OTHER REAL PROPERTY - 18 BLUE WILDFLOWER PL, MAGNOLIA, TX 77354 | SCH E | 29,613. | 27,858. | 1,755. |
| TOTALS | | 74,102. | 72,347. | 1,755. |

FORM 8582AMT SUMMARY OF PASSIVE ACTIVITIES - AMT STATEMENT 21

| RREA | NAME | FORM OR SCHEDULE | GAIN/LOSS | PRIOR YEAR C/O | NET GAIN/LOSS | UNALLOWED LOSS | ALLOWED LOSS |
|---|---|---|---|---|---|---|---|
| X | OTHER REAL PROPERTY - 6 INNERWOODS PL, SPRING, TX 77382 | SCH E | -5,611. | -7,840. | -13,451. | 13,451. | |
| X | OTHER REAL PROPERTY - 254 BILTMORE LOOP, MONTGOMERY, TX 77316 | SCH E | -2,181. | -28,857. | -31,038. | 31,038. | |
| X | OTHER REAL PROPERTY - 18 BLUE WILDFLOWER PL, MAGNOLIA, TX 77354 | SCH E | 1,755. | -29,613. | -27,858. | 27,858. | |
| | TOTALS | | -6,037. | -66,310. | -72,347. | 72,347. | |

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME 1,755.

TOTAL TO FORM 8582AMT, LINE 11 1,755.

# Your 2023 Foreign Bank and Financial Accounts (FBAR)

FINANCIAL CRIMES
ENFORCEMENT NETWORK

# BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

MARTHAB20230001

**Filing Name** MARTHA B. SALAS MORENO

**Submission Type** NEW

PIN NOT REQUIRED

**Check here** [X] **if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.**
NOTE: The FBAR must be received by the Department of the Treasury on or before April 18, 2024. An automatic extension to October 16, 2024 is available.

This report filed late for the following reason (Check only one):

a. [ ] Forgot to file

b. [ ] Did not know that I had to file

c. [ ] Thought account balance was below reporting threshold

d. [ ] Did not know that my account qualified as foreign

e. [ ] Account statement not received in time

f. [ ] Account statement lost (Replacement requested)

g. [ ] Late receiving missing required account information

h. [ ] Unable to obtain joint spouse signature in time

i. [ ] Unable to access BSA E-filing system

z. [ ] Other (please provide explanation below)

FinCEN Form 114

# REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

**Do NOT file with your Federal Tax Return**

1 This report is for calendar year ended 12/31 2023

Amended ☐

**Part I** **Filer information** MARTHAB20230001

2 Type of filer

a ☒ Individual b ☐ Partnership c ☐ Corporation d ☐ Consolidated e ☐ Fiduciary or other - Enter type

| 3 U.S. Taxpayer Identification Number | 3a TIN type | 4 Foreign identification (Complete only if item 3 is not applicable) | 5 Individual's date of birth MM/DD/YYYY |
|---|---|---|---|
| 642-21-9505<br>If filer has no U.S. Identification number complete item 4 | ☒ SSN/ITIN<br>☐ EIN | a Type: ☐ Passport ☐ Foreign TIN ☐ Other<br>b Number c Country of Issue | 07-06-1973 |

| 6 Last name or organization name | 7 First name | 8 Middle initial | 8a Suffix |
|---|---|---|---|
| SALAS MORENO | MARTHA | B | |

9 Mailing address (number, street, and apt. or suite no.)

2 WHITEKIRK PL

| 10 City | 11 State | 12 ZIP/Postal Code | 13 Country |
|---|---|---|---|
| MAGNOLIA | TX | 77354 | USA |

14 a) Does the filer have a financial interest in 25 or more financial accounts?

Yes ☐ Enter number of accounts ______ Do not complete Part II or Part III, but maintain records of the information.

No ☒

b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

Yes ☐ Enter number of accounts ______ Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority.

No ☒

**Part II** **Information on financial account(s) owned separately**

| 15 Maximum value of account during calendar year | 15a Amount unknown | 16 Type of account a ☐ Bank b ☐ Securities c ☒ Other - Enter type below |
|---|---|---|
| 82,522. | ☐ | PENSION |

17 Name of financial institution in which account is held

ZURICH

| 18 Account number or other designation | 19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held |
|---|---|
| 506150 | 43-51 ATHOL STREET |

| 20 City | 21 State, if known | 22 Foreign postal code, if known | 23 Country |
|---|---|---|---|
| DOUGLAS | | 1EF IM99 | ISLE OF MAN |

**Signature** 44a Check here ☒ if this report is completed by a third party preparer and complete the third party preparer section.

| 44 Filer signature<br>The report will be electronically signed when filed | 45 Filer title, if not reporting a personal account | 46 Date (MM/DD/YYYY)<br>This date will auto-fill when the FBAR is electronically signed |
|---|---|---|
| | | |

**Third Party Preparer Use Only**

| 47 Preparer's last name | 48 First name | 49 MI | 50 Check ☐ if self-employed | 51 TIN | 51a TIN type |
|---|---|---|---|---|---|
| ANDAYA | RICHARD | | | P01487208 | ☒ PTIN ☐ SSN/ITIN ☐ Foreign |

| 52 Contact phone no. | 52a Ext. | 53 Firm's name | 54 Firm's TIN | 54a TIN type |
|---|---|---|---|---|
| 8448425861 | | VIALTO LLP | 98-1649027 | ☒ EIN ☐ Foreign |

| 55 Mailing address (number, street, apt. or suite no.) | 56 City | 57 State | 58 ZIP/Postal Code | 59 Country |
|---|---|---|---|---|
| 100 DUNDAS STREET, 6TH FLOO | LONDON | ON | N6A 5B6 | CA |

323141 04-01-23

**Part II** **Continued - Information on Financial Account(s) Owned Separately**

**Complete a Separate Block for Each Account Owned Separately**

**FORM 114**

| 1 Filing for calendar year | 3-4 Check appropriate Identification Number | 6 Last Name or Organization Name |
|---|---|---|
| 2023 | [X] Taxpayer Identification Number<br>[ ] Foreign Identification Number<br>Enter identification number here:<br>642-21-9505 | SALAS MORENO |

| 15 Maximum value of account during calendar year | 15a Amount Unknown | 16 Type of account |
|---|---|---|
| 113,235. | [ ] | a [ ] Bank b [X] Securities c [ ] Other - Enter type below |

17 Name of Financial Institution in which account is held: SOLIUM

| 18 Account number or other designation | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | | |
|---|---|---|---|
| CS-808360-41 | 1500, 600 -3RD AVENUE SW | | |
| **20 City** | **21 State, if known** | **22 ZIP/Postal Code, if known** | **23 Country** |
| CALGARY | AB | T2P 0G5 | CANADA |

| 15 Maximum value of account during calendar year | 15a Amount Unknown | 16 Type of account |
|---|---|---|
| 11,254. | [ ] | a [X] Bank b [ ] Securities c [ ] Other - Enter type below |

17 Name of Financial Institution in which account is held: HSBC

| 18 Account number or other designation | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | | |
|---|---|---|---|
| 030-876437-001 | AL WASL RD, JUMEIRAH | | |
| **20 City** | **21 State, if known** | **22 ZIP/Postal Code, if known** | **23 Country** |
| DUBAI | | 6997 | UNITED ARAB EMIRATES |

| 15 Maximum value of account during calendar year | 15a Amount Unknown | 16 Type of account |
|---|---|---|
| | [ ] | a [ ] Bank b [ ] Securities c [ ] Other - Enter type below |

17 Name of Financial Institution in which account is held

| 18 Account number or other designation | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | | |
|---|---|---|---|
| | | | |
| **20 City** | **21 State, if known** | **22 ZIP/Postal Code, if known** | **23 Country** |
| | | | |

| 15 Maximum value of account during calendar year | 15a Amount Unknown | 16 Type of account |
|---|---|---|
| | [ ] | a [ ] Bank b [ ] Securities c [ ] Other - Enter type below |

17 Name of Financial Institution in which account is held

| 18 Account number or other designation | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | | |
|---|---|---|---|
| | | | |
| **20 City** | **21 State, if known** | **22 ZIP/Postal Code, if known** | **23 Country** |
| | | | |

| 15 Maximum value of account during calendar year | 15a Amount Unknown | 16 Type of account |
|---|---|---|
| | [ ] | a [ ] Bank b [ ] Securities c [ ] Other - Enter type below |

17 Name of Financial Institution in which account is held

| 18 Account number or other designation | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | | |
|---|---|---|---|
| | | | |
| **20 City** | **21 State, if known** | **22 ZIP/Postal Code, if known** | **23 Country** |
| | | | |

| 15 Maximum value of account during calendar year | 15a Amount Unknown | 16 Type of account |
|---|---|---|
| | [ ] | a [ ] Bank b [ ] Securities c [ ] Other - Enter type below |

17 Name of Financial Institution in which account is held

| 18 Account number or other designation | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | | |
|---|---|---|---|
| | | | |
| **20 City** | **21 State, if known** | **22 ZIP/Postal Code, if known** | **23 Country** |
| | | | |

## Part III Information on financial account(s) owned jointly

FinCEN Form 114

**Complete a separate block for each account owned jointly**

Add an additional Part III page as many times as necessary in order to provide information on all accounts

| | | |
|---|---|---|
| 1 Filing for calendar year: 2023 | 3-4 Check appropriate identification number: [X] Taxpayer Identification Number [ ] Foreign Identification Number. Enter identification number here: 642-21-9505 | 6 Last name or organization name: SALAS MORENO |

| | | |
|---|---|---|
| 15 Maximum value of account during calendar year: 474. | 15a Amount unknown [ ] | 16 Type of account a [X] Bank b [ ] Securities c [ ] Other - Enter type below |

17 Name of financial institution in which account is held: ABN-AMRO

| | |
|---|---|
| 18 Account number or other designation: NL32 ABNA 0839 1770 | 19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held: KONINGSKADE 30 |

| | | | |
|---|---|---|---|
| 20 City: THE HAGUE | 21 State, if known | 22 Foreign postal code, if known: 2596AA | 23 Country: NETHERLANDS |

| | | |
|---|---|---|
| 24 Number of joint owners for this account: 1 | 25 Taxpayer Identification Number (TIN) of principal joint owner, if known.: 644-21-5430 | 25a TIN type: [ ] EIN [X] SSN/ITIN [ ] Foreign |

| | | | |
|---|---|---|---|
| 26 Last name or organization name of principal joint owner: TRONCO LARIOS (SPOUSE) | 27 First name of principal joint owner, if known: SERGIO | 28 Middle initial, if known | 28a Suffix |

29 Mailing address (number, street, apt. or suite no.) of principal joint owner, if known: 2 WHITEKIRK PL

| | | | |
|---|---|---|---|
| 30 City, if known: MAGNOLIA | 31 State, if known: TX | 32 ZIP/Postal Code, if known: 77354 | 33 Country, if known |

| | | |
|---|---|---|
| 15 Maximum value of account during calendar year: 9,948. | 15a Amount unknown [ ] | 16 Type of account a [X] Bank b [ ] Securities c [ ] Other - Enter type below |

17 Name of financial institution in which account is held: ABN-AMRO

| | |
|---|---|
| 18 Account number or other designation: NL55 ABNA 0860 0863 | 19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held: KONINGSKADE 30 |

| | | | |
|---|---|---|---|
| 20 City: THE HAGUE | 21 State, if known | 22 Foreign postal code, if known: 2596AA | 23 Country: NETHERLANDS |

| | | |
|---|---|---|
| 24 Number of joint owners for this account: 1 | 25 Taxpayer Identification Number of principal joint owner, if known.: 644-21-5430 | 25a TIN type: [ ] EIN [X] SSN/ITIN [ ] Foreign |

| | | | |
|---|---|---|---|
| 26 Last name or organization name of principal joint owner: TRONCO LARIOS (SPOUSE) | 27 First name of principal joint owner, if known: SERGIO | 28 Middle initial, if known | 28a Suffix |

29 Mailing address (number, street, apt. or suite no.) of principal joint owner, if known: 2 WHITEKIRK PL

| | | | |
|---|---|---|---|
| 30 City, if known: MAGNOLIA | 31 State, if known: TX | 32 ZIP/Postal Code, if known: 77354 | 33 Country, if known |

# Request for Verification of Employment

[redacted]

## Part I - Request

1. To (Name and address of employer)

**Bredero Shaw International B.V.**
**5875 North Sam Houston Pkwy W**
**Houston, TX 77086**
**Phone 281-886-2350**

[redacted]

[redacted]

| 7. Name and Address of Applicant (include employee or badge number) | 8. Signature of Applicant |
|---|---|
| **Martha Salas**<br>**2 Whitekirk Pl, Magnolia, TX 77354** | See attached authorization |

## Part II – Verification of Present Employment

| 9. Applicant's Date of Employment | 10. Present Position | 11. Probability of Continued Employment |
|---|---|---|
| June 16, 1997 | Vice President, Business Development Middle East & Caspian | High |

12A. Current **Gross** Base Pay (Enter Amount and Check Period)

$ EUR 184,861.80

☑ Annual ☐ Hourly
☐ Monthly ☐ Other (Specify)
☐ Weekly

12B. **Gross** Earnings

| Type | Year To Date | Past Year 2023 | Past Year 2022 |
|---|---|---|---|
| | Thru 31/05/2024 | | |
| Base Pay | EUR 77,025.75 | EUR 182,607.42 | EUR 177,726.52 |
| Overtime | 0 | 0 | 0 |
| Commissions | 0 | 0 | 0 |
| Bonus | EUR 10,863.14 | EUR 168,602.75 | EUR 48,310.54 |
| Total | EUR 87,888.89 | EUR 351,210.17 | EUR 226,037.06 |

13. For Military Personnel Only

Pay Grade

| Type | Monthly Amount |
|---|---|
| Base Pay | $ |
| Rations | $ |
| Flight or Hazard | $ |
| Clothing | $ |
| Quarters | $ |
| Pro Pay | $ |
| Overseas or Combat | $ |
| Variable Housing Allowance | $ |

14. If Overtime or Bonus is Applicable, Is Its Continuance Likely?
Overtime ☐ Yes ☑ No
Bonus ☑ Yes ☐ No

15. If paid hourly - average hours per week

16. Date of applicant's next pay increase
July 2024

17. Projected amount of next pay increase
Cannot be predicted. Management discretion

18. Date of applicant's last pay increase
July 2023

19. Amount of last pay increase
EUR 4,508.76 per annum

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

## Part III – Verification of Previous Employment

21. Date Hired

22. Date Terminated

23. Salary/Wage at Termination Per (Year) (Month) (Week)

Base ____________ Overtime ____________ Commissions ____________ Bonus ____________

24. Reason for Leaving

25. Position Held

**Part IV – Authorized Signature -** Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

| 26. Signature of Employer | 27. Title (Please print or type) | 28. Date |
|---|---|---|
| Joseph L. D'Silva | REGIONAL HR & ADMIN MANAGER | 03-June-2024 |
| **29. Please print or type name signed in Item 26.** | **30. Phone No.** | |
| JOSEPH LAWRENCE DSILVA | +971-50-6284871 | |

[redacted]

# Wells Fargo Combined Statement of Accounts



WELLS FARGO

MARTHA SALAS MORENO
SERGIO TRONCOLARIOS
296 MALLORN LN
MONTGOMERY TX 77316-3223

## Questions?

*Available by phone 24 hours a day, 7 days a week:*
We accept all relay calls, including 711

1-800-TO-WELLS (1-800-869-3557)

*En español:* 1-877-727-2932

*Online:* wellsfargo.com

*Write:* Wells Fargo Bank, N.A. (808)
P.O. Box 6995
Portland, OR 97228-6995

## You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

## Account options

*A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com or call the number above if you have questions or if you would like to add new services.*

| | | | |
|---|---|---|---|
| Online Banking | ☑ | Direct Deposit | ☑ |
| Online Bill Pay | ☑ | Auto Transfer/Payment | ☐ |
| Online Statements | ☑ | Overdraft Protection | ☑ |
| Mobile Banking | ☑ | Debit Card | |
| My Spending Report | ☑ | Overdraft Service | ☑ |

## Summary of accounts

### *Checking and Savings*

| *Account* | *Page* | *Account number* | *Ending balance last statement* | *Ending balance this statement* |
|---|---|---|---|---|
| Wells Fargo Everyday Checking | 2 | 5985604007 | 0.01 | 377.26 |
| Wells Fargo Platinum Savings | 5 | 3985377294 | 220.51 | 8.51 |
| | Total deposit accounts | | $220.52 | $385.77 |

WELLS FARGO

# Wells Fargo Everyday Checking

## Statement period activity summary

| | |
|---|---|
| Beginning balance on 6/27 | $0.01 |
| Deposits/Additions | 15,282.46 |
| Withdrawals/Subtractions | - 14,905.21 |
| Ending balance on 7/24 | $377.26 |

Account number: 5985604007
MARTHA SALAS MORENO
SERGIO TRONCOLARIOS

*Texas/Arkansas account terms and conditions apply*

For Direct Deposit use
Routing Number (RTN): 111900659

## Overdraft Protection

Your account is linked to the following for Overdraft Protection:

- Savings - 000003985377294

## Interest summary

| | |
|---|---|
| Interest paid this statement | $0.02 |
| Average collected balance | $2,222.29 |
| Annual percentage yield earned | 0.01% |
| Interest earned this statement period | $0.02 |
| Interest paid this year | $0.11 |

## Transaction history

| Date | Check Number | Description | Deposits/ Additions | Withdrawals/ Subtractions | Ending daily balance |
|---|---|---|---|---|---|
| 6/27 | | Online Transfer From Moreno M Platinum Savings xxxxxx7294 Ref #Ib0Nntjtn6 on 06/27/24 | 200.00 | | |
| 6/27 | | Purchase authorized on 06/26 USPS Change of Add 800-238-3150 TN S584179023524690 Card 7477 | | 1.10 | |
| 6/27 | | Purchase authorized on 06/26 USPS Change of Add 800-238-3150 TN S304179027161095 Card 3997 | | 1.10 | |
| 6/27 | | Purchase authorized on 06/27 H-E-B #638 Conroe TX P464179630745499 Card 3997 | | 2.47 | |
| 6/27 | | Purchase authorized on 06/27 Cvs/Pharmacy #10 10664--2 Montgomery TX P584179743464538 Card 3997 | | 39.33 | 156.01 |
| 6/28 | | Cutten Mowers Y Payroll 240628 01820000-0339-0 Sergio Tronco | 457.51 | | |
| 6/28 | | Purchase authorized on 06/27 McDonald's F40720 Montgomery TX S584179512986517 Card 7477 | | 16.19 | |
| 6/28 | | Purchase authorized on 06/27 Exxon Star Stop 99 Montgomery TX S384180107830644 Card 7477 | | 10.05 | 587.28 |
| 7/1 | | Zelle From Vanessa A Sanchez on 07/01 Ref # Bbt242596967 6 Innerwoods Plthe Woodlands Vanessa Sanch | 2,200.00 | | |
| 7/1 | | Zelle From Pamela Lorentz on 07/01 Ref # Jpm99Ajmlayh July 2024 | 3,500.00 | | |
| 7/1 | | Zelle From Sergio Tronco on 07/01 Ref # Jpm99Ajn4Hpi Permny Rent and Mustang | 3,000.00 | | |
| 7/1 | | Purchase authorized on 06/27 Chick-Fil-A #02030 Magnolia TX S384179680892948 Card 3997 | | 21.74 | |
| 7/1 | | Purchase authorized on 06/29 Tj Maxx #1108 Magnolia TX S584181536545771 Card 3997 | | 10.81 | |
| 7/1 | | Purchase authorized on 06/29 Ross Stores #1189 Magnolia TX P000000587283007 Card 3997 | | 207.35 | |

WELLS FARGO

*Transaction history(continued)*

| Date | Check Number | Description | Deposits/ Additions | Withdrawals/ Subtractions | Ending daily balance |
|---|---|---|---|---|---|
| 7/1 | | Purchase authorized on 06/29 Target T- 32858 Fm 297 Magnolia TX P000000470475138 Card 3997 | | 227.31 | |
| 7/1 | | Purchase authorized on 06/29 Gdp*Ceviche Ria 3 Magnolia TX P384181750267278 Card 7477 | | 53.50 | |
| 7/1 | | Online Transfer to Tronco F Ref #Ib0Nqhgppr Way2Save Savings NY Pernny Allowance | | 2,200.00 | |
| 7/1 | | Wells Fargo Auto Fee & Pmts 070124 9120434528 Sergio,T,Larios | | 530.00 | 6,036.57 |
| 7/2 | | Online Transfer Ref #Ib0Nql59Xh to Mortgage xxxxxx2535 on 07/01/24 | | 2,707.23 | |
| 7/2 | | Zelle to Vera Sergio on 07/02 Ref #Pp0SD9Gr5K 2 Whitekirk Last Service | | 90.00 | 3,239.34 |
| 7/3 | | Junehomes, LLC Web Pmts 070324 Xnggr2 Sergio Troncolarios | 71.03 | | |
| 7/3 | | Lodges at Montfa Web Pmts 070324 Qdpdp Martha Salas | | 280.00 | 3,030.37 |
| 7/5 | | Zelle From Merit Subsea LLC on 07/04 Ref # Back8Ffestza | 2,200.00 | | |
| 7/5 | | Cutten Mowers Y Payroll 240705 01820000-0339-0 Sergio Tronco | 103.90 | | |
| 7/5 | | Zelle From Vanessa A Sanchez on 07/05 Ref # Bbt243626179 Pet Deposit 1 Dog 6 Innerwoods Pl The WO | 350.00 | | |
| 7/5 | | Online Transfer Ref #Ib0Nrcmg89 to Wells Fargo Cash Wise VISA Signature Car Xxxxxxxxxxxx5987 on 07/04/24 | | 500.00 | 5,184.27 |
| 7/8 | | Purchase Intl authorized on 07/07 Telmex Lp Ciudad DE Mex Mex S304189366043708 Card 7477 | | 19.39 | |
| 7/8 | | International Purchase Transaction Fee | | 0.58 | |
| 7/8 | | Loancare Serv Mtg Pymt 070524 0061102232 Sergio Troncolarios | | 1,711.23 | 3,453.07 |
| 7/10 | | Recurring Payment authorized on 07/09 Ring Monthly Httpsring.Com CA S304192135956869 Card 7477 | | 5.40 | |
| 7/10 | | Jpmorgan Chase Ext Trnsfr 240710 21332993547 Martha Beatriz Salas M | | 1,948.89 | 1,498.78 |
| 7/11 | | Macys Online Pmt 240710 631430207231057 Fernanda Tronco | | 50.00 | |
| 7/11 | | ATT Payment 071024 021518001Smt2U Sergio Tronco | | 75.62 | |
| 7/11 | | Reliant Energy 0121D 000020387406 Sergio Tronco | | 226.33 | 1,146.83 |
| 7/15 | | Purchase authorized on 07/12 PY *Storage King U Magnolia TX S304195065641962 Card 7477 | | 214.34 | |
| 7/15 | | Bk of Amer VISA Online Pmt 240715 Ckf010180031POS Tronco,Alejandra | | 50.00 | |
| 7/15 | | Bk of Amer VISA Online Pmt 240715 Ckf863958760POS Tronco,Fernanda | | 100.00 | 782.49 |
| 7/17 | | Allstate Ins CO Ins Prem Jul 24 000000416880228 Tronco-Larios | | 399.18 | 383.31 |
| 7/18 | | Zelle From Sergio Tronco on 07/18 Ref # Jpm99Akhuafb to Pay Fer Bofa | 1,700.00 | | 2,083.31 |
| 7/19 | | Zelle From Sergio Tronco on 07/19 Ref # Jpm99Akknlyy Ales Bofa | 1,500.00 | | |
| 7/19 | | Bk of Amer VISA Online Pmt 240719 Ckf863958760POS Tronco,Fernanda | | 1,674.55 | 1,908.76 |
| 7/22 | | Interest Payment | 0.02 | | |
| 7/22 | | Recurring Payment authorized on 07/19 Netflix.Com Netflix.Com CA S464201429625033 Card 7477 | | 41.80 | |
| 7/22 | | Bk of Amer VISA Online Pmt 240722 Ckf010180031POS Tronco,Alejandra | | 1,489.72 | 377.26 |
| Ending balance on 7/24 | | | | | 377.26 |
| Totals | | | $15,282.46 | $14,905.21 | |

*The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.*

SHAWCOR

## BREDERO SHAW INTERNATIONAL B.V.

**Salary Details**

**NAME :** Martha Salas

**MONTH :** March-2024

| **EARNINGS** | | **Amount (EUR)** |
|---|---|---|
| Basic | | 15,405.15 |
| Assignment Incentive | | 3,081.03 |
| Housing | | 0.00 |
| Other Allowances | | 0.00 |
| Overtime | | 0.00 |
| Hypo Tax | | (2,893.68) |
| Dental Reimbursement | | 0.00 |
| Transport | | 0.00 |
| Bonus | | 0.00 |
| Hypo Tax on Bonus | | 0.00 |
| Adjustments | | 0.00 |
| Expense Reimbursement | | 0.00 |
| **Gross Earnings :** | | **15,592.50** |
| **Remarks :** | | |
| **DEDUCTIONS** | | |
| Transfer to USD Payroll | ME Region | 15,592.50 |
| **LOANS / ADVANCES** | | |
| **Total Deductions :** | | **15,592.50** |
| **NET PAY** | | **0.00** |
| **Transfer Amount :** | | **0.00** |

**PAYMENT DETAILS**

**T/T Date :** 28/03/2024

Subject to the terms and conditions of your written agreement, it is the responsibility of each employee to declare his income in his country of domicile in accordance with that countrys legislation, and therefore to pay the appropriate tax on that income with no recourse back to BREDERO SHAW.

SHAWCOR

# BREDERO SHAW INTERNATIONAL B.V.

**Salary Details**

**NAME :** Martha Salas (USD)

**MONTH :** **March-2024**

| **EARNINGS** | | **Amount (USD)** |
|---|---|---|
| Basic | | 0.00 |
| Assignment Incentive | | 0.00 |
| Housing | | 0.00 |
| Other Allowances | | 850.00 |
| Overtime | | 0.00 |
| Hypo Tax | | 0.00 |
| Dental Reimbursement | | 0.00 |
| Transport | | 788.45 |
| Bonus | | 0.00 |
| Hypo Tax on Bonus | | 0.00 |
| Adjustments | | 0.00 |
| Expense Reimbursement | | 0.00 |
| **Gross Earnings :** | | **1,638.45** |
| **Remarks :** | | |
| **DEDUCTIONS** | | |
| Telephone Deduction | ME Region | 12.96 |
| Telephone Deduction | ME Region | 27.23 |
| Rent Deduction | ME Region | 267.74 |
| Transfer from EUR Payroll | ME Region | -17,608.61 |
| Advance Rent Payment | ME Region | -57,212.82 |
| **LOANS / ADVANCES** | | |
| **Total Deductions :** | | **(74,513.50)** |
| **NET PAY** | | **76,151.95** |
| **Transfer Amount :** | | **0.00** |

**PAYMENT DETAILS**

**T/T Date :** 28/03/2024

| Sl. | Pay Thru | Bank Name | Branch | Address | IBAN / Account No. | Curr. | Amount |
|---|---|---|---|---|---|---|---|
| 1. | AL ROSTAMANI | CHASE BANK | NA | 6611 FM1488 RD, Magnolia | 909138505 (ABA RTG. 021000021) | USD | 9,403.66 |
| 2. | WPS | HSBC | Dubai | Dubai, UAE | AE560200000030876437001 | USD | 66,748.29 |

Subject to the terms and conditions of your written agreement, it is the responsibility of each employee to declare his income in his country of domicile in accordance with that countrys legislation, and therefore to pay the appropriate tax on that income with no recourse back to BREDERO SHAW.

SHAWCOR

## BREDERO SHAW INTERNATIONAL B.V.

**Salary Details**

**NAME :** Martha Salas | **MONTH :** **April-2024**

| **EARNINGS** | **Amount (EUR)** |
|---|---|
| Basic | 15,405.15 |
| Assignment Incentive | 3,081.03 |
| Housing | 0.00 |
| Other Allowances | 0.00 |
| Overtime | 0.00 |
| Hypo Tax | (2,893.68) |
| Dental Reimbursement | 0.00 |
| Transport | 0.00 |
| Bonus | 0.00 |
| Hypo Tax on Bonus | 0.00 |
| Adjustments | 0.00 |
| Expense Reimbursement | 0.00 |
| **Gross Earnings :** | **15,592.50** |
| **Remarks :** | |
| **DEDUCTIONS** | |
| Transfer to USD Payroll — ME Region | 15,592.50 |
| **LOANS / ADVANCES** | |
| **Total Deductions :** | **15,592.50** |
| **NET PAY** | **0.00** |
| **Transfer Amount :** | **0.00** |

**PAYMENT DETAILS**

**T/T Date :** 26/04/2024

Subject to the terms and conditions of your written agreement, it is the responsibility of each employee to declare his income in his country of domicile in accordance with that countrys legislation, and therefore to pay the appropriate tax on that income with no recourse back to BREDERO SHAW.

SHAWCOR

## BREDERO SHAW INTERNATIONAL B.V.

**Salary Details**

**NAME :** Martha Salas (USD)

**MONTH :** **April-2024**

| **EARNINGS** | **Amount (USD)** |
|---|---|
| Basic | 0.00 |
| Assignment Incentive | 0.00 |
| Housing | 0.00 |
| Other Allowances | 850.00 |
| Overtime | 0.00 |
| Hypo Tax | 0.00 |
| Dental Reimbursement | 0.00 |
| Transport | 788.45 |
| Bonus | 0.00 |
| Hypo Tax on Bonus | 0.00 |
| Adjustments | 0.00 |
| Expense Reimbursement | 0.00 |
| **Gross Earnings :** | **1,638.45** |

**Remarks :**

| **DEDUCTIONS** | | |
|---|---|---|
| Telephone Deduction | ME Region | 27.23 |
| Rent Deduction | ME Region | 267.74 |
| Transfer from EUR Payroll | ME Region | -17,104.97 |
| **LOANS / ADVANCES** | | |
| **Total Deductions :** | | **(16,810.00)** |
| **NET PAY** | | **18,448.45** |
| **Transfer Amount :** | | **0.00** |

**PAYMENT DETAILS**

**T/T Date :** 26/04/2024

| Sl. | Pay Thru | Bank Name | Branch | Address | IBAN / Account No. | Curr. | Amount |
|---|---|---|---|---|---|---|---|
| 1. | AL ROSTAMANI | CHASE BANK | NA | 6611 FM1488 RD, Magnolia | 909138505 (ABA RTG. 021000021) | USD | 8,912.98 |
| 2. | WPS | HSBC | Dubai | Dubai, UAE | AE560200000030876437001 | USD | 9,535.47 |

Subject to the terms and conditions of your written agreement, it is the responsibility of each employee to declare his income in his country of domicile in accordance with that countrys legislation, and therefore to pay the appropriate tax on that income with no recourse back to BREDERO SHAW.

SHAWCOR

## BREDERO SHAW INTERNATIONAL B.V.

**Salary Details**

**NAME :** Martha Salas | **MONTH :** **May-2024**

| **EARNINGS** | **Amount (EUR)** |
|---|---|
| Basic | 15,405.15 |
| Assignment Incentive | 3,081.03 |
| Housing | 0.00 |
| Other Allowances | 0.00 |
| Overtime | 0.00 |
| Hypo Tax | (2,893.68) |
| Dental Reimbursement | 0.00 |
| Transport | 0.00 |
| Bonus | 0.00 |
| Hypo Tax on Bonus | 0.00 |
| Adjustments | 0.00 |
| Expense Reimbursement | 0.00 |
| **Gross Earnings :** | **15,592.50** |

**Remarks :**

| **DEDUCTIONS** | | |
|---|---|---|
| Transfer to USD Payroll | ME Region | 15,592.50 |
| **LOANS / ADVANCES** | | |
| **Total Deductions :** | | **15,592.50** |
| **NET PAY** | | **0.00** |
| **Transfer Amount :** | | **0.00** |

**PAYMENT DETAILS**

**T/T Date :** 29/05/2024

Subject to the terms and conditions of your written agreement, it is the responsibility of each employee to declare his income in his country of domicile in accordance with that countrys legislation, and therefore to pay the appropriate tax on that income with no recourse back to BREDERO SHAW.

SHAWCOR

## BREDERO SHAW INTERNATIONAL B.V.

**Salary Details**

**NAME :** Martha Salas (USD)

**MONTH :** **May-2024**

| **EARNINGS** | **Amount (USD)** |
|---|---|
| Basic | 0.00 |
| Assignment Incentive | 0.00 |
| Housing | 0.00 |
| Other Allowances | 850.00 |
| Overtime | 0.00 |
| Hypo Tax | 0.00 |
| Dental Reimbursement | 0.00 |
| Transport | 788.45 |
| Bonus | 0.00 |
| Hypo Tax on Bonus | 0.00 |
| Adjustments | 0.00 |
| Expense Reimbursement | 45,797.37 |
| **Gross Earnings :** | **47,435.82** |

**Remarks :**

| **DEDUCTIONS** | | |
|---|---|---|
| Telephone Deduction | ME Region | 27.23 |
| Rent Deduction | ME Region | 267.74 |
| Unemployment Insurance Premium | ME Region | 34.33 |
| Transfer from EUR Payroll | ME Region | -17,504.14 |

**LOANS / ADVANCES**

| | |
|---|---|
| **Total Deductions :** | **(17,174.84)** |
| **NET PAY** | **64,610.66** |
| **Transfer Amount :** | **0.00** |

**PAYMENT DETAILS**

**T/T Date :** 29/05/2024

| Sl. | Pay Thru | Bank Name | Branch | Address | IBAN / Account No. | Curr. | Amount |
|---|---|---|---|---|---|---|---|
| 1. | HSBCNET | CHASE BANK | NA | 6611 FM1488 RD, Magnolia | 909138505 (ABA RTG. 021000021) | USD | 55,075.19 |
| 2. | WPS | HSBC | Dubai | Dubai, UAE | AE560200000030876437001 | USD | 9,535.47 |

Subject to the terms and conditions of your written agreement, it is the responsibility of each employee to declare his income in his country of domicile in accordance with that countrys legislation, and therefore to pay the appropriate tax on that income with no recourse back to BREDERO SHAW.

SHAWCOR

## BREDERO SHAW INTERNATIONAL B.V.

**Salary Details**

**NAME :** Martha Salas

**MONTH :** **July-2024**

| **EARNINGS** | **Amount (EUR)** |
|---|---|
| Basic | 15,405.15 |
| Assignment Incentive | 3,081.03 |
| Housing | 0.00 |
| Other Allowances | 0.00 |
| Overtime | 0.00 |
| Hypo Tax | (2,893.68) |
| Dental Reimbursement | 0.00 |
| Transport | 0.00 |
| Bonus | 0.00 |
| Hypo Tax on Bonus | 0.00 |
| Adjustments | 0.00 |
| Expense Reimbursement | 0.00 |
| **Gross Earnings :** | **15,592.50** |
| **Remarks :** | |
| **DEDUCTIONS** | |
| Transfer to USD Payroll — ME Region | 15,592.50 |
| **LOANS / ADVANCES** | |
| **Total Deductions :** | **15,592.50** |
| **NET PAY** | **0.00** |
| **Transfer Amount :** | **0.00** |

**PAYMENT DETAILS**

**T/T Date :** 27/07/2024

Subject to the terms and conditions of your written agreement, it is the responsibility of each employee to declare his income in his country of domicile in accordance with that countrys legislation, and therefore to pay the appropriate tax on that income with no recourse back to BREDERO SHAW.

SHAWCOR

## BREDERO SHAW INTERNATIONAL B.V.

**Salary Details**

**NAME :** Martha Salas (USD) | **MONTH :** July-2024

| **EARNINGS** | **Amount (USD)** |
|---|---|
| Basic | 0.00 |
| Assignment Incentive | 0.00 |
| Housing | 0.00 |
| Other Allowances | 850.00 |
| Overtime | 0.00 |
| Hypo Tax | 0.00 |
| Dental Reimbursement | 0.00 |
| Transport | 788.45 |
| Bonus | 0.00 |
| Hypo Tax on Bonus | 0.00 |
| Adjustments | 0.00 |
| Expense Reimbursement | 0.00 |
| **Gross Earnings :** | **1,638.45** |

**Remarks :**

| **DEDUCTIONS** | | |
|---|---|---|
| Telephone Deduction | ME Region | 27.23 |
| Rent Deduction | ME Region | 267.74 |
| Transfer from EUR Payroll | ME Region | -17,555.60 |
| **LOANS / ADVANCES** | | |
| **Total Deductions :** | | **(17,260.63)** |
| **NET PAY** | | **18,899.07** |
| **Transfer Amount :** | | **0.00** |

**PAYMENT DETAILS**

**T/T Date :** 27/07/2024

| Sl. | Pay Thru | Bank Name | Branch | Address | IBAN / Account No. | Curr. | Amount |
|---|---|---|---|---|---|---|---|
| 1. | HSBCNET | CHASE BANK | NA | 6611 FM1488 RD, Magnolia | 909138505 (ABA RTG. 021000021) | USD | 9,363.60 |
| 2. | WPS | HSBC | Dubai | Dubai, UAE | AE560200000030876437001 | USD | 9,535.47 |

Subject to the terms and conditions of your written agreement, it is the responsibility of each employee to declare his income in his country of domicile in accordance with that countrys legislation, and therefore to pay the appropriate tax on that income with no recourse back to BREDERO SHAW.

**Bredero Shaw**

**Details of Full payments made to Martha Salas** **All figures are in EUR**

| Period: | 1-Jan-22 to 31-Dec-22 | 1-Jan-23 to 31-Dec-23 | 1-Jan-24 to 31-May-24 | Estimated figures - 1-Jun to 31-Dec-24 |
|---|---|---|---|---|
| Base Salary | 177,726.52 | 182,607.42 | 77,025.75 | 107,836.05 |
| Assignment Incentive | 35,545.30 | 36,521.48 | 15,405.15 | 21,567.21 |
| Car Allowance | 8,073.14 | 9,292.15 | 3,910.00 | 5,474.00 |
| GSD | 9,498.28 | 8,619.29 | 3,626.87 | 5,077.62 |
| Per Diem | - | - | - | - |
| Relocation Allowance | - | - | - | - |
| Bonus | 48,310.54 | 168,602.75 | 10,863.14 | - |
| Impact Award/Retention | 2,101.20 | - | 13,602.67 | - |
| VGP | 6,202.00 | - | - | - |
| Shawcor (SPS Plan) | - | 52,797.00 | - | - |
| SPIP & SPSP | - | 51,823.00 | - | - |
| **Total (EUR)** | **287,456.98** | **458,440.09** | **124,433.58** | **139,954.88** |

**In addition to the Compensation above, the Company pays for housing up to a maximum of USD 54,000 per annum**

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TEXAS REALTORS

# RESIDENTIAL LEASE

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS®, INC. IS NOT AUTHORIZED.
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1. **PARTIES:** The parties to this lease are:

   the owner of the Property, Landlord,: Sergio Tronco and Martha Salas ; and

   Tenant(s): Andre Hounshell and Vanessa Sanchez .

2. **PROPERTY:** Landlord leases to Tenant the following real property:

   Address: 6 Innerwoods Place, The Woodlands, TX 77382
   legally described as: WDLNDS VIL STERLING RIDGE 85, BLOCK 1, LOT 40

   in Montgomery County, Texas, together with the following non-real-property items: Washer, Dryer, Refrigerator .
   The real property and the non-real-property are collectively called the "Property".

3. **TERM:**

   A. Primary Term: The primary term of this lease begins and ends as follows:

   Commencement Date: 02/15/2024 Expiration Date: 02/14/2025 .

   B. Delay of Occupancy: Tenant must occupy the Property within 5 days after the Commencement Date. If Tenant is unable to occupy the Property by the 5th day after the Commencement Date because of construction on the Property or a prior tenant's holding over of the Property, Tenant may terminate this lease by giving written notice to Landlord before the Property becomes available to be occupied by Tenant, and Landlord will refund to Tenant the security deposit and any rent paid. Landlord will abate rent on a daily basis for a delay caused by construction or a prior tenant's holding over. This paragraph does not apply to any delay in occupancy caused by cleaning, repairs, or make-ready items.

4. **AUTOMATIC RENEWAL AND NOTICE OF TERMINATION:** This lease automatically renews on a month-to-month basis unless Landlord or Tenant provides the other party written notice of termination as provided in Paragraph 4A. Oral notice of termination is not sufficient under any circumstances. Time is of the essence for providing notice of termination (strict compliance with dates by which notice must be provided is required). The date on which rent is due does not apply to the requirement for providing written notice of termination. Paragraph 4B applies only if the lease renews on a month-to-month basis. If a box is not checked under Paragraph 4A, Paragraph 4A(1) will apply. If a box is not checked under Paragraph 4B, Paragraph 4B(1) will apply.

   A. This lease automatically renews on a month-to-month basis unless Landlord or Tenant provides the other party written notice of termination not less than: *(Check only one box.)*

   ☑ (1) 30 days before the Expiration Date.

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☐ (2) ________________ days before the Expiration Date. If Landlord or Tenant fails to provide the other party timely written notice of termination as required by paragraph 4A, the lease automatically renews on a month-to-month basis. The Landlord or Tenant then must provide a subsequent written notice of termination as required by paragraph 4B.

B. If this lease automatically renews on a month-to-month basis, it will continue to renew on a month-to-month basis until either party provides written notice of termination to the other party and the notice of termination will be effective: *(Check only one box.)*

☑ (1) on the last day of the month following the month in which the notice is given. Landlord is not obligated to prorate rent even if Tenant surrenders the Property before the termination date.

☐ (2) on the date designated in the notice but not sooner than 30 days after the notice is given and, if necessary, rent will be prorated on a daily basis.

**5. RENT:**

A. Monthly Rent: The monthly rent is $2,200.00. Tenant will pay the monthly rent so that Landlord receives the monthly rent on or before *(check only one box)*:

☑ (1) the first day of each month during this lease.

☐ (2) ________________.

Weekends, holidays, and mail delays do not excuse Tenant's obligation to timely pay rent. Tenant will pay first month's rent made payable to ☐Landlord or ☑ Listing Broker or ☐ Property Manager. The first month's rent is due and payable not later than February 15/2024 by *(select one or more)*: ☑cashier's check ☐electronic payment ☐money order ☐personal check or ☐other means acceptable to Landlord.

B. Prorated Rent: The prorated rent of $1,100.oo is due on or before 03/01/2024 by *(select one or more)*: ☐cashier's check ☑electronic payment ☐money order ☐personal check or ☐other means acceptable to Landlord.

C. Place of Payment: Unless this lease provides otherwise, Tenant will remit all amounts due to Landlord under this lease to the following person or entity at the place stated and make all payments payable to the named person or entity. Landlord may later designate, in writing, another person or place to which Tenant must remit amounts due under this lease.

Name: SERGIO TRONCO

Address: Zelle - acc - tlsergio@hotmail.com or
Wellsfargo. Checking Account - Routing# 111900659 Acc# 5985604007

**Notice: Place the Property address and Tenant's name on all payments.**

D. Method of Payment:

(1) Tenant must pay all rent timely and without demand, deduction, or offset, except as permitted by law or this lease.

(2) Time is of the essence for the payment of rent (strict compliance with rental due dates is required).

(3) Unless the parties agree otherwise, Tenant may not pay rent in cash and will pay all rent by *(select one or more)*: ☐cashier's check ☑electronic payment ☐money order ☐personal check or ☑other means acceptable to Landlord. Landlord ☐may or ☐may not charge a reasonable fee to process or accept payment by *(select one or more only if Landlord indicates a reasonable fee may be charged)*: ☐cashier's check ☑electronic payment ☐money order ☐personal check or ☑other means acceptable to Landlord.

(4) Landlord ☑ requires ☐ does not require Tenant(s) to pay monthly rents by one payment.

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(5) If Tenant fails to timely pay any amounts due under this lease or if any check of Tenant is not honored by the institution on which it was drawn, Landlord may require Tenant to pay such amount and any subsequent amounts under this lease in certified funds. This paragraph does not limit Landlord from seeking other remedies under this lease for Tenant's failure to make timely payments with good funds.

E. Rent Increases: There will be no rent increases through the primary term. Landlord may increase the rent that will be paid during any month-to-month renewal period by providing at least 30 days written notice to Tenant.

**6. LATE CHARGES:**

A. If Landlord does not actually receive a rent payment in the full amount at the designated place of payment by the 3rd day of each month at 11:59pm, Tenant will pay Landlord for each late payment:

(1) an initial late charge equal to *(check one box only)*: ☐ (a) $________; or ☐ (b) 10 % of one month's rent; **and**

(2) additional late charges of $35 per day thereafter until rent and late charges are paid in full. Additional late charges for any one payment may not exceed more than 30 days.

**Notice: §92.019, Property Code prohibits assessing a late fee until rent has remained unpaid for at least two full days after the date on which the rent is due.**

B. For the purposes of paying rent and any late charges, the mailbox is not the agent for receipt for Landlord (the postmark date is not the date Landlord receives the payment). The parties agree that the late charge is reasonable based on uncertain damages to the Landlord related to the late payment of rent, including direct or indirect expenses, direct or indirect costs, or overhead associated with the collection of late payment. Landlord's acceptance of a late charge does not waive Landlord's right to exercise remedies under Paragraph 27.

**7. RETURNED PAYMENT:** Tenant will pay Landlord $100 for each payment Tenant tenders to Landlord which is returned or not honored by the institution on which it is drawn for any reason, plus any late charges until Landlord receives payment. Tenant must make any returned payment good by paying such amount(s) plus any associated charges in certified funds.

**8. APPLICATION OF FUNDS:** Regardless of any notation on a payment, Landlord may apply funds received from Tenant first to any non-rent obligations of Tenant, including but not limited to, late charges, returned payment charges, repairs, brokerage fees, periodic utilities, animal charges, and then to rent.

**9. ANIMALS:**

A. Unless the parties agree otherwise in writing, Tenant may not permit, even temporarily, any animal on the Property (including but not limited to any mammal, reptile, bird, fish, rodent, or insect). An assistance animal is not considered a pet but is still required to be reported to the Landlord with accompanying documentation as required by the Texas Department of Housing and Community Affairs.

B. If Tenant violates this Paragraph 9 or any agreement to keep an animal on the Property, Landlord may take all or any of the following action:

(1) declare Tenant to be in default of this lease and exercise Landlord's remedies under Paragraph 27;

(2) charge Tenant, as additional rent, an initial amount of $300 and $50 per day thereafter per animal for each day Tenant violates the animal restrictions;

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(3) remove or cause to be removed any unauthorized animal and deliver it to appropriate local authorities by providing at least 24-hour written notice to Tenant of Landlord's intention to remove the unauthorized animal; and
(4) charge to Tenant the Landlord's cost to:
(a) remove any unauthorized animal;
(b) exterminate the Property for fleas and other insects;
(c) clean and deodorize the Property's carpets and drapes; and
(d) repair any damage to the Property caused by the unauthorized animal.

C. When taking any action under Paragraph 9B Landlord will not be liable for any harm, injury, death, or sickness to any animal.

**10. SECURITY DEPOSIT:**

A. Security Deposit: On or before execution of this lease, Tenant will pay a security deposit to Landlord in the amount of $2,200,00 by *(select one or more)*: ☑cashier's check ☑electronic payment ☐money order ☐personal check or ☑other means acceptable to Landlord. "Security deposit" has the meaning assigned to that term in §92.102, Property Code. Any additional deposits Tenant pays to Landlord, other than the security deposit, will become part of the security deposit.

B. Interest: No interest or income will be paid to Tenant on the security deposit. Landlord may place the security deposit in an interest-bearing or income-producing account and any interest or income earned will be paid to Landlord or Landlord's representative.

C. Refund: Tenant must give Landlord at least thirty (30) days written notice of surrender before Landlord is obligated to account for or refund the security deposit. Any refund of the security deposit will be made payable to all Tenants named in this lease.

**Notices about Security Deposits:**
**(1) §92.108, Property Code provides that a tenant may not withhold payment of any portion of the last month's rent on grounds that the security deposit is security for unpaid rent.**
**(2) Bad faith violations of §92.108 may subject a tenant to liability up to 3 times the rent wrongfully withheld and the landlord's reasonable attorney's fees.**
**(3) The Property Code does not obligate a landlord to return or account for the security deposit until the tenant surrenders the Property and gives the landlord a written statement of the tenant's forwarding address, after which the landlord has 30 days in which to account.**
**(4) "Surrender" is defined in Paragraph 16 of this lease.**
**(5) One may view the Texas Property Code at the Texas Legislature's website which, as of the date shown in the lower left-hand corner of this form, is http://www.statutes.legis.state.tx.us/.**

D. Deductions:

(1) Landlord may deduct reasonable charges from the security deposit for:
(a) damages to the Property, excluding normal wear and tear, and all reasonable costs associated to repair the Property;
(b) costs for which Tenant is responsible to clean, deodorize, exterminate, and maintain the Property;
(c) unpaid or accelerated rent;
(d) unpaid late charges;
(e) unpaid utilities and utility expenses Landlord incurs to maintain utilities to the Property as required by this Lease;

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(f) unpaid pet charges;
(g) replacing unreturned keys, garage door openers, security devices, or other components;
(h) the removal of unauthorized locks or fixtures installed by Tenant;
(i) Landlord's cost to access the Property if made inaccessible by Tenant;
(j) missing or burned-out light bulbs and fluorescent tubes (at the same location and of the same type and quality that are in the Property on the Commencement Date);
(k) packing, removing, and storing abandoned property;
(l) removing abandoned or illegally parked vehicles;
(m) costs of reletting (as defined in Paragraph 27), if Tenant is in default;
(n) attorney's fees, costs of court, costs of service, and other reasonable costs incurred in any legal proceeding against Tenant;
(o) mailing costs associated with sending notices to Tenant for any violations of this lease;
(p) any other unpaid charges or fees or other items for which Tenant is responsible under this lease;
(q) cost to restore walls, flooring, landscaping or any alteration to the Property not approved in writing by Landlord;
(r) damages to the Property caused by smoking, including but not limited to stains, burns, odors, and removal of debris; and
(s) costs to rekey certain security devices, as provided in Paragraph 19.

(2) If deductions exceed the security deposit, Tenant will pay to Landlord the excess within 10 days after Landlord makes written demand.

## 11. UTILITIES:

A. Tenant will pay all connection fees, service fees, usage fees, and all other costs and fees for all utilities to the Property (for example, electricity, gas, water, wastewater, garbage, telephone, alarm monitoring systems, cable, and Internet connections) except the following which Landlord will pay: N/A
.
Unless otherwise agreed, amounts under this paragraph are payable directly to the service providers.

B. Unless provided by Landlord, Tenant must, at a minimum, keep the following utilities on, if available, at all times this lease is in effect: gas; electricity; water; wastewater; and garbage services.

**Notice: Before signing this lease, Tenant should determine if all necessary utilities are available to the Property and are adequate for Tenant's use**.

## 12. USE AND OCCUPANCY:

A. Occupants: Tenant may use the Property as a private residence only. The only persons Tenant may permit to reside on the Property during the term of this lease are (*include names and ages of all occupants*): ANDRE HOUSHELL Jr. (35), VANESSA SANCHEZ (27)--------------
.

B. Phone Numbers and E-mail: Tenant must promptly inform Landlord of any changes in Tenant's phone numbers (home, work, and mobile) and e-mail not later than 5 days after a change.

C. HOA Rules: This Property ☑ is or ☐ is not a part of an HOA. FIRST SERVICE RESIDENTIAL

(*Include the name of the HOA if there is one*). Tenant must comply with any owners' association rules or restrictive covenants affecting the Property. Tenant will reimburse Landlord for any fines or other charges assessed against Landlord for violations by Tenant of any owners' association rule or restrictive covenant, and any resulting administrative fees assessed by Landlord's agents or any other entity as provided by law.

D. Prohibitions: Unless otherwise authorized by this lease, Tenant may not install or permit any of the following on the Property, even temporarily: a spa, hot tub, above-ground pool, trampoline, or any item which causes a suspension or cancellation of insurance coverage or an increase in insurance premiums. Tenant may not permit any part of the Property to be used for: (1) any activity which is a nuisance, offensive, noisy, or dangerous; (2) the repair of any vehicle; (3) any business of any type, including but not limited to child care; (4) any activity which violates any zoning ordinance, owners' association rule, or restrictive covenant; (5) any illegal or unlawful activity, including but not limited to, the planting, growth, consumption, or distribution of cannabis plants or products; or (6) activity that obstructs, interferes with, or infringes on the rights of other persons near the Property. Tenant may not list any part of the Property on any lodging or short-term rental website or with any person or service that advertises Properties for rent.

E. Guests: Tenant may not permit any guest to stay on the Property longer the amount of time permitted by any owners' association rule or restrictive covenant or 15 consecutive days without Landlord's written permission, whichever is less. No guests are permitted to stay on the Property more than twice the number of days in the space above in any 30-day period. If the above space is not filled in, two (2) days total per month will apply.

F. Common Areas: Landlord is not obligated to pay any non-mandatory or user fees for Tenant's use of any common areas or facilities (for example, pool or tennis courts).

**13. PARKING RULES:** Tenant may not permit more than 2 vehicles, including but not limited to automobiles, trucks, recreational vehicles, trailers, motorcycles, all-terrain vehicles, jet skis, and boats, on the Property unless authorized by Landlord in writing. Tenant may not park or permit any person to park any vehicles in the yard. Tenant may permit vehicles to be parked only in drives, garages, designated common parking areas, or in the street if not prohibited by law or an owners' association. Tenant may not store or permit any person to store any vehicles on or adjacent to the Property or on the street in front of the Property. In accordance with applicable state and local laws, Landlord may have towed, at Tenant's expense: (a) any inoperative vehicle on or adjacent to the Property; (b) any vehicle parked in violation of this paragraph or any additional parking rules made part of this lease; or (c) any vehicle parked in violation of any law, local ordinance, or owners' association rule. Tenant must promptly inform Landlord of any changes in Tenant's vehicle information (type, year, make, model, and license plate number including state) not later than 5 days after a change.

**14. ACCESS BY LANDLORD:**

A. Advertising: Landlord may prominently display a "For Sale" or "For Lease" or similarly worded sign on the Property during the term of this lease or any renewal period. Landlord or Landlord's contractor may take interior or exterior photographs or images of the Property and use the photographs or images in any advertisements to lease or sell the Property.

B. Access: Before accessing the Property, Landlord or anyone authorized by Landlord will attempt to first contact Tenant, but may enter the Property at reasonable times without notice to make repairs or to show

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the Property to prospective tenants or buyers, inspectors, fire marshals, lenders, appraisers, or insurance agents. Additionally, Landlord or anyone authorized by Landlord may peacefully enter the Property at reasonable times without first attempting to contact Tenant and without notice to: (1) survey or review the Property's condition and take photographs to document the condition; (2) make emergency repairs; (3) exercise a contractual or statutory lien; (4) leave written notices; or (5) seize nonexempt property if Tenant is in default.

C. Trip Charges: If Landlord or Landlord's agents have made prior arrangements with Tenant to access the Property and are denied or are not able to access the Property because of Tenant's failure to make the Property accessible (including, but not limited to, any occupant, guest or invitee of Tenant, pet, or security device prohibiting access to any area of the Property), Landlord may charge Tenant a trip charge of $100.

D. Keybox: **A keybox is a locked container placed on the Property holding a key to the Property. The keybox is opened by a special combination, key, or programmed access device so that persons with the access device may enter the Property, even in Tenant's absence. The keybox is a convenience but involves risk (such as unauthorized entry, theft, property damage, or personal injury). Neither the Association of REALTORS® nor MLS requires the use of a keybox.**

(1) Tenant authorizes Landlord, Landlord's property manager, and Landlord's broker to place on the Property a keybox containing a key to the Property:
(a) during the last 30 days of this lease or any renewal or extension; and
(b) at any time Landlord lists the Property for sale with a Texas licensed broker.

(2) Tenant may withdraw Tenant's authorization to place a keybox on the Property by providing written notice to Landlord and paying Landlord a fee of $2,200.00 as consideration for the withdrawal. Landlord will remove the keybox within a reasonable time after receipt of the notice of withdrawal and payment of the required fee. Removal of the keybox does not alleviate Tenant's obligation to make the Property available for showings as indicated in Paragraph 14B.

(3) If Landlord or Landlord's agents are denied or are not able to access the Property after first attempting to contact Tenant, Landlord may charge Tenant a trip charge as provided in Paragraph 14C.

(4) Landlord, the property manager, and Landlord's broker are not responsible to Tenant, Tenant's guests, family, or occupants for any damages, injuries, or losses arising from use of the keybox unless caused by Landlord, the property manager, or Landlord's broker.

## 15. MOVE-IN CONDITION:

A. **SIGHT UNSEEN NOTICE: Tenant is given the opportunity to inspect the Property prior to signing the lease. A Tenant who declines to do so and chooses to sign the Lease on the Property sight unseen does so at their own risk. Tenant accepts the Property "as is" and Landlord is under no obligation to make any changes upon Tenant viewing the Property. Tenant will be bound to all provisions of the Lease irrespective of Tenant viewing the Property before signing the Lease.**

B. Landlord makes no express or implied warranties as to the Property's condition. Tenant has inspected the Property and accepts it **AS-IS** provided that Landlord: N/A.

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C. Tenant will complete an Inventory and Condition Form, noting any damages to the Property, and deliver it to Landlord within 7 days after the Commencement Date. If Tenant fails to timely deliver the Inventory and Condition Form, the Property will be deemed to be free of damages, unless otherwise expressed in this lease. The Inventory and Condition Form is not a request for repairs. Tenant must direct all requests for repairs in compliance with Paragraph 18.

**16. MOVE-OUT:**

A. Move-Out Condition: When this lease ends, Tenant will surrender the Property in the same condition as when received, normal wear and tear excepted. Tenant will leave the Property in a clean condition free of all trash, debris, and any personal property. Tenant may not abandon the Property.

B. Definitions:

(1) "*Normal wear and tear*" means deterioration that occurs without negligence, carelessness, accident, or abuse.

(2) "*Surrender*" occurs when all occupants have vacated the Property, in Landlord's reasonable judgment, and one of the following events occurs:
(a) the date Tenant specifies as the move-out or termination date in a written notice to Landlord has passed; or
(b) Tenant returns keys and access devices that Landlord provided to Tenant under this lease.

(3) "*Abandonment*" occurs when all of the following occur:
(a) all occupants have vacated the Property, in Landlord's reasonable judgment;
(b) Tenant is in breach of this lease by not timely paying rent; and
(c) Landlord has delivered written notice to Tenant, by affixing it to the inside of the main entry door or if the Landlord is prevented from entering the Property by affixing it to the outside of the main entry door, stating that Landlord considers the Property abandoned, and Tenant fails to respond to the affixed notice by the time required in the notice, which will not be less than 2 days from the date the notice is affixed to the main entry door.

C. Personal Property Left After Move-Out:

(1) If Tenant leaves any personal property in the Property after surrendering or abandoning the Property Landlord may:
(a) dispose of such personal property in the trash or a landfill;
(b) give such personal property to a charitable organization; or
(c) store and sell such personal property by following procedures in §54.045(b)-(e), Property Code.

(2) Tenant must reimburse Landlord all Landlord's reasonable costs under Paragraph 16C(1) for packing, removing, storing, and selling the personal property left in the Property after surrender or abandonment.

**17. PROPERTY MAINTENANCE:**

A. Tenant's General Responsibilities: Tenant, at Tenant's expense, must:
(1) keep the Property clean and sanitary;
(2) promptly dispose of all garbage in appropriate receptacles;

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(3) supply and change heating and air conditioning filters per manufacturer's instructions;
(4) supply and replace all light bulbs, fluorescent tubes, and batteries for smoke alarms, carbon monoxide detectors, garage door openers, ceiling fan remotes, and other devices (of the same type and quality that are in the Property on the Commencement Date);
(5) maintain appropriate levels of necessary chemicals or matter in any water softener;
(6) take action to promptly eliminate any dangerous condition on the Property;
(7) take all necessary precautions to prevent broken water pipes due to freezing or other causes;
(8) replace any lost or misplaced keys;
(9) pay any periodic, preventive, or additional extermination costs desired by Tenant, including treatment for bed bugs, unless otherwise required by law;
(10) remove any standing water;
(11) know the location and operation of the main water cut-off valve and all electric breakers and how to switch the valve or breakers off at appropriate times to mitigate any potential damage;
(12) water the foundation of the Property at reasonable and appropriate times;
(13) supply and change water filtration systems, including but not limited to, refrigerator water filters; and
(14) promptly notify Landlord, in writing, of all needed repairs.

B. Yard Maintenance:

(1) *"Yard"* means all lawns, shrubbery, bushes, flowers, gardens, trees, rock or other landscaping, and other foliage on or encroaching on the Property or on any easement appurtenant to the Property, and does not include common areas maintained by an owners' association.

(2) *"Maintain the yard"* means to perform activities such as, but not limited to: (a) mowing, fertilizing, and trimming the yard; (b) controlling pests and weeds in the yard; and (c) removing debris from the yard.

(3) Unless prohibited by ordinance or other law, Tenant will water the yard at reasonable and appropriate times including but not limited to the following times: N/A ________________. Other than watering, the yard will be maintained as follows:

☐ (a) Landlord, at Landlord's expense, will maintain the yard. Tenant will permit Landlord and Landlord's contractors reasonable access to the yard and will remove any pet from the yard at appropriate times.

☐ (b) Tenant, at Tenant's expense, will maintain the yard.

☐ (c) Tenant will maintain in effect a scheduled yard maintenance contract with: ☐ a contractor who regularly provides such service; ☑ Front Yard is maintained by the HOA.- .

C. Pool/Spa Maintenance: Any pool or spa on the Property will be maintained according to a Pool/Spa Maintenance Addendum.

D. Prohibitions: If Tenant installs any fixtures on the Property, authorized or unauthorized, such as additional smoke alarms, additional carbon monoxide detectors, locks, alarm systems, cables, satellite dishes, or other fixtures, such fixtures will become the property of the Landlord. Except as otherwise permitted by law, this lease, or in writing by Landlord, Tenant may not:
(1) remove any part of the Property or any of Landlord's personal property from the Property;
(2) remove, change, add, or rekey any lock;
(3) make holes in the woodwork, floors, or walls, except that a reasonable number of small nails may be used to hang pictures in sheetrock and grooves in paneling;

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(4) permit any water furniture on the Property;
(5) install additional phone or video cables, outlets, antennas, satellite receivers, or alarm systems;
(6) alter, replace or remove flooring material, paint, or wallpaper;
(7) install, change, or remove any: fixture, appliance, or non-real-property item listed in Paragraph 2;
(8) keep or permit any hazardous material on the Property such as flammable or explosive materials;
(9) keep or permit any material or item which causes any liability or fire and extended insurance coverage to be suspended or canceled or any premiums to be increased;
(10) dispose of any environmentally detrimental substance (for example, motor oil or radiator fluid) on the Property;
(11) cause or allow any lien to be filed against any portion of the Property; or
(12) disconnect or intentionally damage any carbon monoxide detector, or otherwise violate any local ordinance requiring a carbon monoxide detector in the Property.

E. Failure to Maintain: If Tenant fails to comply with this Paragraph 17 or any Pool/Spa Maintenance Addendum, Landlord may, in addition to exercising Landlord's remedies under Paragraph 27, perform whatever action Tenant is obligated to perform and Tenant must immediately reimburse Landlord the reasonable expenses that Landlord incurs plus any administrative fees assessed by Landlord's agents or any other entity as provided by law.

F. Smoking: Smoking, including vaping or tobacco pipes of any type, by Tenant, Tenant's guests, family, or occupants is ☐ permitted ☑ not permitted on the Property (including, but not limited to, the garage or outdoor areas of the Property). If smoking is not permitted and does occur on the Property, Tenant will be in default and:
(1) Landlord may exercise Landlord's remedies under Paragraph 27; and
(2) Landlord may deduct from the security deposit damages to the Property caused by smoking, including but not limited to stains, burns, odors, and removal of debris.

**18. REPAIRS:** (Notice: Subchapter B, Chapter 92, Property Code governs repair obligations).

**A. Repair Requests: All requests for repairs must be in writing and delivered to Landlord. If Tenant is delinquent in rent at the time a repair notice is given, Landlord is not obligated to make the repair. In the event of an emergency related to the condition of the Property that materially affects the physical health or safety of an ordinary tenant, Tenant may call Landlord or, if applicable, the property manager, at** EMAIL CLAUSE 26**. Ordinarily, a repair to the heating and air conditioning system is not an emergency.**

**B. NOTICE: If Landlord fails to repair a condition that materially affects the physical health or safety of an ordinary tenant as required by this lease or the Property Code, Tenant may be entitled to exercise remedies under §92.056 and §92.0561 of the Property Code. If Tenant follows the procedures under those sections, the following remedies may be available to Tenant: (1) terminate the lease and obtain an appropriate refund under §92.056(f); (2) have the condition repaired or remedied according to §92.0561; (3) deduct from the rent the cost of the repair or remedy according to §92.0561; and (4) obtain judicial remedies according to §92.0563. Do not exercise these remedies without consulting an attorney or carefully reviewing the procedures under the applicable sections. The Property Code presumes that 7 days is a reasonable period of time for the Landlord to make a diligent effort to repair a condition unless there are circumstances which establish that a different period of time is appropriate (such as the severity and nature of the condition and the availability of materials, labor, and utilities). Failure to strictly follow the procedures in the applicable sections may cause Tenant to be in default of the lease.**

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**C. Completion of Repairs:**

**(1) Tenant may not repair or cause to be repaired any condition, regardless of the cause, without Landlord's permission. All decisions regarding repairs, including the completion of any repair, whether to repair or replace the item, and the selection of contractors, will be at Landlord's sole discretion.**

**(2) Landlord is not obligated to complete a repair on a day other than a business day unless required to do so by the Property Code.**

**D. Payment of Repair Costs:**

**(1) Except as otherwise specified in this lease, Landlord will pay to repair or remedy conditions in the Property in need of repair if Tenant complies with the procedures for requesting repairs as described in this Paragraph 18. This includes, but is not limited to, repairs to the following items not caused by Tenant or Tenant's negligence:**
**(a) heating and air conditioning systems;**
**(b) water heaters; or**
**(c) water penetration from structural defects.**

**(2) Landlord will NOT pay to repair the following items unless caused by Landlord's negligence:**
**(a) conditions caused by Tenant, an Occupant, or any guest or invitee of Tenant;**
**(b) damage to doors, windows, and screens;**
**(c) damage from windows or doors left open;**
**(d) damage from wastewater stoppages caused by foreign or improper objects in lines that exclusively serve the Property;**
**(e) items that are cosmetic in nature with no impact on the functionality or use of the item; and**
**(f) the following specific items or appliances:** TENANT IS RESPONSIBLE FOR THE FIRST $75.00 IF DAMAGE IS CAUSED BY TENANTS.
____________________________________________**.**

**E. Trip Charges: If a repair person is unable to access the Property after making arrangements with Tenant to complete the repair, Tenant will pay any trip charge the repair person may charge, which amount may be different from the amount stated in Paragraph 14C.**

**F. Advance Payments and Reimbursements: Landlord may require advance payment of repairs or payments under this Paragraph 18 for which Tenant is responsible. Tenant must promptly reimburse Landlord the amounts under this Paragraph 18 for which Tenant is responsible.**

## 19. SECURITY DEVICES AND EXTERIOR DOOR LOCKS:

A. Subchapter D, Chapter 92, Property Code requires the Property to be equipped with certain types of locks and security devices, including (with some exceptions): (1) window latches on each window; (2) a keyed doorknob lock or keyed deadbolt lock on each exterior door; (3) a sliding door pin lock on each exterior sliding glass door of the dwelling; (4) a sliding door handle latch or a sliding door security bar on each exterior sliding glass door of the dwelling; and (5) a keyless bolting device and a door viewer on each exterior door of the dwelling. Landlord has rekeyed the security devices since the last occupant vacated the Property or will rekey the security devices within 7 days after Tenant moves in. "Security device" has the meaning assigned to that term in §92.151, Property Code.

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B. All notices or requests by Tenant for rekeying, changing, installing, repairing, or replacing security devices must be in writing. Installation of additional security devices or additional rekeying or replacement of security devices desired by Tenant may be paid by Tenant in advance in accordance with §92.162(c), Property Code, and may be installed only by contractors authorized by Landlord.

C. If Tenant vacates the Property in breach of this lease, Landlord may deduct from the security deposit reasonable costs incurred by Landlord to rekey security devices as authorized by §92.156(e), Property Code.

**20. SMOKE ALARMS:** Subchapter F, Chapter 92, Property Code requires the Property to be equipped with smoke alarms in certain locations. Requests for additional installation, inspection, or repair of smoke alarms must be in writing. Disconnecting or intentionally damaging a smoke alarm or removing a battery without immediately replacing it with a working battery may subject Tenant to civil penalties and liability for damages and attorney fees under §92.2611, Property Code.

**21. LIABILITY**: Unless caused by Landlord, Landlord is not responsible to Tenant, Tenant's guests, family, or occupants for any damages, injuries, or losses to person or property caused by fire, flood, water leaks, ice, snow, hail, winds, explosion, smoke, interruption of utilities, theft, burglary, robbery, assault, vandalism, other persons, condition of the Property, environmental contaminants (for example, carbon monoxide, asbestos, radon, lead-based paint, mold, fungus, etc.), or other occurrences or casualty losses. Unless prohibited by law, Tenant will promptly reimburse Landlord for any damages, injuries, or losses to person or property caused by Tenant, Tenant's guests, any occupants, or any pets or assistance animals, including cost of repairs or service to the Property.

**22. HOLDOVER**: If Tenant fails to vacate the Property at the time this lease ends Tenant will pay Landlord rent for the holdover period and indemnify Landlord and prospective tenants for damages, including but not limited to lost rent, lodging expenses, costs of eviction, and attorneys' fees. Rent for any holdover period will be three (3) times the monthly rent, calculated on a daily basis, and will be immediately due and payable daily without notice or demand.

**23. RESIDENTIAL LANDLORD'S LIEN**: Landlord will have a lien for unpaid rent against all of Tenant's nonexempt personal property that is in the Property and may seize such nonexempt property if Tenant fails to pay rent. Subchapter C, Chapter 54, Property Code governs the rights and obligations of the parties regarding Landlord's lien. Landlord may collect a charge for packing, removing, or storing property seized in addition to any other amounts Landlord is entitled to receive. Landlord may sell or dispose of any seized property in accordance with the provisions of §54.045, Property Code.

**24. SUBORDINATION**: This lease and Tenant's leasehold interest are and will be subject, subordinate, and inferior to: (i) any lien or encumbrance now or later placed on the Property by Landlord; (ii) all advances made under any such lien or encumbrance; (iii) the interest payable on any such lien or encumbrance; (iv) any and all renewals and extensions of any such lien or encumbrance; (v) any restrictive covenant; and (vi) the rights of any owners' association affecting the Property.

**25. CASUALTY LOSS OR CONDEMNATION**: Section 92.054, Property Code governs the rights and obligations of the parties regarding a casualty loss to the Property. Any proceeds, payment for damages, settlements, awards, or other sums paid because of a casualty loss to the Property will be Landlord's sole property. For the purpose of this lease, any condemnation of all or a part of the Property is a casualty loss.

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**26. SPECIAL PROVISIONS:** *(Do not insert a lease-option or lease-purchase clause without the assistance of legal counsel. Special obligations and liabilities under statute apply to such transactions.)*

1. Landlord Makes No Express or Implied Warranties as to the Property's Conditions. The tenant has inspected the Property and Accepts It AS-IS.
2. Renter's Insurance (Minimum Liability Limit of $300,000) is MANDATORY. A copy of the policy should be delivered to the landlord or landlord's agent by the delivery key's date and MUST be Active at all times during the Lease Term.
3. For repairs or any other management items, contact landlord Sergio Tronco at tlsergio1972@gmail.com.

**27. DEFAULT**:

A. If Landlord fails to comply with this lease, Tenant may seek any relief provided by law.

B. If Tenant fails to timely pay all amounts due under this lease or otherwise fails to comply with this lease, Tenant will be in default and:
   (1) Landlord may terminate Tenant's right to occupy the Property by providing Tenant with at least one day written notice to vacate;
   (2) all unpaid rents which are payable during the remainder of this lease or any renewal period will be accelerated without notice or demand;
   (3) Landlord may exercise Landlord's lien under Paragraph 23 and any other rights under this lease or the Property Code;
   (4) all unpaid amounts, including judgments, will bear 18% interest or the maximum amount allowed by law per year from the due date, compounded annually; and
   (5)Tenant will be liable for:
      (a) any lost rent;
      (b) Landlord's cost of reletting the Property including but not limited to leasing fees, advertising fees, utility charges, and other fees reasonably necessary to relet the Property;
      (c) repairs to the Property for use beyond normal wear and tear;
      (d) all Landlord's costs associated with eviction of Tenant, including but not limited to attorney's fees, court costs, costs of service, witness fees, and prejudgment interest;
      (e) all Landlord's costs associated with collection of amounts due under this lease, including but not limited to collection fees, late charges, and returned check charges; and
      (f) any other recovery to which Landlord may be entitled by law.

C. Notice to vacate under Paragraph 27B(1) may be by any means permitted by §24.005, Property Code.

D. If Tenant vacates the Property in breach of this lease, Landlord may also deduct from the security deposit the reasonable costs to rekey certain security devices, as provided in Paragraph 19.

E. Landlord will attempt to mitigate any damage or loss caused by Tenant's breach by attempting to relet the Property to acceptable tenants and reducing Tenant's liability accordingly.

**28. EARLY TERMINATION:** This lease begins on the Commencement Date and ends on the Expiration date unless: (i) renewed under Paragraph 4; (ii) extended by written agreement of the parties; or (iii) terminated earlier under Paragraph 27, by agreement of the parties, applicable law, or this Paragraph 28. Unless otherwise provided by law, Tenant is not entitled to early termination due to voluntary or involuntary job or school transfer, changes in marital status, loss of employment, loss of co-tenants, changes in health, purchase of property, or death.

A. <u>Special Statutory Rights</u> Tenants may have special statutory rights to terminate the lease early in certain situations involving family violence, military deployment or transfer, or certain sex offenses or stalking.

(1) Military: If Tenant is or becomes a servicemember or a dependent of a servicemember, Tenant may terminate this lease by delivering to Landlord a written notice of termination and a copy of an appropriate government document providing evidence of: (a) entrance into military service; (b) military orders for a permanent change of station (PCS); or (c) military orders to deploy with a military unit for not less than 90 days. Termination is effective on the 30th day after the first date on which the next rental payment is due after the date on which the notice is delivered. §92.017, Property Code governs the rights and obligations of the parties under this paragraph.

(2) Family Violence: Tenant may terminate this lease if Tenant provides Landlord with a copy of documentation described under §92.016, Property Code protecting Tenant or an occupant from family violence committed by a cotenant or occupant of the Property. §92.016, Property Code governs the rights and obligations of the parties under this paragraph. If the family violence is committed by someone other than a cotenant or co-occupant of the Property, Tenant must give written notice of termination 30 days prior to the effective date of the notice.

(3) Sex Offenses or Stalking: Tenant may have special statutory rights to terminate this lease in certain situations involving certain sexual offenses or stalking, if the Tenant provides Landlord with the documentation required by §92.0161, Property Code. For more information about the types of situations covered by this provision, Tenant is advised to review §92.0161, Property Code.

B. Assignment, Subletting and Replacement Tenants:

(1) Tenant may not assign this lease or sublet the Property without Landlord's written consent.

(2) If Tenant requests an early termination of this lease under this Paragraph 28B, Tenant may attempt to find a replacement tenant and may request Landlord to do the same. Landlord may, but is not obligated to, attempt to find a replacement tenant under this paragraph.

(3) Any assignee, subtenant, or replacement tenant must, in Landlord's discretion, be acceptable as a tenant and must sign: (a) a new lease with terms not less favorable to Landlord than this lease or otherwise acceptable to Landlord; (b) a sublease with terms approved by Landlord; or (c) an assignment of this lease in a form approved by Landlord.

(4) At the time Landlord agrees to permit an assignee, subtenant, or replacement tenant to occupy the Property, Tenant will pay Landlord:
(a) if Tenant procures the assignee, subtenant, or replacement tenant:
☐ (i) $N/A.
☐ (ii) N/A % of one's month rent that the assignee, subtenant, or replacement tenant is to pay.

(b) if Landlord procures the assignee, subtenant, or replacement tenant:
☐ (i) $N/A.
☐ (ii) N/A % of one's month rent that the assignee, subtenant, or replacement tenant is to pay.

(5) Unless expressly stated otherwise in an assignment or sublease, Tenant will not be released from Tenant's obligations under this lease because of an assignment or sublease. An assignment of this lease or a sublease of this lease without Landlord's written consent is voidable by Landlord.

**29. ATTORNEY'S FEES**: Any person who is a prevailing party in any legal proceeding brought under or related to the transaction described in this lease is entitled to recover prejudgment interest, attorney's fees, costs of service, and all other costs of the legal proceeding from the non-prevailing party.

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**30. REPRESENTATIONS**: Tenant's statements in this lease and any application for rental are material representations. Each party to this lease represents that he or she is of legal age to enter into a contract. If Tenant makes a misrepresentation in this lease or in an application for rental, Tenant is in default.

**31. ADDENDA**: Incorporated into this lease are the following addenda, exhibits and other information. If Landlord's Rules and Regulations are made part of this lease, Tenant agrees to comply with the Rules and Regulations as Landlord may, at Landlord's discretion, amend from time to time.

- ☐ Addendum Regarding Rental Flood Disclosure
- ☐ Addendum Regarding Lead-Based Paint
- ☑ Inventory & Condition Form
- ☐ Landlord's Additional Parking Rules
- ☐ Animal Agreement
- ☐ Mold Remediation Consumer Protection
- ☐ Residential Lease Guaranty
- ☐ ______________________
- ☐ Agreement Between Brokers
- ☐ Landlord's Rules & Regulations
- ☐ Owners' Association Rules
- ☐ Pool/Spa Maintenance Addendum
- ☐ Residential Lease Application
- ☐ Bed Bug Addendum
- ☐ ______________________
- ☐ ______________________

**32. NOTICES:** All notices under this lease must be in writing and are effective when hand-delivered, sent by mail, or sent by electronic transmission to *(Do not insert an e-mail address or a fax number unless the party consents to receive notices under this lease at the e-mail address or fax number specified.)*:

Tenant at the Property and a copy to:
ANDRE HOUSHELL
VANESSA SANCHEZ

E-mail/Fax: 9mind@protonmail.com
E-mail/Fax: vanysanz1122@gmail.com

Landlord c/o:
Sergio Tronco

E-mail/Fax: tlsergio1972@gmail.com
E-mail/Fax: ______________________

**33. AGREEMENT OF PARTIES:**

A. Entire Agreement: There are no oral agreements between Landlord and Tenant. This lease contains the entire agreement between Landlord and Tenant and may not be changed except by written agreement.

B. Binding Effect: This lease is binding upon and inures to the benefit of the parties to this lease and their respective heirs, executors, administrators, successors, and permitted assigns.

C. Joint and Several: All Tenants are jointly and severally liable for all provisions of this lease. Any act or notice to, refund to, or signature of, any one or more of the Tenants regarding any term of this lease, its extension, its renewal, or its termination is binding on all Tenants executing this lease.

D. Waiver: Landlord's past delay, waiver, or non-enforcement of a rental due date or any other right will not be deemed to be a waiver of any other breach by Tenant or any other right in this lease.

E. Severable Clauses: Should a court find any clause in this lease unenforceable, the remainder of this lease will not be affected and all other provisions in this lease will remain enforceable.

F. Controlling Law: The laws of the State of Texas govern the interpretation, validity, performance, and enforcement of this lease.

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G. Copyright: If an active REALTOR® member of Texas REALTORS® does not negotiate this lease as a party or for one of the parties, with or without assistance by an active member of the State Bar of Texas, this lease is voidable at will by Tenant.

## 34. INFORMATION:

A. Future inquiries about this lease, rental payments, and security deposits should be directed to the person listed for receipt of notices for Landlord under Paragraph 32.

B. It is Tenant's responsibility to determine, before signing this lease, if: (i) all services (e.g., utilities, connections, schools, and transportation) are accessible to or from the Property; (ii) such services are sufficient for Tenant's needs and wishes; and (iii) Tenant is satisfied with the Property's condition.

C. The brokers to this lease have no knowledge of whether Landlord is delinquent in the payment of any lien against the Property.

D. Unpaid rent and any unpaid amount under this lease are reportable to credit reporting agencies.

E. Landlord is not obligated to respond to any requests for Tenant's rental and payment history from a mortgage company or other prospective landlord until Tenant has given notice of termination of this lease and Tenant is not in breach of this lease. (*Notice: Landlord or Landlord's agent may charge a reasonable fee for processing such information.)*

F. If all occupants over 18 years of age die during this lease, Landlord may: (i) permit the person named below to access the Property at reasonable times in Landlord's or Landlord's agent's presence; (ii) permit the named person to remove Tenant's personal property; and (iii) refund the security deposit, less deductions, to the named person. Section 92.014, Property Code governs procedures to follow regarding a deceased tenant's personal property and security deposit. (*Do not insert Tenant or Occupant names below.)*

Name: April Hounshell Phone: 443-418-2745
Address: 9711 Slalom Run. Woodstock, MD. 21163
E-mail: apr3@umbc.edu

G. If a tenant who is the sole occupant of the Property dies before the expiration of the tenant's lease, a representative of the estate or the person named in Paragraph 34(F) may terminate the tenant's rights and obligations under the lease if the representative or the person named in Paragraph 34(F) provides to the Landlord written notice of the termination of the lease as required by Section 92.0162, Property Code and the deceased tenant's property is removed from the leased premises in accordance with Section 92.014 of the Property Code and the representative or the person named in Paragraph 34(F) signs an inventory of the removed property if required by the landlord. Termination of a lease is effective on the later of:

(1) the 30th day after the date on which the notice under Section 92.0162, Property Code was provided; or

(2) the date on which all of the conditions in under Section 92.0162, Property Code have been met.

H. The Texas Department of Public Safety maintains a database that the public may search, at no cost, to determine if registered sex offenders are located in certain areas (see www.txdps.state.tx.us under on-line services). For information concerning past criminal activity in certain areas, contact the local police department.

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I. Landlord's insurance does not cover Tenant from loss of personal property. Landlord highly recommends that Tenant obtain liability insurance and insurance for casualties such as fire, flood, water damage, and theft.

J. Landlord's broker, LPT Realty LLC,
☐ will ☑ will not act as the property manager for landlord. If Property is not managed by above-named broker, Property will be managed by ☑Landlord or ☐property manager for Landlord:
Name of property manager: SERGIO TRONCO Phone:
Address: E-mail: tlsergio1972@gm

K. This lease should not be used in conjunction with executory contracts of any type, such as contracts for deed, leases with options to purchase, or lease options, without the advice of an attorney.

**L. This lease is negotiable between the parties. This lease is binding upon final acceptance. READ IT CAREFULLY. If you do not understand the effect of this lease, consult your attorney BEFORE signing.**

| | |
|---|---|
| Sergio Tronco — dotloop verified 01/31/24 10:55 AM CST 5INV-KL2G-ZTFX-8ZJX | Andre Hounshell — dotloop verified 01/31/24 3:55 PM EST CUBN-PYS3-LMT5-2R0M |
| Landlord Date | Tenant Date |
| Martha Salas — dotloop verified 01/31/24 9:43 PM GST D5XK-AWCI-OHK3-PQX8 | Vanessa Sanchez — dotloop verified 01/31/24 3:58 PM EST 1YDC-PEPD-GNO6-MUMS |
| Landlord Date | Tenant Date |
| **Or signed for Landlord under written property management agreement or power of attorney:** | Tenant Date |
| By: Date | Tenant Date |

Broker's Associate's Printed Name

Broker's Printed Name License No.

Firm Name

*For Landlord's Use:*

On ____________ * (*date*), Landlord provided a copy of the lease, signed by all parties, to ____________ (Tenant) by ☐mail ☐e-mail ☐fax ☐in person.

**Note: Landlord must provide at least one copy of the lease to at least one Tenant **no later than three business days** after the date the lease is signed by each party to the lease. Additionally, if more than one tenant is a party to the lease, no later than three business days after the date the Landlord receives a written request for a copy of a lease from a tenant who has not already received one as required above, the Landlord must provide a copy to the requesting tenant. Landlord may provide the copy of the lease in: (1) a paper format; (2) an electronic format if requested by the tenant; or (3) by e-mail if the parties have communicated by e-mail regarding the lease. See § 92.024, Property Code, for more details.*

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TEXAS REALTORS

# RESIDENTIAL LEASE AMENDMENT

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**CONCERNING THE RESIDENTIAL LEASE OF THE PROPERTY AT** 254 Biltmore Loop, Montgomery, TX 77316-1798 **between** Sergio Tronco, Martha Salas **(Landlord) and** Jason Fraser, Christy Fraser **(Tenant)**

Effective **July 15, 2024**, the above-referenced lease is amended as follows. (*Check all applicable boxes.*)

☐ A. Rent: The amount of monthly rent in Paragraph 5A is changed to $ ____________.

☐ B. Security Deposit: The amount of the security deposit in Paragraph 10A is changed to $ ____________.

☐ C. Occupants: The occupants listed in Paragraph 12A are changed to: ____________.

☐ D. Parking Rules: The number of vehicles identified in Paragraph 13 is changed to ________ vehicles.

☐ E. Notices: The contact information provided in Paragraph 32 is changed to (*select one or both*):

☐ Tenant at the Property and a copy to:

E-mail: ____________
Fax: ____________

☐ Landlord c/o:

E-mail: ____________
Fax: ____________

☒ F. Other: Paragraph(s) **3.A.Extension Resd. Lease** are amended as follows: **The original Residential Lease will be extended for the fourth time from August 1st/2024 to Feb 28th/2025 and will contain the same conditions, requirements, responsibilities, and dues stated in the original contract signed in 2021.**

Sergio Tronco 07/15/2024
Landlord **Sergio Tronco** Date

Martha Salas 07/15/2024
Landlord **Martha Salas** Date

Or signed for Landlord under written property management agreement or power of attorney:

By: ____________

Printed Name: ____________

Firm Name: ____________

Jason Fraser 07/19/2024
Tenant **Jason Fraser** Date

Christy Fraser 07/15/2024
Tenant **Christy Fraser** Date

____________
Tenant Date

____________
Tenant Date

Tenant's Phone & E-Mail:

| Home | Work | Mobile |
| --- | --- | --- |
| | (832)492-0836 | (832)816-1754 |

E-Mail: fraserj18@yahoo.com



Correa Properties, 11242 FM 1960 W. Rd, Suite 402 Houston, TX 77065 Phone: 2818815936 Fax: 254 Biltmore Loop
Ada Marano Produced with Lone Wolf Transactions (zipForm Edition) 231 Shearson Cr. Cambridge, Ontario, Canada N1T 1J5 www.lwolf.com

Authentisign ID: C754511F-629E-ED11-BF7A-0050F2765AB1

TEXAS REALTORS

# RESIDENTIAL LEASE AMENDMENT

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**CONCERNING THE RESIDENTIAL LEASE OF THE PROPERTY AT** 18 Blue Wildflower Pl, Magnolia, TX 77354-3358 **between** SERGIO TRONCO-LARIOS, MARTHA SALAS MORENO **(Landlord) and** RICK LORENTZ, PAMELA ANN LORENTZ **(Tenant)**

Effective January 12, 2023, the above-referenced lease is amended as follows. (*Check all applicable boxes.*)

- [X] A. Rent: The amount of monthly rent in Paragraph 5A is changed to $ 3,500.00.
- [ ] B. Security Deposit: The amount of the security deposit in Paragraph 10A is changed to $ ______.
- [ ] C. Occupants: The occupants listed in Paragraph 12A are changed to: ______.
- [ ] D. Parking Rules: The number of vehicles identified in Paragraph 13 is changed to ______ vehicles.
- [ ] E. Notices: The contact information provided in Paragraph 32 is changed to (*select one or both*):

  - [ ] Tenant at the Property and a copy to:

    E-mail:
    Fax:

  - [ ] Landlord c/o:

    E-mail:
    Fax:

- [X] F. Other: Paragraph(s) A - Extension Resd. Lease are amended as follows: Fourth Extension of Residential Lease From March 1st/2023 thru February 28th/2026. This extension will contain the same conditions, requirements, and other dues stated in the original contract signed in 2016. -----

| | | | |
|---|---|---|---|
| SERGIO TRONCO-LARIOS | 01/27/2023 | RICK LORENTZ | 02/17/2023 |
| Landlord SERGIO TRONCO-LARIOS | Date | Tenant RICK LORENTZ | Date |
| MARTHA SALAS MORENO | 01/27/2023 | PAMELA ANN LORENTZ | 02/16/2023 |
| Landlord MARTHA SALAS MORENO | Date | Tenant PAMELA ANN LORENTZ | Date |

Or signed for Landlord under written property management agreement or power of attorney:

By: ______

Printed Name: ______

Firm Name: ______

Tenant ______ Date

Tenant ______ Date

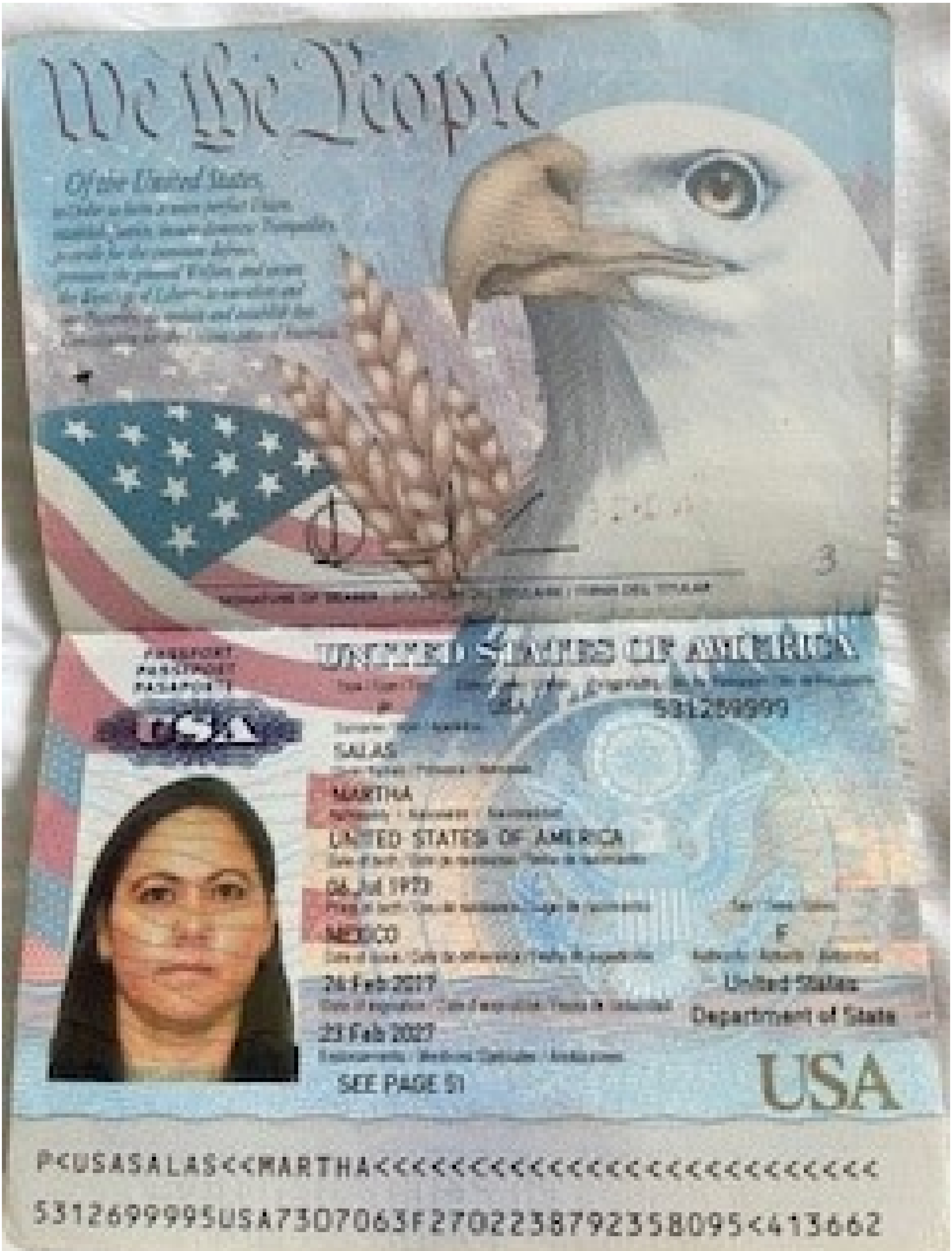
Tenant's Phone & E-Mail:

Home Work Mobile

E-Mail: rlorentz@yahoo.com



Correa Properties, 11242 FM 1960 W. Rd, Suite 402 Houston, TX 77065 Phone: 2818815936 Fax: 18 Blue Wildflower
Ada Marano Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com


We the People
Of the United States,
UNITED STATES OF AMERICA
PASSPORT
PASSEPORT
PASAPORTE
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23 Feb 2027
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TenarisShawcor

Bredero Shaw International B.V.

P.O. Box 6997,
Saqr Port Authority,
Ras Al Khaimah,
United Arab Emirates

(971) 7 203 2000 tel

www.tenaris.com

August 22, 2024

## To Whom It May Concern

This is to certify that Ms. Martha Salas, holder of American Passport No. 531269999, is employed by Bredero Shaw International B.V. She started her employment with the Company on June 16, 1997 and is currently working with us as Sales Senior Manager. Her current salary and benefits are as follows:

| **Salary components** | **Annual (EUR)** |
|---|---|
| Base salary | 189,483.35 |
| Housing | 47,376.73 |
| GSD | 8,948.94 |
| Car Allowance | 8,300.93 |
| **Total** | **254,109.95** |

| **Benefits:** | |
|---|---|
| Bonus | Management discretion, dependent on Company profitability & Employee performance |
| Medical & Life | Cigna |
| Pension | 7% of Base and Bonus |
| Leave | 22 work days per year |
| Home leave ticket | One ticket per year (including spouse) |

For Bredero Shaw International B.V.

Joseph L. D'Silva
Regional HR & Admin Manager

BREDERO SHAW INTERNATIONAL B.V.
P.O.Box: 6997
R.A.K - U.A.E.

CONFIDENTIAL

APPLICATION FOR RENTAL

# Rental Application for **685 First Ave**

**Notice: All adult applicants (18 years or older) must complete a separate application for rental.**

## APPLICANT INFORMATION

| LAST NAME | FIRST NAME | M.I. | SUFFIX |
|---|---|---|---|
| Tronco | Alejandra | | |

| SSN | BIRTH DATE | PHONE - TYPE |
|---|---|---|
| ***-**-**** | 4/11/2000 | (936) 524 - 6957 - Mobile |

| EMAIL |
|---|
| ale.tsalas2000@gmail.com |

## CURRENT ADDRESS

| STREET ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| 296 Mallorn Lane | Montgomery | TX | 77316 |

| DATE IN | DATE OUT | MONTHLY RENT |
|---|---|---|
| | current | $0.00 / Mo. |

## BACKGROUND INFORMATION

| Have you ever filed for bankruptcy? | Have you ever willfully refused to pay rent when due? |
|---|---|
| NO | NO |
| **Have you ever been evicted from a tenancy or left owing money?** | **Have you ever been convicted of a crime?** |
| NO | NO |

**Preferred Mailing Address:**
296 Mallorn Lane, Montgomery, TX 77316 - US

## APPLICATION CONSENT

I hereby warrant that all statements set forth above are true.

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **685 First Ave** through RP On-Site LLC (On-Site). I understand that these reports may include information concerning my character, employment and income verification, general reputation, personal characteristics, public records information, criminal records information, education, qualifications, motor vehicle record, mode of living, credit and indebtedness information, and any other information which may reflect upon my potential for tenancy or guarantor status gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.

I understand that **685 First Ave** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, use, and release of such information by On-Site, Trans Union LLC, and other applicable credit bureaus for the purpose of providing the verification services in relation to my application and during the course of any ongoing lease obligation arising from such application.

I understand that if an investigative consumer report is requested about me, I have the right to make a written request to **685 First Ave**, within a reasonable period of time, for complete and accurate disclosure of the nature and scope of the investigation requested.

I consent to the delivery of all notices or disclosures required by law via any medium so chosen by **685 First Ave** or On-Site, including but not limited to email or other electronic transmission. I understand that all notices shall be deemed received upon being sent.

By submitting this application, I certify that I have read and fully understand the disclosures and my rights detailed above and authorize On-Site to obtain, for the purpose of determining my eligibility for initial or continued tenancy or guarantor status, a consumer report and/or investigative consumer report and to disclose all information obtained by On-Site to **685 First Ave**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf.

I understand that, upon written request, I will be informed whether or not a consumer report or an investigative consumer report was requested and, if such a report was requested, informed of the name and address of the credit reporting agency that furnished the report. With regard to "investigative consumer reports", I further understand that when I receive the name and address of the consumer reporting agency, I may request a copy of such report by contacting such agency. I acknowledge that I have received and read Article 23-A of the New York Correction Law (https://www.on-site.com/resources/consent/correctionLawArticle23a.pdf)

☒ *Application consent was digitally accepted by Alejandra Tronco (Occupant)*

**Signed by Alejandra Tronco**
Fri Aug 16 2024 10:59:01 AM EDT
Key: 9B70A114; IP Address: 69.206.153.203

Alejandra Tronco *(Applicant)* *Date*

### The following charge(s) will appear on your card statement as *"ClickPay"*

| Application Fee - Charge Details | | | |
|---|---|---|---|
| **Name on Card** | **Account Number** | **Reference Number** | **Authorized** |
| Martha Salas | XXXXXXXXXXXX1034 | 14962663 | $21.50 |

*This card has been authorized for the amount above and will be charged when the application is processed.*

**California Required Notices**

**This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.**

An investigative consumer reporting agency shall provide a consumer seeking to obtain a copy of a report or making a request to review a file, a written notice in simple, plain English and Spanish setting forth the terms and conditions of his or her right to receive all disclosures, as provided in CA Civil Code Section 1786.26.

This report was prepared using software provided by RP On-Site LLC, which can be contacted at: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

**Avisos obligatorios en el estado de California**

**El presente informe no garantiza la exactitud ni la veracidad de la información con respecto al tema de investigación, sino únicamente que es una copia exacta de los registros públicos y es posible que la información generada como consecuencia del robo de identidad, incluidos los registros de antecedentes delictivos, se haya asociado por error con el consumidor objeto del presente informe.**

Una agencia de investigación de verificación de crédito proporcionará al consumidor que desee obtener una copia de un informe o que solicite la revisión de un archivo un aviso por escrito en inglés y español, escrito en un lenguaje simple y claro, que establezca los términos y condiciones de su derecho a recibir todas las divulgaciones conforme a la Sección 1786.26 del Código Civil de California.

Este informe se preparo con el software proporcionado pro RP On-Site LLC, que puede contractarse en: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

# Rental Report for Alejandra Tronco (Occupant)

| The property's screening criteria result | |
|---|---|
| **APPROVE** | This application meets your requirements based on your Property’s Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications. |

**Score for Alejandra Tronco (Occupant): No Credit**

| | | Importance | Result |
|---|---|---|---|
| AI Score | | Not Considered | No Credit |
| Criminal and Other Public Records: Felony Convictions | | Pass/Fail | |
| Total Considered Felony Convictions | None | Pass/Fail | |
| Alcohol | None ever | Pass/Fail | |
| Bad Check | None ever | Pass/Fail | |
| Criminal Other | None ever | Pass/Fail | |
| Drug Manufacture Distribution | None ever | Pass/Fail | |
| Drug Marijuana Use | None ever | Pass/Fail | |
| Drug Meth Manufacture | None ever | Pass/Fail | |
| Drug Use | None ever | Pass/Fail | |
| Fraud | None ever | Pass/Fail | |
| Government Obstruction | None ever | Pass/Fail | |
| Kidnapping | None ever | Pass/Fail | |
| Property Destruction | None ever | Pass/Fail | |
| Property Other | None ever | Pass/Fail | |

| | | | |
|---|---|---|---|
| Property Theft | None ever | Pass/Fail | |
| Prostitution | None ever | Pass/Fail | |
| Sex Offense Coerced | None ever | Pass/Fail | |
| Sex Offense Willful | None ever | Pass/Fail | |
| Society Other | None ever | Pass/Fail | |
| Violent Fatal | None ever | Pass/Fail | |
| Violent Non Fatal | None ever | Pass/Fail | |
| Weapons | None ever | Pass/Fail | |
| Wildlife | None ever | Pass/Fail | |
| Criminal and Other Public Records: Misdemeanor Convictions | | Pass/Fail | |
| Total Considered Misdemeanor Convictions | None | Pass/Fail | |
| Bad Check | None ever | Pass/Fail | |
| Criminal Other | None ever | Pass/Fail | |
| Fraud | None ever | Pass/Fail | |
| Government Obstruction | None ever | Pass/Fail | |
| Kidnapping | None ever | Pass/Fail | |
| Property Destruction | None ever | Pass/Fail | |
| Property Other | None ever | Pass/Fail | |
| Property Theft | None ever | Pass/Fail | |
| Prostitution | None ever | Pass/Fail | |
| Sex Offense Coerced | None ever | Pass/Fail | |
| Sex Offense Willful | None ever | Pass/Fail | |
| Society Other | None ever | Pass/Fail | |
| Violent Fatal | None ever | Pass/Fail | |
| Violent Non Fatal | None ever | Pass/Fail | |
| Weapons | None ever | Pass/Fail | |
| Alcohol | - | Not Considered | N/A |
| Drug Manufacture Distribution | - | Not Considered | N/A |
| Drug Marijuana Use | - | Not Considered | N/A |
| Drug Meth Manufacture | - | Not Considered | N/A |
| Drug Use | - | Not Considered | N/A |
| Wildlife | - | Not Considered | N/A |
| Is not a registered sex offender | | Pass/Fail | |

| Criminal and Other Public Records | | | | |
|---|---|---|---|---|
| **Requested For**<br>Alejandra Tronco (Occupant) | **Location Searched**<br>Multistate Search | **Period Searched**<br>8/16/2017 - 8/16/2024 | **Requested**<br>8/16/2024 | **Returned**<br>8/16/2024 |
| **Results**<br>*No Records Found* | | | | |

| National Sex Offender Registry History | | |
|---|---|---|
| **Requested For**<br>Alejandra Tronco (Occupant) | **Date Requested**<br>8/16/2024 | **Date Returned**<br>8/16/2024 |
| **Results**<br>*No Records Found* | | |

*Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to** www.consumerfinance.gov/learnmore **or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

  **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

  **You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

  As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

  A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

| TYPE OF BUSINESS: | CONTACT: |
|---|---|
| 1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates<br>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB: | a. Consumer Financial Protection Bureau<br>1700 G Street, N.W.<br>Washington, DC 20552<br>b. Federal Trade Commission<br>Consumer Response Center<br>600 Pennsylvania Avenue, N.W.<br>Washington, DC 20580<br>(877) 382-4357 |
| 2. To the extent not included in item 1 above:<br>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks<br>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.<br>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations<br>d. Federal Credit Unions | a. Office of the Comptroller of the Currency<br>Customer Assistance Group<br>1301 McKinney Street, Suite 3450<br>Houston, TX 77010-9050<br>b. Federal Reserve Consumer Help Center<br>P.O. Box 1200<br>Minneapolis, MN 55480<br>c. FDIC Consumer Response Center<br>1100 Walnut Street, Box #11<br>Kansas City, MO 64106<br>d. National Credit Union Administration<br>Office of Consumer Financial Protection (OCFP)<br>Division of Consumer Compliance Policy and Outreach<br>1775 Duke Street<br>Alexandria, VA 22314 |
| 3. Air carriers | Asst. General Counsel for Aviation Enforcement & Proceedings<br>Aviation Consumer Protection Division<br>Department of Transportation<br>1200 New Jersey Avenue, S.E.<br>Washington, DC 20590 |
| 4. Creditors Subject to the Surface Transportation Board | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>395 E Street, S.W.<br>Washington, DC 20423 |
| 5. Creditors Subject to the Packers and Stockyards Act, 1921 | Nearest Packers and Stockyards Administration area supervisor |
| 6. Small Business Investment Companies | Associate Deputy Administrator for Capital Access<br>United States Small Business Administration<br>409 Third Street, S.W., Suite 8200<br>Washington, DC 20416 |
| 7. Brokers and Dealers | Securities and Exchange Commission<br>100 F Street, N.E.<br>Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration<br>1501 Farm Credit Drive<br>McLean, VA 22102-5090 |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | Federal Trade Commission<br>Consumer Response Center<br>600 Pennsylvania Avenue, N.W.<br>Washington, DC 20580<br>(877) 382-4357 |

## A Summary of Your Additional Rights in New York

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer credit reporting agency from releasing information in your credit report without your express authorization. A security freeze must be requested in writing by certified or overnight mail. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

To place a security freeze on your credit report, you must contact each of these credit reporting agencies:

**Equifax Security Freeze**
P.O. Box 105788
Atlanta, GA 30348
(800) 685-1111
**https://www.freeze.equifax.com**

**Experian Security Freeze**
P.O. Box 9554
Allen, TX 75013
(888) 397-3742
**https://www.experian.com/freeze/center.html**

**TransUnion LLC**
P.O. Box 2000
Chester, PA 19022-2000
(888) 909-8872
**www.transunion.com/personal-credit/credit-disputes/credit-freezes.page**

However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit mortgage, government services or payments, insurance, rental housing, employment, investment, license, cellular phone, utilities, digital signature, Internet credit card transaction, or other services, including an extension of credit at point of sale. When you place a security freeze on your credit report, you will be provided a personal identification number or password to use if you choose to remove the freeze on your credit report or authorize the release of your credit report to a specific party or for a period of time after the freeze is in place. To provide that authorization you must contact the consumer credit reporting agency and provide all of the following:

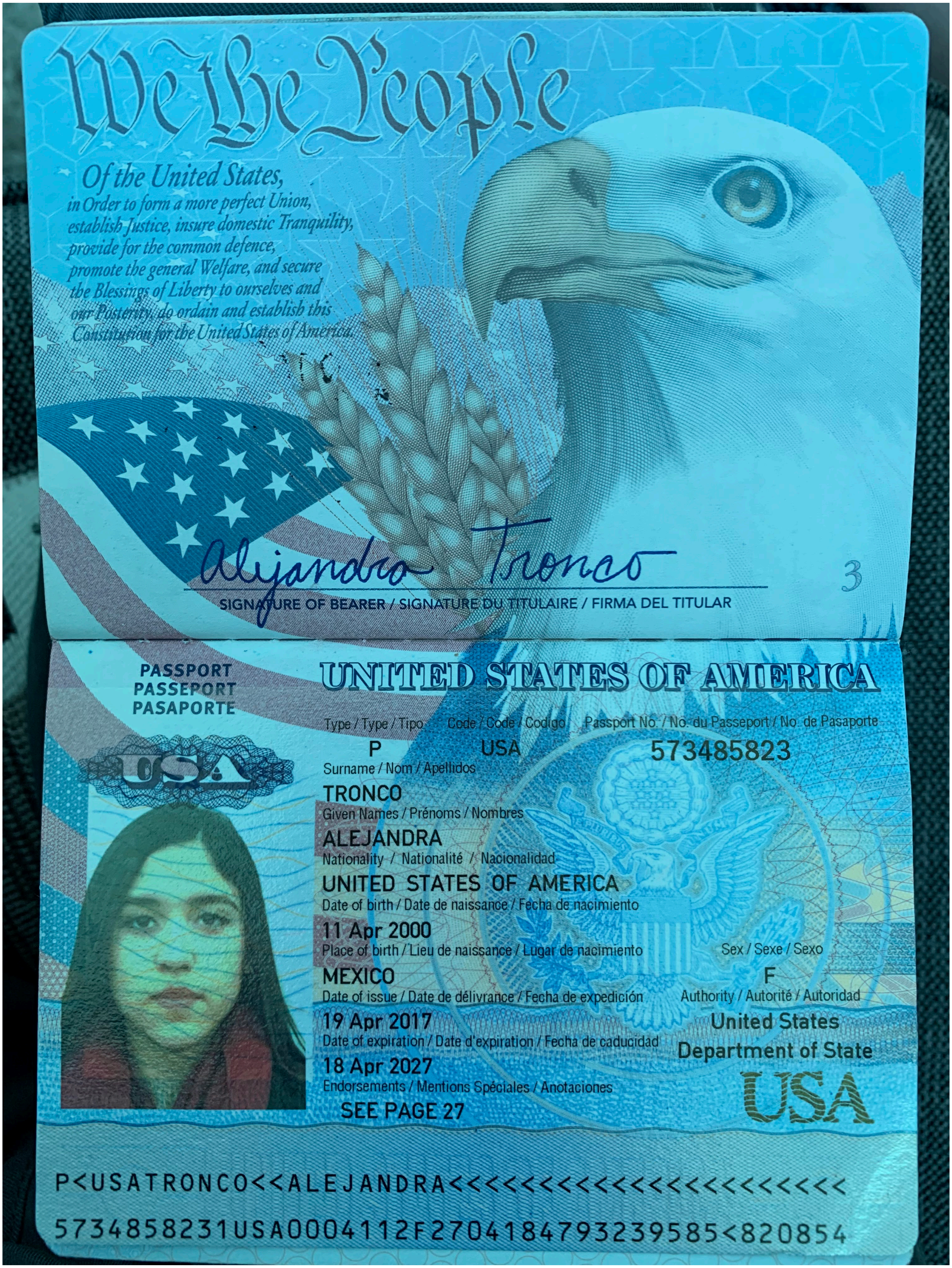
1. The personal identification number or password;
2. Proper identification to verify your identity;
3. The proper information regarding the party or parties who are to receive the credit report or the period of time for which the report shall be available to users of the credit report; and
4. Payment of any applicable fee.

A consumer reporting agency must authorize the release of your credit report no later than three business days after receiving the above information.

A security freeze does not apply to circumstances in which you have an existing account relationship and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control or similar activities.

If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your application for credit. You should plan ahead and lift a freeze, either completely if you are shopping around, or specifically for a certain creditor, before applying for new credit.

Additional rights under your state's law, which are also in the federal Fair Credit Reporting Act, are explained in the enclosed Summary of Your Rights under the Fair Credit Reporting Act.



We the People

Of the United States, in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.

Alejandra Tronco

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA

Type / Type / Tipo: P
Code / Code / Código: USA
Passport No. / No. du Passeport / No. de Pasaporte: 573485823

Surname / Nom / Apellidos
TRONCO

Given Names / Prénoms / Nombres
ALEJANDRA

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
11 Apr 2000

Place of birth / Lieu de naissance / Lugar de nacimiento
MEXICO

Sex / Sexe / Sexo
F

Date of issue / Date de délivrance / Fecha de expedición
19 Apr 2017

Authority / Autorité / Autoridad
United States
Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
18 Apr 2027

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27

USA

P<USATRONCO<<ALEJANDRA<<<<<<<<<<<<<<<<<<<<<<
5734858231USA0004112F2704184793239585<820854