Form **1040** Department of the Treasury - Internal Revenue Service (99)

U.S. Individual Income Tax Return 2021

OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

Filing Status Check only one box.
☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

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

Your first name and middle initial	Last name	Your social security number
JOSEPH	CABRERA	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
JODI	CABRERA	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. [redacted] Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below. [redacted] State CA ZIP code [redacted]

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. ☐ You ☐ Spouse

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

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

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

Dependents (see instructions): If more than four dependents, see instr. and check here ▶ ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2 STMT 1				1	93,469.
2a	Tax-exempt interest	2a		b Taxable interest	2b	5.
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐				7	
8	Other income from Schedule 1, line 10				8	206,714.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶				9	300,188.
10	Adjustments to income from Schedule 1, line 26				10	34,583.
11	Subtract line 10 from line 9. This is your **adjusted gross income** ▶				11	265,605.
12a	**Standard deduction or itemized deductions** (from Schedule A)	12a	32,757.			
b	Charitable contributions if you take the standard deduction (see instr.)	12b				
c	Add lines 12a and 12b				12c	32,757.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	41,343.
14	Add lines 12c and 13				14	74,100.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-				15	191,505.

Standard Deduction for -
- Single or Married filing separately, $12,550
- Married filing jointly or Qualifying widow(er), $25,100
- Head of household, $18,800
- If you checked any box under Standard Deduction, see instructions.

LHA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.** Form 1040 (2021)

113921 12-10-21

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	34,003.
17	Amount from Schedule 2, line 3		17	
18	Add lines 16 and 17		18	34,003.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812		19	
20	Amount from Schedule 3, line 8		20	
21	Add lines 19 and 20		21	
22	Subtract line 21 from line 18. If zero or less, enter -0-		22	34,003.
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	34,003.
25	Federal income tax withheld from:			
a	Form(s) W-2 SEE STATEMENT 2	25a 12,464.		
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c		25d	12,464.
26	2021 estimated tax payments and amount applied from 2020 return		26	
27a	Earned income credit (EIC)	27a		
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instr. ▶ ☐			
b	Nontaxable combat pay election 27b			
c	Prior year (2019) earned income 27c			
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28		
29	American opportunity credit from Form 8863, line 8	29		
30	Recovery rebate credit. See instructions	30		
31	Amount from Schedule 3, line 15	31		
32	Add lines 27a and 28 through 31. These are your **total other payments and refundable credits** ▶		32	
33	Add lines 25d, 26, and 32. These are your **total payments** ▶		33	12,464.

If you have a qualifying child, attach Sch. EIC.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		35a	
▶ b	Routing number	▶ c Type: ☐ Checking ☐ Savings		
▶ d	Account number			
36	Amount of line 34 you want **applied to your 2022 estimated tax** ▶	36		

Direct deposit? See instructions.

Amount You Owe

37	**Amount you owe.** Subtract line 33 from line 24. For details on how to pay, see instructions ▶		37	21,539.
38	Estimated tax penalty (see instructions) ▶	38		

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 ▶JOSEPH AYOUB, CPA, EA Phone no. ▶[redacted] Personal identification number (PIN) ▶[redacted]

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: Joseph Cabrera | Date: 1/03/23 | Your occupation: SALES | 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: 1/03/23 | Spouse's occupation: PSYCHOLOGIST | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. [redacted] Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
JOSEPH AYOUB, CPA, EA		01/03/23	[redacted]	☒ Self-employed

Firm's name ▶ AYOUB AND ASSOCIATES, P. C. Phone no. [redacted]

Firm's address ▶ [redacted] Firm's EIN ▶ [redacted]

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

113922 12-10-21

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2021

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: JOSEPH & JODI CABRERA

Your social security number: [redacted]

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	206,714.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling income	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Taxable Health Savings Account distribution	8e			
f	Alaska Permanent Fund dividends	8f			
g	Jury duty pay	8g			
h	Prizes and awards	8h			
i	Activity not engaged in for profit income	8i			
j	Stock options	8j			
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k			
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
o	Section 461(l) excess business loss adjustment	8o			
p	Taxable distributions from an ABLE account (see instructions)	8p			
z	Other income. List type and amount ▶	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	206,714.

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

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	15,000.
17	Self-employed health insurance deduction	17	19,583.
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 STATEMENT 4	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions) — 24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit — 24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l — 24c		
d	Reforestation amortization and expenses — 24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974 — 24e		
f	Contributions to section 501(c)(18)(D) pension plans — 24f		
g	Contributions by certain chaplains to section 403(b) plans — 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) — 24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations — 24i		
j	Housing deduction from Form 2555 — 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) — 24k		
z	Other adjustments. List type and amount ▶ — 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	34,583.

Recovery Rebate Credit Worksheet - Line 30

Name(s) shown on return: JOSEPH & JODI CABRERA

Your SSN: [redacted]

Before you begin: ✓ See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.
✓ If you received Notice 1444-C, have it available.
Don't include on line 13 any amount you received but later returned to the IRS.
If you can't take the recovery rebate credit, you don't have to repay any amount of EIP 3 on Form 1040 or 1040-SR.

1. Can you be claimed as a dependent on another person's 2021 return? If filing a joint return, go to line 2.
   - [X] **No.** Go to line 2.
   - [ ] **Yes.** Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
2. Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?
   - [X] **Yes.** Go to line 6.
   - [ ] **No.** If you are filing a joint return, go to line 3. If you aren't filing a joint return, go to line 5.
3. Was at least one of you a member of the U.S. Armed Forces at any time during 2021, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?
   - [ ] **Yes.** Your credit is not limited. Go to line 6.
   - [ ] **No.** Go to line 4.
4. Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?
   - [ ] **Yes.** Your credit is limited. Go to line 6.
   - [ ] **No.** Go to line 5.
5. Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?
   - [ ] **Yes.** Enter zero on line 6 and go to line 7.
   - [ ] **No.** STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
6. Enter:
   - $1,400 if single, head of household, married filing separately or qualifying widow(er),
   - $1,400 if married filing jointly and you answered "Yes" to question 4, or
   - $2,800 if married filing jointly and you answered "Yes" to question 2 or 3 .... **6.** 2,800.
7. Multiply $1,400 by the number of dependents listed in the *Dependents* section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number .... **7.** ______
8. Add lines 6 and 7 .... **8.** 2,800.
9. Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?
   - Single or Married filing separately - $75,000
   - Married filing jointly or qualifying widow(er) - $150,000
   - Head of household - $112,500
   - [X] **Yes.** Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10 .... **9.** 265,605.
   - [ ] **No.** Enter the amount from line 8 on line 12 and skip lines 10 and 11.
10. Is line 9 more than the amount shown below for your filing status?
    - Single or married filing separately - $80,000
    - Married filing jointly or qualifying widow(er) - $160,000
    - Head of household - $120,000
    - [X] **Yes.** STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
    - [ ] **No.** Subtract line 9 from the amount shown above for your filing status .... **10.** ______
11. Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).
    - Single or married filing separately - $5,000
    - Married filing jointly or qualifying widow(er) - $10,000
    - Head of household - $7,500 .... **11.** ______
12. Multiply line 8 by line 11 .... **12.** ______
13. Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at *IRS.gov/Account* for the amount to enter here .... **13.** ______
14. **Recovery rebate credit.** Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR .... **14.** ______

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

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

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

OMB No. 1545-0074

2021

Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR: JOSEPH & JODI CABRERA

Your social security number: [redacted]

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 SEE STATEMENT 5 ▶ ☐	5a	8,560.	
	b	State and local real estate taxes (see instructions)	5b	6,003.	
	c	State and local personal property taxes	5c	1,070.	
	d	Add lines 5a through 5c	5d	15,633.	
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	10,000.	
	6	Other taxes. List type and amount ▶	6		
	7	Add lines 5e and 6			7 10,000.
Interest You Paid Caution: Your mortgage interest deduction may be limited (see instructions).	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ▶ ☐			
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	9,657.	
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Mortgage insurance premiums (see instructions)	8d		
	e	Add lines 8a through 8d	8e	9,657.	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9			10 9,657.
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	12,600.	STMT 6
	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 STMT 7	12	500.	
	13	Carryover from prior year	13		
	14	Add lines 11 through 13			14 13,100.
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 12a			17 32,757.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ▶ ☐			

LHA For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR. Schedule A (Form 1040) 2021

119501 12-21-21

SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

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

▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2021

Attachment Sequence No. 08

Name(s) shown on return: JOSEPH & JODI CABRERA

Your social security number: [redacted]

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	
	MIDLAND MORTGAGE		
	FROM K-1 - ESPERANZA RANCH PSYCHOLOGY SERVICES CORP		5.
2	Add the amounts on line 1	2	5.
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	5.

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. See instructions.

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 2021, 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		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2021, 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

127601 11-04-21

Interest and Dividend Summary

Name: JOSEPH & JODI CABRERA

FEIN/SSN:

	Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A	MIDLAND MORTGAGE								
B	FROM K-1 - ESPERANZA RANCH PSYCHOLOGY SERVICES								
C	CORP	5.							
D									
E									
F									
G									
H									
I									
J									
K									
Totals		5.							

	Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A									
B									
C									
D									
E									
F									
G									
H									
I									
J									
K									
Totals									

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

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

2021

Attachment Sequence No. **13**

Name(s) shown on return: JOSEPH & JODI CABRERA

Your social security number: [redacted]

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 2021 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 [redacted]

B

C

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.		Fair Rental Days	Personal Use Days	QJV
A	1		A	365		☐
B			B			☐
C			C			☐

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	23,500.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	845.		
8 Commissions	8			
9 Insurance	9	729.		
10 Legal and other professional fees	10	500.		
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	15,336.		
13 Other interest	13			
14 Repairs	14	9,264.		
15 Supplies	15			
16 Taxes	16	5,135.		
17 Utilities	17	786.		
18 Depreciation expense or depletion	18	8,700.		
19 Other (list) ▶ STMT 8	19	1,416.		
20 Total expenses. Add lines 5 through 19	20	42,711.		
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	-19,211.		
22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	(0.)	( )	( )

23a Total of all amounts reported on line 3 for all rental properties	23a	23,500.
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	15,336.
d Total of all amounts reported on line 18 for all properties	23d	8,700.
e Total of all amounts reported on line 20 for all properties	23e	42,711.
24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses	24	0.
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	( )
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, 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.

LHA **For Paperwork Reduction Act Notice, see the separate instructions.**

Schedule E (Form 1040) 2021

121491 10-26-21

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

JOSEPH & JODI CABRERA

Your social security number [redacted]

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	ESPERANZA RANCH PSYCHOLOGY					
B	SERVICES CORP	S		[redacted]	X	
C						
D						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					
B					
C					206,714.
D					
29a Totals					
b Totals					206,714.

30	Add columns (h) and (k) of line 29a	30	206,714.
31	Add columns (g), (i), and (j) of line 29b	31	( )
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	206,714.

Part III Income or Loss From Estates and Trusts

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

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 ▶	41	206,714.
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2021

SCHEDULE E

Name JODI CABRERA

SSN/EIN [redacted]

Passthrough ESPERANZA RANCH PSYCHOLOGY SERVICES CORP ID [redacted]

SPOUSE

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	206,714.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	206,714.							206,714.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	206,714.							206,714.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	5,000.							5,000.
Deductions related to portfolio income								
Other								

121551 04-01-21

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E 2021

Name JODI CABRERA

Passthrough ESPERANZA RANCH PSYCHOLOGY SERVICES CORP **ID** [redacted]

SSN/EIN [redacted]

S CORPORATION SPOUSE

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	5.							5.
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	66,769.							66,769.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040	19,583.							19,583.
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income	206,714.							206,714.
Section 199A W-2 wages	165,712.							165,712.
Section 199A unadjusted basis								

2021 DEPRECIATION AND AMORTIZATION REPORT

SINGLE FAMILY RESIDENCE - [redacted]

SCHEDULE E- 1

Asset No.	Description	Date Acquired	Method	Life	C o n v	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	844 FORESTER DR.	01/01/19	SL	27.50	MM	17	239,250.				239,250.	17,400.		8,700.	26,100.
2	LAND 844 FORESTER DR.	01/01/19	L				126,750.				126,750.			0.	0.
	TOTAL SCH E DEPRECIATION						366,000.				366,000.	17,400.		8,700.	26,100.

(D) - Asset disposed

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

Schedule E - Two-Year Comparison Worksheet

2021

Property Name:

SINGLE FAMILY RESIDENCE - [redacted]

Description	Tax Year 2020	Tax Year 2021	Increase (Decrease)
INCOME			
RENTS RECEIVED	0.	23,500.	23,500.
EXPENSES			
CLEANING AND MAINTENANCE	0.	845.	845.
INSURANCE	0.	729.	729.
LEGAL AND OTHER PROFESSIONAL FEES	0.	500.	500.
MORTGAGE INTEREST	2,226.	15,336.	13,110.
REPAIRS	0.	9,264.	9,264.
TAXES	0.	5,135.	5,135.
UTILITIES	0.	786.	786.
OTHER	0.	1,416.	1,416.
SUBTOTAL	2,226.	34,011.	31,785.
DEPRECIATION EXPENSE OR DEPLETION	0.	8,700.	8,700.
TOTAL EXPENSES	2,226.	42,711.	40,485.
INCOME OR (LOSS)	-2,226.	-19,211.	-16,985.
DEDUCTIBLE RENTAL LOSS *	-2,226.	0.	2,226.

* INCLUDES PASSIVE ACTIVITY LOSS

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
	SINGLE FAMILY RESIDENCE - [redacted]	010119	SL	27.50	239,250.	17,037.	8,700.	8,700.	0.
	** SUBTOTAL **				239,250.	17,037.	8,700.	8,700.	0.
	*** GRAND TOTAL ***				239,250.	17,037.	8,700.	8,700.	0.

128104
04-01-21

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2021

Attachment Sequence No. **55**

Name(s) shown on return: JOSEPH & JODI CABRERA

Your taxpayer identification number: [redacted]

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	ESPERANZA RANCH PSYCHOLOGY SERVICES CORP	[redacted]	206,714.
ii			
iii			
iv			
v			

Line	Description				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	206,714.		
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	206,714.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	41,343.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	41,343.
11	Taxable income before qualified business income deduction	11	232,848.		
12	Net capital gain (see instructions)	12			
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	232,848.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	46,570.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return ▶			15	41,343.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	( )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

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

Form **8995** (2021)

108421 01-11-22 LHA

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

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

2021

Attachment Sequence No. 72

Name(s) shown on your tax return: JOSEPH-& JODI CABRERA

Your social security number or EIN: [redacted]

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	5.
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	206,714.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 9	4b	-206,714.		
c	Combine lines 4a and 4b			4c	0.
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	5.

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	5.
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	265,605.		
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	15,605.		
16	Enter the smaller of line 12 or line 15			16	5.
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 deductions under section 642(c) (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** (2021)

123121 12-09-21

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

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
2021
Attachment Sequence No. **858**

Name(s) shown on return: JOSEPH & JODI CABRERA

Identifying number: [redacted]

Part I 2021 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			
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(19,211.)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	( )		
d Combine lines 1a, 1b, and 1c			1d	-19,211.
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. 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	-19,211.

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	19,211.
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	265,605.		STATEMENT 14
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			9	0.

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	
11 **Total losses allowed from all passive activities for 2021.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return SEE STATEMENT 13	11	0.

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 ... ▶		-19,211.			

LHA **For Paperwork Reduction Act Notice, see instructions.**

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 F	OR PART VII	
Total ▶		19,211.	1.000000000	19,211.

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 F	OR PART VIII	
Total ▶		19,211.	19,211.	

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

ALTERNATIVE MINIMUM TAX

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

2021

Attachment Sequence No. **858**

Name(s) shown on return: JOSEPH & JODI CABRERA

Identifying number: [redacted]

Part I 2021 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			
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	(19,211.)		
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	( )		
d	Combine lines 1a, 1b, and 1c			1d	-19,211.

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. 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	-19,211.

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	19,211.
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	265,605.		
	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			9	0.

Part III Total Losses Allowed

Line	Description		
10	Add the income, if any, on lines 1a and 2a and enter the total	10	
11	**Total losses allowed from all passive activities for 2021.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return SEE STATEMENT 18	11	0.

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 ... ▶		-19,211.			

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **8582** (2021)

119781 11-30-21

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 F	OR PART VII	
Total ▶		19,211.	1.000000000	19,211.

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 F	OR PART VIII	
Total ▶		19,211.	19,211.	

Form **7203** (December 2021) Department of the Treasury Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302 **2021** Attachment Sequence No. **203**

Name(s) shown on return: JODI CABRERA — Identifying number: [redacted]

Name of S corporation: ESPERANZA RANCH PSYCHOLOGY SERVICES CORP — Employer identification number: [redacted]

Stock block (see instructions) ▶

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	15,152.
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	206,714.		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d	5.		
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	206,719.
5	Stock basis before distributions. Add lines 1, 2, and 4			5	221,871.
6	Distributions (excluding dividend distributions) **Note:** If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.			6	129,806.
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	92,065.
8a	Nondeductible expenses	8a			
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	92,065.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	24,583.
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	24,583.
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	67,482.

Part II Shareholder Debt Basis

Section A - Amount of Debt (If more than three debts, see instructions.)

Description	Debt 1 ☐ Formal note ☐ Open account debt	Debt 2 ☐ Formal note ☐ Open account debt	Debt 3 ☐ Formal note ☐ Open account debt	Total
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Combine lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	( )	( )	( )	( )
20 Loan balance at the end of the corporation's tax year. Combine lines 18 and 19				

Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

Description	Debt 1	Debt 2	Debt 3	Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Combine lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 **Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

Description	Debt 1	Debt 2	Debt 3	Total
32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 **Reportable gain.** Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	5,000.		5,000.		
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions	19,583.		19,583.		
46 Foreign taxes paid or accrued					
47 **Total loss.** Combine lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	24,583.		24,583.		

ALTERNATIVE MINIMUM TAX

Form **7203**

(December 2021)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

2021

Attachment Sequence No. **203**

Name(s) shown on return: JODI CABRERA

Identifying number: [redacted]

Name of S corporation: ESPERANZA RANCH PSYCHOLOGY SERVICES CORP

Employer identification number: [redacted]

Stock block (see instructions) ▶

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	15,152.
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	206,714.		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d	5.		
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	206,719.
5	Stock basis before distributions. Add lines 1, 2, and 4			5	221,871.
6	Distributions (excluding dividend distributions)			6	129,806.
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	92,065.
8a	Nondeductible expenses	8a			
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	92,065.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	24,583.
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	24,583.
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	67,482.

Part II Shareholder Debt Basis

Section A - Amount of Debt (If more than three debts, see instructions.)

Description	Debt 1 ☐ Formal note ☐ Open account debt	Debt 2 ☐ Formal note ☐ Open account debt	Debt 3 ☐ Formal note ☐ Open account debt	Total
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Combine lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	( )	( )	( )	( )
20 Loan balance at the end of the corporation's tax year. Combine lines 18 and 19				

Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

Description	Debt 1	Debt 2	Debt 3	Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Combine lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 **Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

Description	Debt 1	Debt 2	Debt 3	Total
32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 **Reportable gain.** Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	5,000.		5,000.		
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions	19,583.		19,583.		
46 Foreign taxes paid or accrued					
47 **Total loss.** Combine lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	24,583.		24,583.		

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

T S	EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T	ESPERANZA RANCH PSYCHOLOGY SERVICES	26,700.	7,599.	1,681.	320.	1,655.	387.
S	ESPERANZA RANCH PSYCHOLOGY SERVICES	66,769.	4,865.	4,128.	801.	4,140.	968.
	TOTALS	93,469.	12,464.	5,809.	1,121.	5,795.	1,355.

FORM 1040 FEDERAL INCOME TAX WITHHELD - FORM(S) W-2 STATEMENT 2

T S	DESCRIPTION	AMOUNT
T	ESPERANZA RANCH PSYCHOLOGY SERVICES	7,599.
S	ESPERANZA RANCH PSYCHOLOGY SERVICES	4,865.
	TOTAL TO FORM 1040, LINE 25A	12,464.

SCHEDULE 1 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET STATEMENT 3

JODI CABRERA

ESPERANZA RANCH PSYCHOLOGY SERVICES CORP

1	NONSPECIFIED HEALTH INSURANCE PAYMENTS	19,583.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED	66,769.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9	
4	DIVIDE LINE 2 BY LINE 3	
5	DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX	
6	LINE 4 TIMES LINE 5	
7	LINE 2 MINUS LINE 6	
8	SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE	
9	LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED	66,769.
10	FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE	0.
11	LINE 9 MINUS LINE 10	66,769.
12	SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11	19,583.

SCHEDULE 1	STUDENT LOAN INTEREST DEDUCTION	STATEMENT 4

1. ENTER THE TOTAL INTEREST PAID IN 2021 ON QUALIFIED STUDENT LOANS. DON'T ENTER MORE THAN $2,500	2,500.
2. ENTER THE AMOUNT FROM FORM 1040, LINE 9	300,188.
3. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25	34,583.
4. SUBTRACT LINE 3 FROM LINE 2	265,605.
5. ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS. * SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)-$70,000 * MARRIED FILING JOINTLY-$140,000	140,000.
6. IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5? [ ] NO. SKIP LINES 6 AND 7, ENTER -0- ON LINE 8, AND GO TO LINE 9 [X] YES. SUBTRACT LINE 5 FROM LINE 4	125,605.
7. DIVIDE LINE 6 BY $15,000 ($30,000 IF MARRIED FILING JOINTLY). ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). IF THE RESULT IS 1.000 OR MORE, ENTER 1.000	1.000
8. MULTIPLY LINE 1 BY LINE 7	2,500.
9. STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE 1, LINE 21. DON'T INCLUDE THIS AMOUNT IN FIGURING ANY OTHER DEDUCTION ON YOUR RETURN (SUCH AS ON SCHEDULE A, C, E, ETC.)	0.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 5

DESCRIPTION	AMOUNT
ESPERANZA RANCH PSYCHOLOGY SERVICES	1,681.
STATE DISABILITY INSURANCE - ESPERANZA RANCH PSYCHOLOGY SERVICES	320.
ESPERANZA RANCH PSYCHOLOGY SERVICES	4,128.
STATE DISABILITY INSURANCE - ESPERANZA RANCH PSYCHOLOGY SERVICES	801.
CALIFORNIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	1,630.
TOTAL TO SCHEDULE A, LINE 5A	8,560.

SCHEDULE A — CASH CONTRIBUTIONS — STATEMENT 6

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
HARVEST CRISTIAN			
FROM K-1 - ESPERANZA RANCH PSYCHOLOGY SERVICES CORP		7,600.	
		5,000.	
SUBTOTALS		12,600.	
TOTAL TO SCHEDULE A, LINE 11			12,600.

SCHEDULE A — CONTRIBUTIONS OTHER THAN CASH OR CHECK — STATEMENT 7

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
NONCASH		500.		
SUBTOTALS		500.		
TOTAL TO SCHEDULE A, LINE 12				500.

SCHEDULE E — OTHER EXPENSES — STATEMENT 8

SINGLE FAMILY RESIDENCE - [redacted]

DESCRIPTION	AMOUNT
BANK SERVICE CHARGE	420.
HOA	996.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	1,416.

FORM 8960 — TRADE OR BUSINESS INCOME — STATEMENT 9

ESPERANZA RANCH PSYCHOLOGY SERVICES CORP	-206,714.
AMOUNT TO FORM 8960, LINE 4B	-206,714.

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - PART IV STATEMENT 10

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
SINGLE FAMILY RESIDENCE [redacted]	0.	-19,211.			-19,211.
TOTALS	0.	-19,211.			-19,211.

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - PART VII STATEMENT 11

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
SINGLE FAMILY RESIDENCE [redacted]	SCH E	19,211.	1.000000000	19,211.
TOTALS		19,211.	1.000000000	19,211.

FORM 8582 ALLOWED LOSSES - PART VIII STATEMENT 12

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
SINGLE FAMILY RESIDENCE [redacted]	SCH E	19,211.	19,211.	
TOTALS		19,211.	19,211.	

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 13

R R E A	NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X	SINGLE FAMILY RESIDENCE - [redacted]	SCH E	-19,211.		-19,211.	19,211.	
	TOTALS		-19,211.		-19,211.	19,211.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 11

JOSEPH & JODI CABRERA [redacted]

FORM 8582	MODIFIED AGI	STATEMENT 14
INCOME		
WAGES, SALARIES, TIPS ETC.		93,469.
DIVIDEND INCOME		
TAXABLE REFUNDS		
ALIMONY RECEIVED		
TAXABLE IRA DISTRIBUTIONS		
TAXABLE PENSIONS AND ANNUITIES		
UNEMPLOYMENT COMPENSATION		
OTHER INCOME		
INTEREST INCOME	5.	
ADD: SERIES EE AND I EXCLUSION		
		5.
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	206,714.	
ADD: PASSIVE/RREA PROFESSIONAL/PTP LOSSES		
SUBTRACT: PASSIVE INCOME		
		206,714.
FARM OR FARM RENTAL INCOME OR LOSS		
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		
TOTAL INCOME		300,188.
ADJUSTMENTS		
MOVING EXPENSES		
SELF-EMPLOYED HEALTH INSURANCE DEDUCTION	19,583.	
PENALTY ON EARLY WITHDRAWAL OF SAVINGS		
ALIMONY PAID		
KEOGH/SEP DEDUCTION	15,000.	
OTHER ADJUSTMENTS		
CHARITABLE CONTRIBUTIONS		
TOTAL ADJUSTMENTS		34,583.
TOTAL TO FORM 8582, LINE 6		265,605.

JOSEPH & JODI CABRERA [redacted]

FORM 8582 ALTERNATIVE MINIMUM TAX ACTIVE RENTAL OF REAL ESTATE - PART IV STATEMENT 15

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
SINGLE FAMILY RESIDENCE - [redacted]	0.	-19,211.			-19,211.
TOTALS	0.	-19,211.			-19,211.

FORM 8582 ALTERNATIVE MINIMUM TAX ALLOCATION OF UNALLOWED LOSSES - PART VII STATEMENT 16

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
SINGLE FAMILY RESIDENCE - [redacted]	SCH E	19,211.	1.000000000	19,211.
TOTALS		19,211.	1.000000000	19,211.

FORM 8582 ALTERNATIVE MINIMUM TAX ALLOWED LOSSES - PART VIII STATEMENT 17

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
SINGLE FAMILY RESIDENCE - [redacted]	SCH E	19,211.	19,211.	
TOTALS		19,211.	19,211.	

JOSEPH & JODI CABRERA

[redacted]

FORM 8582AMT SUMMARY OF PASSIVE ACTIVITIES - AMT STATEMENT 18

R R E A	NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X	SINGLE FAMILY RESIDENCE - [redacted]	SCH E	-19,211.		-19,211.	19,211.	
	TOTALS		-19,211.		-19,211.	19,211.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582AMT, LINE 11