

Form 1040 Department of the Treasury—Internal Revenue Service | 2024 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20____

Your first name and middle initial YANET M	Last name SAGO ARREBATO	See separate instructions. Your social security number 771-68-3131
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 3615 E EMMA ST		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
City, town, or post office. If you have a foreign address, also complete spaces below. TAMPA		State FL	
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing Status	<input type="checkbox"/> Single	<input checked="" type="checkbox"/> Head of household (HOH)
Check only one box.	<input type="checkbox"/> Married filing jointly (even if only one had income)	<input type="checkbox"/>
	<input type="checkbox"/> Married filing separately (MFS)	<input type="checkbox"/> 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:		
<input type="checkbox"/> If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):		

Digital Assets	At any time during 2024, 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Standard Deduction	Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien
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Age/Blindness	You: <input type="checkbox"/> Were born before January 2, 1960 <input type="checkbox"/> Are blind	Spouse: <input type="checkbox"/> Was born before January 2, 1960 <input type="checkbox"/> Is blind
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Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):
If more than four dependents, see instructions and check here.	CHRISTOPHER BRICENO		153-75-1560	Son	<input checked="" type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents
	DAMIAN F. BRICENO		835-65-2272	Son	<input checked="" type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 0
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	b Household employee wages not reported on Form(s) W-2	1b 21,833
If you did not get a Form W-2, see instructions.	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)	1h 0
	i Nontaxable combat pay election (see instructions)	1i 21,833
	z Add lines 1a through 1h	1z 21,833
Standard Deduction for:	2a Tax-exempt interest	2b Taxable interest
• Single or Married filing separately, \$14,600	3a Qualified dividends	3b Ordinary dividends
• Married filing jointly or Qualifying surviving spouse, \$29,200	4a IRA distributions	4b Taxable amount
• Head of household, \$21,900	5a Pensions and annuities	5b Taxable amount
• If you checked any box under Standard Deduction, see instructions.	6a Social security benefits	6b Taxable amount
	c If you elect to use the lump-sum election method, check here (see instructions)	7 0
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	8 5
	8 Additional income from Schedule 1, line 10	9 21,838
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	10 0
	10 Adjustments to income from Schedule 1, line 26	11 21,838
	11 Subtract line 10 from line 9. This is your adjusted gross income	12 21,900
	12 Standard deduction or itemized deductions (from Schedule A)	13 0
	13 Qualified business income deduction from Form 8995 or Form 8995-A	14 21,900
	14 Add lines 12 and 13	15 0
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16 0			
	17 Amount from Schedule 2, line 3	17 0			
	18 Add lines 16 and 17	18 0			
	19 Child tax credit or credit for other dependents from Schedule 8812	19			
	20 Amount from Schedule 3, line 8	20 0			
	21 Add lines 19 and 20	21 0			
	22 Subtract line 21 from line 18. If zero or less, enter -0	22 0			
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23 0			
	24 Add lines 22 and 23. This is your total tax	24 0			
Payments	25 Federal income tax withheld from:				
	a Form(s) W-2	25a 0			
	b Form(s) 1099	25b 0			
	c Other forms (see instructions)	25c 0			
	d Add lines 25a through 25c	25d 0			
If you have a qualifying child, attach Sch. EIC.	26 2024 estimated tax payments and amount applied from 2023 return	26 0			
	27 Earned income credit (EIC)	27 6,960			
	28 Additional child tax credit from Schedule 8812	28 2,901			
	29 American opportunity credit from Form 8863, line 8	29			
	30 Reserved for future use	30			
	31 Amount from Schedule 3, line 15	31 0			
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32 9,861			
	33 Add lines 25d, 26, and 32. These are your total payments	33 9,861			
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34 9,861			
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a 9,861			
Direct deposit? See instructions.	b Routing number 063107513	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number 8026042724				
	36 Amount of line 34 you want applied to your 2025 estimated tax	36 0			
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			
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions	<input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No			
	Designee's name	Phone no.			
		Personal identification number (PIN)			
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Joint return? See instructions. Keep a copy for your records.	Your signature	Date 03/18/25	Your occupation WORKER		
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation		
	Phone no. 786-804-7431	Email address	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)		
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name				Phone no.
	Firm's address				Firm's EIN

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

OMB No. 1545-0074

2024
Attachment
Sequence No. 01

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

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

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

Your social security number

YANET M SAGO ARREBATO

771-68-3131

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss 0

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

1 Taxable refunds, credits, or offsets of state and local income taxes	1	0
2a Alimony received	2a	
b Date of original divorce or separation agreement (see instructions):		
3 Business income or (loss). Attach Schedule C	3	5
4 Other gains or (losses). Attach Form 4797	4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6 Farm income or (loss). Attach Schedule F	6	0
7 Unemployment compensation	7	
8 Other income:		
a Net operating loss	8a	(0)
b Gambling	8b	0
c Cancellation of debt	8c	
d Foreign earned income exclusion from Form 2555	8d	(0)
e Income from Form 8853	8e	0
f Income from Form 8889	8f	0
g Alaska Permanent Fund dividends	8g	
h Jury duty pay	8h	
i Prizes and awards	8i	0
j Activity not engaged in for profit income	8j	0
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	0
m Olympic and Paralympic medals and USOC prize money (see instructions)	8m	0
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	0
r Scholarship and fellowship grants not reported on Form W-2	8r	0
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	(0)
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	0
u Wages earned while incarcerated	8u	0
v Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z Other income. List type and amount:	8z	0
9 Total other income. Add lines 8a through 8z	9	0
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	5

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

Schedule 1 (Form 1040) 2024

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	0
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	0
15	Deductible part of self-employment tax. Attach Schedule SE	15	0
16	Self-employed SEP, SIMPLE, and qualified plans	16	0
17	Self-employed health insurance deduction	17	0
18	Penalty on early withdrawal of savings	18	0
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	0
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:	24a	
a	Jury duty pay (see instructions)	24b	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24c	0
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24d	
d	Reforestation amortization and expenses	24e	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24f	
f	Contributions to section 501(c)(18)(D) pension plans	24g	
g	Contributions by certain chaplains to section 403(b) plans	24h	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24i	
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	24j	0
j	Housing deduction from Form 2555	24k	0
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24z	0
z	Other adjustments. List type and amount:	25	0
25	Total other adjustments. Add lines 24a through 24z	25	0
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	0

KIA

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

2024

Attachment
Sequence No. 09

Name of proprietor	M SAGO ARREBATO	Social security number (SSN) 771-68-3131
A Principal business or profession, including product or service (see instructions) HHA	B Enter code from instructions	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) City, town or post office, state, and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H If you started or acquired this business during 2024, check here	<input type="checkbox"/>	
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J If "Yes," did you or will you file required Form(s) 1099?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	40,870
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	40,870
4 Cost of goods sold (from line 42)	4	0
5 Gross profit. Subtract line 4 from line 3	5	40,870
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	0
7 Gross income. Add lines 5 and 6	7	40,870

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

8 Advertising	8	18 Office expense (see instructions)	18
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see instructions):	
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a
12 Depletion	12	b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15	23 Taxes and licenses	23
16 Interest (see instructions):		24 Travel and meals:	
a Mortgage (paid to banks, etc.)	16a	a Travel	24a
b Other	16b	b Deductible meals (see instructions)	24b
17 Legal and professional services	17	25 Utilities	25
28 Total expenses before expenses for business use of home. Add lines 8 through 27b		26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7		27a Other expenses (from line 48)	27a
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b

28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	40,865
29 Tentative profit or (loss). Subtract line 28 from line 7	29	5
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.		
Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	0
31 Net profit or (loss). Subtract line 30 from line 29.	31	5

• If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3.

• If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you **must** attach Form 6198. Your loss may be limited.

- 32a All investment is at risk.
32b Some investment is not at risk.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

2024

Attachment
Sequence No. 09

Name of proprietor YANET M SAGO ARREBATO	Social security number (SSN) 771-68-3131
A Principal business or profession, including product or service (see instructions) DAYCARE HHA	B Enter code from instructions
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) City, town or post office, state, and ZIP code
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses <input type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2024, check here <input type="checkbox"/>
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	0
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	0
4 Cost of goods sold (from line 42)	4	0
5 Gross profit. Subtract line 4 from line 3	5	0
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	0
7 Gross income. Add lines 5 and 6	7	0

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

8 Advertising	8	18 Office expense (see instructions)	18
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see instructions):	
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a
12 Depletion	12	b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15	23 Taxes and licenses	23
16 Interest (see instructions):		24 Travel and meals:	
a Mortgage (paid to banks, etc.)	16a	a Travel	24a
b Other	16b	b Deductible meals (see instructions)	24b
17 Legal and professional services	17	25 Utilities	25
28 Total expenses before expenses for business use of home. Add lines 8 through 27b		26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7		27a Other expenses (from line 48)	27a
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b

28 Total expenses before expenses for business use of home. Add lines 8 through 27b

29 Tentative profit or (loss). Subtract line 28 from line 7

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.

Simplified method filers only: Enter the total square footage of (a) your home:

and (b) the part of your home used for business: Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

31 Net profit or (loss). Subtract line 30 from line 29.

• If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a All investment is at risk.
32b Some investment is not at risk.

SCHEDULE EIC
(Form 1040)

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

YANET M SAGO ARREBATO

Earned Income Credit
Qualifying Child Information

Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
Go to www.irs.gov/ScheduleEIC for the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. 43

Your social security number

771-68-3131

If you are separated from your spouse, filing a separate return, and meet the requirements to claim the EIC (see instructions), check here

Before you begin:

- See the instructions for Form 1040, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child. See also Pub.596.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

1 Child's name	First name CHRISTOPHER BRICENO	First name DAMIAN F. BRICENO	First name
2 Child's SSN			
3 Child's year of birth	Year 2014 <i>If born after 2005 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year 2019 <i>If born after 2005 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year _____ <i>If born after 2005 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
4a Was the child under age 24 at the end of 2024, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>
b Was the child permanently and totally disabled during any part of 2024?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	The child is not a qualifying child. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son	Son	
6 Number of months child lived with you in the United States during 2024	12 months <i>Do not enter more than 12 months.</i>	12 months <i>Do not enter more than 12 months.</i>	months <i>Do not enter more than 12 months.</i>

Credits for Qualifying Children
and Other DependentsDepartment of the Treasury
Internal Revenue Service

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

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

2024

Attachment
Sequence No. 47

Name(s) shown on return

YANET M SAGO ARREBATO

Your social security number

771-68-3131

Part I Child Tax Credit and Credit for Other Dependents

1	21,838
2a	0
2b	0
2c	0
2d	0
3	21,838
4	2
5	4,000
6	0
7	0
8	4,000
9	200,000
10	0
11	0
12	4,000
13	0
14	0

1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR

2a Enter income from Puerto Rico that you excluded

b Enter the amounts from lines 45 and 50 of your Form 2555

c Enter the amount from line 15 of your Form 4563

d Add lines 2a through 2c

3 Add lines 1 and 2d

4 Number of qualifying children under age 17 with the required social security number

5 Multiply line 4 by \$2,000

6 Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number

Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.

7 Multiply line 6 by \$500

8 Add lines 5 and 7

9 Enter the amount shown below for your filing status.

- Married filing jointly—\$400,000
- All other filing statuses—\$200,000

10 Subtract line 9 from line 3.

- If zero or less, enter -0-.
- If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.

11 Multiply line 10 by 5% (0.05)

12 Is the amount on line 8 more than the amount on line 11?

No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.

Yes. Subtract line 11 from line 8. Enter the result.

13 Enter the amount from **Credit Limit Worksheet A**

14 Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents.** Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

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

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.**15** Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 **16a** Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27**b** Number of qualifying children under age 17 with the required social security number: **2** x \$1,700.

Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.

Enter -0- on line 27

TIP: The number of children you use for this line is the same as the number of children you used for line 4.**17** Enter the smaller of line 16a or line 16b**18a** Earned income (see instructions)**18a** **21,838****b** Nontaxable combat pay (see instructions)**18b** **0****19** Is the amount on line 18a more than \$2,500? No. Leave line 19 blank and enter -0- on line 20. Yes. Subtract \$2,500 from the amount on line 18a. Enter the result**19** **19,338****20** Multiply the amount on line 19 by 15% (0.15) and enter the result

Next. On line 16b, is the amount \$5,100 or more?

 No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

16a	4,000
16b	3,400
17	3,400
20	2,901

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**21** Withheld social security, Medicare, and Additional Medicare taxes from Form(s)

W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.

21**22** Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13**22****23** Add lines 21 and 22**23****24** 1040 and
1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.**24**

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.

25 Subtract line 24 from line 23. If zero or less, enter -0-**25****26** Enter the larger of line 20 or line 25**26**

Next, enter the smaller of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit**27** This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**27** **2,901**

KIA

Premium Tax Credit (PTC)

2024
Attachment
Sequence No. 73Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8962 for instructions and the latest information.

Name shown on your return

YANET M SAGO ARREBATO

Your social security number

771-68-3131

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box **Part I Annual and Monthly Contribution Amount**

1	1	3
2a	21,838	
2b	0	
3	21,838	
4	24,860	
5	87%	
7	0.0000	
8a	0	8b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount
8b	0	

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
 Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. No. Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual PTC allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly PTC allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	0	0	0	0	0	0
13 February	0	0	0	0	0	0
14 March	0	0	0	0	0	0
15 April	0	0	0	0	0	0
16 May	0	0	0	0	0	0
17 June	457	448	0	448	448	448
18 July	457	448	0	448	448	448
19 August	457	448	0	448	448	448
20 September	457	448	0	448	448	448
21 October	457	451	0	451	451	451
22 November	457	451	0	451	451	451
23 December	457	451	0	451	451	451
24 Total PTC. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					24	3,145
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					25	3,145
26 Net PTC. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					26	0

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

- 27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here.
- 28 Repayment limitation (see instructions)
- 29 Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a.

Form 8962 (2024)

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

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30 (a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31 (a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32 (a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33 (a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

No. See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

35 Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36 Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

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