FOR TAX YEAR 2017

ARIEL A CERINO PEREZ

AM PRO SERVICE INC

81-08 37 AVENUE 3 FLOOR

JACKSON HEIGHTS, NY 11372

(646)379-1381

Federal Filing Instructions

2017

Name as shown on return
ARIEL A CERINO PEREZ

Tax ID Number

Date to file by:	04-17-2018
Form to be filed:	Form 1040 and supplemental forms and schedules
Sign and date:	Form 1040 is not considered a valid return unless it is signed and dated by the appropriate parties.
Address to file:	Internal Revenue Service ITIN Operation P.O. Box 149342 Austin, TX 78714-9342
Payment:	$129
Transaction Method:	Your balance due can be paid by check, money order, credit card, or debit card. Make check or money order payable to the "United States Treasury." Write "2017 Form 1040," your name, address, SSN, and daytime phone number on your payment and mail with Form 1040 and 1040-V. To pay by credit card, go to www.1040paytax.com.
Other Instructions:	If you cannot file on time, you can get an automatic six-month extension if you file Form 4868 no later than April 17, 2018. An extension to file does not extend the time to pay your tax.

AM PRO SERVICE INC

81-08 37 AVENUE 3 FLOOR
JACKSON HEIGHTS, NY 11372
info@amproservice.com
Phone: (646)379-1381 | Fax: (646)862-6464

January 29, 2018

ARIEL A CERINO PEREZ
11 EXCHANGE PLACE APT 2 FL
Clifton, NJ 07011

Subject: Preparation of Your 2017 Tax Returns

ARIEL A CERINO PEREZ:

Thank you for choosing AM PRO SERVICE INC to assist you with your 2017 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2017 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2017 tax returns will conclude with the delivery of the completed returns to you (if paper-filing) or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (646)379-1381.

Sincerely,

ALEXANDER MARTINEZ
AM PRO SERVICE INC

(Both spouses must sign for preparation of joint returns.)

Accepted By:

_____
Taxpayer

_____
Spouse

_____
Date

AM PRO SERVICE INC

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January 29, 2018

ARIEL A CERINO PEREZ
11 EXCHANGE PLACE APT 2 FL
Clifton, NJ 07011

ARIEL A CERINO PEREZ:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	$129 Balance Due	Mail a check
New Jersey Income Tax	Zero Due	

Sign and date these return(s) and mail them on or before the filing deadline to the address provided:

Federal Income Tax
Internal Revenue Service
ITIN Operation
P.O. Box 149342
Austin, TX 78714-9342

New Jersey Income Tax
New Jersey Division of Taxation
Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

Mail payment on or before due date to the following address:

Federal Income Tax
Internal Revenue Service
ITIN Operation
P.O. Box 149342
Austin, TX 78714-9342

To check the Status of your refunds please visit us on **WWW.AMPROSERVICE.COM** look for "**Where is my Refund**" link, select the refund you want to check from the new page and provide the information to the Online Where is my Refund tool.

Si desea chequear el Status de su Devolucion por favor visitenos en **WWW.AMPROSERVICE.COM** busque el Link "**Where is my Refund**", de la nueva pantalla que la aparezca seleccione cual devolucion desea revisar, coloque los datos que le piden en las herramientas de Buscar la Devolucion, y listo.

Sincerely,

AM PRO SERVICE INC

81-08 37 AVENUE 3 FLOOR
JACKSON HEIGHTS, NY 11372
info@amproservice.com
Phone: (646)379-1381 | Fax: (646)862-6464

January 29, 2018

ARIEL A CERINO PEREZ
11 EXCHANGE PLACE APT 2 FL
Clifton, NJ 07011

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (646)379-1381.

Sincerely,

ALEXANDER MARTINEZ
AM PRO SERVICE INC

Form **1040** Department of the Treasury - Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2017** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
ARIEL A	CERINO PEREZ	
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
11 EXCHANGE PLACE 2 FL

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Clifton NJ 07011

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

Filing Status Check only one box.
1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) (see instructions)

Exemptions
6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [ ] **Spouse**
Boxes checked on 6a and 6b: 1

c **Dependents:**

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)
			☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

No. of children on 6c who:
- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above
Add numbers on lines above ▶ 1

d Total number of exemptions claimed

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	
8a	**Taxable** interest. Attach Schedule B if required			8a	
b	**Tax-exempt** interest. **Do not** include on line 8a	8b			
9a	Ordinary dividends. Attach Schedule B if required			9a	
b	Qualified dividends	9b			
10	Taxable refunds, credits, or offsets of state and local income taxes			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	913
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			13	
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions	15a	b Taxable amount	15b	
16a	Pensions and annuities	16a	b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits	20a	b Taxable amount	20b	
21	Other income			21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶			22	913

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27	65	
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Reserved for future use	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35			36 65
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶			37 848

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	848
	39a	Check if: ☐ You were born before January 2, 1953, ☐ Spouse was born before January 2, 1953, ☐ Blind. ☐ Blind. } Total boxes checked ▶ 39a ☐		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐		
Standard Deduction for - • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,350; Married filing jointly or Qualifying widow(er), $12,700; Head of household, $9,350	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	6,350
	41	Subtract line 40 from line 38	41	(5,502)
	42	**Exemptions.** If line 38 is $156,900 or less, multiply $4,050 by the number on line 6d. Otherwise, see instructions	42	4,050
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
	44	**Tax** (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	0
	45	**Alternative minimum tax** (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46 ▶	47	0
	48	Foreign tax credit. Attach Form 1116 if required 48		
	49	Credit for child and dependent care expenses. Attach Form 2441 49		
	50	Education credits from Form 8863, line 19 50		
	51	Retirement savings contributions credit. Attach Form 8880 51		
	52	Child tax credit. Attach Schedule 8812, if required 52		
	53	Residential energy credit. Attach Form 5695 53		
	54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ 54		
	55	Add lines 48 through 54. These are your **total credits**	55	0
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	0
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	129
	58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60 a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage ☐	61	
	62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your **total tax** ▶	63	129
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64		
If you have a qualifying child, attach Schedule EIC.	65	2017 estimated tax payments and amount applied from 2016 return 65		
	66a	**Earned income credit (EIC)** 66a		NO
	b	Nontaxable combat pay election 66b		
	67	Additional child tax credit. Attach Schedule 8812 67		
	68	American opportunity credit from Form 8863, line 8 68		
	69	Net premium tax credit. Attach Form 8962 69		
	70	Amount paid with request for extension to file 70		
	71	Excess social security and tier 1 RRTA tax withheld 71		
	72	Credit for federal tax on fuels. Attach Form 4136 72		
	73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐ 73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶	74	0
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	75	
	76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	76a	
Direct deposit? See instructions.	▶ b	Routing number ▶ c Type: ☐ Checking ☐ Savings		
	▶ d	Account number		
	77	Amount of line 75 you want **applied to your 2018 estimated tax** ▶ 77		
Amount You Owe	78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	129
	79	Estimated tax penalty (see instructions) 79		

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 ▶ ALEXANDER MARTINEZ Phone no. ▶ 646-379-1381 Personal identification number (PIN) ▶ 04111

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 accurately list all amount and sources of income I received during the tax year. 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	Your occupation	Daytime phone number
		ODD JOBS	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	Identity Protection PIN (see inst.)

Paid Preparer Use Only

Preparer's signature	Date	Check ☐ if self-employed	PTIN
	01-29-2018		P01084260
Print/Type preparer's name ALEXANDER MARTINEZ			
Firm's name ▶ AM PRO SERVICE INC		Firm's EIN ▶	20-4263161
Firm's address ▶ 81-08 37 AVENUE 3 FLOOR JACKSON HEIGHTS, NY 11372		Phone no.	646-379-1381

SCHEDULE C-EZ (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Net Profit From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
▶ Attach to Form 1040, 1040NR, or 1041. ▶ See instructions.

OMB No. 1545-0074

2017

Attachment Sequence No. **09A**

Name of proprietor

ARIEL A CERINO PEREZ

Social security number (SSN)

Part I General Information

You May Use Schedule C-EZ Instead of Schedule C Only If You:

- Had business expenses of $5,000 or less,
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

And You:

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file **Form 4562,** Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

A Principal business or profession, including product or service

ODD JOBS

B Enter business code (see page 2) ▶

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

D Enter your EIN (see page 2)

E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

11 EXCHANGE PLACE APT 2 FL

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

Clifton, NJ 07011

F Did you make any payments in 2017 that would require you to file Form(s) 1099? (see the Instructions for Schedule C) . . . . . ☐ Yes ☐ No

G If "Yes," did you or will you file required Forms 1099? . . . . . ☐ Yes ☐ No

Part II Figure Your Net Profit

1	**Gross receipts. Caution:** If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see *Statutory employees* in the instructions for Schedule C, line 1, and check here ▶ ☐	1	1,169
2	**Total expenses** (see instructions). If more than $5,000, you **must** use Schedule C	2	256
3	**Net profit.** Subtract line 2 from line 1. If less than zero, you **must** use Schedule C. Enter on both **Form 1040, line 12,** and **Schedule SE, line 2,** or on **Form 1040NR, line 13,** and **Schedule SE, line 2** (see instructions). (Statutory employees **do not** report this amount on Schedule SE, line 2.) Estates and trusts, enter on **Form 1041, line 3**	3	913

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

5 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

6 Was your vehicle available for personal use during off-duty hours? . . . . . ☐ Yes ☐ No

7 Do you (or your spouse) have another vehicle available for personal use? . . . . . ☐ Yes ☐ No

8a Do you have evidence to support your deduction? . . . . . ☐ Yes ☐ No

b If "Yes," is the evidence written? . . . . . ☐ Yes ☐ No

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2017

Attachment Sequence No. **17**

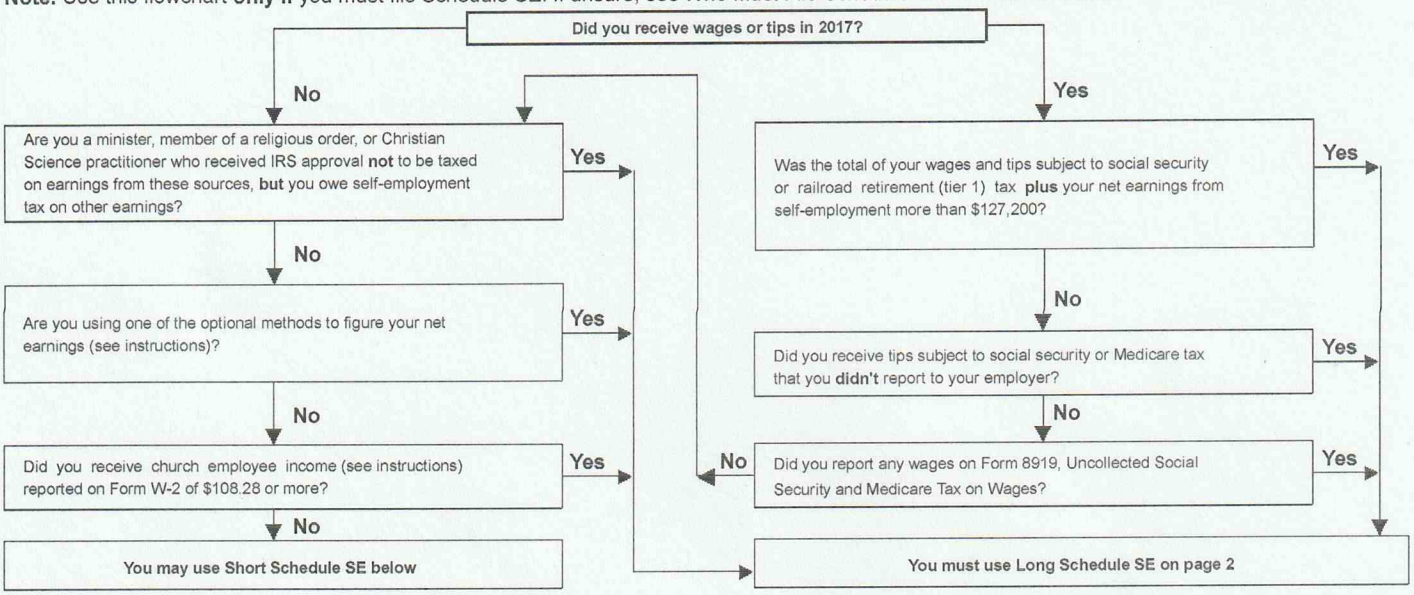
Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)
ARIEL A CERINO PEREZ

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

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only if** you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	( )
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	913
3	Combine lines 1a, 1b, and 2	3	913
4	Multiply line 3 by 92.35% (0.9235). If less than $400, you don't owe self-employment tax; **don't** file this schedule unless you have an amount on line 1b ▶	4	843
	Note. If line 4 is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5	**Self-employment tax.** If the amount on line 4 is: • $127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on **Form 1040, line 57,** or **Form 1040NR, line 55** • More than $127,200, multiply line 4 by 2.9% (0.029). Then, add $15,772.80 to the result. Enter the total here and on **Form 1040, line 57,** or **Form 1040NR, line 55**	5	129
6	**Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (0.50). Enter the result here and on **Form 1040, line 27, or Form 1040NR, line 27**	6	65

Form **8965**

Department of the Treasury
Internal Revenue Service

Health Coverage Exemptions

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.

▶ Go to *www.irs.gov/Form8965* for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment Sequence No. **75**

Name as shown on return: ARIEL A CERINO PEREZ

Your social security number:

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I **Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II **Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here X

Part III **Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8																
9																
10																
11																
12																
13																

Payment Voucher Filing Instructions

2017

Date to file by: 04-17-2018

Payment: $129

Address to file: Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

Other Instructions: If paper-filing your 2017 return, mail the tax return, voucher, and check to the address on the voucher. Do not staple the voucher and payment to the return or to each other.

If your return was e-filed, mail the voucher and check to the address on the voucher.

Make your check or money order payable to "United States Treasury". Enter your SSN and "2017 Form 1040" on your check or money order.

To pay by credit card, go to www.1040paytax.com.

Taxpayer Records:

Amount Paid _____

Check Number _____

Date Mailed _____

Form **1040-V** (2017)

▼ Detach Here and Mail With Your Payment and Return ▼

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

Payment Voucher

▶ Do not staple or attach this voucher to your payment or return.

OMB No. 1545-0074
2017

1 Your social security number (SSN) (if a joint return, SSN shown first on your return)	2 If a joint return, SSN shown second on your return	3 **Amount you are paying by check or money order.** Make your check or money order payable to **"United States Treasury"**	Dollars	Cents
			129	

EEA

ARIEL A CERINO PEREZ
11 EXCHANGE PLACE APT 2 FL
Clifton, NJ 07011

Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

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

AA CERI 30 0 201712 610

Potential Tax Cuts and Jobs Act Impact

(For your information)

2017

Name(s) as shown on return

ARIEL A CERINO PEREZ

Tax ID Number

	2017 Tax Law	Tax Cuts and Jobs Act	Difference
Standard deduction	6,350	12,000	5,650
Personal exemptions	4,050	0	(4,050)
Itemized deduction breakdown			
Medical deduction			
Total taxes	289	289	0
Interest			
Charitable contributions			
Casualty and theft			
Job expenses and certain miscellaneous deductions			
Other miscellaneous deductions			
Total itemized deductions	289	289	0
Greater of standard deduction or itemized deductions	6,350	12,000	5,650
Taxable income before Qualified Business Income(QBI) deduction	0	(11,152)	(11,152)
Potential QBI deduction **			
Taxable income after potential QBI deduction	0	(11,152)	(11,152)
Tax	0	0	0
Child Tax Credit - non-refundable portion	0	0	0
Child Tax Credit - refundable portion	0	0	0
Net change in tax if the Tax Cut and Jobs Act applied to the 2017 return			0

Final result of 2017 return **before** the Tax Cuts and Jobs Act	Balance Due:	129
Potential final result of 2017 return **after** the Tax Cuts and Jobs Act	Balance Due:	129

This document is not intended to project total tax due on the 2018 return. It is intended to show some of the more common differences that would have occurred on this tax return had the Tax Cuts and Jobs Act been in place for tax year 2017. Only the changes shown above have been taken into consideration.

** The Qualified Business Income (QBI) deduction was computed as the sum of the following:
- 20% of net Schedule C income
- 20% of net Schedule F income
- 20% of the sum of all 1065 K-1 income and 1120S K-1 income

This may not be an accurate representation of the actual QBI. There may be applicable limits that have not been considered because some necessary information is not available in the return.

CÉDULA DE IDENTIFICACION FISCAL

HACIENDA
SECRETARÍA DE HACIENDA Y CRÉDITO PÚBLICO

SAT
SERVICIO DE ADMINISTRACIÓN TRIBUTARIA

CEPA851026QP5
Registro Federal de Contribuyentes

ARIEL ALBERTO CERINO PEREZ
Nombre, denominación o razón social

idCIF: 16040418193
VALIDA TU INFORMACIÓN FISCAL

CONSTANCIA DE SITUACIÓN FISCAL

Lugar y Fecha de Emisión
CENTRO , TABASCO A 21 DE SEPTIEMBRE DE 2021

CEPA851026QP5

Datos de Identificación del Contribuyente:

RFC:	CEPA851026QP5
CURP:	CEPA851026HTCRRR03
Nombre (s):	ARIEL ALBERTO
Primer Apellido:	CERINO
Segundo Apellido:	PEREZ
Fecha inicio de operaciones:	12 DE FEBRERO DE 2009
Estatus en el padrón:	ACTIVO
Fecha de último cambio de estado:	12 DE FEBRERO DE 2009
Nombre Comercial:	ARIEL ALBERTO CERINO PEREZ

Datos de Ubicación:

Código Postal:86000	**Tipo de Vialidad:** CALLE
Nombre de Vialidad: CALLE HERMENEGILDO GALEANA	**Número Exterior:** 262
Número Interior:	**Nombre de la Colonia:** CENTRO
Nombre de la Localidad: VILLAHERMOSA	**Nombre del Municipio o Demarcación Territorial:** CENTRO
Nombre de la Entidad Federativa: TABASCO	**Entre Calle:** GIL Y SAENZ

Contacto
Av. Hidalgo 77, col. Guerrero, C.P. 06300, Ciudad de México.
Atención telefónica desde cualquier parte del país:
MarcaSAT 55 627 22 728 y para el exterior del país
(+52) 55 627 22 728

Y Calle: DOMINGO BORREGO	**Correo Electrónico:** bthoven_26@hotmail.com
Tel. Fijo Lada: 993	**Número:** 3120685
Tel. Móvil Lada: 993	**Número:** 1923229

Actividades Económicas:

Orden	Actividad Económica	Porcentaje	Fecha Inicio	Fecha Fin
9	Otros servicios de limpieza	40	01/03/2021	
8	Servicios de limpieza de inmuebles	25	01/03/2021	
3	Servicios de control y exterminación de plagas	15	01/03/2021	
1	Servicios de preparación de alimentos para ocasiones especiales	5	05/12/2019	
6	Asalariado	5	05/12/2019	
3	Servicios de administración de negocios	3	05/12/2019	
4	Otros servicios de reservaciones	1	05/12/2019	
5	Organizadores de convenciones y ferias comerciales e industriales	1	05/12/2019	
7	Alquiler de automóviles con chofer	1	05/12/2019	
9	Organización de excursiones y paquetes turísticos para agencias de viajes	1	05/12/2019	
1	Comercio al por menor de computadoras y sus accesorios	1	01/03/2021	
2	Comercio al por menor de teléfonos, de otros aparatos de comunicación, refacciones y accesorios	1	01/03/2021	
10	Otros servicios de apoyo a los negocios	1	01/03/2021	

Regímenes:

Régimen	Fecha Inicio	Fecha Fin
Régimen de las Personas Físicas con Actividades Empresariales y Profesionales	06/06/2017	
Régimen de Sueldos y Salarios e Ingresos Asimilados a Salarios	05/12/2019	

Obligaciones:

Descripción de la Obligación	Descripción Vencimiento	Fecha Inicio	Fecha Fin

HACIENDA
SECRETARÍA DE HACIENDA Y CRÉDITO PÚBLICO
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Declaración anual de ISR. Personas Físicas.	A más tardar el 30 de abril del ejercicio siguiente.	06/06/2017	
Pago definitivo mensual de IVA.	A más tardar el día 17 del mes inmediato posterior al periodo que corresponda.	06/06/2017	
Pago provisional mensual de ISR por actividades empresariales. Régimen de Actividades Empresariales y Profesionales	A más tardar el día 17 del mes inmediato posterior al periodo que corresponda.	06/06/2017	
Declaración de proveedores de IVA	A más tardar el último día del mes inmediato posterior al periodo que corresponda.	06/06/2017	
Pago provisional mensual de ISR por servicios profesionales. Régimen de Actividades Empresariales y Profesionales	A más tardar el día 17 del mes inmediato posterior al periodo que corresponda.	05/12/2019	
Entero de retenciones mensuales de ISR por sueldos y salarios	A más tardar el día 17 del mes inmediato posterior al periodo que corresponda.	27/08/2021	

Sus datos personales son incorporados y protegidos en los sistemas del SAT, de conformidad con los Lineamientos de Protección de Datos Personales y con diversas disposiciones fiscales y legales sobre confidencialidad y protección de datos, a fin de ejercer las facultades conferidas a la autoridad fiscal.

Si desea modificar o corregir sus datos personales, puede acudir a cualquier Módulo de Servicios Tributarios y/o a través de la dirección http://sat.gob.mx

"La corrupción tiene consecuencias ¡denúnciala! Si conoces algún posible acto de corrupción o delito presenta una queja o denuncia a través de: www.sat.gob.mx, denuncias@sat.gob.mx, desde México: (55) 8852 2222, desde el extranjero: 1 844 28 73 803, SAT móvil o www.gob.mx/sfp".

Cadena Original Sello: ||2021/09/21|CEPA851026QP5|CONSTANCIA DE SITUACIÓN FISCAL|20000108888880000031||

Sello Digital:
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YI=

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