

**CANDIDATE OATH
SCHOOL BOARD OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

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2024 JUN -5 PM 12:46

MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Maxeme "Max" Tuchman

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☒ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of Miami-Dade County School Board Member, District 7
(Office) (District #)

I am a qualified elector of Miami-Dade County, Florida; I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do ☐ NO, I Do Not ☒

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

☒ Signature of Candidate (305) 798-8246 maxforschoolboard@gmail.com
Telephone Number Email Address
12735 SW 136th St, Apt 4104 Miami FL 33186
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒

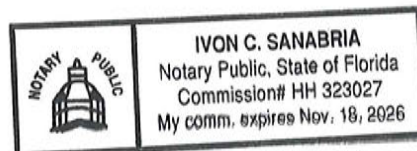
this 04 day of June, 2024

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL/DL

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

Max-EEM "Max" TUHK-man

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity
N/A	N/A

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ELECTIONS

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is Maxeme Tuchman. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Max. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate:

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means
of online notarization ☐ OR physical presence ☒

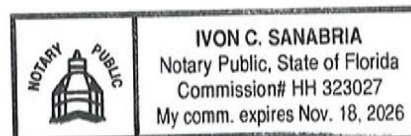
this 04 day of June, 2024.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL/DL

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:



2023 Form 6 - Full and Public Disclosure of Financial Interests

General Information

Name: Ms Maxeme Jara Tuchman
Address: 12735 SW 136TH ST APT 4104, MIAMI, FL 33186
County: Miami-Dade

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
District School Board	Miami-Dade County School Board, District 7	School Board Member

Net Worth

My Net Worth as of December 31, 2023 was \$ 171,605.75.

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ELECTIONS

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Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 4,622.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Checking Account (Bank of America)	\$ 7,059.42
Savings Account (Ally Bank)	\$ 53,851.20
Loan (Max Tuchman Campaign)	\$ 40,000.00
Car Lease (Mazda Financial)	\$ 9,692.40
Mutual Fund (VEMAX - Vanguard Emerging Markets Stock Index Admiral CL)	\$ 7,492.04
Mutual Fund (VGSLX - Vanguard Real Estate Index Admiral CL)	\$ 7,997.18
Roth IRA (VTIVX Vanguard Target Retirement 2045 Fund)	\$ 30,109.86
Roth 401(k) (BTC LifePath 2045 O)	\$ 18,383.65

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
Mazda Financial Services	6400 Main Street Suite 200, Amherst, NY 14221	\$ 7,602.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

2023 Form 6 - Full and Public Disclosure of Financial Interests

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

Interests in Specified Businesses

Business Entity # 1
N/A

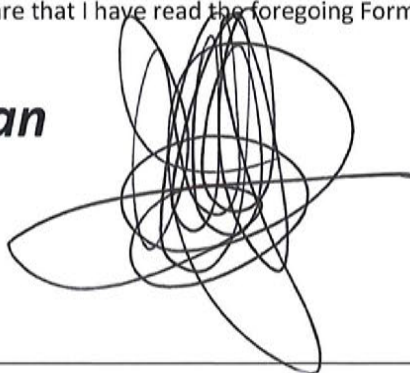
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MIAMI-DADE
CLERKS

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

Maxeme Tuchman

Digitally signed: 06/04/2024

A handwritten signature in black ink, appearing to be 'Maxeme Tuchman', written over a faint, large, diagonal watermark that reads 'For Quality Purposes Only'.

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MIAMI-DADE
ELECTIONS

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2024 JUN -5 PM 1:20

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Form W-2 Wage and Tax Statement 2023		7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code MATTEL HQ, INC. 333 CONTINENTAL BLVD EL SEGUNDO CA 90245-5012		8 Allocated tips	191179.30	35370.05		
		9	3 Social security wages	4 Social security tax withheld		
		10 Dependent care benefits	160200.00	9932.40		
		5 Medicare wages and tips	6 Medicare tax withheld			
e Employee's name, address, and ZIP code MAXEME TUCHMAN 12735 SW 136 STREET 4104 MIAMI FL 33186		11 Nonqualified plans	192702.38	2794.18		
		13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	14 Other	12a See instructions for box 12		
		b Employer identification number (EIN) 95-4658541		C 347.70		
		a Employee's social security number XXX-XX-XXXX		12b D 1523.08		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B-To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
OMB No. 1545-0008Dept. of the Treasury - IRS
Visit the IRS website at www.irs.gov/efile.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement 2023		7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code MATTEL HQ, INC. 333 CONTINENTAL BLVD EL SEGUNDO CA 90245-5012		8 Allocated tips	191179.30	35370.05		
		9	3 Social security wages	4 Social security tax withheld		
		10 Dependent care benefits	160200.00	9932.40		
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15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS website at www.irs.gov/efile.

Form W-2 Wage and Tax Statement 2023		7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld		
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		13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	14 Other	12a See instructions for box 12		
		b Employer identification number (EIN) 95-4658541		C 347.70		
		a Employee's social security number XXX-XX-XXXX		12b D 1523.08		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement 2023		7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code MATTEL HQ, INC. 333 CONTINENTAL BLVD EL SEGUNDO CA 90245-5012		8 Allocated tips	191179.30	35370.05
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e Employee's name, address, and ZIP code		11 Nonqualified plans	192702.38	2794.18
		13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	14 Other	12a See instructions for box 12
				C 347.70
				12b D 1523.08

Filing Instructions

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Electronically Filed

Form 1040 US Individual Income Tax Return

2024 JUN -5 PM 1:20
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

With

Form 8879 IRS e-file Signature Authorization

Taxable Year Ended December 31, 2023

Name: MAXEME J. TUCHMAN

Date Due: April 15, 2024

Remittance: No check is required. You have authorized the United States Treasury to debit your BANK OF AMERICA checking account for the amount of \$1,756 on April 15, 2024. Please keep this filing instruction as a reminder of the amount to be withdrawn from your account.

Signature: Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

Neil J. Mornick, CPA
11440 N. Kendall Drive, Suite 204
Miami, FL 33176

Important: Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.

Retain a copy of the signed and dated Form 8879 for your records.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879.

Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID) 

Taxpayer's name

MAXEME J. TUCHMAN

Spouse's name

Social security number



Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	196,386
2	Total tax	2	37,126
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	35,370
4	Amount you want refunded to you	4	
5	Amount you owe	5	1,756

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 **NEIL J. MORNICK, CPA**

ERO firm name

to enter or generate my PIN 

as my

Enter five digits, but
don't enter all zeros

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 **03/25/24**

Spouse's PIN: check one box only

☐ I authorize

ERO firm name

to enter or generate my PIN

as my

Enter five digits, but
don't enter all zeros

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.



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 **NEIL J. MORNICK, CPA**

Date

03/25/24**ERO Must Retain This Form — See Instructions****Don't Submit This Form to the IRS Unless Requested To Do So**

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

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 TAMPA-DADE COUNTY
 FLORIDA DEPARTMENT OF REVENUE

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 . See separate instructions.

Your first name and middle initial

MAXEME J.

Last name

TUCHMAN

Your social security number

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

12735 SW 136 STREET

Apt. no.

4104

City, town or post office. If you have a foreign address, also complete spaces below.

MIAMI

State

FL

ZIP code

33186

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)Check only
one box.☐ Married filing jointly (even if only one had income)☐ Married filing separately (MFS)☐ Qualifying surviving spouse (QSS)

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

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,
exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

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

Dependents (see instructions):

If more than four dependents, see instr. and check here <input type="checkbox"/>	(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

Income		1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	191,179
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.	b	Household employee wages not reported on Form(s) W-2	1b		
	c	Tip income not reported on line 1a (see instructions)	1c		
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d		
	e	Taxable dependent care benefits from Form 2441, line 26	1e		
	f	Employer-provided adoption benefits from Form 8839, line 29	1f		
	g	Wages from Form 8919, line 6	1g		
	h	Other earned income (see instructions)	1h		
	i	Nontaxable combat pay election (see instructions)	1i		
	z	Add lines 1a through 1h	1z	191,179	
Attach Sch. B if required.	2a	Tax-exempt interest	2a		
	3a	Qualified dividends	3a	61	
	4a	IRA distributions	4a		
	5a	Pensions and annuities	5a		
	6a	Soc. sec. ben.	6a		
	b	Taxable interest	2b	1,218	
	b	Ordinary dividends	3b	502	
	b	Taxable amount	4b		
	b	Taxable amount	5b		
	b	Taxable amount	6b		
Standard Deduction for – • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.	c	If you elect to use the lump-sum election method, check here (see instructions)			
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7		
	8	Other income from Schedule 1, line 10	8	3,535	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	196,434	
	10	Adjustments to income from Schedule 1, line 26	10	48	
	11	Subtract line 10 from line 9. This is your adjusted gross income	11	196,386	
	12	Standard deduction or itemized deductions (from Schedule A)	12	13,850	
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	620	
	14	Add lines 12 and 13	14	14,470	
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	181,916	

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

Form 1040 (2023)

Tax and Credits

16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972
3 ☐
17 Amount from Schedule 2, line 3
18 Add lines 16 and 17
19 Child tax credit or credit for other dependents from Schedule 8812
20 Amount from Schedule 3, line 8
21 Add lines 19 and 20
22 Subtract line 21 from line 18. If zero or less, enter -0-
23 Other taxes, including self-employment tax, from Schedule 2, line 21
24 Add lines 22 and 23. This is your total tax

16 37,054
17
18 37,054
19
20 23
21 23
22 37,031
23 95
24 37,126

Payments

25 Federal income tax withheld from:
a Form(s) W-2 25a 35,370
b Form(s) 1099 25b
c Other forms (see instructions) 25c
d Add lines 25a through 25c 25d 35,370
26 2023 estimated tax payments and amount applied from 2022 return 26
27 Earned income credit (EIC) 27
28 Additional child tax credit from Schedule 8812 28
29 American opportunity credit from Form 8863, line 8 29
30 Reserved for future use 30
31 Amount from Schedule 3, line 15 31
32 Add lines 27, 28, 29 and 31. These are your total other payments and refundable credits 32
33 Add lines 25d, 26, and 32. These are your total payments 33 35,370
34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34
35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐ 35a
b Routing number c Type: ☐ Checking ☐ Savings
d Account number
36 Amount of line 34 you want applied to your 2024 estimated tax 36
37 Subtract line 33 from line 24. This is the amount you owe. 37 1,756
For details on how to pay, go to www.irs.gov/Payments or see instructions
38 Estimated tax penalty (see instructions) 38

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid
35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐

Amount You Owe

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid
35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐

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 **NEIL J. MORNICK, C.P.A.** Phone no. **305-598-2224** Personal identification number (PIN)
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature _____ Date _____ Your occupation **GENERAL MANAGER**
Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____
Phone no. _____ Email address _____
Preparer's name **NEIL J. MORNICK, CPA** Preparer's signature **NEIL J. MORNICK, CPA** Date **04/08/24** PTIN **P00282113** Check if: ☒ Self-employed
Firm's name **NEIL J. MORNICK, CPA** Phone no. **305-598-2224**
Firm's address **11440 N. KENDALL DRIVE, SUITE 204 MIAMI FL 33176** Firm's EIN **59-2021713**
Go to www.irs.gov/Form1040 for instructions and the latest information.

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature _____ Date _____ Your occupation **GENERAL MANAGER**
Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____
Phone no. _____ Email address _____
Preparer's name **NEIL J. MORNICK, CPA** Preparer's signature **NEIL J. MORNICK, CPA** Date **04/08/24** PTIN **P00282113** Check if: ☒ Self-employed
Firm's name **NEIL J. MORNICK, CPA** Phone no. **305-598-2224**
Firm's address **11440 N. KENDALL DRIVE, SUITE 204 MIAMI FL 33176** Firm's EIN **59-2021713**
Go to www.irs.gov/Form1040 for instructions and the latest information.

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature _____ Date _____ Your occupation **GENERAL MANAGER**
Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____
Phone no. _____ Email address _____
Preparer's name **NEIL J. MORNICK, CPA** Preparer's signature **NEIL J. MORNICK, CPA** Date **04/08/24** PTIN **P00282113** Check if: ☒ Self-employed
Firm's name **NEIL J. MORNICK, CPA** Phone no. **305-598-2224**
Firm's address **11440 N. KENDALL DRIVE, SUITE 204 MIAMI FL 33176** Firm's EIN **59-2021713**
Go to www.irs.gov/Form1040 for instructions and the latest information.

PAID

04/08/24 P00282113 305-598-2224
MIAI-DADE COUNTY
ELECTIONS DEPARTMENT
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Form 1040 (2023)

DAA

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

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

MAXEME J. TUCHMAN

Your social security number

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	3,535
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
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	
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	3,535

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Schedule 1 (Form 1040) 2023

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ELECTIONS DEPARTMENT

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	48
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 8i 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	48

Schedule 1 (Form 1040) 2023

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ELECTIONS DEPARTMENT

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

2023

Attachment
Sequence No. 02

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

MAXEME J. TUCHMAN

Your social security number

[Redacted Social Security Number]

Part I Tax

Table with 3 rows: 1 Alternative minimum tax, 2 Excess advance premium tax credit repayment, 3 Add lines 1 and 2.

Part II Other Taxes

Table with 16 rows for various taxes: 4 Self-employment tax, 5 Social security and Medicare tax on unreported tip income, 6 Uncollected social security and Medicare tax on wages, 7 Total additional social security and Medicare tax, 8 Additional tax on IRAs, 9 Household employment taxes, 10 Repayment of first-time homebuyer credit, 11 Additional Medicare Tax, 12 Net investment income tax, 13 Uncollected social security and Medicare or RRTA tax on tips, 14 Interest on tax due on installment income, 15 Interest on the deferred tax on gain from certain installment sales, 16 Recapture of low-income housing credit.

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

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ELECTIONS DEPARTMENT

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 Reserved for future use		19	
20 Section 965 net tax liability installment from Form 965-A		20	
21 Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	95

Schedule 2 (Form 1040) 2023

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 03

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

MAXEME J. TUCHMAN

Your social security number

[REDACTED]

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	23
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount:	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	23

(continued on page 2)

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

Schedule 3 (Form 1040) 2023

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ELECTIONS DEPARTMENT

SCHEDULE C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2023

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service

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.

Name of proprietor

MAXEME J. TUCHMAN

Social security number (SSN)

B Enter code from instructions
999000

A Principal business or profession, including product or service (see instructions)
CONSULTANT

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

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) **12735 SW 136 STREET 4104**

City, town or post office, state, and ZIP code **MIAMI FL 33186**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2023, check here

I Did you make any payments in 2023 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 <input type="checkbox"/>	1	12,343
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	12,343
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	12,343
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	12,343

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

8 Advertising	8		18 Office expense (see instructions)	18	128
9 Car and truck expenses (see instructions)	9	3,203	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	540
b Other	16b		b Deductible meals (see instructions)	24b	340
17 Legal and professional services	17	500	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	3,397
			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	8,108
29 Tentative profit or (loss). Subtract line 28 from line 7	29	4,235

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: **900**

and (b) the part of your home used for business: **140**. Use the Simplified

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

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

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

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

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

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

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

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

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	01/01/22
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:	
a	Business	4,890
b	Commuting (see instructions)	3,500
c	Other	8,480
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

CELL PHONE BUSINESS USAGE	960
COMPUTER & INTERNET	1,009
PUBLIC SPEAKING EXP	1,428

48 Total other expenses. Enter here and on line 27a

48 3,397

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

2023

Attachment
Sequence No. 17

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

MAXEME J. TUCHMAN

Social security number of person
with self-employment income

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

- 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

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

- 3 Combine lines 1a, 1b, and 2

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

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

- 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

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

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

- 6 Add lines 4c and 5b

- 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 2023

- 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 \$160,200 or more, skip lines 8b through 10, and go to line 11

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

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

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

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

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

- 11 Multiply line 6 by 2.9% (0.029)

- 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

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

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

1a

1b

2

3

4a

4b

4c

5a

5b

6

7

8a

8b

8c

8d

9

10

11

12

13

48

3,535

3,535

3,265

3,265

0

3,265

160,200

160,200

95

95

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

Schedule SE (Form 1040) 2023

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ELECTIONS DEPARTMENT

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 \$9,840, or (b) your net farm profits² were less than \$7,103.

14 Maximum income for optional methods

14**6,560**

15 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross farm income¹ (not less than zero) or \$6,560. 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 \$7,103 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 income⁴ (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.

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.

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

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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

2023

Attachment
Sequence No. 19Department of the Treasury
Internal Revenue Service

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

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

Name

Identifying number as shown on page 1 of your tax return

MAXEME J. TUCHMAN

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

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

h Resident of (name of country) **US UNITED STATES****Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
1a Gross income from sources within country shown above and of the type checked above (see instructions): DIVIDENDS	261			1a 261
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	13,850			
b Other dedts. (attach stmt.)				
c Add lines 3a and 3b	13,850			
d Gross foreign source income (see instructions)	261			
e Gross income from all sources (see instructions)	205,242			
f Divide line 3d by line 3e (see instructions)	0.0013			
g Multiply line 3c by line 3f	18			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	18			6 18
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 243

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties		
A	1099 TAX					23				23
B										
C										
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2										8 23

For Paperwork Reduction Act Notice, see instructions.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	23
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) <input type="checkbox"/> (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	
11	Add lines 9 and 10	11	23
12	Reduction in foreign taxes (see instructions)	12	
13	Taxes reclassified under high tax kickout (see instructions)	13	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	23
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15	243
16	Adjustments to line 15 (see instructions)	16	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	243
18	Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	181,916
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	0.0013
20	Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions. Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.	20	37,054
21	Multiply line 20 by line 19 (maximum amount of credit)	21	49
22	Increase in limitation (section 960 (c)) (see instructions)	22	
23	Add lines 21 and 22	23	49
24	Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV See instructions	24	23

Part IV Summary of Credits From Separate Parts III (see instructions)

25	Credit for taxes on section 951A category income	25	
26	Credit for taxes on foreign branch category income	26	
27	Credit for taxes on passive category income	27	
28	Credit for taxes on general category income	28	
29	Credit for taxes on section 901(j) income	29	
30	Credit for taxes on certain income re-sourced by treaty	30	
31	Credit for taxes on lump-sum distributions	31	
32	Add lines 25 through 31	32	
33	Enter the smaller of line 20 or line 32	33	23
34	Reduction of credit for international boycott operations. See instructions for line 12	34	
35	Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35	23

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form8995A for instructions and the latest information.


Name(s) shown on return MAXEME J. TUCHMAN	Your taxpayer identification number 
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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 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 above \$182,100 (\$364,200 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	CONSULTANT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 2,897		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3 579		
4 Allocable share of W-2 wages from the trade, business, or aggregation	4 0		
5 Multiply line 4 by 50% (0.50)	5 0		
6 Multiply line 4 by 25% (0.25)	6 0		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7 0		
8 Multiply line 7 by 2.5% (0.025)	8 0		
9 Add lines 6 and 8	9 0		
10 Enter the greater of line 5 or line 9	10 0		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11 0		
12 Phased-in reduction. Enter the amount from line 26, if any	12 574		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13 574		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15 574		
16 Total qualified business income component. Add all amounts reported on line 15	16 574		

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

Form 8995-A (2023)

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Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$182,100 but not \$232,100 (\$364,200 and \$464,200 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

	A	B	C
17 Enter the amounts from line 3	17 579		
18 Enter the amounts from line 10	18		
19 Subtract line 18 from line 17	19 579		
20 Taxable income before qualified business income deduction	20 182,536		
21 Threshold. Enter \$182,100 (\$364,200 if married filing jointly)	21 182,100		
22 Subtract line 21 from line 20	22 436		
23 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23 50,000		
24 Phase-in percentage. Divide line 22 by line 23	24 0.8720 %		
25 Total phase-in reduction. Multiply line 19 by line 24	25 5		
26 Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26 574		

Part IV Determine Your Qualified Business Income Deduction

27 Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27 574	
28 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28 230	
29 Qualified REIT dividends and PTP (loss) carryforward from prior years	29	
30 Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30 230	
31 REIT and PTP component. Multiply line 30 by 20% (0.20)	31 46	
32 Qualified business income deduction before the income limitation. Add lines 27 and 31	32 620	
33 Taxable income before qualified business income deduction	33 182,536	
34 Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34 61	
35 Subtract line 34 from line 33. If zero or less, enter -0-	35 182,475	
36 Income limitation. Multiply line 35 by 20% (0.20)	36 36,495	
37 Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37 620	
38 DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38	
39 Total qualified business income deduction. Add lines 37 and 38	39 620	
40 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40 0	

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If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	CONSULTANT	3,487	590	2,897
2	Qualified business net (loss) carryforward from prior years. See instructions		2	590
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations		3	590
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations		4	3,487
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b).		5	590
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-		6	

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Filing Status: ☒ 1 Single ☐ 2 Married filing jointly ☐ 3 Married filing separately ☐ 4 Head of household* ☐ 5 Qualifying widow(er)*

MFS spouse name: _____ *Qualifying person that is a child but not a dependent:

Taxpayer first name and initial MAXEME J.	Last name TUCHMAN	Taxpayer social security number <div></div>
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 12735 SW 136 STREET	Apt. no. 4104	Presidential Election Campaign Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/>
City, town or post office, state, and ZIP code. MIAMI FL 33186		
Foreign country name	Foreign province/state/county	Foreign postal code

At anytime during 2023, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes ☐ No ☒

6a <input checked="" type="checkbox"/> Taxpayer. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b	1
b <input type="checkbox"/> Spouse	Children on 6c who lived with you	
	Children on 6c who did not live with you	
	Dependents on 6c not entered above	
	Total. Add lines above	1

6C Dependents:		(4) if qualifies for		If more than four dependents, here <input type="checkbox"/>
(1) First name	Last name	(2) Social security number	(3) Relationship to you	

Income (Schedule 1)	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	191,179
	8a	Taxable interest. Attach Schedule B if required	8a	1,218
	b	Tax-exempt interest. Do not include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	502
	b	Qualified dividends	9b	61
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	3,535
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions	15a	
	b	Taxable amount	15b	
16a	Pensions and annuities	16a		
b	Taxable amount	16b		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
18	Farm income or (loss). Attach Schedule F	18		
19	Unemployment compensation	19		
20a	Social security benefits	20a		
b	Taxable amount	20b		
21	Other income. List type and amount	21		
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	196,434	

Adjusted Gross Income (Schedule 1)	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	48
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Reserved for future use	34	
	35	Reserved for future use	35	
	36	Add lines 23 through 35	36	48
	37	Subtract line 36 from line 22. This is your adjusted gross income	37	196,386

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Form 1040

Tax Return Reconciliation Worksheet, Page 2

2023

Name MAXEME J. TUCHMAN

Tp TIN

196,386

Tax and Credits
(Schedules 2, 3)

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$13,850

Married filing jointly or Qualifying widow(er), \$27,700

Head of household, \$20,800

Other Taxes
(Schedule 2)Payments
(Schedule 3)

Refund

Amount You Owe

Int/Pen

Third Party Designee

Other Info

38	Amount from line 37 (adjusted gross income)	38	
39a	Check <input type="checkbox"/> You were born before January 2, 1959, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1959, <input type="checkbox"/> Blind. Total boxes checked 39a <input type="checkbox"/>	39b	<input type="checkbox"/>
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	13,850
a		40b	
41	Subtract line 40 and 40b from line 38	41	182,536
42	Qualified business income deduction (see instructions)	42	620
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	181,916
44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	37,054
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	37,054
48	Foreign tax credit. Attach Form 1116 if required	48	23
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit/credit for other dependents	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	23
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	37,031
57	Self-employment tax. Attach Schedule SE	57	95
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	61	
62	Section 965 net tax liability installment from Form 965-A	62	
63	Add lines 56 through 61. This is your total tax	63	37,126
64	Federal income tax withheld from:		
a	Form(s) W-2	64a	35,370
b	Form(s) 1099	64b	
c	Other forms	64c	
65	2023 estimated tax payments and amount applied from 2022 return	65	
66	Earned income credit (EIC)	66	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Recovery rebate credit	69	
70	Net premium tax credit. Attach Form 8962	70	
71	Amount paid with request for extension to file	71	
72	Excess social security and tier 1 RRTA tax withheld	72	
73	Credit for federal tax on fuels. Attach Form 4136	73	
74	Other payments and refundable credits	74	
75	Total pymts. Add lines 64 - 74.	75	35,370
76	If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you overpaid	76	
77a	Amount of line 76 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	77a	
b	Routing number		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		
78	Amount of line 76 you want applied to your 2024 estimated tax	78	
79	Amount you owe. Subtract line 75 from line 63. For details on how to pay, see instructions	79	1,756
80	Estimated tax penalty (see instructions)	80	

Date filed Int Fail to file Fail to pay Total

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No Personal identification no. (PIN)

Designee's Name NEIL J. MORNICK, C.P.A. Phone no. 305-598-2224

Taxpayer Daytime phone number Taxpayer: Occupation GENERAL MANAGER IRS Identity Protection PIN

Spouse: Occupation IRS Identity Protection PIN

Email address

☐ Taxpayer ☐ Spouse

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Name

MAXEME J. TUCHMAN

Taxpayer Identification Number

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	MATTEL HO, INC	191,179	35,370	160,200
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer				
Spouse				
Totals		191,179	35,370	160,200

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	9,932	192,702	2,794				
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer							
Spouse							
Totals	9,932	192,702	2,794				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals						

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ELECTIONS DEPARTMENT

Electronic Funds Withdrawal

2023

Name

MAXEME J. TUCHMAN

Taxpayer Identification Number



Form Payment Record

This record is included with the IRS electronic file for taxpayers who elect to pay their tax balances by electronic funds withdrawal

Taxpayer SSN	
Spouse SSN	
Taxpayer Daytime Phone Number	305-798-8246
Routing Transit Number	
Bank Account Number	
Type of Account (1 = Checking, 2 = Savings)	1
Amount of Tax Payment	1,756
Payment Type	1040
Requested Payment Date	04/15/24

DO NOT SUBMIT THIS DOCUMENT TO IRS

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MIAMI-DADE
ELECTIONS

Max Tuchman Campaign
1742 W Flagler Street
Miami, FL 33135

1006

DATE 6/3/2024

PAY TO THE ORDER OF Miami-Dade County \$ 2,136.²⁴

Two thousand one hundred thirty-six 24/100 DOLLARS

Bank of America

FOR 2024 Qualifying Fee MDC School Board Member D7

MP



OFFICIAL RECEIPT

MIAMI-DADE COUNTY-FLORIDA

No. 8251179

COUNTY

RECEIVED FROM MAX Tuchman DATE 6, 5, 2024
MONTH DAY YEAR

ADDRESS 1742 W. Flagler St. CASH \$
STREET ADDRESS

Miami CITY FL. 33135 CHECKS \$
STATE ZIP

AMOUNT OF: Two thousand one hundred thirty-six DOLLARS, AND 24/100 CENTS TOTAL \$
thousand one hundred thirty-six

FOR PAYMENT OF: Qualifying fee - RDC School Board Member, D7

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: elections BY: Helfa Rabagh-Garcia

FOR OFFICE USE ONLY

[illegible]