

RFP 2026-17
Webb County Dining Rooms -
Restaurant & Concessions @ Pecos

Sueker Restaurant
3801 Daffodil
Lubbock, TX. 79406

WEBB COUNTY PURCHASING
SEP22 2026 PM3:34

THIS FORM MUST BE INCLUDED WITH RFP PACKAGE; PLEASE CHECK OFF EACH ITEM INCLUDED WITH RFP PACKAGE AND SIGN BELOW TO COMPLETE SUBMITTAL / CONFIRMATION OF EACH REQUIRED ITEM.

"Webb County Fairgrounds – Restaurant & Concession Operator Lease"

☒ Reference Form

☒ Conflict of Interest Form (CIQ)

☒ Certification regarding Debarment (Form H2048)

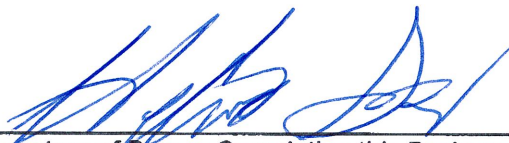
☒ Certification regarding Federal lobbying (Form 2049)

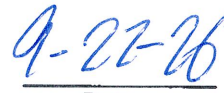
☒ Webb County Code of Ethics Affidavit

☒ House Bill 89 Form

☒ Senate Bill 252 Form

☒ Proof of No Delinquent Tax Owed to Webb County


Signature of Person Completing this Package


Date

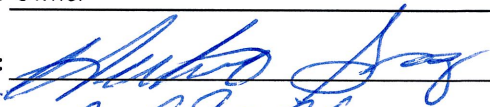
Form A

RFP 2026-017 Webb County Fairgrounds – Restaurant & Concession Operator Lease PRICE PROPOSAL

Item	Description	Vendor Proposed Price / Rate
1	Base Monthly Rent Proposal	\$3000 (but willing to negotiate with County)
3	Security Deposit (equivalent to one month rent offer)	\$3000 (but willing to negotiate with County)
4	Proposed Lease Term	3 - 5 years

Authorized Representative Name (Print Name): Herculano Suarez

Title: Owner

Signature: 

Date: 9-22-26

4.1 Evaluation Criteria and Selection

A. Restaurant and Concession Stand Operation Experience

Suarez Restaurant provides comprehensive restaurant and concession food and beverage services, including food preparation and production, menu planning, purchasing and inventory management, staffing and training, customer service, point-of-sale operations, sanitation and food safety, equipment and facility coordination, and day-to-day operational management.

Our company specializes in efficient, high-quality food service operations with an emphasis on consistent food quality, exceptional customer service, operational efficiency, and compliance with applicable health and safety standards. Our areas of expertise include restaurant, concession, catering, and institutional food service environments, with the ability to tailor menus, staffing, and operating procedures to the specific needs of each facility and customer population.

Suarez Restaurant has provided restaurant, concession, and/or similar food service operations for over 10 years. During this time, the company has developed the experience, operational systems, and trained personnel necessary to successfully manage the full range of food and beverage services contemplated by this RFP.

Types of services provided at special school events, governmental annual festivities, were as the client requested (i.e., barbecue meats; specialized cuts of meat in a buffet style or sit down dinners; chicken cordon bleu; croissant chicken salad sandwiches, fajitas, rice, beans; prime rib with vegetables, steaks with baked potatoes, etc.). We also have provided breakfast tacos; have done hot dogs for kids attending LIFE FAIR; we have done Xmas parties for the County and school districts (serving sometimes 500 + persons). We have done catering for political candidates; weddings; clubs.

Our restaurant and concession operations will be overseen by a dedicated management team with extensive experience in food service, catering, meal preparation, customer service, and daily food operations. The team will be responsible for supervising staff, coordinating food preparation and service, managing inventory and supplies, maintaining food safety and sanitation standards, and ensuring efficient operations throughout the term of the awarded services at the Webb County Fairground facilities.

B. Personnel Qualifications -

The proposed management team includes:

- **Herculano Suarez – General Manager:** Over 10 years of experience in food service operations, catering, meal preparation, staff supervision, and customer service. Will provide overall operational oversight and management.
- **Selika Suarez - Food Service/Concession Manager:** [5] years of experience in food preparation, catering, concession operations, inventory control, and event-based food service. Will oversee daily restaurant and concession activities. Certified in Food Handlers operations.
- **Pedro Villegas – Kitchen/Operations Supervisor:** [8] years of experience in meal preparation, kitchen operations, food safety, sanitation, and staff coordination. Will supervise food production and quality control. Certified in Food Handlers operations.

Together, the management team will provide hands-on oversight to ensure the restaurant and concession stands operate safely, efficiently, and professionally while delivering quality food and excellent customer service.

Our proposal best meets the County's needs because our company has been in business for over 10 years and brings extensive experience in food catering, meal preparation, and food service operations. We are committed to providing reliable, high-quality, and professional restaurant and concession services that meet the County's operational requirements and deliver excellent customer service.

Our additional strengths include experienced food preparation and catering personnel, efficient event and concession management, menu planning, inventory and supply coordination, staff supervision, and a strong focus on food safety, sanitation, quality, and customer satisfaction. Our hands-on experience and ability to efficiently manage food service operations position our firm to provide dependable and consistent services throughout the contract term.

C. References and Projects—

See attached forms

- D. **Financial Capacity** – SEE ATTACHED FINANCIAL STATEMENTS; 2025 has not been terminated, hence only 2024 Tax Return is included. Financial capacity is well noted in the income he received in 2024, for SUAREZ Restaurant.

Any other information will be provided upon request and availability.

References Form

Please list at minimum five (5) local governmental entities where similar scope of services were provided.

THIS FORM MUST BE RETURNED WITH YOUR OFFER.

REFERENCE ONE

Government/Company Name: LAREDO INDEPENDENT SCHOOL DISTRICT (LISD)

Address: 2400 SAN BERNARDO AVE

Contact Person and Title: GABRIELA BERLANGA, PRINCIPLE ASSISTANT

Phone: 956-273-1000 Fax: _____

Email Address: GRBERLANGA@LAREDOISD.ORG Contract Period: AS NEEDED

Description of Goods / Services Provided: CATERING SERVICES +150

REFERENCE TWO

Government/Company Name: UNITED INDEPENDENT SCHOOL DISTRICT (UISD)

Address: 201 LINDENWOOD

Contact Person and Title: STEPHANIE SILVA

Phone: 956-473-1600 Fax: 956-473-1699

Email Address: SSILVA3@UISD.NET Contract Period: AS NEEDED

Description of Goods / Services Provided: CATERING SERVICES +150

REFERENCE THREE

Government/Company Name: LAREDO INTERNATIONAL FAIR & EXPOSITION

Address: US-59, LAREDO, TX 78043

Contact Person and Title: ANNETTE NUÑEZ

Phone: 956-722-9948 Fax: _____

Email Address: LAREDOFAIREXPO@GMAIL.COM Contract Period: ANNUAL

Description of Goods / Services Provided: OPERATION OF RESTAURANT AND OPERATION
OF CONCESSION OPERATION OF VENDER BOOTHS. FROM 5,000- 10,000 PEOPLE ATTENDED; ALL
EVENTS SPONSORED BY LIFE THROUGH OUT THE YEAR (SEE ATTACHED)

REFERENCE Four

Government/Company Name: CITY OF LAREDO

Address: 1110 HOUSTON ST SECOND FLOOR LAREDO, TX 78040

Contact Person and Title: JORGE JOLLY

Phone: 956-791-7368 Fax: _____

Email Address: JJOLLY@CI.LAREDO.TX.US Contract Period: AS NEEDED

Description of Goods / Services Provided: CATERING FOR SPECIAL EVENTS OVER +150 GUEST

REFERENCE Five

Government/Company Name: SAN LUIS REY CATHOLIC CHURCH

Address: 35002 SANDERS AVE, LAREDO, TEXAS 78040

Contact Person and Title: GINA GARCIA

Phone: 956-723-6587 Fax: _____

Email Address: SEC@SANLUISREYLAREDO.ORG Contract Period: ANNUAL

Description of Goods / Services Provided: SPRING FESTIVAL BOOTH +2,500 PEOPLE

CATERING SERVICES +300 PEOPLE FOR SPECIAL EVENTS

- **Additional pages are permitted if more space is required**

Space intentionally left Blank

CONFLICT OF INTEREST QUESTIONNAIRE**FORM CIQ**

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1 a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

SUAREZ RESTAURANT

2 ☐ Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

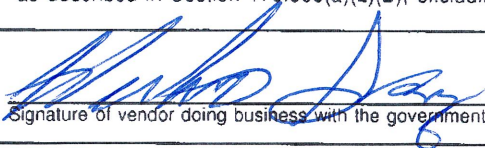
☐ Yes ☒ No

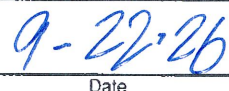
B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☒ No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a)(1).

7 
Signature of vendor doing business with the governmental entity


Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

...

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;

or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

Debarment / Suspension Certification

I, Herculano Suarez, hereby certify that I have checked on the federal
(Authorized Representative of Recipient)

System for Award Management (www.sam.gov) website and determined that

Suarez Restaurant is not shown as an "excluded party" that is debarred,
(Name of entity)

suspended or otherwise excluded from or ineligible for participation in federal assistance programs under Executive Order 12549. (See 2 CFR Part 180 and 2 CFR Part 1532 for additional information on the federal governmentwide debarment and suspension system for nonprocurement programs and activities.)

I understand that a false statement herein may subject me to penalties under federal and state laws relating to filing false statements and other relevant statutes.

Herculano Suarez
Signature

9-22-26
Date

Owner
Title

Herculano Suarez
Name of Recipient

Verifying prime contractors and subcontractors for construction, equipment, supplies and services: Using the www.sam.gov website, the recipient must verify prior to awarding the contract that the prime contractor is not listed as an "excluded party" that is debarred, suspended or otherwise excluded from or ineligible. Once any subcontractors are known, they also must be verified as not listed as an "excluded party" prior to award of a subcontract. The recipient must print a dated record of the verification from the www.sam.gov website and retain a copy that is available for review by TWDB. The prime contractors and subcontractors must be verified prior to the contract award or the costs may be disallowed.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER
RESPONSIBILITY MATTERS - PRIMARY COVERED TRANSACTIONS**

This Agreement is a covered transaction for purposes of the debarment and suspension regulations implementing Executive Order 12549, *Debarment and Suspension* (1986) and Executive Order 12689, *Debarment and Suspension* (1989) at 2 C.F.R. Part 3000 (Non- procurement Debarment and Suspension) and, if applicable, 45 C.F.R. § 75.213. As such, Contractor is required to confirm that none of the Contractor, its principals (defined at 2 C.F.R. § 180.995), or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935).

INSTRUCTIONS FOR CERTIFICATION

- 1) By signing this Agreement, Contractor, also sometimes referred to herein as a prospective primary participant, is providing the certification set out below.
- 2) The inability of a contractor to provide the certification required below will not necessarily result in denial of participation in the covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the City's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
- 3) The certification in this clause is a material representation of fact upon which reliance was placed when the City determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the City, the City may terminate this transaction for cause or default.
- 4) The prospective primary participant shall provide immediate written notice to the City if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 5) The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, application and voluntarily excluded, as used in this certification, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549.
- 6) The prospective primary participant agrees by signing the Agreement that it shall not knowingly enter into any lower tier covered transactions with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, declared ineligible or voluntarily excluded from participation in this covered transaction. If it is later determined that the prospective primary participant knowingly entered into such a transaction, in addition to other remedies available to the City, the City may terminate this transaction for cause or default.
- 7) The prospective primary participant further agrees by signing this Agreement that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," as available through the United States Department of Homeland Security, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

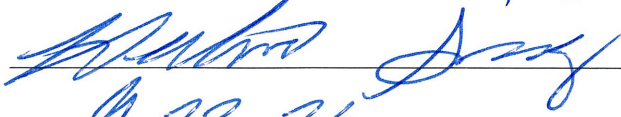
- 8) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
- 9) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

CERTIFICATION

- 1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded by any Federal department or agency.
 - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State or local) terminated for cause or default.
- 2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this application.

Company Name: Suarez Restaurant

Name and Title: Herculano Suarez, owner

Signature: 

Date: 9-22-26

By signing this application, I certify

(1) to the statements contained in the list of certifications** and

(2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award.

I am aware that any false, fictitious, or fraudulent claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

**The list of certifications and assurances is available at https://www.state.gov/os_grant_docs.

Certification Regarding Federal Debt

Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

If yes, please provide an explanation and attach to the application.

Certification Regarding Debarment:

(1) Herculano Suarez to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by a federal department or agency;

(b) Have not within a three-year period preceding this certification been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this certification had one or more public transactions (Federal, State, or local) terminated for cause or default.

(2) Where _____ is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this certification.

Name Herculano Suarez

Signature Herculano Suarez

Title OWNER

Date 9-22-26

CERTIFICATION REGARDING FEDERAL LOBBYING
(Certification for Contracts, Grants, Loans, and Cooperative Agreements)

Federal legislation generally prohibits entities from using federally appropriated funds to lobby the executive or legislative branches of the Federal government. Lobbying with respect to certain grants, contracts, cooperative agreements, and loans is governed by relevant statutes, including among others, the provisions of 31 U.S.C. 1352, as well as common rule, "New Restrictions on Lobbying" published at 55 Federal Register (FR) 6736 (February 26, 1990), including definitions, and the Office of Management and Budget "Government wide Guidance on New Restrictions on Lobbying" and notices published at 54 FR 52306 (December 20, 1989), 55 FR 24540 (June 15, 1990), 57 FR 1772 (January 15, 1992), and 61 FR 1412 (January 19, 1996).

Contracting entities or sponsored sites that contract for goods or services using Federal funds must obtain this certification for any award exceeding \$100,000 and if necessary must obtain the *Standard Form-LLL, "Disclosure Form to Report Lobbying."*

CERTIFICATION

The undersigned certifies, to the best of his or her knowledge and belief, that:

- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit *Standard Form-LLL, "Disclosure Form to Report Lobbying"*, in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Suarez Restaurant

Name of Organization submitting certification

Herculano Suarez

Name of Organization Representative

OWNER

Title

[Signature]

Signature of Organization Representative

9-22-26

Date

**WEBB COUNTY PURCHASING DEPT.
QUALIFIED PARTICIPATING VENDOR CODE OF ETHICS
AFFIDAVIT FORM**

STATE OF TEXAS *

KNOW ALL MEN BY THESE PRESENTS:

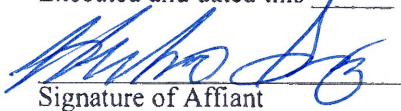
COUNTY OF WEBB *

BEFORE ME the undersigned Notary Public, appeared HERCULANO SUAREZ, the herein-named "Affiant", who is a resident of Webb County, State of TEXAS, and upon his/her respective oath, either individually and/or behalf of their respective company/entity, do hereby state that I have personal knowledge of the following facts, statements, matters, and/or other matters set forth herein are true and correct to the best of my knowledge.

I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby confirm that I have reviewed and agree to fully comply with all the terms, duties, ethical policy obligations and/or conditions as required to be a qualified participating vendor with Webb County, Texas as set forth in the Webb County Purchasing Code of Ethics Policy posted at the following address: <http://www.webbcountytx.gov/PurchasingAgent/PurchasingEthicsPolicy.pdf>

I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby further acknowledge, agree and understand that as a participating vendor with Webb County, Texas on any active solicitation/proposal/qualification that I and/or my company/entity failure to comply with the Code of Ethics policy may result in my and/or my company/entity disqualification, debarment or make void my contract awarded to me, my company/entity by Webb County. I agree to communicate with the Purchasing Agent or his designees should I have questions or concerns regarding this policy to ensure full compliance by contacting the Webb County Purchasing Dept. via telephone at (956) 523-4125 or e-mail to the Webb County Purchasing Agent to joel@webbcountytx.gov.

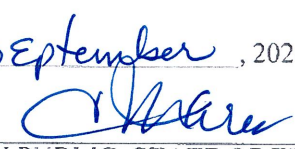
Executed and dated this 22 day of September, 2026.


Signature of Affiant

SUAREZ RESTAURANT- HERCULANO SUAREZ
Printed Name of Affiant/Company/Entity

SWORN to and subscribed before me, this 22 day September, 2026




NOTARY PUBLIC, STATE OF TEXAS

Offeror: Complete & Return this Form with Response Submission.

House Bill 89 Verification

I, HERCULANO SUAREZ, the undersigned representative of (company or business name) SUAREZ RESTAURANT

(heretofore referred to as company) being an adult over the age of eighteen (18) years of age, after being duly sworn by the undersigned notary, do hereby depose and verify under oath that the company named above, under the provisions of Subtitle F, Title 10, Government Code Chapter 2270:

1. Does not boycott Israel currently; and
2. Will not boycott Israel during the term of the contract.

Pursuant to Section 2270.001, Texas Government Code:

1. "Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made ordinary business purposes; and

2. "Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or an limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business association that exist to make a profit.

[Signature]
Signature of Company Representative

9-22-26
Date

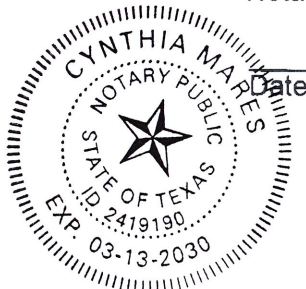
On this 22 day of September, 2026, personally appeared

Herculano Suarez, the above named person, who after by me being duly sworn, did swear and confirm that the above is true and correct.

Notary Seal

[Signature]
Notary Signature

9-22-26
Date

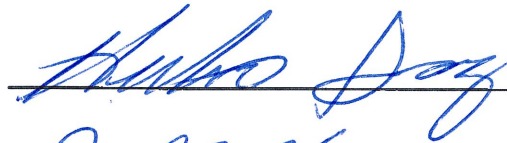


Offeror: Complete & Return this Form with Response Submission.
Senate Bill 252 Certification

SB 252 CHAPTER 2252 CERTIFICATION I, HERCULANO SUAREZ, the undersigned representative of SUAREZ RESTAURANT (Company or business name) being an adult over the age of eighteen (18) years of age, pursuant to Texas Government Code, Chapter 2252, Section 2252.152 and Section 2252.153, certify that the company named above is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153. I further certify that should the above-named company enter into a contract that is on said listing of companies on the website of the Comptroller of the State of Texas which do business with Iran, Sudan or any Foreign Terrorist Organization, I will immediately notify Mr. Jose Angel Lopez III, Webb County Purchasing Agent at (956) 523-4125 or via email at joel@webbcountytexas.gov

SUAREZ RESTAURANT

Name of Company Representative (Print)



Signature of Company Representative

9-22-26

Date

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

SUAREZ RESTAURANT

Name _____ owes no delinquent property taxes to Webb County.

SUAREZ RESTAURANT

_____ owes no property taxes as a business in Webb County.
(Business Name)

HERCULANO SUAREZ

_____ owes no property taxes as a resident of Webb County.
(Business Owner)



Person who can attest to the above information

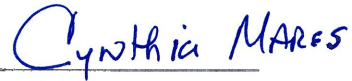
*** SIGNED NOTORIZED DOCUMENT AND PROOF OF NO DELINQUENT TAXES TO WEBB COUNTY.**

The State of Texas
County of Webb

Before me, a Notary Public, on this day personally appeared Herculano Suarez, know to me (or proved to me on the oath of HERCULANO SUAREZ) to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

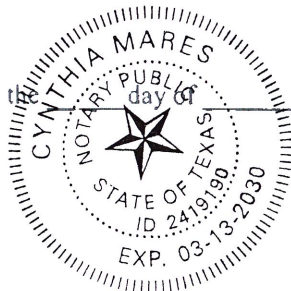
Given under my hand and seal of office this 22 day of September 2021.

Notary Public, State of Texas



(Print name of Notary Public here)

My commission expires the _____ day of _____, 2030



Webb County Tax Assessor-Collector
Patricia A. Barrera
1110 Victoria St. Ste 107
Laredo, Texas 78040
(956) 523-4200

SEPTEMBER 15, 2026

TAX STATEMENT FOR TAXES DUE

ACCOUNT NUMBER: 80119019133

PROPERTY DESCRIPTION
PERSONAL PROPERTY FURN FIX EQUIP I
NV @4800 MCPHERSON RD STE 3 RP#928
-20001-001

SUAREZ RESTAURANT
C/O SONIA SUAREZ
3801 DAFFODIL AVE
LAREDO, TX 78046-8520

USER CODES: LRP

YEAR	SQ	ENTITY	DESC.	BASE TAX	P&I/DISC.	COLL FEE	TOTAL
2025	0	WEBB COUNTY					*NONE DUE*
		LAREDO COLLEGE					*NONE DUE*
		LATE RENDITION	PENAL				*NONE DUE*
2025		TAX	DUE				*NONE DUE*

YEAR	SQ	ENTITY	DESC.	LAND VAL	IMP VAL	AG VAL	EXMCD	AMOUNT	NTV
2025	0	WEBB COUNTY			22800				22800
2025	0	LAREDO COLLEGE			22800				22800
2025	0	LATE RENDITION	PENAL						

GR TAX DUE	*NONE DUE*
GR TOTAL DUE	*NONE DUE*



SUAREZ RESTAURANT

Profit and Loss

January 1-December 31, 2024

	TOTAL
Income	
Sales	1,955,792.00
SALES DISCOUNT INCOME	136.78
Total for Income	\$1,955,928.78
Gross Profit	\$1,955,928.78
Expenses	
ACCOUNTING FEES EXPENSE	1,300.00
Advertising and Promotion	2,145.94
Bank Service Charges	61.00
Business Licenses and Permits	600.00
CELLULAR EXPENSE	1,771.27
CLEANING/MAINTENANCE	1,474.72
CONTRACT LABOR	246,128.00
CREDIT CARD FEE CHARGES	56,043.33
Depreciation Expense	5,852.00
DONATION	2,054.00
Equipment Repair	20,963.38
FINES	394.00
GAS & OIL EXPENSE	15,372.70
Insurance Expense	\$5,765.24
359 Ins.	3,343.44
Vehicle	5,312.06
Total for Insurance Expense	\$14,420.74
INTEREST EXPENSE	1,181.79
Office Supplies	6,848.43
Payroll Expenses	3,896.10
Pest Control	497.96
PROPERTY TAXES	3,416.12
Rent Expense	62,705.00
Repairs and Maintenance	\$13,006.66
Repairs and Maintenance-359	0.00
Total for Repairs and Maintenance	\$13,006.66
Restaurant Supplies	\$72,743.75
Restaurant Supplies-359	0.00
Total for Restaurant Supplies	\$72,743.75
SECURITY SERVICE EXPENSE	658.48
Telephone & Internet Expenses	11,183.35
TRUCK/CAR REPAIRS & MAINTENANCE	19,470.47
Utilities	\$55,332.22
Utilities - 359	0.00
Total for Utilities	\$55,332.22

SUAREZ RESTAURANT

Profit and Loss

January 1-December 31, 2024

	TOTAL
WAGES	55,000.00
Total for Expenses	\$674,521.41
Net Operating Income	\$1,281,407.37
Net Income	\$1,281,407.37

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ► 741403202530200bevmv

Taxpayer's name HERCULANO SUAREZ	Social security number 465-45-9352
Spouse's name SONIA J SUAREZ	Spouse's social security number 452-61-1632

Part I Tax Return Information — Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	162,550.
2	Total tax	2	30,061.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	1,508.
4	Amount you want refunded to you	4	
5	Amount you owe	5	28,553.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize M MARES AND ASSOCIATES, INC. to enter or generate my PIN

5	9	3	5	2
---	---	---	---	---

 as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

- ☒ I authorize M MARES AND ASSOCIATES, INC. to enter or generate my PIN

1	1	6	3	2
---	---	---	---	---

 as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

7	4	1	4	0	3	9	3	6	6	4
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► _____ Date ► _____

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

IF you live in...	THEN use this address to send in your payment...
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2024

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2024

Form 1040-V Payment Voucher for Individuals

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

Enter the amount
of your payment ▶

28,553.

REV 09/04/25 PRO

1555

HERCULANO SUAREZ
SONIA J
3801 DAFFODIL
LAREDO TX 78046

INTERNAL REVENUE SERVICE
P.O. BOX 1214
CHARLOTTE, NC 28201-1214

465459352 YJ SUAR 30 0 202412 610

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

See separate instructions.

Your first name and middle initial HERCULANO		Last name SUAREZ		Your social security number 465 45 9352	
If joint return, spouse's first name and middle initial SONIA J		Last name SUAREZ		Spouse's social security number 452 61 1632	
Home address (number and street). If you have a P.O. box, see instructions. 3801 DAFFODIL				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. LAREDO				State TX	
				ZIP code 78046	
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

☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

Check only one box.

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: _____

☐ 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.) ☐ 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, 1960 ☐ Are blind Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

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): Child tax credit	Credit for other dependents
SELIKA	SUAREZ	630-88-6875	Daughter	☐	☒
ERNESTO	SUAREZ	628-72-9404	Son	☐	☒
HERCULANO	SUAREZ, JR	630-54-2924	Son	☐	☒
				☐	☐

Income

1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 31,200.

1b Household employee wages not reported on Form(s) W-2 1b

1c Tip income not reported on line 1a (see instructions) 1c

1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d

1e Taxable dependent care benefits from Form 2441, line 26 1e

1f Employer-provided adoption benefits from Form 8839, line 29 1f

1g Wages from Form 8919, line 6 1g

1h Other earned income (see instructions) 1h 0.

1i Nontaxable combat pay election (see instructions) 1i

1z Add lines 1a through 1h 1z 31,200.

2a Tax-exempt interest 2a

2b Taxable interest 2b 51.

3a Qualified dividends 3a

3b Ordinary dividends 3b 490.

4a IRA distributions 4a

4b Taxable amount 4b

5a Pensions and annuities 5a

5b Taxable amount 5b

6a Social security benefits 6a

6b Taxable amount 6b

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7

8 Additional income from Schedule 1, line 10 8 136,868.

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 168,609.

10 Adjustments to income from Schedule 1, line 26 10 6,059.

11 Subtract line 10 from line 9. This is your adjusted gross income 11 162,550.

12 Standard deduction or itemized deductions (from Schedule A) 12 29,200.

13 Qualified business income deduction from Form 8995 or Form 8995-A 13 0.

14 Add lines 12 and 13 14 29,200.

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 133,350.

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

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

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$14,600
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under Standard Deduction, see instructions.

Tax and Credits		16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐						16 19,443.	
		17 Amount from Schedule 2, line 3						17 0.	
		18 Add lines 16 and 17						18 19,443.	
		19 Child tax credit or credit for other dependents from Schedule 8812						19 1,500.	
		20 Amount from Schedule 3, line 8						20	
		21 Add lines 19 and 20						21 1,500.	
		22 Subtract line 21 from line 18. If zero or less, enter -0-						22 17,943.	
		23 Other taxes, including self-employment tax, from Schedule 2, line 21						23 12,118.	
		24 Add lines 22 and 23. This is your total tax						24 30,061.	
Payments		25 Federal income tax withheld from:							
		a Form(s) W-2				25a	1,508.		
		b Form(s) 1099				25b			
		c Other forms (see instructions)				25c			
		d Add lines 25a through 25c				25d	1,508.		
If you have a qualifying child, attach Sch. EIC.		26 2024 estimated tax payments and amount applied from 2023 return				26			
		27 Earned income credit (EIC) No				27			
		28 Additional child tax credit from Schedule 8812				28			
		29 American opportunity credit from Form 8863, line 8				29			
		30 Reserved for future use				30			
		31 Amount from Schedule 3, line 15				31			
		32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits				32			
		33 Add lines 25d, 26, and 32. These are your total payments				33	1,508.		
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	
Direct deposit? See instructions.		b Routing number XXXXX XXXX c Type: ☒ Checking ☐ Savings							
		d Account number XXXXX XXXX XXXX XXXX XXXX XXXX XXXX							
		36 Amount of line 34 you want applied to your 2025 estimated tax				36			
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	28,553.		
		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 CRISTINA CANTU		Phone no. (956) 723-7051		Personal identification number (PIN) 93664			
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 [Signature]		Date	Your occupation OWNER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)			
Joint return? See instructions. Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation MANAGER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
		Phone no.		Email address					
Paid Preparer Use Only		Preparer's name CRISTINA CANTU		Preparer's signature		Date 09/22/2026	PTIN P00293664		
		Firm's name M MARES AND ASSOCIATES, INC.		Firm's address 1320 CONVENT AVE LAREDO TX 78040		Check if: ☐ Self-employed Phone no. (956) 723-7051 Firm's EIN 74-2580932			

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

2024
Attachment
Sequence No. 01

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

HERCULANO & SONIA J SUAREZ

Your social security number

465-45-9352

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

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	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	60,534.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	76,334.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
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. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	136,868.

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	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	6,059.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	6,059.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2024
Attachment
Sequence No. 02

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

HERCULANO & SONIA J SUAREZ

Your social security number

465-45-9352

Part I Tax

1 Additions to tax:

a Excess advance premium tax credit repayment. Attach Form 8962

1a

b Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)

1b

c Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)

1c

d Recapture of net EPE from Form 4255, line 2a, column (l)

1d

e Excessive payments (EP) from Form 4255. Check applicable box and enter amount.

(i) ☐ Line 1a, column (n)

(ii) ☐ Line 1c, column (n)

(iii) ☐ Line 1d, column (n)

(iv) ☐ Line 2a, column (n)

1e

f 20% EP from Form 4255. Check applicable box and enter amount. See instructions.

(i) ☐ Line 1a, column (o)

(ii) ☐ Line 1c, column (o)

(iii) ☐ Line 1d, column (o)

(iv) ☐ Line 2a, column (o)

1f

y Other additions to tax (see instructions): _____

1y

z Add lines 1a through 1y

1z

2 Alternative minimum tax. Attach Form 6251

2

3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17

3

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE

4

12,118.

5 Social security and Medicare tax on unreported tip income. Attach Form 4137

5

6 Uncollected social security and Medicare tax on wages. Attach Form 8919

6

7 Total additional social security and Medicare tax. Add lines 5 and 6

7

8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.

If not required, check here ☐

8

9 Household employment taxes. Attach Schedule H

9

10 Repayment of first-time homebuyer credit. Attach Form 5405 if required

10

11 Additional Medicare Tax. Attach Form 8959

11

12 Net investment income tax. Attach Form 8960

12

13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12

13

14 Interest on tax due on installment income from the sale of certain residential lots and timeshares

14

15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000

15

16 Recapture of low-income housing credit. Attach Form 8611

16

(continued on page 2)

Part II Other Taxes (continued)

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation .	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 .	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount: _____	17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Recapture of net EPE from Form 4255, line 1d, column (I)		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	12,118.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0074

2024
Attachment
Sequence No. **09**

Name of proprietor SONIA J SUAREZ		Social security number (SSN) 452-61-1632
A Principal business or profession, including product or service (see instructions) RESTAURANT		B Enter code from instructions 7 2 2 5 1 1
C Business name. If no separate business name, leave blank. SUAREZ RESTAURANT		D Employer ID number (EIN) (see instr.) 4 7 0 9 0 2 8 4 1
E Business address (including suite or room no.) 4800 MPCHERSON RD. STE #3 City, town or post office, state, and ZIP code LAREDO, TX 78041		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2024, check here ☐		
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No		
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ 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	1,955,792.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	1,955,792.
4 Cost of goods sold (from line 42)	4	1,379,376.
5 Gross profit. Subtract line 4 from line 3	5	576,416.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	137.
7 Gross income. Add lines 5 and 6	7	576,553.

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

8 Advertising	8	2,146.	18 Office expense (see instructions)	18	6,849.
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	246,128.	a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	62,705.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	5,852.	21 Repairs and maintenance	21	13,007.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	14,421.	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	1,182.	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	55,332.
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	55,000.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-25,224.	27a Other expenses (from line 48)	27a	139,155.
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		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
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.	31	-25,224.			
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.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35 _____
36	Purchases less cost of items withdrawn for personal use	36 1,306,632.
37	Cost of labor. Do not include any amounts paid to yourself	37 _____
38	Materials and supplies	38 72,744.
39	Other costs	39 _____
40	Add lines 35 through 39	40 1,379,376.
41	Inventory at end of year	41 _____
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 1,379,376.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) _____
44	Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:
a	Business _____
b	Commuting (see instructions) _____
c	Other _____
45	Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
47a	Do you have evidence to support your deduction? ☐ Yes ☐ No
b	If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

ACCOUNTING FEES	1,300.
BANK CHARGES	61.
LICENSE & PERMIT EXPENSE	600.
CELLULAR EXPENSE	1,771.
CLEANING/MAINTENANCE EXPENSE	1,475.
CREDIT CARD CHARGES	56,043.
DONATION EXPENSE	2,054.
MISCELLANEOUS EXPENSE	394.
See Line 48 Other Expenses	75,457.
48 Total other expenses. Enter here and on line 27a	48 139,155.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0074

2024

Attachment
Sequence No. **09**

Name of proprietor HERCULANO SUAREZ		Social security number (SSN) 465-45-9352
A Principal business or profession, including product or service (see instructions) CATERING	B Enter code from instructions 7 2 2 3 0 0	
C Business name. If no separate business name, leave blank. HERCULANO SUAREZ LLC	D Employer ID number (EIN) (see instr.) 8 7 1 5 6 2 5 5 4	
E Business address (including suite or room no.) 3801 DAFFODIL City, town or post office, state, and ZIP code LAREDO, TX 78046		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses		☒ Yes ☐ No
H If you started or acquired this business during 2024, check here		☐
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions		☐ Yes ☒ No
J If "Yes," did you or will you file required Form(s) 1099?		☐ Yes ☐ 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	91,861.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	91,861.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	91,861.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	91,861.

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	6,103.	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	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			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	6,103.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	85,758.			
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				
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.					
	31	85,758.			

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

Part III	Cost of Goods Sold (see instructions)
-----------------	--

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) _____

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

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

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

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

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

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

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

[illegible]

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. 13

Name(s) shown on return

HERCULANO & SONIA J SUAREZ

Your social security number

465-45-9352

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 2024 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	220 N. MARTIN - 3 UNITS LAREDO TX 78043
B	2415 N. NEW YORK - 4 UNITS LAREDO TX 78043
C	2902 ZACATECAS - 5 UNITS LAREDO TX 78046

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	0	☐
B 1		B 365	0	☐
C 1		C 365	0	☐

Type of Property:

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

Income:		Properties:		
		A	B	C
3 Rents received	3	12,000.	36,170.	25,682.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	1,309.		32,560.
13 Other interest	13		370.	
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	2,604.	2,551.	2,551.
17 Utilities	17			
18 Depreciation expense or depletion	18	2,588.	10,211.	6,748.
19 Other (list) See Line 19 Other Expenses	19	2,140.	264.	
20 Total expenses. Add lines 5 through 19	20	8,641.	13,396.	41,859.
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	3,359.	22,774.	-16,177.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	(2,819.)
23a Total of all amounts reported on line 3 for all rental properties	23a	226,184.		
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	174,509.		
d Total of all amounts reported on line 18 for all properties	23d	56,117.		
e Total of all amounts reported on line 20 for all properties	23e	273,706.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24	102,467.		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(26,133.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	76,334.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

76,334.

Schedule E (Form 1040) 2024

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)
Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. 13

Name(s) shown on return

HERCULANO & SONIA J SUAREZ

Your social security number

465-45-9352

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 2024 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	3014 N US HWY 83 ZAPATA TX 78076
B	HWY 359 LAREDO TX 78041
C	HWY 359 LAREDO TX 78041

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 4		A 365	0	☐
B 5		B 365	0	☐
C 4		C 365	0	☐

Type of Property:

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

		Properties:		
		A	B	C
Income:				
3 Rents received	3	9,260.	91,072.	52,000.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	10,596.		117,766.
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	2,551.	2,551.	2,551.
17 Utilities	17			
18 Depreciation expense or depletion	18	4,103.	12,187.	13,439.
19 Other (list) _____	19			
20 Total expenses. Add lines 5 through 19	20	17,250.	14,738.	133,756.
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	-7,990.	76,334.	-81,756.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(1,392.)		(14,245.)
23a Total of all amounts reported on line 3 for all rental properties	23a			
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			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
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, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)
Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **13**

Name(s) shown on return

HERCULANO & SONIA J SUAREZ

Your social security number

465-45-9352

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 2024 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	5014 CASTORNO DR. LAREDO TX 78045
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	0	☐
B		B		☐
C		C		☐

Type of Property:

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

		Properties:		
		A	B	C
Income:				
3 Rents received	3	0.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10	21,307.		
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	12,278.		
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	2,551.		
17 Utilities	17	1,089.		
18 Depreciation expense or depletion	18	6,841.		
19 Other (list) _____	19			
20 Total expenses. Add lines 5 through 19	20	44,066.		
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	-44,066.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(7,677.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a			
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			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
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, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2024
Attachment
Sequence No. 17

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

Social security number of person
with self-employment income

HERCULANO SUAREZ

465-45-9352

Part I Self-Employment Tax

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

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

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

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 AQ

1b

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order

2

85,758.

3 Combine lines 1a, 1b, and 2

3

85,758.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

4a

79,198.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

4b

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue

4c

79,198.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income

5a

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

5b

0.

6 Add lines 4c and 5b

6

79,198.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024

7

168,600

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$168,600 or more, skip lines 8b through 10, and go to line 11

8a

7,800.

b Unreported tips subject to social security tax from Form 4137, line 10

8b

c Wages subject to social security tax from Form 8919, line 10

8c

d Add lines 8a, 8b, and 8c

8d

7,800.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

9

160,800.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)

10

9,821.

11 Multiply line 6 by 2.9% (0.029)

11

2,297.

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**, or **Form 1040-SS, Part I, line 3**

12

12,118.

13 **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**

13

6,059.

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

Schedule SE (Form 1040) 2024

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$10,380, **or (b)** your net farm profits² were less than \$7,493.

14	Maximum income for optional methods	14	6,920
15	Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross farm income ¹ (not less than zero) or \$6,920. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$7,493 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

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

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

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

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children
and Other Dependents

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. 47

Name(s) shown on return

HERCULANO & SONIA J SUAREZ

Your social security number

465-45-9352

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	162,550.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	162,550.
4	Number of qualifying children under age 17 with the required social security number	4	0
5	Multiply line 4 by \$2,000	5	
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	6	3
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	7	1,500.
8	Add lines 5 and 7	8	1,500.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11?	12	1,500.
☐ 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	13	19,443.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	1,500.

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	16a	0.
b Number of qualifying children under age 17 with the required social security number: _____ 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.	16b	
17 Enter the smaller of line 16a or line 16b	17	
18a Earned income (see instructions)	18a	
b Nontaxable combat pay (see instructions)	18b	
19 Is the amount on line 18a more than \$2,500? ☐ No. Leave line 19 blank and enter -0- on line 20. ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20 Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$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.	20	

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. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24	
25 Subtract line 24 from line 23. If zero or less, enter -0-	25	
26 Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

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	
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**Qualified Business Income Deduction
Simplified Computation**

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.**2024**Attachment
Sequence No. **55**

Name(s) shown on return

HERCULANO & SONIA J SUAREZ

Your taxpayer identification number

465-45-9352

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 \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	SUAREZ RESTAURANT	47-0902841	-25,224.
ii	HERCULANO SUAREZ LLC	87-1562554	79,699.
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 54,475.	
3	Qualified business net (loss) carryforward from the prior year	3 (76,240.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 0.
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 0.
11	Taxable income before qualified business income deduction (see instructions)	11 133,350.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 133,350.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 26,670.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (21,765.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

For tax year
20 24

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return HERCULANO & SONIA J SUAREZ	Taxpayer identification number 465-45-9352
Preparer's name CRISTINA CANTU	Preparer tax identification number P00293664

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	☐	☒	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: 	☒	☐	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	☒	☐	☐
a Did you complete the required recertification Form 8862?	☐	☐	☐
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☒	☐	☐

For Paperwork Reduction Act Notice, see separate instructions.

REV 09/04/25 PRO

Form **8867** (Rev. 11-2024)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	☐	☐	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☒	☐	☐
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.
Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024
Attachment
Sequence No. **179**

Name(s) shown on return HERCULANO & SONIA J SUAREZ	Business or activity to which this form relates Sch E 5014 CASTORNO DR.	Identifying number 465-45-9352
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	02/24	215,000.	27.5 yrs.	MM	S/L	6,841.
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,841.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.
Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024
Attachment
Sequence No. **179**

Name(s) shown on return HERCULANO & SONIA J SUAREZ	Business or activity to which this form relates Sch C CATERING	Identifying number 465-45-9352
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	6,003.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		4,002.	5.0	MQ	S/L	100.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,103.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Name(s) shown on return

HERCULANO & SONIA J SUAREZ

Identifying number

465-45-9352

Part I 2024 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	()	
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()	
d	Combine lines 1a, 1b, and 1c			1d

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	2a	26,133.	2d	-123,856.
b	Activities with net loss (enter the amount from Part V, column (b))	2b	(-149,989.)		
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()		
d	Combine lines 2a, 2b, and 2c				

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used

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

Part III	Total Losses Allowed
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10	Add the income, if any, on lines 1a and 2a and enter the total	10	26,133.
11	Total losses allowed from all passive activities for 2024. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	26,133.

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
Total. Enter on Part I, lines 1a, 1b, and 1c					

Total. Enter on Part I, lines 1a, 1b, and 1c

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
220 N. MARTIN - 3 UNITS	3,359.	0.		3,359.	
2415 N. NEW YORK - 4 UNITS	22,774.	0.		22,774.	
2902 ZACATECAS - 5 UNITS	0.	16,177.			16,177.
3014 N US HWY 83	0.	7,990.			7,990.
See Part V	0.	125,822.			
Total. Enter on Part I, lines 2a, 2b, and 2c	26,133.	149,989.			

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			1.00		

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
2902 ZACATECAS - 5 UNITS	E Ln 22	16,177.	0.10785458	13,358.
3014 N US HWY 83	E Ln 22	7,990.	0.05327057	6,598.
HWY 359	E Ln 22	81,756.	0.54507997	67,511.
5014 CASTORNO DR.	E Ln 22	44,066.	0.29379488	36,389.
Total		149,989.	1.00	123,856.

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
2902 ZACATECAS - 5 UNITS	E Ln 22	16,177.	13,358.	2,819.
3014 N US HWY 83	E Ln 22	7,990.	6,598.	1,392.
HWY 359	E Ln 22	81,756.	67,511.	14,245.
5014 CASTORNO DR.	E Ln 22	44,066.	36,389.	7,677.
Total		149,989.	123,856.	26,133.

Additional Information From 2024 Federal Tax Return

Schedule C (RESTAURANT): Profit or Loss from Business

Ln 5: Other Income

Itemization Statement

Description	Amount
EARNED DISCOUNT	137.
Total	137.

Schedule C (RESTAURANT): Profit or Loss from Business

Line 48 Other Expenses

Continuation Statement

Description	Amount
GAS & OIL EXPENSE	15,373.
PAYROLL TAX EXPENSE	3,896.
PEST CONTROL	498.
PROPERTY TAXES	3,416.
EQUIPMENT REPAIR EXPENSE	20,963.
SECURITY SERVICE EXPENSE	658.
TELEPHONE/INTERNET EXPENSE	11,183.
TRUCK REPAIRS & MAINTENANCE EXPENSE	19,470.
Total	75,457.

Schedule E: Supplemental Income and Loss

Income Or Loss From Rental Real Estate And Royalties (1) -- Line

19 Other Expenses: Property

Continuation Statement

Expense Description	Amount
ACCOUNTING FEES	1,800.
BANK CHARGES EXPENSE	340.
Total	2,140.

Schedule E: Supplemental Income and Loss

Income Or Loss From Rental Real Estate And Royalties (2) -- Line

19 Other Expenses: Property

Continuation Statement

Expense Description	Amount
OFFICE SUPPLIES	264.
Total	264.

Form 8582: Passive Activity Loss Limitations (Copy 1)

Part V - Calculation for Lines 2(a, b, c)

Continuation Statement

Activity Name	Current Year Net Inc	Current Year Net Loss	Prior Year Unallowed Loss	Overall Gain	Overall Loss
HWY 359	0.	81,756.			81,756.
5014 CASTORNO DR.	0.	44,066.			44,066.
Total	0.	125,822.			